

Operation Information

Microdochectomy

Introduction

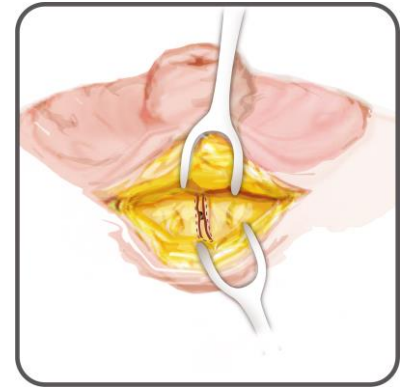
Microdochectomy is an operation to remove the duct that is producing nipple discharge.

Outcomes

The aim of the operation is to remove the discharging duct for both diagnostic and therapeutic purposes.

Procedures

1. The operation is performed under general anaesthesia;
2. A probe will be placed into one of the ducts to find the source of nipple discharge. Blue dye may be used for locating the abnormal duct.



Possible Risks and Complications

1. Wound infection
2. Wound haematoma (may require another operation for removal)

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
4. Shaving on the operation site may be required.
5. Before your operation a doctor will mark the side you are to be operated on. Please do not washing off the marking.
6. No food or drink six hours before operation.
7. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
8. Please empty your bladder before the operation.

Post-operative Instructions

General

1. **After general anaesthesia, you may:**
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia includes feeling tired, drowsy, nausea or vomiting.
Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.

Wound Care

1. After operation, the wound will usually be covered by a sterile transparent waterproof dressing.
2. Please keep the wound clean and dry.

Diet

Usually normal diet may be resumed as instructed after recovery from anaesthesia.

Activities

1. If there is no discomfort after resuming back to normal diet, you can resume normal activities as usual. Take analgesics when required.
2. Usually discharged one day after operation.

Advices on Discharge

1. Wear supportive brassiere: Please wear supportive bra to support the breast and reduce pain.
2. Activities: Resume the daily activities gradually.
3. Immediately consult your doctor or return to hospital for professional attention in the event of severe wound pain and redness, tenderness, pus or blood oozing, shivering, high fever over 38°C or 100°F, or any other unusual symptoms etc.
4. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification