

NIPPLE-AREOLA RECONSTRUCTION

This fact sheet is for women who are having or considering a nipple reconstruction following their breast reconstruction.

What is nipple-areola reconstruction?

Nipple-areola reconstruction is the making of a nipple and/or areola shape on a reconstructed breast. (The areola is the darker ring of skin around the nipple.) This is generally done as one of the last stages of breast reconstruction. It is important that the patient and surgeon are happy with breast symmetry before nipple reconstruction.

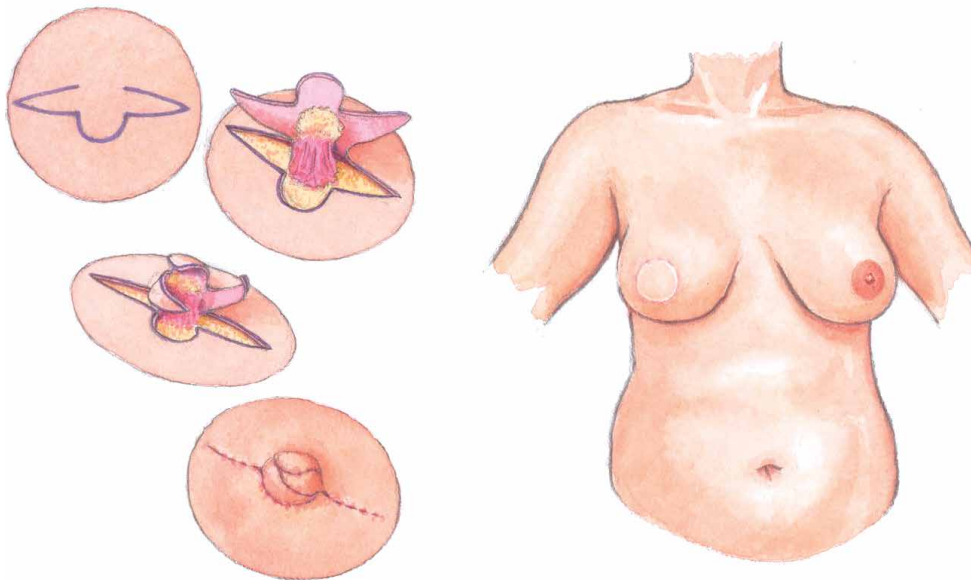


Illustration courtesy of St Andrews Centre for Burns and Plastic Surgery at Broomfield Hospital, Chelmsford UK

The procedure

Nipple reconstruction is performed as a day procedure under a general anaesthetic. The nipple is made from skin from the reconstructed breast mound. This skin is folded using a technique similar to origami to produce a nipple; this is usually secured with dissolvable stitches (sutures). The new nipple will appear quite large at first; however, this is deliberate as it will shrink in the weeks after the operation. You may notice some small scars around the new nipple; these will be disguised with nipple tattooing at a later date. (Nipple tattooing usually happens at least three to four months following the nipple reconstruction.)

Sometimes a new areola is created, too. Generally this involves a skin graft from a donor site other than the breast. Often a scar from another surgical site such as the abdomen is used.

After care

On leaving hospital you will have a dressing over your newly created nipple. The nipple is covered with a foam dressing or a silicon shield that provides enough height to prevent pressure on the newly created nipple. It is important to avoid any strong pressure on the nipple in the first four weeks to support the development of a prominent nipple. It is also important to avoid any heavy lifting or over-stretching in the first two weeks. You are encouraged to wear a bra after the operation as it will support the bust. Make sure your bra is supportive without putting undue pressure on the newly created nipple. Your nipple will initially appear quite large and prominent. It will generally flatten out a little over time, some more so than others. This flattening is because the new nipple does not contain any fibrous tissue and is made of only skin and fat. The dressing should be kept dry and intact until review in the RMH Complex Wound Clinic approximately one week later. A follow-up appointment will be made to see the plastic surgeon four to six weeks after your surgery. At this time you will be referred to the Nurse-led Nipple Tattoo Clinic.

We recommend that you purchase a nipple shield to bring to your first post-operative appointment at the RMH Complex Wound Clinic. You will be encouraged to wear this nipple shield for four weeks after your initial dressing is removed, this will minimise pressure on your new nipple.

Scar management

Our aim is minimise any scarring as much as possible. We use different techniques at different times to achieve this:

Week 1 to 6

Micropore is paper tape that provides gentle support to your wound and helps to flatten the scar. The tape is to be worn continuously and changed once a week. You are able to shower with the tape on, but ensure you dry it off afterwards. Do not use any creams or oils on your scars during this time.

Week 6 onwards

Massage and moisturising with a gentle cream (e.g. Cetaphil, sorbolene) will help soften the scar and break up any underlying scar tissue. This will encourage the scar to become flatter and smoother. Massage should be done in a firm circular motion along the length of the healed scar. Massage any scars three to four times a day for at least five minutes each time.

6 weeks to 12 months

Silicone gels and sheets can be used to help lock in moisture as well as put pressure on a scar to flatten and soften it. Silicone should only be used on wounds once they are completely healed (normally after 6 weeks, but please check with your doctor/nurse). They can be used for many months; however, most silicone sheets need to be applied gradually in case your skin has an allergic reaction to them.

For more information

For more information and advice or if you require medical assistance please contact:

Breast Care Nurse

The Royal Women's Hospital
(03) 8345 2000 (switchboard, ask for pager 53100)
(03) 8345 3565 (Monday to Friday during business hours, leave a message if phone unattended)

Breast Care Nurse

The Royal Melbourne Hospital
(03) 9342 8120