STANDARDIZED PROCEDURE
DUCTAL LAVAGE (Adults, Peds)

I. Definition

The removal of ductal fluid via lavage and aspiration to obtain cells and look for the presence of pre-malignant cellular changes. This procedure is utilized in patients with a history of nipple discharge and an increased risk of developing breast cancer.

II. Background Information

A. Setting: The setting (inpatient vs outpatient) and population (adults vs pediatrics) for the Advanced Health Practitioner (AHP) is determined by the approval of the privileges requested on the AHP Privilege Request Form. If the procedure is being done on a Pediatric patient, make sure Child Life is involved and use age appropriate language and age appropriate developmental needs with care of children, as appropriate to the situation.

B. Supervision: The necessity of this procedure will be determined by the Advanced Health Practitioner in collaboration with the supervising physician or his/her designee. Designee is defined as another attending physician who works directly with the supervising physician and is authorized to supervise the Advanced Health Practitioner.

Direct supervision will not be necessary once competency is determined, as provided for in the procedure. The Advanced Health Practitioner will notify the physician immediately upon being involved in any emergency or resuscitative events.

C. Indications: This procedure is indicated in patients with nipple discharge and an increased risk of developing breast cancer.

D. Precautions/Contraindications. Current mastitis is a contraindication for ductal lavage.

III. Materials

1. Lidocaine cream
2. Tegaderm
3. Consent form
4. Sterile drape
5. Sterile gloves
6. Alcohol pads
7. Chlorhexidine scrub
8. Nipple aspirator with 10ml syringe
9. Duct dilator
10. Ductal lavage catheter
11. A 20 ml syringe filled with saline
12. A 10 ml syringe filled with 1% lidocaine
13. 10 ml syringe
14. 2x2 gauze pad
15. Cytolyt tube
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16. Capillary tube

IV. Nipple Aspiration and Ductal Lavage Procedure

A. Pre-treatment evaluation

1. History: Family history of breast cancer, personal history of breast cancer, history of atypia with previous nipple aspirations or biopsies, BRCA 1,2 positive.

2. History of nipple discharge or recent changes in breasts.

3. Patient evaluation: General appearance, vital signs, fever, clinical breast exam.

4. Diagnostics: Mammogram and ultrasound as indicated.

B. Set up
Gather equipment

C. Patient Preparation:

1. After providing the purpose, risks, benefits and steps of the procedure, obtain informed consent from the patient. Conduct a time out prior to start of the procedure.

D. Procedure:

1. Apply lidocaine cream to patient’s nipple one hour prior to the procedure.

2. Apply breast warmer to breast.

3. Clean the nipple surface with Chlorhexidine scrub, followed by alcohol pad.

4. Instruct patient to massage her breast to elicit discharge in the nipple ducts.

5. If breast massage alone does not yield nipple discharge, then a nipple aspirator will be used to attempt to yield fluid.


7. Ductal lavage will be performed on those ducts that yield discharge.

8. Don sterile gloves.


10. Insert a ductal dilator into the duct to be lavaged.

11. Slip the ductal lavage catheter into the duct while removing the ductal dilator.

12. Instill 5-10 ml of 1% lidocaine into the duct.

13. Instill 10ml normal saline into the duct.

14. Withdraw fluid from duct using a new 10 ml syringe.

15. Place the ductal fluid into cytology tube with CytolLyt and send to the lab for cytology.
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E. Post- procedure:

1. Assess patient for possible side effects.
2. Document procedure results, patient response, characteristics of ductal fluid, and patient follow-up instructions.

F. Follow up Treatment

The Advanced Health Practitioner will review all cytology findings with supervising physician, who will decide appropriate follow-up.

V. Documentation

A. Documentation is in the electronic medical record

1. Documentation of the pretreatment evaluation and any abnormal physical findings.
2. Record the time out, indication for the procedure, procedure, EBL, the outcome, how the patient tolerated the procedure, medications (drug, dose, route, & time) given, complications, and the plan in the note, as well as any teaching, discharge instructions and follow-up plans.

B. All abnormal or unexpected findings are reviewed with the supervising physician.

VI. Competency Assessment

A. Initial Competence

1. The Advanced Health Practitioner will be instructed on the efficacy and the indications of this therapy and demonstrate understanding of such.
2. The Advanced Health Practitioner will demonstrate knowledge of the following:
   a. Medical indication and contraindications of ductal lavage
   b. Risks and benefits of the procedure
   c. Related anatomy and physiology
   d. Consent process (if applicable)
   e. Steps in performing the procedure
   f. Documentation of the procedure
   g. Ability to interpret results and implications in management.
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3. Advanced Health Practitioner will observe the supervising physician perform each procedure three times and perform the procedure three times under direct supervision.

4. Supervising physician will document Advanced Health Practitioner’s competency prior to performing procedure without direct supervision.

5. The Advanced Health Practitioner will ensure the completion of competency sign off documents and provide a copy for filing in their personnel file and a copy to the medical staff office for their credentialing file.

B. Continued proficiency

1. The Advanced Health Practitioner will demonstrate competence by successful completion of the initial competency.

2. Each candidate will be initially proctored and signed off by an attending physician. Advanced Health Practitioners must perform this procedure at least three times per year. In cases where this minimum is not met, the attending, must again sign off the procedure for the Advanced Health Practitioner. The Advanced Health Practitioner will be signed off after demonstrating 100% accuracy in completing the procedure.

3. Demonstration of continued proficiency shall be monitored through the annual evaluation.

4. A clinical practice outcomes log is to be submitted with each renewal of credentials. It will include the number of procedures performed per year and any adverse outcomes. If an adverse outcome occurred, a copy of the procedure note will be submitted.

VII. RESPONSIBILITY
Questions about this procedure should be directed to the Chief Nursing and Patient Care Services Officer at 353-4380.

VIII. HISTORY OF POLICY
Revised March 2012 by Subcommittee of the Committee for Interdisciplinary Practice
Reviewed March 2012 by the Committee on Interdisciplinary Practice
Prior revision October 2008
Approved March 2012 by the Executive Medical Board and the Governance Advisory Council.

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