

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.

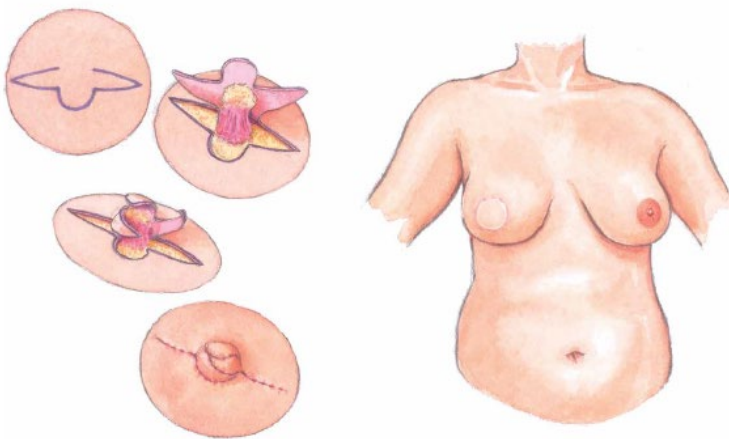


Illustration courtesy of St Andrews Centre for Burns and Plastic Surgery at Broomfield Hospital, Chelmsford UK

The procedure

Nipple reconstruction is performed as a day procedure under a general anaesthetic. The nipple is made using skin from the reconstructed breast mound. This skin is folded using a technique like 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

Once reconstructed your newly made nipple is held in place by both dissolvable stitches and glue. A silicone nipple shield will then be placed over the nipple to reduce pressure from your bra, this helps to reduce the flattening of the nipple. This nipple shield has had its top cut off; this allows the nipple to breathe but also reduces the height of the shield. The height of the nipple shield needs to cover the height of the nipple but not be too much taller than the nipple. The nipple shield will be held in place with paper tape (Micropore).

From the day after surgery, the nipple shield needs to be removed twice a day and rotated, this avoids constant pressure from the nipple shield at any one point.

It is safe to shower from the day after surgery, avoid the direct pressure of the shower and don't have the water too hot. Gently pat the area dry.

Please ensure the nipple is dry when replacing nipple shield and continue to hold in place with the paper tape provided. 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.

Two follow-up appointments will be made to see the Complex Wound Nurses, then another with the plastic surgeon four to six weeks after your surgery. At this time, you will be referred to the Nurse-led Nipple Tattoo Clinic.

Scar management

Our aim is to 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 can shower with the tape on but be sure to 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

T: (03) 8345 3565 (Monday to Friday during business hours, leave a message if phone unattended)

M: 0466 813 775

Breast Care Nurse

The Royal Melbourne Hospital

T: (03) 9342 8120

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