

### 10.3 Nipple Discharge: Galactorrhea

DEFINITION	Galactorrhea is a discharge of milk or a milk-like secretion from the breast in the absence of parturition or beyond six months' postpartum, in a non-breastfeeding woman. The secretion may be intermittent or persistent, scant or abundant, free flowing or expressible, and unilateral or bilateral.
SUBJECTIVE	<u>May include:</u> <ol style="list-style-type: none"><li>1. Nipple discharge; usually bilateral, milky.</li><li>2. History of breast changes: galactorrhea, redness, pain, breast stimulation.</li><li>3. History of pregnancy and lactation; infertility.</li><li>4. Menstrual history: regular menses or amenorrhea.</li><li>5. Use of drugs and herbs associated with galactorrhea: antidepressants, antipsychotics, tranquilizers, narcotics, illicit drugs, anti-hypertensives, contraceptives, certain herbs (e.g. anise, fennel, red clover, nettle, red raspberry).</li><li>6. Histories of headaches, visual changes, dry skin, intolerance to cold, fatigue, and weight changes.</li></ol>
OBJECTIVE	<u>May include:</u> <ol style="list-style-type: none"><li>1. Breast examination: bilateral breast discharge, multiple ducts.</li><li>2. Height, weight, blood pressure.</li><li>3. Evaluation of the thyroid gland, skin, visual fields.</li></ol>
LABORATORY	<u>May include:</u> <ol style="list-style-type: none"><li>1. TSH.</li><li>2. Serum prolactin level (according to laboratory instructions).</li><li>3. Pregnancy test.</li></ol>
ASSESSMENT	Milky breast discharge: galactorrhea.
PLAN	<ol style="list-style-type: none"><li>1. Perform laboratory tests as indicated by history and physical examination.</li><li>2. Discontinue herbs associated with galactorrhea.</li><li>3. Mammography per protocol (p 10.1).</li></ol>
CLIENT EDUCATION	<ol style="list-style-type: none"><li>1. Caution against too frequent self-exam or breast stimulation.</li><li>2. Stress importance of follow-up care.</li><li>3. Discuss causative factors.</li></ol>
REFER TO PHYSICIAN	<ol style="list-style-type: none"><li>1. To discontinue/ change medications associated with galactorrhea.</li><li>2. Abnormal laboratory test results for prolactin or TSH.</li><li>3. Persistent galactorrhea for longer than 6 months.</li><li>4. Galactorrhea with concurrent unresolved amenorrhea or menstrual irregularity, visual changes and/ or headache pattern changed.</li></ol>