BREAST CELLULITIS & ABSCESS

Suspected Breast Abscess

- Tender, warm, inflamed
- +/- fluctuance
- +/- drainage

Duration of symptoms

< 1-2 weeks

>1-2 weeks

Consider locally advanced or inflammatory breast cancer

Discuss with On-call Breast Attending

Ultrasound of breast demonstrates a **collection**

NO

See Mastitis

YES

Is the collection **"simple"?**

- Not loculated
- Not involving nipple

NO

I&D with sedation maybe required (OR)

Discuss with On-call Breast Attending

YES

Is the abscess already **draining or nearly about to?**

NO

- Perform **aspiration +/- irrigation**
- Culture aspirate
- Outline erythema with marking pen
- Start **Abx**
  - Low MRSA risk: Cephalexin or dicloxacillin 500mg PO QID x 10 days
  - High MRSA Risk*:
    - Clindamycin 300 mg PO TID x 10 days or
    - TMP/SMX DS (Bactrim) BID x 10 days (avoid in mothers breastfeeding newborns)
  - PCN-allergic: Clindamycin 300 mg PO TID x 10 days
  - Severe: Consider Vanco 15-20mg/kg IV
- Arrange **F/U in 24-72 hr with breast care provider**, repeat aspiration may be necessary at that time

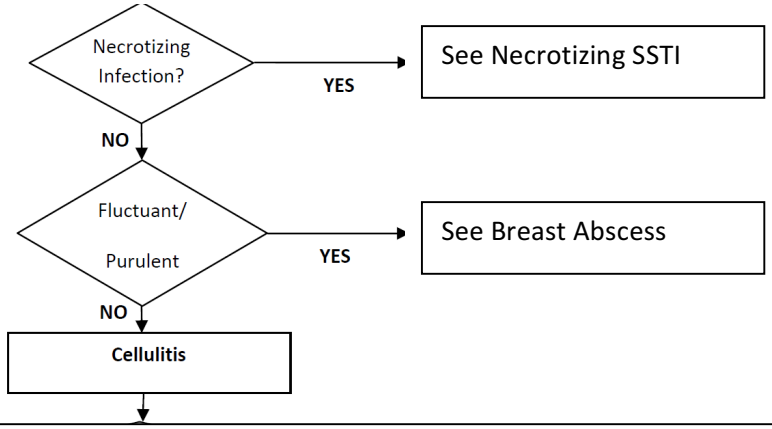
Discuss with On-call Breast Attending

YES

- Establish draining site (1-2cm opening with 11 blade)
- Culture drainage
- Consider saline flush of drainage site
- Loosely **pack or wick site** & apply dress
- Outline erythema with marking pen
- Start **Abx** (*See list for non-draining*)
- Provide pt:
  - Instructions regarding packing
  - **F/u appt with breast care provider in 24-72hr**

Discuss with On-call Breast Attending

MASTITIS (BREAST CELLULITIS) & ABSCESS



- Outline borders with marking pen
- Start **antibiotics**:
  - Low MRSA risk: Cephalexin or dicloxacillin 500mg PO QID x 10 days
  - High MRSA Risk*:
    - Clindamycin 300 mg PO TID x 10 days
      or
    - TMP/SMX DS (Bactrim) BID x 10 days
      (avoid in mothers of breastfeeding newborns-kernicterus)
  - PCN-allergic: Clindamycin 300 mg PO TID x 10 days
  - Severe: Consider Vanco 15-20mg/kg IV
- Arrange **f/u with breast care provider in 48-72hr**

*MRSA risk factors:
recent antibiotic use,
h/o prior MRSA,
young children in day care,
household contact with MRSA,
contact sports,
military service,
prison exposure

BREAST ABSCESS ASPIRATION & IRRIGATION

Supplies:

- Ice pack
- Antiseptic wash
- Chux
- < 18 gauge needle
- Syringe (appropriate size)
- Gauze
- *10cc saline flush x 2-3*
- Small dressing
- Marking pen
- *Portable ultrasound*

Steps:

1) Outline erythema on skin with marking pen and 'X' the skin over the area of abscess
2) Apply ice pack to breast area for 5 min *(Note: local anesthetics works poorly in area of infection)*
3) Place Chux at patient's side or over abdomen
4) Prep skin over area of abscess
5) Insert needle syringe into abscess and withdraw
6) If syringe is full, leave needle in place. Remove syringe from needle. Empty. Reconnect to needle. Aspriate. Repeat as necessary.
7) Provide sample of aspirate to culture tube before discarding
8) *Remove syringe from needle (remains in breast) and attach flush. Inject and withdrawal only if easy. Repeat, again only if easy.*
9) Remove needle.
10) Apply gauze and some pressure
11) Apply dressing
12) *Ultrasound to assess residual collection.*