



KATARZYNA MACKENZIE

PLASTIC SURGEON

## Inverted Nipple Correction

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Inverted nipples are a common source of concern and feeling self-conscious. The nipples are connected to the underlying breast tissue by means of tiny tubes called ducts. Nipple inversion occurs when these ducts are too short and pull the nipple inwards. It is important for the entire breast to be examined carefully for nipple inversion that occurs over a short period of time as it can sometimes be a sign of an underlying cancer.

Inverted nipple corrective surgery has a high success rate and it can improve confidence and self esteem.

Length of surgery	30-30 minutes
Anaesthesia	Local anaesthetic or general anaesthetic
Hospital stay	Day case
Risks/complications of surgery	Frequent: Bruising, swelling Infrequent: Infection, bleeding (haematoma), delayed wound healing, nipple necrosis, asymmetry, scarring, inability to breastfeed, recurrence
Recovery	2 -5 days until socialising with close friends and family 2-5 days until return to work and normal social engagements 4 weeks until swelling and bruising disappears 3-4 weeks until return to gym and other strenuous activities 3-6 months until final result
Driving	1 day
Sleeping position	Sleep on your back
Follow up	1 week, 6 weeks, 3 months, 6 months
Duration of results	Long-lasting but recurrence possible

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## Inverted nipple correction information sheet

Any plastic surgery procedure is a very personal choice and understandably there are a number of questions that arise. This information sheet is a general guide for patients considering inverted nipple correction under the care of Dr Mackenzie. It should provide the answers to some questions that you may have. There are many factors that can affect your individual operation, your recovery and the long-term result. Some of these factors include your overall health, previous breast surgery, chest size and body shape, any bleeding tendencies that you have and your healing capabilities, some of which will be affected by smoking, alcohol and various medications. Such issues that are specific to you need to be discussed with Dr Mackenzie and are not covered here. Please feel free to ask her any further questions before you sign the consent form.

### Introduction

Inverted nipples are usually due to tighter than usual milk ducts leading from the nipple into the breast tissue, pulling the nipple inwards with them. Inverted nipples may be present on both sides or one side only. They usually develop during puberty. If you have had an inverted nipple since puberty, there is unlikely to be an underlying medical problem. However if it has happened more recently, you should see your GP straight away to check whether the condition needs further treatment.

An estimated 2-10% of women have at least one inverted nipple, and men have them too. It is fairly common and can often be temporarily corrected with manual stimulation. Some people prefer permanent correction with cosmetic surgery.

Many patients have reported feeling more self-confident about themselves and their bodies giving them the confidence boost they needed to live their lives to the fullest after having this procedure.

### Are there any reasons for a patient to not have an inverted nipple corrective surgery?

Patients who are actively smoking or on blood thinning medication such as aspirin and warfarin are at a high risk of complications such as bleeding or wound infections and delayed wound healing. It is advisable to not consume nicotine in any form for six weeks before the nipple reconstruction and a similar time after. Medication such as aspirin or warfarin may need to be stopped (if this is not for an essential or life-threatening condition) at the appropriate time before surgery. This should be discussed with Dr Mackenzie or GP.

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## What are the limitations of an inverted nipple corrective surgery?

It is essential that you have realistic expectations about what the procedure can do for you. You will not usually be able to breastfeed following surgery to correct inverted nipples. If this is a problem for you, then you should not have surgery to correct inverted nipples or wait until your family is complete before undergoing the procedure.

## What are the grades of nipple inversion?

There are three grades of nipple inversion, depending on the degree of inversion and mobility of the nipple:

Grade 1: A person can easily pull out the nipple, and it maintains its projection. This grade of inversion causes no major problems with breastfeeding

Grade 2: A person can pull the nipple out, but not as easily, and the nipple tends to retract. They may find it difficult to breastfeed

Grade 3: A person may not be able to pull out their nipple. When pressing the nipple outward, it immediately retracts. Breastfeeding may be very difficult or impossible

## What to expect from an inverted nipple correction consultation?

You would normally meet Dr Mackenzie for at least two pre-operative consultations. The first of which is mainly about assessment and the formulation of an operative plan specific to the inverted nipple correction. You should then have a cooling-off period before booking surgery and meeting Dr Mackenzie again for a second consultation. Dr Mackenzie usually summarises this consultation in a letter to you and if you decide to move forward towards surgery, a second consultation is scheduled to go over things once more and discuss the possible complications in more detail. It is usual for Dr Mackenzie to write to your GP but often patients do not want this, in which case no communication is made.

During your inverted nipple correction consultation Dr Mackenzie will discuss:

- Your surgical goals
- What outcome do you expect from the surgery? What is your chief motivation in undergoing inverted nipple correction?
- Your complete medical history, breast history, drug allergies
- Your previous breast surgery

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- Your current prescription medications, including vitamins, herbal supplements, alcohol, tobacco and drug use. Make sure to tell your doctor about any herbal supplements you take, as some of them may cause bleeding problems

Dr Mackenzie will also:

- Evaluate your general health status and any risk factors
- Discuss your options
- Ask you to look in a mirror and point out exactly what you would like to see improved
- Examine and measure your breasts, including asymmetry, skin quality and placement of your nipple and areola if applicable
- Take the photographs
- Discuss your expectations with you. An honest discussion will help determine a satisfactory outcome
- Discuss likely outcomes of inverted nipple correction and any potential complications

## Preparation for surgery

It is important to avoid taking any aspirin or products containing aspirin for 2 weeks either side of the operation since aspirin has an adverse effect on bruising as it thins the blood. The same is true for non-steroidal anti-inflammatory drugs (such as Brufen, Nurofen and Voltaren) and vitamin E tablets. You may also be asked to stop taking naturopathic substances such as garlic, ginko, ginseng and St John's Wort as they may affect clotting and anaesthesia. Always tell your surgeon EVERYTHING you are taking.

Some patients find homeopathic remedies such as arnica helpful to reduce bruising although it is very difficult to "prove" their efficacy scientifically. If you wish to use arnica you should begin 2-3 days before the operation and continue for a week afterward.

If you are a smoker it is absolutely imperative that you to stop for 6 weeks before surgery and for 6 weeks afterwards so as not to restrict the circulation to the skin. This restriction applies to all forms of nicotine including patches, inhalers and nicotine chewing gum!

On the morning of surgery, you will be admitted to the ward. You will see Dr Mackenzie who will mark the surgical site as required and complete the consent form for surgery with you.

While making preparations, be sure to arrange for someone to drive you home after your surgery and to help you out for a few days at home.

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## What is involved in the operation?

Dr Mackenzie will use the carefully planned markings that she has drawn on your breasts to guide the surgery.

Inverted nipple surgery is usually performed under local anaesthesia (while you are awake). Careful measurements and markings will be made on your nipple and then the local anaesthetic will be injected to numb the area. It is usually performed as day case surgery meaning you will be able to go home the same day as the procedure. The surgery takes between 30 and 60 minutes

A small incision measuring a few millimetres is made just below the nipple and the tight ducts pulling the nipple inwards are 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 although it usually heals very well. The skin will then be meticulously sutured with dissolvable sutures.

Dr Mackenzie will apply a foam dressing that is quite large. It protects the nipple from being pushed in by the bra. It is important to keep this initial dressing dry.

## What can you expect after the inverted nipple corrective surgery?

It is vitally important that you follow all postoperative instructions provided by Dr Mackenzie. Your surgeon will also provide detailed instructions about the normal symptoms you will experience and any potential signs of complications. It is important to realize that the amount of time it takes for recovery varies greatly among individuals.

You may expect the following immediately after the procedure:

- You will have a dressing over the operated area. This dressing should be left in place until you attend the clinic in 7 days after your procedure for a wound check. You need to keep it dry until seen in the clinic
- You might experience some initial tightness and bruising after the operation. Taking over the counter medication will help relieve any pain
- If the dressing becomes saturated or you feel severe pain or there is marked swelling and redness in the area, you must contact Dr Mackenzie, as you may have an infection
- Healing may take up to 2 weeks
- You will be asked to avoid doing anything strenuous for two weeks
- Sometimes you will have numbness or sensitivity in the nipple temporarily
- Sleep on 2 to 3 pillows at night to help reduce swelling

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- 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

## How long does the effect of inverted nipple correction last?

Although sometimes the 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.

## What are the complications of inverted nipple corrective surgery?

The inverted nipple corrective surgery is a safe and relatively short procedure. As with any surgical procedure there are risks which you need to be aware of:

- Small risk of bleeding or infection
- Swelling and bruising-this will peak around day 2 to 3 post surgery and will gradually reduce after that. Most of the swelling is usually gone by 4 weeks
- Numbness or sensitivity-occasionally numbness or sensitivity in the nipple persists for longer than expected
- Breastfeeding cannot be guaranteed after the procedure because the milk ducts will usually have been cut during surgery and will no longer be intact
- Scarring-occasionally the scars heal in a poorer condition than expected
- Nipple can invert again. 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. If it happens, you may need to undergo the surgery again
- It is difficult to achieve exact symmetry and it is usual to notice slight differences between the nipples