Pathway for Management of Nipple Discharge

Primary Care

Nipple discharge in women*

*Men with nipple discharge should be referred as urgent 2WW to secondary care breast service provider

→ Refer men with nipple discharge as **urgent 2WW** using the GM standard referral form

Assess for breast RED FLAGS: breast or axillary lump, new unilateral retracted/inverted nipple, unilateral eczema of areola or nipple not responding to topical steroids for 2 weeks, skin dimpling, skin tethering, or peau d'orange. **Refer as urgent 2WW to secondary care breast service provider.**

- If the patient has a personal history of breast cancer, **refer as urgent 2WW to secondary care breast service provider**
- If there is erythema of breast and the woman is systemically well, commence broad-spectrum antibiotics (e.g. co-amoxiclav) and **refer as urgent 2WW to secondary care breast service provider** to exclude underlying abscess or inflammatory cancer. If the patient is systemically unwell, refer to A&E for management of sepsis

→ **RED FLAG** symptoms, personal history of breast cancer or signs of infection **refer as urgent 2WW** using the GM standard referral form

PREGNANCY: If there are no other RED FLAG symptoms, reassure the patient that nipple discharge during pregnancy is common. Epithelial proliferation within breast tissue during pregnancy can cause bloody nipple discharge.
Reassess 2 months post-partum.

Is this pathological discharge?
Blood-stained or clear **AND** spontaneous (discharge without squeezing the breast) **AND** unilateral

→ **RED FLAG** symptoms refer as **urgent 2WW** using the GM standard referral form

Low risk of underlying pathology, but requires further assessment
Persistent (not a one-off occurrence) **AND** spontaneous **AND** unilateral
(Please examine the patient as unilateral discharge often turns out to be bilateral on examination)

→ Refer as **non-urgent referral** using the GM standard referral form

No breast or nipple-related RED FLAGS

Ask/look for other possible causes of nipple discharge:

- Pregnancy and up to 2 years post-partum
- Endocrine cause such as hypothyroidism or pituitary adenoma (rare)
- Liver or renal failure
- Dug induced: Some antihypertensives, antidepressants and antipsychotics
- Nipple stimulation (repeated squeezing of the breast/nipple to express the discharge can stimulate more discharge)
- Idiopathic/Physiological

Tests to consider - Prolactin levels, TFTs, LFT's and renal function

Management

1. Refer to endocrinology if patient has hyperprolactinaemia or copious persistent discharge
2. Treat known cause e.g. hypothyroidism, medication review
3. Provide advice and reassurance to patients with idiopathic/physiological nipple discharge:
   - Reassure that physiological nipple discharge is common and normal
   - Reassure that there is no need for onward referral
   - Advise the patient not to squeeze the breast to express the discharge, as this can stimulate more discharge
   - Advise to stop smoking
   - Signpost to Online Links: https://www.nhs.uk/conditions/nipple-discharge/

→ **Refer to endocrinology** if hyperprolactinaemia is diagnosed on blood sample or if patient has persistent high volume discharge

Ask about family history of breast cancer as NICE guidance CG 164 1.3.3 and 1.3.4
https://www.nice.org.uk/guidance/cg164/chapter/Recommendations#care-of-people-in-primary-care
If there is a significant family history of breast cancer, refer to Breast Unit Family History Clinic
N.B. The Family History Clinic will not review the woman for nipple discharge.

→ Routine referral to **Breast Family History Clinic.** 2ww referral not indicated

Further Information about Physiological Nipple Discharge

- Up to 80% of women will experience nipple discharge in their lifetime
- Duct ectasia is the most common cause in post-menopausal women. Duct ectasia is a shortening and widening of the milk ducts that is benign and common with increasing age. Fluid may collect in the widened ducts. No treatment is required.
- In pre-menopausal women, the most likely causes are:
  - Benign physiological secretions
  - Duct ectasia can occur in pre-menopausal women and is more common in smokers. No treatment required
  - Periductal mastitis – physiological discharge associated with inflammation and more common in smokers. Treat with antibiotics and strict advice to stop smoking

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