

# Nipple Surgery

Nipple surgery is done to correct or improve the size and shape of nipples. Inverted nipples are usually due to tighter than usual ducts leading from the nipple into the breast tissue, pulling the nipple inwards with them. In some situations, they can be associated with underlying breast disease so your surgeon will always check this with you in advance of any corrective surgery. Please inform them if your inverted nipples have newly occurred or have any tenderness, discharge, bleeding or lump associated with them. The scar from surgery is very discrete due to its careful positioning and heals well. Nipples can also be enlarged and elongated as well as drooping particularly after breast feeding and surgery can be done to address this as well.

## Indications for nipple corrective surgery

- Inverted nipples that have no associated breast disease
- Long, large and/or drooping nipples

## Limitations of nipple corrective surgery

- You may not be able to breastfeed following surgery to reshape nipples. If this is a problem for you, then you should not have surgery to correct or reshape nipples or wait until your family is complete before undergoing the procedure.
- If there is any chance that your inverted nipple has occurred due to an underlying problem in your breast, no nipple surgery can be carried out until this is fully assessed and treated if necessary.

## Procedure details

Pre and post surgery clinical photographs of your breasts and nipples will be taken. Nipple surgery is usually performed under local anaesthesia (while you are awake). Measurements and markings will be made on your nipple and then the local anaesthetic will be injected to numb the area.

For inverted nipples, a carefully placed incision around the base of your nipple will be made and the tight ducts pulling the nipple inwards will be released. A non-absorbable suture is then used internally to secure the nipple in its new everted (pointing out) position. Occasionally some of the areolar (pigmented skin around the nipple) skin will be rotated in underneath the nipple to help reinforce the new position. This leaves a slightly bigger scar beyond the nipple itself although it usually heals very well. The skin will then be meticulously sutured. A “doughnut” style dressing is placed over the nipple with the cut-out centre area used to protect the newly positioned nipple from any external pressure.

For elongated or drooping nipples, the excess tissue will be carefully measured and the planned reduction marked. This may be at the base of the nipple or the top and may also include reducing the diameter or width of the nipple as well. After the nipple has been reduced, the skin will be meticulously sutured.

The procedure takes between 30 and 60 minutes.

### **Post-operative course**

It is usual to have some swelling, bruising and discomfort of your nipples particularly in the first few days following surgery. This will settle over the 1 to 2 weeks following surgery. Sometimes you will have numbness or sensitivity in the nipple temporarily. Sutures in the skin are absorbable and the dressing is usually left in place for 10 to 14 days. You will usually be asked to wear a similar pressure relieving dressing for up to 4 weeks after the surgery to protect the nipple from pressure in the case of surgery for inverted nipples.

### **Recovery**

Tight clothing or external pressure should be avoided during the healing process. It is best to avoid any heavy or strenuous activity for 4 weeks. Sleep on 2 to 3 pillows at night to help reduce swelling. Painkillers such as paracetamol can be taken as needed. Most people can return to normal activities after 3 to 4 weeks. The scars usually heal very quickly and gradually fade to very well hidden fine lines. Your nipples will sit further out from your areolae in the early stages than in the long term after inverted nipple surgery.

## **Other points about nipple surgery**

### **Breastfeeding**

It is often not possible to breast feed after surgery to reshape a nipple as the milk ducts to the nipple are released as part of most techniques. If this is a concern for you, you should not have this surgery until after your family is complete and all breastfeeding stopped.

### **Medical causes of inverted nipples**

If there is a medical cause for your inverted nipple, this should be treated in advance of and probably instead of correcting the nipple inversion. It is important that your surgeon is aware of any other symptoms such as a lump, bleeding, pain or discharge from your nipples and of when they first became inverted.

### **Complications**

#### ***Early complications (within the first week of surgery)***

##### **Bleeding (haematoma)**

It is common to have some mild oozing from the surgical incisions for a few days following nipple surgery. If there is any suggestion that excessive bleeding has occurred, you may need to go back to the operating theatre to have the bleeding stopped and the wound washed out to evacuate the collected blood.

##### **Infection**

Rates of severe infection in nipple surgery are low. Minor wound infections or inflammation may occur - if it does happen, an infection will be treated with antibiotics. Rarely, a return to the operating theatre to wash out the wound might be required.

##### **Blood clots**

Blood clots in the veins of the legs (DVT - deep venous thrombosis) are rare after nipple surgery particularly when done under local anaesthesia. Preventative measures are taken (such as calf compression stockings) if you are having a general anaesthetic. If a DVT does develop, you will need various investigations and treatment as appropriate. The risk can be reduced further by drinking plenty of water postoperatively and gently mobilising. A pulmonary embolus (PE) describes a blood clot that has broken off from

the DVT and lodged in the blood vessels in the lungs. This can be serious (at times, fatal), and again, appropriate investigations and treatment are instigated should this be suspected after your operation.

### ***Intermediate complications (within 6 weeks of surgery)***

#### **Suture spitting**

The sutures used are normally dissolvable. Sometimes parts of these sutures can take longer to dissolve than anticipated and can cause some irritation and spit out. Any remnants can be removed in the outpatient clinic and the area should heal well after that.

#### **Numbness or hypersensitivity**

Nipples may be numb or over sensitive in the aftermath of surgery. The feeling usually normalises eventually, but can take several weeks or even months in some cases. Occasionally sensation does not return to normal.

#### **Delayed wound healing**

In some people the wounds take longer to heal than in others: this may be due to having had a mild infection of the wound, due to a reaction with the stitches or from “overdoing it” straight after surgery. Normally this is a minor inconvenience, which can be managed with observation or special dressings as an outpatient. Occasionally it can lead to a troublesome infection developing as described above.

#### **Wound dehiscence**

Occasionally some of the wound can open or gape. This is normally only a very small area and can be managed by observation and wound care. It usually does not leave any lasting problems. Rarely, the wound may need to be resutured or the scar revised at a later date.

#### **Problems with nipple healing/loss of nipple**

If there is extensive surgery around or under the nipple, this carries a risk of problems with the blood supply to the nipple. This can mean slow healing of the nipple area or even loss of all or part of the nipple in some situations. Fortunately, this complication is very rare in nipple surgery. It is a more common situation in smokers, and they are advised to stop in advance of surgery. If this should happen, it can leave poor scarring around the nipple or require further surgery to improve the appearance or reconstruct the nipple.

## ***Late complications (more than 6 weeks from surgery)***

### **Poor scar formation**

Scarring will occur whenever the skin is cut and of course, every effort is made to place scar lines where they will heal well and be least visible. Scar maturation varies from person to person and occurs over 12 - 18 months, with scars passing through a red, itchy and lumpy phase, prior to settling down to thinner, softer less distinct lines. Normally the scars from inverted nipple surgery heal very well and are barely perceptible but occasionally, they may tend to thicken and may require steroid injections to help them settle down. In some cases, minor surgical scar revision surgery may be needed. Hypertrophic or keloid scars can occasionally occur – these are thickened and lumpy scars that are more common in people of Asian or Afro-Caribbean descent.

### **Asymmetries and irregularities**

While no-one is perfectly symmetrical, and no two nipples are 100% symmetrical, every effort will be made to achieve good symmetry after your surgery. However, there will inevitably be subtle differences between each side. Occasionally there are significant asymmetries and irregularities that need to be addressed with further surgery.

### **Recurrence of inversion of the nipple**

Sometimes the nipple can reinvert follow corrective surgery. This may be due to external pressure on the healing nipple, the internal suture weakening or breaking or sometimes due to intrinsic weakness in the tissue allowing the nipple to collapse inwards again. The procedure can be repeated if this should happen. (Additional costs may apply.)

### **Under or over-reduction of nipple size**

Whilst every attempt will be made to achieve your desired nipple size, there are some limitations to the size and shape that can be achieved with surgery. This can mean less change than you anticipated or in some cases, greater reduction than anticipated.

### **Chronic pain**

Occasionally patients suffer from chronic pain after surgery. This is not always predictable or easily treated. It is more likely to occur if you suffer from severe or complex pain prior to your surgery. Further surgery or referral to a pain specialist may be indicated

in this situation although it must be appreciated that there is not always a surgical solution to chronic pain.

### **The sub-optimal result**

Despite performing the operation as accurately and carefully as possible, some people will feel that their result is not exactly as they were hoping it would be. This may be due to one of the problems described above occurring or due to unrealistic expectations of the surgery e.g. mild asymmetries or the presence of scars. An understanding of what is realistically achievable in your particular case is essential prior to undergoing surgery. Should you be left with a sub-optimal result, this will be discussed with you along with the subsequent appropriate treatment options. Treatment may include revision surgery. Extra charges may be applicable for further surgery in some circumstances and this will be discussed with you.

### **Longevity of procedure**

Nipple reshaping surgery has a good success rate. Correcting the inversion of the nipple or reduction of a large nipple can improve confidence and self-esteem. Although inversion of the nipple can recur, in general this is planned as a one-off corrective procedure with no further treatment required in the future.