

Referral Support Service

Breast

B07 Breast Infection / Mastitis

Definition

Infection, usually bacterial, of the breast tissue, either cellulitis or abscess formation

Exclude Red Flag Symptoms

- Systemically unwell, clear abscess or necrotic compromised skin requires urgent referral. Contact breast unit secretary to speak to duty breast surgeon and if unavailable consider acute surgical team.
- If ANY doubt that may not be settling seek advice from Breast Surgeon sooner rather than later (especially so if the weekend is approaching)
- Patient >50 (higher risk of underlying malignancy)

Management

General for either lactational or non-lactational:

- Advise use of simple analgesic such as **paracetamol** and/or **ibuprofen** to relieve pain and discomfort.
- Advise the woman to place a warm compress on the breast, or bathe or shower in warm water, to relieve pain.

Lactational

- Advise to continue breast feeding if possible or express breast milk
- Prescribe an oral antibiotic if the woman has a nipple fissure that is infected, symptoms have not improved (or are worsening) after 12-24 hours despite effective milk removal, and/or breast milk culture is positive.
- If breast milk culture results are available, treat with an antibiotic that the organism is sensitive to.
- If breast milk culture results are not available: **flucloxacillin** 500mg QDS or **clarithromycin** 500mg BD for 10 days
- Should seek immediate medical advice if symptoms fail to settle after 48 hours of antibiotics treatment.

Non-lactational

- Consider pre-disposing factors manage the underlying cause, e.g. if there is nipple damage consider– candida infection, eczema, Raynaud’s disease of the nipple.
- Prescribe an oral antibiotic for *all* women with non-lactational mastitis: **cephalexin** 500mg QDS plus **metronidazole** 500mg TDS or **clarithromycin** 500mg BD plus **metronidazole** 500mg TDS for 10 days.
- Do not use co-amoxiclav
- Review at 48hours. If improving complete course, if deteriorating refer.
- Symptoms slow to resolve or recurring refer Two Week Rule.

Referral Information

Information to include in referral letter

- Describe symptoms and duration
- Recent pregnancy or breast feeding
- Response to treatment tried.
- Family history of breast cancer
- Relevant past medical / surgical history
- Current regular medication
- BMI/ Smoking status

Patient Information Leaflets/ PDAs

<http://www.nhs.uk/conditions/Breast-abscess/Pages/Introduction.aspx>

References

- Kernow Clinical Commissioning Group Referral Guidelines
- SIGN Guideline 84: Management of Breast Cancer in Women
- <http://cks.nice.org.uk/mastitis-and-breast-abscess>
- Antibiotic Choices approved by YTHFT Consultant Microbiologist and agreed with Breast Surgeons 14.06.16