

Service: **Breast Reconstruction**

Nipple and Areola reconstruction options



Following your breast reconstruction your next step may be to consider having a nipple and areola reconstruction. Diagram 1 shows you the options which can be offer to you by North Bristol NHS hospital.

Diagram 1: Nipple and Areola Reconstructions Options

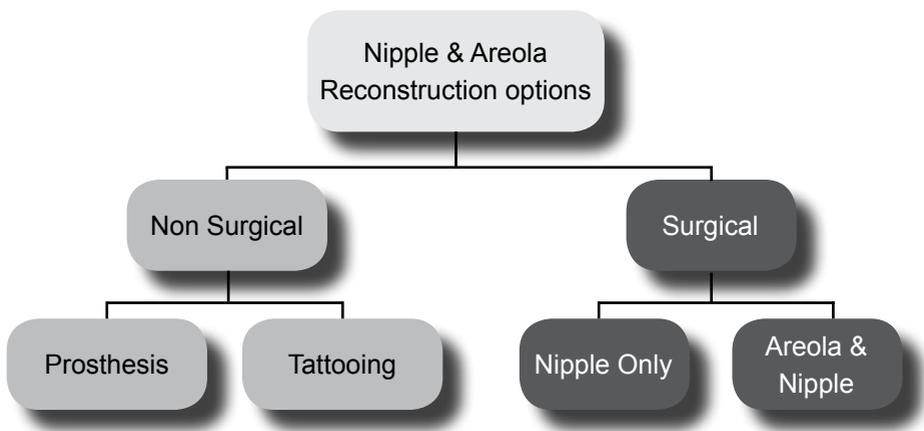


Diagram 2 shows you a picture of the breast which is labelled to indicate the position of the areola and nipple. It is important to know the names of the different parts of the breast as this booklet will be discussing both nipple and nipple with areola reconstruction separately.

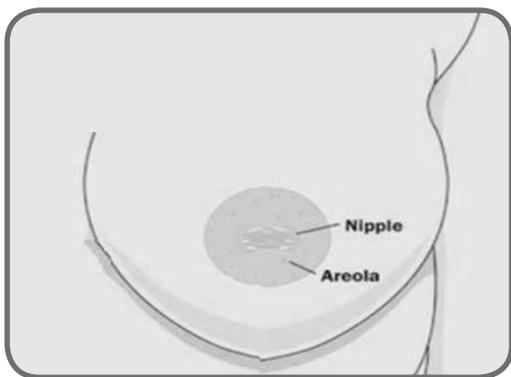


Diagram 2: The breast, areola and nipple positions

Non-Surgical Options

If you do not wish to have further surgery North Bristol breast reconstruction team can offer you two Non-surgical methods to recreate a nipple and areola.

1. Moulded Silicone Prosthesis

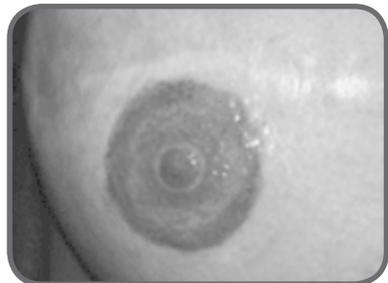
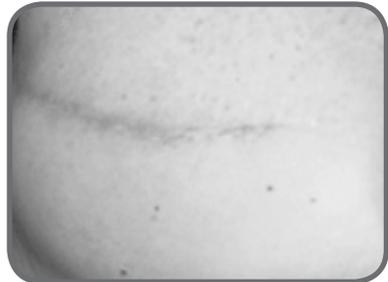
This is a stick on nipple and areola prostheses custom made to match your size, colour and shape which is similar to your remaining nipple if present or as desired. The prosthetic nipple is made by our skilled medical technicians out of silicone here at Southmead Hospital.



If you choose this option please talk to one of the breast reconstruction nurses who will refer you to our prosthetic team for an appointment.

2. Tattooing of the Nipple-Areola Complex

The tattooing process uses shading techniques using different coloured pigments to create a three dimensional effect of a nipple. However these tattoos can fade with time and may require re-tattooing. It is important to note that the tattoo is flat and therefore there will be no nipple projection through clothing. If you choose this option please talk to one of the breast reconstruction nurses who can book you an appointment with them to carry out the tattooing for you.



Surgical Option

A nipple and areola can be made from your own body tissue. This procedure can be done about six to twelve months after your breast reconstruction surgery when everything has settled down. Your plastic surgeon will discuss your options with you.

Option 1: Nipple flap

A nipple flap reconstruction creates the nipple only with tattooing of an areola at a later stage. This surgical option entails cutting a small flap of skin which is lifted up from your reconstructed breast to form the nipple. The skin is then sutured in place and a dressing applied. This process can be undertaken as a day case under a local or general anaesthetic. (See diagram 3)

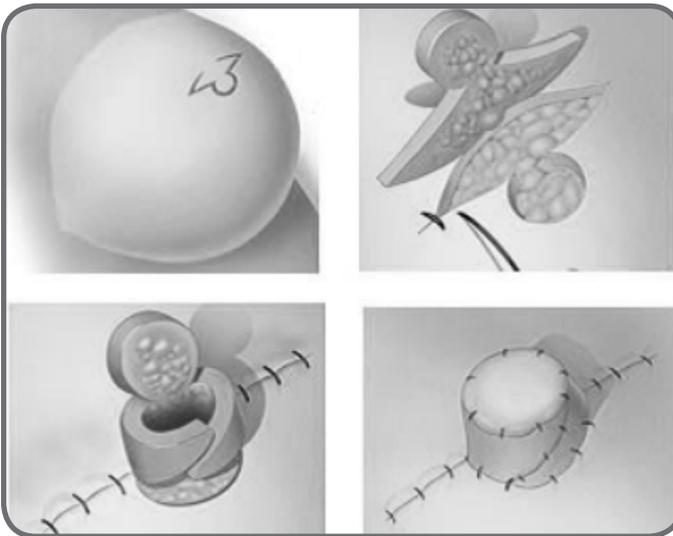


Diagram 3

Your new nipple will take between two to three months to heal, once healed the areola can then be tattooed onto your breast. The medical tattooing will create a natural

looking colour nipple and areola. This will be carry out by one of our breast reconstruction nurses in the out patients clinic. It is important to point out that tattooing over the nipple may flatten the projection.

Option 2: Nipple flap with A Skin Graft to Form the Areola

The nipple mound is created as described above see Diagram 4. To create the areola a full thickness skin graft is taken for the outer edge of the abdominal scar from you reconstruction surgery. This is called a Dog ear. See diagram 4.

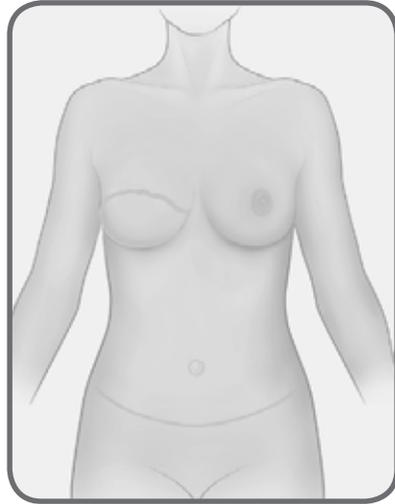


Diagram 4

The diameter of skin which will be taken from you outer abdomen scar site will be between 30 mm to 36 mm depending on the desired size of the remaining areola on the other breast areola if present or as desired.

The abdomen will be sutured together and a small dressing applied.

The surrounding area around the nipple will be shaped to form the areola. See diagram 5

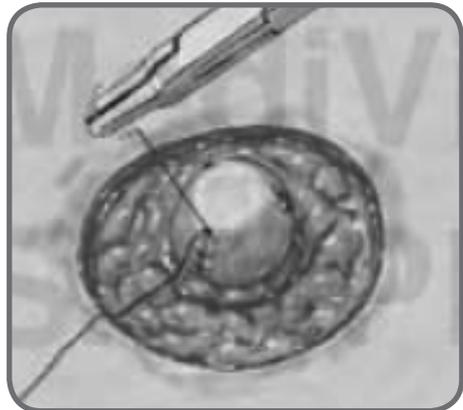


Diagram 5

The skin graft will be shaped into a circle with a hole in the middle for the nipple to go through. See diagram 6 and diagram 7 which show the areola sutured into the breast.

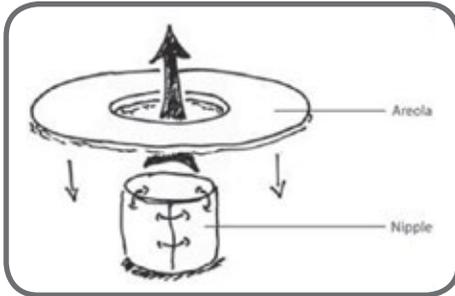


Diagram 6

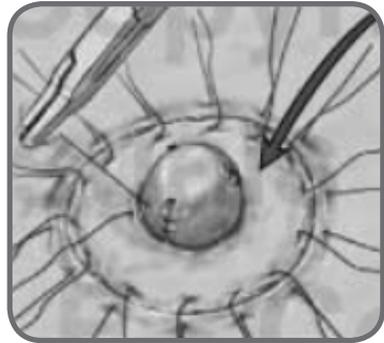


Diagram 7

At the end of the surgery a dressing will be applied over the areola and nipple. This process can be undertaken as a day case under a local or general anaesthetic.

Complications you should be aware of following the surgical option

Infection – this may be a superficial wound infection, easily treated with antibiotics.

Bleeding – a small degree of oozing from the wounds is normal following nipple reconstruction. However, if your dressings are soaked in blood seek medical advice. As bleeding under a nipple graft can result in lifting of the graft and failure to establish the new blood supply it needs to survive.

Flap / Graft failure – any operation involving moving tissue from one place to another using either flap or graft techniques can result in the tissue not receiving a good enough blood supply to survive. If this occurs there may be partial loss of nipple projection or part of the graft. This will not affect the

end result of your reconstruction. But will mean delayed wound healing which will require change of dressing on a regular basis until healed.

Nipple Collapse – a reconstructed nipple may lose its projection and flatten at any time from a few weeks to a few years after surgery, although this can occur with any technique.

Contact information

If you have any further questions or need advice regarding the information in this leaflet please contact one of the Breast Reconstruction Nurse Specialists:

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If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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