



KATARZYNA MACKENZIE

PLASTIC SURGEON

## Nipple Reconstruction

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Recreating the nipple and areola gives the reconstructed breast a more natural look and can help hide scars. Once optimal symmetry between the breasts has been achieved, the nipple is recreated by lifting a flap of skin from the reconstructed breast itself and folding it in such a way as to create a small piece of tissue with projection.

The areola is usually created by tattooing the area or by grafting skin from the groin area, which has a tone similar to the skin of the areola. The scar from where the skin is taken can be hidden in the bikini line.

Length of surgery	45 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, loss of nipple projection
Recovery	1-2 days until socialising with close friends and family 1-2 days until return to work and normal social engagements 4 weeks until swelling and bruising disappears 2 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 unless loss of projection

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## Nipple reconstruction 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 nipple reconstruction 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

Nipple and areola reconstruction is the final stage of breast reconstruction. Nipple and areola reconstruction is offered to patients who have undergone breast reconstruction and occasionally to patients who have lost all or part of their nipple for other reasons. Approximately 3-4 months after the breast reconstruction surgery, when the shape of the reconstructed breast has settled, a new nipple and areola can be created. This two part process commences with surgical reconstruction of the nipple, followed by areola tattooing at a later stage.

However, you may be happy with your breast mound reconstruction and may choose not to have a nipple reconstruction at all. It is a matter of personal choice, however it does add realism to the breast and helps obtain symmetry especially if the opposite nipple is obvious through clothing.

### Are there any reasons for a patient to not have nipple reconstruction?

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.

### What are the limitations of nipple reconstruction?

It is essential that you have realistic expectations about what the procedure can do for you. Although a natural nipple is sensitive to temperature, touch and will change shape, a reconstructed nipple remains a static shape and has no sensation; more often it flattens with time and maintains a slight to

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PLASTIC SURGEON

moderate projection from the skin. So before you decide to have surgery, please think carefully about your expectations.

## What to expect from a nipple reconstruction 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 nipple reconstruction. 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 nipple reconstruction consultation Dr Mackenzie will discuss:

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

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PLASTIC SURGEON

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.

## 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. If a nipple reconstruction is the only procedure you are undergoing, it can be carried out under local anaesthetic and as a day case. You may be having other procedures done at the same time e.g. surgery on your other breast to match the reconstructed breast or adjustments to your reconstructed breast. If this is the case, your nipple reconstruction may be done while you have a general anaesthetic.

The position of the new nipple is chosen relative to the nipple on your other breast. If both have been reconstructed, the new nipples are placed symmetrically on the new breasts.

The nipple mound is created from adjacent skin taken as a local flap on the reconstructed breast. The surrounding coloured areola is usually created at a later date by tattoo. The nipple reconstruction is a relatively short operation of 30 to 45 minutes. It leaves a small scar either side, the sutures used are dissolvable.

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.

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PLASTIC SURGEON

## What can you expect after a nipple reconstruction?

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
- 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
- After a nipple reconstruction under local anaesthetic you should be able to resume your normal activities the next day
- You may be advised not to wear padded bras or tight tops for 10 - 14 days following surgery. This is to avoid compressing the nipple

## How long does the effect of nipple reconstruction last?

It has to be said that the reconstructed nipple is likely to flatten over time.

## What are the complications of nipple reconstruction?

Nipple and areola reconstruction 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
- The local skin flap used to reconstruct the nipple may fail resulting in partial or total loss of the nipple, however this is not common
- It is difficult to achieve exact symmetry and it is usual to notice slight differences in nipple position
- The nipple projection always flattens to some extent. Sometimes it can flatten significantly and you may need to undergo the nipple reconstruction again, but will need to discuss this with your surgeon as the best way forward
- Tattooing may also result in a slight flattening/shrinkage of the reconstructed nipple