

# Duct ectasia



## About this leaflet

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This leaflet tells you about duct ectasia. It explains what duct ectasia is, how it's diagnosed and what will happen if it needs to be treated.

Although it is much more common in women, men can also get duct ectasia, but this is very rare.

## What is duct ectasia?

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Breasts are made up of lobules (milk-producing glands) and ducts (tubes that carry milk to the nipple), which are surrounded by glandular, fibrous and fatty tissue. As women get nearer to the menopause and the breasts age (from 35 years onwards) the ducts behind the nipple get shorter and wider (this is called ectasia). This is a normal breast change and nothing to worry about.

Sometimes a secretion is produced and can collect in the widened ducts and their lining can become irritated. It's possible for the lining to become ulcerated and painful as well, although this is not common. This condition, which is benign (non-cancerous), is called duct ectasia.

In duct ectasia there can also be a discharge of these secretions through the nipple, which is usually thick but can also be watery. It can vary in colour and can be either bloodstained or clear.

Sometimes a lump can be felt behind the nipple. This can be because the tissue behind the nipple has become scarred as a result of any ulceration. The nipple may become inverted (pulled inwards) as the ducts shorten.

## How is it diagnosed?

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After your GP (local doctor) has examined your breasts you are likely to be referred to a breast clinic where you'll be seen by specialist doctors or nurses. You may also have some tests so that a definite diagnosis can be made.

At the breast clinic you'll have a breast examination and probably a mammogram (breast x-ray) and/or ultrasound scan (which creates a picture of the breast using high-frequency sound waves).

If you have discharge from the nipple this may also be tested, especially if it's bloodstained, to help confirm the diagnosis.

Please call our free helpline if you'd like more information about any tests you may be having. You can also find more details in our **Referral to a breast clinic** booklet.

## **Treatment**

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In most cases you won't need any treatment for duct ectasia as it is a normal part of ageing and will usually clear up by itself. In the meantime, if you are experiencing any pain you may want to take pain relief such as paracetamol.

If you continue to have a troublesome discharge from the nipple, you may need to have an operation to remove the affected duct or ducts. You may be offered removal of just the affected duct or ducts (known as a microdochectomy) or removal of all the major ducts (known as a Hadfield's procedure).

The operation is usually done under a general anaesthetic, and you'll be in hospital for the day or overnight. You'll have a small wound near the areola (darker area of skin around the nipple) with a stitch or stitches in it, and your doctors will tell you how to care for it afterwards.

If your breast is painful after the operation you may want to take pain relief such as paracetamol. The operation will leave a small scar but this will fade in time.

After the operation your nipple may be less sensitive than before and for a few people it may become inverted.

The operation should solve the problem but as finding all the ducts can sometimes be difficult, your symptoms may return and you may need further surgery to remove more ducts. It's important to go back to your GP if you have any new symptoms.

## What this means for you

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You may feel anxious about having duct ectasia. Even though you may be relieved that it's a benign condition, you may still worry about breast cancer.

Having duct ectasia does not increase your risk of developing breast cancer in the future. However, it's still important to be breast aware and go back to your GP if you notice any other changes in your breasts.

You can find out more about being breast aware in our **Your breasts, your health: throughout your life** booklet.

If you'd like any further information or support, call our free Helpline on **0808 800 6000** (Text Relay **18001**). You may also find it helpful to chat to someone who's had a similar experience to you by visiting our online benign breast conditions forum at **[www.breastcancercare.org.uk](http://www.breastcancercare.org.uk)**

This leaflet can be downloaded from our website, **[www.breastcancercare.org.uk](http://www.breastcancercare.org.uk)**  
It is also available in Braille or on audio CD on request by phoning **0845 092 0808**

**This leaflet has been produced by Breast Cancer Care's clinical specialists and reviewed by healthcare professionals.**

## **Centres**

### **London and the South East of England**

Telephone 0845 077 1895

Email [src@breastcancercare.org.uk](mailto:src@breastcancercare.org.uk)

### **Wales, South West and Central England**

Telephone 0845 077 1894

Email [cym@breastcancercare.org.uk](mailto:cym@breastcancercare.org.uk)

### **East Midlands and the North of England**

Telephone 0845 077 1893

Email [nrc@breastcancercare.org.uk](mailto:nrc@breastcancercare.org.uk)

### **Scotland and Northern Ireland**

Telephone 0845 077 1892

Email [sco@breastcancercare.org.uk](mailto:sco@breastcancercare.org.uk)

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Breast Cancer Care is here for anyone affected by breast cancer. We bring people together, provide information and support, and campaign for improved standards of care. We use our understanding of people's experience of breast cancer and our clinical expertise in everything we do.

We promote the importance of early detection of breast cancer and provide accurate answers to questions about breast health. We believe that up-to-date information, based on clinical evidence, builds confidence and helps people take control of their health. Our training, workshops and resources explain how to be breast aware and what changes to look and feel for.

Visit [www.breastcancercare.org.uk](http://www.breastcancercare.org.uk) or call our free helpline on **0808 800 6000** (Text Relay **18001**).

Interpreters are available in any language. Calls may be monitored for training purposes. Confidentiality is maintained between callers and Breast Cancer Care.

## Central Office

### Breast Cancer Care

5–13 Great Suffolk Street

London SE1 0NS

Telephone 0845 092 0800

Fax 0845 092 0820

Email [info@breastcancercare.org.uk](mailto:info@breastcancercare.org.uk)

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