



**Queensland
Government**

PATIENT INFORMATION SHEET ONLY

NO DOCUMENTED CONSENT REQUIRED

Mammary ductogram

Adult (18 years and over) | Patient information

A copy of this form should be given to the patient/substitute decision-maker to read carefully and allow time to ask any questions about the procedure. The patient information sheet should be included in the patient's medical record.

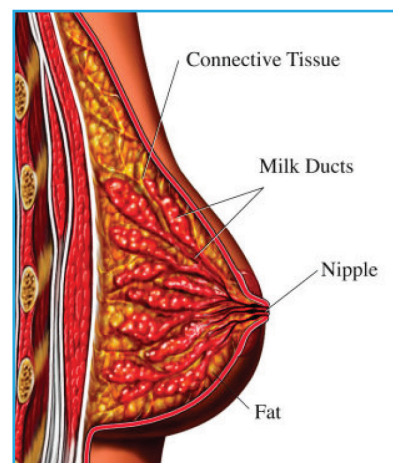


1. What is a mammary ductogram and how will it help me/the patient?

A mammary ductogram is an x-ray procedure that assists in finding the cause of abnormal nipple discharge.

Contrast (once called x-ray dye) is injected into the nipple so the mammary (milk) ducts can be seen on x-ray pictures.

*Image 1: Breast anatomy.
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Preparation for the procedure

No special preparation is required.

Please tell staff if you are pregnant, or suspect you may be, or if you are breastfeeding.

No anaesthetic is required for this procedure.

During the procedure

The radiologist (x-ray doctor) may need to gently press on your breast to identify which duct is leaking fluid.

A small tube will be put into the duct. Contrast will slowly be injected through the tube into the duct. You may feel fullness in the breast but usually no pain.

Breast x-rays (mammograms) are taken.

At the end of the procedure, the tube will be removed from your breast.



2. What are the risks?

There are risks and complications with this procedure. There may also be risks specific to each person's individual condition and circumstances. Please discuss these with the doctor/clinician. Risks include but are not limited to the following:

Common risks and complications

- minor bleeding from the nipple, this should stop on its own
- bleeding is more common if you have been taking blood thinning drugs, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric.

Less common risks and complications

- infection, requiring antibiotics and further treatment
- allergic reaction to the contrast. This could result in a rash, hives, itching, nausea, fainting or shortness of breath. Medication will be given to relieve this
- the procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications

- a small increased lifetime cancer risk due to the exposure to x-rays
- death as a result of this procedure is very rare.

What are the risks of not having a mammary ductogram?

There may be consequences if you choose not to have the proposed procedure/treatment/investigation/examination. Please discuss these with the doctor/clinician.



3. Are there alternatives?

Making the decision to have a procedure requires the patient/substitute decision-maker to understand the options available. Please discuss any alternative treatment options with your doctor/clinician.



4. What should I expect after the procedure?

Go to your nearest emergency department or GP if you become unwell after leaving the hospital.



5. Who will be performing the procedure?

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure/treatment/investigation/examination. This could be a doctor/clinician undergoing further training, however all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the procedure, please discuss with the doctor/clinician.



6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website www.qld.gov.au/health/services/hospital-care/before-after where you can read about your healthcare rights.

You can also see a list of blood thinning medications at www.health.qld.gov.au/consent/bloodthinner.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.



7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your/the patient's medical condition, treatment options and proposed procedure/treatment/investigation/examination.



8. Contact us

In an emergency, call Triple Zero (000).

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.