NIPPLE-AREOLA
RECONSTRUCTION
INFORMATION SHEET

NIPPLE-AREOLAR COMPLEX RECONSTRUCTION

The final part of the breast reconstruction is the creation of a new nipple-areola complex. Some patients are happy with a prosthetic nipple but although lifelike in appearance are not without their practical problems.

Nipple reconstruction is best considered as the final stage in a patients reconstructive journey and should not be regarded as an 'added extra' (that could be perceived as unnecessary/self-indulgent etc)

It should always be figured into the initial discussions and planning of a patient's reconstruction.

There is a very high degree of satisfaction after nipple reconstruction, and most patients agree that there is an

- Enhanced overall satisfaction with their reconstruction
- Enhanced sense of attractiveness
- Increased sense of completeness

A lovely nipple reconstruction also provides a visual distraction from scars/skin tone mismatches/subtle shape asymmetries in the reconstruction that are more obvious before the nipple has been made.

.Nipple Reconstruction truly provides the 'finishing touch' or the cherry on top of the new reconstruction!

NIPPLE RECONSTRUCTION

Can almost invariably performed under local anaesthetic. It is created at the ideal location on the breast reconstruction. The skin there is raised and fashioned into the new nipple using a special technique called a **Local Flap**. The shape of the pattern is like a winged angel and the flap is therefore affectionately called "The Angel Flap"!

The tiny sutures used are absorbable. A foam'peephole' and Tegaderm protective dressing is used for 2 weeks and needs to be kept dry. It is changed after a week. Any remaining sutures are painlessly removed in clinic at 2 weeks. Thereafter a nursing pad should be worn inside the bra for 4 weeks and twice daily 1% chloramphenicol ointment applied.

Although the new nipple looks odd for the first few weeks, by 2 months it has 'magically' shrunk down to resemble a very realistic nipple bud! The scars on either side of the new nipple will eventually be incorporated and hidden by the areolar tattoo (see below)

Complications of Nipple Reconstruction:

Short term – flap/graft failure – rare but revisable once dried up and excised.

Long term – atrophy and loss of projection.

Although there is no good literature to support practice, most surgeons agree on an estimate of 30-50% shrinkage of most new nipples in the first year. As a result of this the local flap nipple can be created larger to make allowances for this. The nipple can always be remade or revised in an attempt to increase projection.

AREOLAR RECONSTRUCTION

Tattooing (Micropigmentation)

Tattooing has largely replaced grafting using skin from other areas of the body. It is a quick, simple technique with minimal morbidity and few complications. The main problems associated with it are:

- Colour fading
- Colour mismatch – better inks and 3d colour charts are now redily available.

Although tattooing could be carried out at the same time as the nipple is reconstructed, there is a risk of sutures 'cutting out' under the tattooists needle. Therefore I prefer to wait 2-3 months until the nipple reconstruction has healed and settled down to its final size and shape.

Some surgeons prefer to create the nipple on a pre-tattooed area.

Nipple-Areola Tattooing may be carried out by a suitably trained and artistic surgeon, nurse specialist or professional tattooists. It should be an enjoyable experience (and a time when you have your surgeon or breast care nurse to yourself!)

There is a high level of patient satisfaction with nipple-areolar tattooing and most patients agree that it greatly enhances the appearance of their final reconstruction.