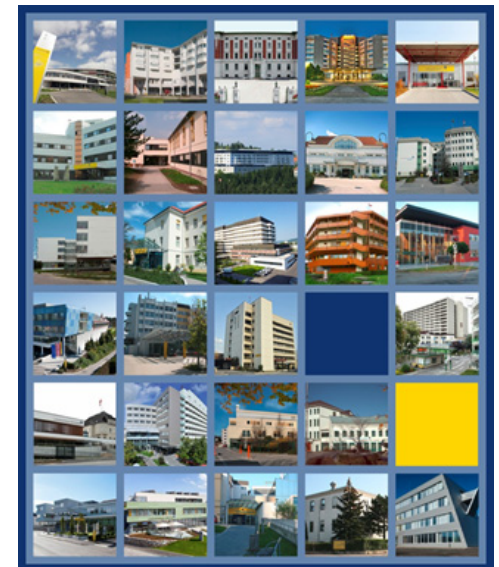


We hope to have answered all your potential questions with this information and wish you a speedy recovery.

Your gynaecology team

# Gynaecology and midwifery

## Discharge information



## Behaviour in the case of mastitis

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Mastitis

**Dear Patient,**

Further to our discussion at discharge and the doctor's letter, we would like to provide you with some more information relating to the time after your stay in our department.

**Development and symptoms**

Mastitis is caused by a bacterial infection of the breast. The mastitis-causing bacteria penetrates through small lesions in the nipple area and spreads along the mammary ducts.

Typical symptoms of mastitis are pain, redness and sensations of swelling in a circumscribed area of the breast. There is usually a high fever.

Mastitis mainly develops during the breastfeeding period but can sometimes also occur in women who are not breastfeeding.

**Therapy**

Treatment for mastitis takes the form of antibiotic infusions, local anti-inflammatory compresses, quark poultices and fever-reducing medications. It is not usually necessary to give up breastfeeding.

In the case of pronounced mastitis, an abscess may sometimes develop. In such cases, surgery is required to open the abscess and drain the infection secretion.

If it is necessary to open an abscess after discharge, further wound inspections and dressing changes are required.

**Guidelines for behaviour**

After mastitis it is important to ensure that you have a good latch while breastfeeding; our trained midwives and qualified paediatric nurses/carers will be happy to advise you on this.

Furthermore, it is important to watch out for the early signs of blocked milk ducts and, where this is the case, to contact an experienced lactation adviser; aftercare midwives and qualified paediatric nurses/carers from the maternity department.