

LACTATIONAL MASTITIS ALGORITHM

Mastitis

If concerned for abscess, order diagnostic ultrasound.
In obvious abscess, clinical diagnosis may be made ->
Erythema, induration, skin attenuation, failure to improve w/ antibiotics

Ultrasound Without Abscess

- Many cases resolve with ice, no massage, and not overfeeding; reassess in 24-48 hours and consider antibiotics if not improving
- Dicloxacillin 500mg QID or Keflex 500mg QID
- If history of MRSA: TMP/Sulfa DS BID. Can consider clindamycin 300mg QID but consider regional resistance



Questions?
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Abscess

- 11 blade stab incision with stent placement; aspiration may result in inadequate drainage require repeat procedures for loculated collection and sticky milk
- If no physician to do above procedure, IR consult for pigtail drain placement
- Oral antibiotics as above; avoid admission unless severe symptoms unresponsive to IV fluid resuscitation and pain control. Consider Norco or Ativan if needed above acetaminophen and/or ibuprofen.
- Culture fluid, narrow antibiotics based on results

Phlegmon

- Oral antibiotics as above; may need prolonged treatment until clinical resolution
- Repeat ultrasound in one week if no clinical improvement
- Drainage if abscess develops
- Follow up with breast surgery, ultrasound 1-2 months after clinical resolution to r/o underlying mass

Additional Information

- Ibuprofen and acetaminophen PRN for systemic symptoms and pain
- NO MASSAGE: worsens tissue edema and injury
- Breastfeed from affected side, but do not overfeed
- Antibiotics are safe; no need to pump and dump
- Physiologic nursing: avoid pumping
- Treat hyperlactation: no "pumping to empty," no milk production in excess of baby's intake
- No nipple shields: non-physiologic milk removal