

What this means for you

You may feel anxious about having an intraductal papilloma. Even though you may feel relieved that it's a benign condition, you may still worry about breast cancer. For most people, having an intraductal papilloma does not increase their risk of breast cancer.

If your intraductal papilloma contains atypical cells, or if you have multiple intraductal papillomas, you may be worried or anxious that your risk of breast cancer is slightly increased. This doesn't mean you'll necessarily develop breast cancer in the future.

Even though your intraductal papilloma has been removed, 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**

A large print version of this leaflet can be downloaded from our website, **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.

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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.

For any breast health concerns, visit **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.

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Benign breast conditions

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Intraductal papilloma



About this leaflet

This leaflet tells you about intraductal papillomas. It explains what an intraductal papilloma is, how it's found and what will happen if it needs to be treated or followed up.

Although they are much more common in women, men can also get intraductal papillomas, but this is very rare.

What is an intraductal papilloma?

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.

Sometimes a wart-like lump develops in one or more of the ducts. It is usually close to the nipple, but can sometimes be found elsewhere in the breast. You may also notice a discharge of clear or bloodstained fluid from the nipple. You may also feel some pain.

All of these may be symptoms of an intraductal papilloma. Intraductal papillomas can be in both breasts at the same time and are sometimes found by chance following a mammogram (breast x-ray) or breast surgery.

Intraductal papillomas are benign (non-cancerous) and generally do not increase the risk of developing breast cancer. They are most common in women over 40 and usually develop naturally as the breast ages and changes. However, when an intraductal papilloma contains atypical cells (abnormal but not cancerous), this has been shown to slightly increase the risk of developing breast cancer in the future. Some people have multiple intraductal papillomas and they also have a slightly higher risk of developing breast cancer.

How are they found?

Intraductal papillomas can be found following a mammogram, after breast surgery or by you going to your GP (local doctor) with symptoms. You will then be referred to a breast clinic where you'll be seen by specialist doctors or nurses. At the breast clinic you'll probably have three different tests, known as triple assessment, so that a definite diagnosis can be made. These are a breast examination, a mammogram (breast x-ray) and/or an ultrasound scan (which creates a picture of the breast using high-frequency sound waves) and a fine needle aspiration (FNA) or core biopsy/vacuum assisted biopsy.

If you are a woman under 35, you're more likely to have an ultrasound scan than a mammogram. This is because younger women's breast tissue is too dense to give a clear image on a mammogram.

An FNA is where a fine needle and syringe is used to take a sample of cells from the lump. A core biopsy uses a larger needle to remove a sample of breast tissue rather than cells. In a vacuum assisted biopsy (sometimes called a Mammotome biopsy,

which is one of the brand names of the equipment used), a hollow probe connected to a vacuum device is placed through a small cut in the skin. Breast tissue is then sucked through the probe into a collecting chamber. This enables removal of several tissue samples which are sent to the laboratory where they are examined under a microscope.

If you have discharge from the nipple, a sample may be sent to the laboratory to be looked at under a microscope.

Please call our free helpline if you'd like more information about any tests you may be having, or see our **Referral to a breast clinic** booklet

Treatment and follow up

Your specialist will be able to advise you of the most appropriate treatment or follow up (further checks) if you have an intraductal papilloma. They may feel that no further treatment is needed after either a core or vacuum assisted biopsy. However, they may still want to do another operation (excision biopsy) to remove more breast tissue. In some centres, vacuum assisted biopsy may be used as an alternative to surgery.

If your nipple continues to produce discharge after surgery, or if there's inflammation around it, you may need to have a further operation to remove the affected duct or ducts. You may be offered a microdochectomy (removal of the affected duct or ducts) or a Hadfield's operation (removal of all the major ducts). The operation should solve the problem, but if the discharge comes back more ducts may need to be removed, as finding all the ducts can sometimes be difficult.

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 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.

After the intraductal papilloma has been removed, follow up is not usually required. However, for some people, a short-term follow up with the specialist may be needed if only a core biopsy/vacuum assisted biopsy has been performed. People with multiple intraductal papillomas and those whose intraductal papillomas contained atypical cells are likely to have follow up appointments with their specialist for longer.