

Breast abscess

Lactation clinic protocol: Breast abscess

EM Code: **As Applicable.**

Related Diagnostic Codes:
Abscess, Breast **675.1**

Fee Determination: **As Applicable.**

Policy

- I. Abscess formation in the breast shall be viewed as a serious complication of breastfeeding requiring immediate referral to the medical provider.
- II. Determination of an abscess must be by clinical evaluation. Telephone diagnosis of an abscess is not appropriate.
- III. If the abscess has not ruptured into the duct system (as determined by the medical provider), mother will be advised to continue nursing.
- IV. Pumping of the affected breast will be advised if the abscess has ruptured into the duct system (or if the milk is contaminated) while the abscess is being treated, provided the mother wishes to maintain a milk supply.
- V. Often the mother will choose to wean when abscess formation occurs.

General information

- I. Breast abscess is most frequently seen in lactating women who have delayed treatment for mastitis for more than 24 hours. 5-11 percent of women with mastitis will develop an abscess (Olsen and Gordon 1513).
- II. An abscess is a localized area of pus formation caused by the body's attempt to wall off or isolate an infection. An elevation or pocket-like area develops in the breast. The area softens as the abscess reaches the skin surface (induration). The soft area, if left untreated, will rupture. If the abscess ruptures into surrounding tissue, septicemia may result. (Merck A-9). Externally the area may range from slightly pink to black in color. Pain occurs from the compression of surrounding structures and/or cellulitis.
- III. If the abscess is well partitioned, systemic symptoms (fever, malaise, headache, etc.) may be absent.
- IV. Abscesses must always be treated by drainage. Some surgeons may choose needle aspiration of the abscess if it is very small. Incision and drainage is required for larger areas. The procedure can be done on an outpatient basis. The mother may require hospitalization if the abscess is severe or if septicemia has resulted.
- V. When the abscess is incised and drained the wound is left open (without sutures). A drain may be present or the wound may be packed with gauze. It is not uncommon for the incisional area to drain breastmilk. Breastmilk in the area of the incision is not harmful as the macrophages in the milk will assist in the destruction of any offending bacteria (Riordan and Auerbach 383,396; Lawrence 211).
- VI. The milk will remain clean unless the abscess ruptures into the duct system. The incision can be covered with a clean dressing at each feeding. In cases where the incision is on the areola, or would be involved in feeding, the breast should be pumped at regular intervals

until healing occurs in approximately 4-10 days. (Riordan and Auerbach 383; Lawrence 211).

Procedure

- I. History
- II. Mother may complain of a recent episode indicating mastitis:
 - a. Tender, hard reddened area in the breast.
 - b. Fever, chills and/or body aches, headache.
 - c. Occasionally: nausea, vomiting and diarrhea.
- III. Sore nipples currently or in the past
- IV. Any marks on the nipple or areola, cracks, bruises, scabs, bleeding, currently or in the past.

Rationale: Mastitis and subsequent abscess formation can be caused by bacteria entering the breast tissue from trauma.

Assessment

- I. Visual and manual assessment of maternal nipples and breast(s).
- II. Documentation
 - a. Complete lactation consultation chart.
 - b. Written instructions given to mother for on going self care.
- III. Provider contact
- IV. Immediate notification of provider by telephone in all cases of suspected abscess for immediate medical intervention.

References

- Arizona Healthy Mothers, Healthy Babies Coalition Breastfeeding Task Force. Model Breastfeeding Hospital Policy and Breastfeeding Education Protocol Manual. Nutrition Council of Arizona Breastfeeding Advocates, 1989: 4648.
- Berkow, Robert et al. The Merck Manual of Diagnosis and Therapy. 14th ed. New Jersey, Merck & Co. 1982.
- Lawrence, Ruth A. Breastfeeding: A Guide for the Medical Profession. 3rd ed. New York, C.V. Mosby, 1989: 211.
- Lauwers, Judith, and Candace Woessner. Counseling the Nursing Mother. 2nd ed. New York: Avery, 1989: 398-399.
- Olsen, Cynthia and Richard Gordon. "Breast Disorders in Nursing Mothers." American Family Practice 41(1990) 5: 509-1516.
- Riordan, Jan and Kathleen G. Auerbach, Eds. Breastfeeding and Human Lactation. Boston MA: Jones and Bartlett, 1993:383,396.
- Tully, Mary and Mary Overfield. Breastfeeding Counseling Guide. 2nd ed. Lactation Consultants of North Carolina, Raleigh,1989: 25-26.