



Department of Plastic Surgery

Nipple reconstruction

Introduction

As part of the treatment of breast cancer, the whole breast may be removed including the nipple and areola (the darker flat circular area surrounding the nipple). During reconstruction, the breast mound is created first. About 3 to 4 months after the wounds have healed and when the shape of the reconstructed breast has settled, the nipple and areola complex can be reconstructed. However, you may be happy with your breast mound reconstruction and may choose not to have nipple reconstruction. Your surgeon will discuss what options are available after your type of reconstruction. Methods include:

1. Moulded plastic prosthesis

You may buy ready-made stick-on nipples over the internet. A very realistic nipple areola complex, matching with the other side can be custom-made as a stick-on prosthesis. However sticking of the prosthesis can sometimes be tricky and this service is not currently available at The Christie. If you are interested in this service we can give you further advice.

2. Tattooing of the nipple and areola

By varying the colour in the tattooing a shading effect can be created which can produce a three dimensional appearance of a nipple. However the tattoo may fade over time and need to be redone. There will be no projection through clothing.

3. Surgical nipple reconstruction

It is sometimes possible to create the nipple projection with skin from the breast area (skin flaps). Once the wound is healed the areola is recreated with medical tattooing. Sometimes the areola can be reconstructed using part of the areola from the other breast. This is possible when there is a large areola on the other side.

Consultation with your surgeon

Your surgeon will discuss the risks and benefits of the three options with you. If you decide to go ahead with surgical reconstruction a date will be arranged for this to be done in the surgical theatre, usually under local anaesthesia as an outpatient day procedure. We will ask you to read and sign a consent form for the operation.

Surgery for nipple reconstruction.

Before you have a local anaesthetic, the surgeon will mark the correct position of the new nipple on the breast skin, trying to match with the other side. A circular sticker is put on this area. The

surgeon will ask you look in the mirror and make any adjustment until you are happy with the location.

The surgeon marks the skin flaps on the breast and gives the local anaesthetic. You will lie on your back during surgery. All aseptic and antiseptic precautions will be taken.

Post-operative care

- You will have a dressing over the operated area. Usually the reconstructed nipple is left visible through a hole in the dressing. Try to keep the area dry for the first 24 hours. After this you can take a shower but gently pat the area dry.
- There may be a slight oozing of blood after the surgery. Press the area gently with a clean tissue paper for 5 minutes. Usually the oozing stops in 5 to 10 minutes. If bleeding continues, contact The Christie (phone numbers on next page)
- If you notice any change in the colour of the nipple, severe pain, marked swelling or redness contact The Christie for advice (phone numbers on next page).
- The staff will give you an appointment for the outpatient dressing clinic in one week, when the dressing will be removed and the wound checked. If you have any sutures (stitches) that need removing, these will be taken out.

The healing may take up to 2 weeks. The scars will be quite noticeable for 3 to 6 months and then fade slowly. Massaging a moisturising cream over the scars two or three times a day may help this. Around this time a date will be arranged for recreation of the areola by medical tattooing.

Benefits and risks

On the whole the nipple reconstruction with surgery is a very satisfying procedure and most women are pleased with the result.

- As in any surgical procedure there is a small risk of bleeding or infection.
- Very rarely the skin flaps may not survive resulting in loss of the nipple.
- It is very difficult to match the two nipples exactly and usually some difference persists.
- The nipple projection always flattens to some extent in time. Sometimes it can flatten significantly and may need reconstruction again.

Contacts

If you have any concerns, please contact us on:

During the day

Surgical secretary to Mr Lambe

0161 918 7455

Wendy Winn, breast reconstruction specialist nurse

0161 918 2196

Plastic surgery nursing office

0161 918 7586 or 7587

After 5pm and at weekends

Call: **0161 446 3000** and ask the switchboard to bleep the on-call surgical SHO or Ward 10 on: **0161 446 3860** or **3862**.

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence. If you would like to have details about the sources used please contact patient.information@christie.nhs.uk

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For more information about The Christie and our services, please visit www.christie.nhs.uk or visit the cancer information centres at Withington, Oldham or Salford.

Contact The Christie Hotline for
urgent support and specialist advice

The Christie Hotline:
0161 446 3658

Open 24 hours a day, 7 days a week

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