



Hadfields procedure

This leaflet will explain what will happen when you come into hospital for your operation. It is important that you understand what to expect and that you feel able to take an active role in your treatment.

This surgery is usually performed as a day case, however depending upon other medical conditions you may be required to stay overnight. This leaflet will answer some of the questions that you may have but if there is anything that you and your family are not sure about, then please ask.

What is a Hadfields procedure?

A Hadfields procedure is an operation carried out to disconnect and remove part of (i.e. biopsy) the major nipple ducts. This will take approximately 20 minutes and is usually undertaken under a general anaesthetic (you are asleep).

What will happen to you?

On the morning of the operation you will see the surgeon who will talk to you and mark the correct side, and you will also see the anaesthetic doctor.

When you come to the theatre, you will be put to sleep first, and then we will make a cut through the areola skin just below the nipple. We then disconnect the major ducts from the back of the nipple, and remove some of the tissue as a biopsy that is sent to the pathology lab to be examined under the microscope by the pathology doctor. The cut is then stitched up using dissolvable stitches underneath the skin surface and a dressing is placed on top.

Possible complications

- **Thickened scar:** Scar healing is unpredictable and although usually the scar heals up to a fine line, occasionally the scar heals in a thickened fashion called a 'keloid' or 'hypertrophic' scar.
- **Infection:** Infection occurs in about 1 in 20 patients following this sort of procedure but if it occurs it can usually be treated with antibiotics. Occasionally, however, we may need to open the wound, drain out the infected fluid and then it may need to be packed, in which case it may take some weeks to heal.
- **Haematoma:** Some bruising is inevitable however, very occasionally blood collects in a lump underneath the wound (known as a haematoma) and this may need to be removed, either in the clinic or by a second operation.
- **Wound pain:** Some patients experience pain, discomfort or altered sensations in or around the wound during or after the healing process. Usually these sensations will settle with painkillers but if the problem continues, we would recommend that you contact your GP. If necessary, he/she can then refer you back to see us if there is a problem.

- **Nipple numbness or necrosis:** Due to disrupting the skin nerves, some people experience numbness of the nipple which is usually not permanent. Rarely, due to the blood supply being disrupted during surgery, the nipple may go black and may have to be removed.
- **Nipple flattening or inversion:** There is a small risk following this kind of surgery of the nipple appearing flatter than beforehand or even inverting given the need to remove a small amount of tissue directly behind this. If this is obvious at the time of surgery, your surgeon will aim to correct this.
- **Need for further surgery:** Depending on the results of the tissue examined, you may need to have further surgery to remove further tissue. This will be discussed with you when you come back to clinic for your results.

Follow up

- An outpatient appointment will only be made for you following the biopsy results if it is medically necessary. You should make an appointment with your GP practice nurse 7-10 days after surgery. At that appointment, your wound will be checked to ensure that it is healing well and that you are getting back to your normal routine without any problems. You should receive a letter confirming your biopsy results 2-3 weeks after surgery.

Contact us

If you have any problems regarding your care or treatment at this hospital, please talk to us. Your feedback will help us to improve and develop our service. Please speak to a member of staff in the clinic or on the ward, or if you would rather talk to a senior member of staff, ask to speak to the ward/departmental manager or matron.

Our Patient Advice and Liaison Team (PALS) can offer you 'on the spot' support and advice as well as practical information at a time when you are feeling confused and anxious. PALS can be contacted on 0118 322 8338, email PALS@royalberkshire.nhs.uk, or ask a member of staff, the receptionists or the switchboard to contact them.

Consultant surgeons

Mr B Smith	Consultant Oncoplastic and Reconstructive Breast Surgeon
Miss N Dunne	Consultant Oncoplastic and Reconstructive Breast Surgeon
Mr G Cuffolo	Consultant Oncoplastic and Reconstructive Breast Surgeon

Trust grade breast surgeons

Mrs S Connolly
Dr E Hyett

Advanced surgical nurse practitioners / physician associate

Vanessa Burridge
Susanne Theis
Aneta Korcz
Yneh Alcoriza

Our clinical teams can be contacted via the Clinical Administration Team 3 (CAT 3) on 0118 322 6890, then press the option for 'breast' or email rbb-tr.cat3@nhs.net.

More information

If you have any questions about the procedure or this information, please speak to your doctor or nurse.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Breast Unit, August 2025. Next review due: August 2027.