

It is normal to worry if you are referred to see a specialist. It is important to remember that most people who have tests at a breast clinic find out they do not have breast cancer.

What is nipple discharge?

Your breast is a modified sweat gland and is designed to make fluid. Your nipples have many tiny openings which the fluid can come out of. Any fluid (apart from breast milk) that comes out of your nipple(s) is called nipple discharge. Up to 1 in 5 women experience nipple discharge.

Nipple discharge can come from one or both nipples. The discharge is usually greenish in colour, but can be clear or milky looking. The discharge can be watery and thin or thick and sticky.

It is more worrying when nipple discharge appears without reason (you might notice it on your clothes), comes from one breast only and/or is blood-stained. There is also more concern when women have nipple discharge after menopause.

What causes nipple discharge?

- Squeezing or stimulating of your nipples can send chemical messages to your pituitary gland in your brain (which prepares your body for breast feeding), which triggers discharge.
- A problem with your pituitary gland or a hormone problem e.g. an under active thyroid.
- Some medications e.g. some antidepressants.
- Papilloma (see below for more information)
- Periductal mastitis (see below for more information)

What is a papilloma and what is the treatment?

- A papilloma is a harmless wart like growth inside a breast duct (it is not caused by the wart virus). It usually causes a blood-stained discharge from one nipple duct.
- A papilloma can sometimes be felt as a lump but is more usually found on a mammogram or ultrasound scan.
- We normally recommend that you have an operation to remove the papilloma so that it can be sent to the laboratory for testing.
- In 1 in every 30 papilloma the laboratory testing shows the papilloma is next to an area of breast tissue with a pre-cancer called Ductal Carcinoma In Situ (DCIS) (Please see our leaflet on DCIS for more information).

What is periductal mastitis and what is the treatment?

- The nipple ducts can become baggy. When they are baggy the ducts do not work as well, and begin to fill with fluid. This build-up of fluid can irritate the nipple ducts sometimes causing nipple discharge. The nipple discharge is usually from both breasts and may be blood stained.
- The collection of fluid in the duct can become infected and cause a painful lump behind your nipple. This is usually where the areola (darker area around the nipple) meets the softer breast tissue. Sometimes it can also cause a painful collection of pus under the skin (breast abscess).
- If the swelling lasts a long time a scar can form causing the nipple to turn inwards.

[continued]

- Antibiotics can be used to treat an infection that is spotted early.
- If you have a breast abscess you might need to have a very small operation to have it drained.
- If you keep getting a breast abscess (particularly if you smoke) a long-term 'fistula' may form. We would recommend a small operation called a 'total duct excision' to help the infection clear up.

What can I do to stop the breast abscess coming back?

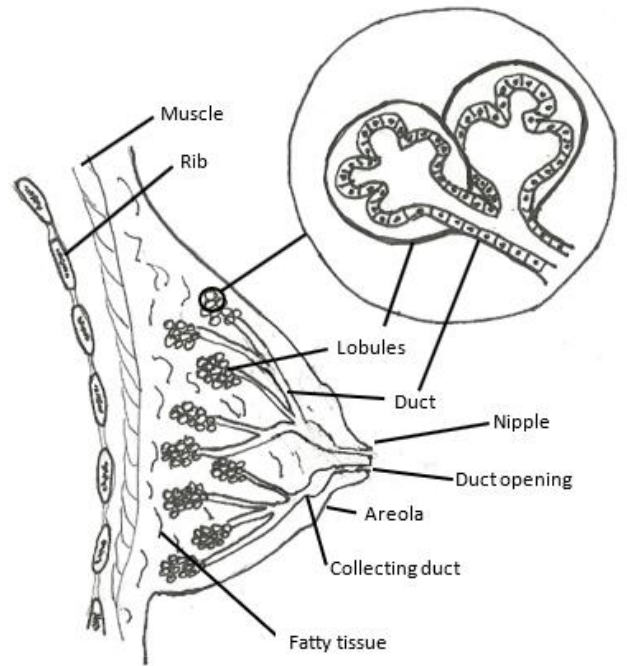
If you smoke the best thing you could do is stop smoking. Smoking damages the ducts of the breast. If you would like help to stop smoking there are services that we can refer you to or you may wish to call:

- Quitline Phone 0800 926 778 (Free)
- Takiri Mai Te Ata: Regional Stop Smoking Service Phone 0800 926 257 (Free)
- Pacific Smoking Cessation Phone (04) 237 8422
- Quit Smoking Service Phone (04) 238 4966

What tests will they do in the Breast Clinic?

- The doctor or nurse will examine your breasts and ask you about your medical and personal history.
- A mammogram, ultrasound and sometimes an MRI will be ordered.
- Some drops of your discharge will be collected in a pot and sent to the laboratory for analysis.

We may ask you to return to clinic in a couple of weeks for the results of tests.



For More Information Contact

Health Line a free health information service.

Phone: 0800 611 116

Hours: 24 hours / 7 days a week