

BREAST ABSCESS PATHWAY

**Skin intact?
Not diabetic/septic/
immunocompromised?
Otherwise clinically fit and well?**



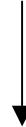
Consider US aspiration within working hours / clinical aspiration in A&E if US unavailable & no clinic following day.

Then home with

- Analgesia
- Antibiotics – see red box for recommendations
- Ask patient to attend next Breast One-stop in SWRU at 0900 (if second patient 1030)

Please fax referral to Breast PPCs on 0208 9343254 or email to khn-tr.breast@nhs.net including time / date patient asked to attend

Significant Skin Necrosis?



May require incision and drainage, but sometimes amenable to initial US aspiration.

Recommend review in Breast One-stop initially unless septic / diabetic / immunocompromised – see red box.

**Septic/diabetic/
immunocompromised**



Admit for intravenous antibiotics and Breast team review following day (this will most usually be in One-stop clinic)

Lactational - Flucloxacillin
Non-lactational – Coamoxiclav

Penicillin allergy –
Erythromycin/Clarithromycin +
Metronidazole if non-lactational

ONE-STOP BREAST CLINICS - all at Kingston Hospital

Monday am
Tuesday am
Wednesday am
Thursday am
Friday am

PATIENT INFORMATION: BREAST ABSCESS

What is an abscess?

An abscess is a collection of pus that forms as part of your body's reaction to an infection, usually caused by bacteria.

Breast abscesses are painful, swollen lumps that may be red, hot, with or without discharge. Some patients experience fevers and feeling unwell.

What causes breast abscess?

The commonest cause of infection is breastfeeding when bacteria can enter the breast tissue or, if the milk ducts become blocked. This causes mastitis that can form an abscess. Non-breast feeding women can develop an abscess, most often close to the nipple. This is more common in women who smoke.

How is it treated?

In the initial stages, mastitis can be treated with pain killers, warm compress and simple antibiotics. However, if this does not improve and an abscess develops, radiological drainage may be required.

This is done using an ultrasound probe to localise the abscess. A small needle is used to drain the pus under local anaesthetic. For bigger abscesses a small incision may be required to drain the pus.

Can I still breast feed with an abscess?

In the initial stages of mastitis, patients are encouraged to continue to breastfeed/use a breast pump to aid drainage of the milk ducts. As symptoms of an abscess develop, you may still breastfeed though you may find that pain is a limiting factor to this. Breastfeeding is also safe for the baby and will not transmit an infection.

Can I breast feed on the antibiotics?

Yes, the antibiotics will not harm your baby.

What if my symptoms worsen before my clinic appointment?

If your symptoms are not managed with simple painkillers and antibiotics, or you feel unwell with fevers, please contact your GP or go to the local emergency department.

How long will it take for me to fully recover?

Once the abscess is drained, you will notice immediate improvement in pain and swelling. However, you will still need to complete the course of antibiotics, and it is common to need more than one drainage.

Patient Instructions

The morning of the clinic

You may continue to eat, drink and take regular medications. Please ensure that you arrive at your appointment on time and that you check in for your appointment.

The clinic

You will be seen by various members of the breast team which include: a breast surgeon or nurse practitioner, radiographer and radiologist. You are likely to be in the clinic for at least two and up to four hours.

USEFUL CONTACT NUMBERS:

Breast Patient Pathway Coordinators
The William Rous Unit Reception

020 8934 6407
020 8973 5000