

Nipple Reconstruction Information Sheet

This information sheet is a general guide for patients undergoing nipple reconstruction under the care of Mr Paul Harris and should help clarify some questions that you may have.

Unless you had a nipple-sparing mastectomy to retain your own nipple, breast reconstruction methods create a smooth breast shape with no nipple. Whether or not you decide to subsequently have your nipple recreated is up to you. You could use a stick on latex nipple (created from a mould of your other nipple), have a nipple tattoo or have a nipple made from your own body tissue (which may then be tattooed).

Once Mr Harris is happy that optimal symmetry between your breasts has been achieved, the nipple areola reconstruction can be done. Factors that help determine which method of nipple reconstruction is right for you include the quality of tissue on the reconstructed breast and the size of your nipple on the unaffected breast.

Additional factors that can have an effect upon your individual operation, your recovery and the long-term result include your overall health, previous surgery, any bleeding tendencies that you have and your healing capabilities, some of which will be affected by smoking, alcohol and medications. Issues that are specific to you need to be discussed further and are not covered here. Please feel free to ask Mr Harris any additional questions before you sign the consent form.

What should I consider before having nipple reconstruction?

It is essential that you have realistic expectations about what the procedure can do for you. While reconstruction can enhance your appearance, your new nipple and areola will not have any sensation and won't respond to cold or touch in the same way as your other nipple. So before you decide to have surgery, please think carefully about your expectations and discuss them with Mr Harris.

How do I prepare for surgery?

Pre-operatively no aspirin containing medicine should be taken for one week. If you smoke you should cut down at least three weeks before surgery and stop completely three days before surgery to attempt to minimise postoperative complications.

What will happen when I arrive at the hospital?

You will be admitted on the day of surgery, and stay for a few hours post-operatively. You will need a friend or relative to accompany you home. When you arrive in hospital, you will be seen by a nurse who will talk to you about your general health and examine you to make sure that you are fit for surgery. Mr Harris will discuss your surgery in detail with you. He may draw some markings to guide the surgery. You will then be asked to sign a consent form. Make sure that you are fully informed of and fully understand all the consequences of the surgery prior to signing this. Signing this form does not take any of your normal rights away, it merely states that Mr Harris has explained the operation to you and that you have discussed the anaesthesia with an anaesthetist.

What type of anaesthetic will be used?

Nipple reconstruction can often be performed under a local anaesthetic, so you will be awake through the entire operation. However, it is often combined with additional adjustments to the breast reconstruction and hence for most patients it is performed under general anaesthetic. If this is the case, Mr Harris's secretary will give you some advice about the time of admission and when you should stop eating and drinking.

What takes place during the surgery?

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 and Mr Harris uses lots of small sutures to close the skin of the new nipple and the adjacent scars. These sutures usually need to stay in for approximately three weeks.

Mr Harris 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. An appointment will be made for this to be changed by the nursing staff, 3 or 4 days after surgery. At that appointment, you will be shown how to cut a thinner foam dressing to be placed around the nipple and give some protection. Thereafter, you can shower each day and change this foam yourself.

How long will it take for life to return to normal?

Healing should be relatively quick. You may feel well immediately or need a day or two to recover and you should be back at work within a few days. When you first see your nipple it will be discoloured, have sutures that may stick out, and be swollen, but this is normal.

Once you have been given permission to shower, and take off the surgical bra, the rest of the care is up to you. Do not wear excessively tight clothing that may flatten or rub your nipple. Compression of the nipple will be reduced by the use of the thinner foam dressing inside a soft, cotton bra. Remember that the new nipple is delicate, and without sensation. About 6 weeks after surgery, you should be able to have the nipple and areola tattoo if it is required.

How will I feel about my new look?

Most women feel an emotional boost after having nipple reconstruction, because their breast has been enhanced by the appearance of a nipple. If your expectations are realistic, you should be very pleased with the results of your surgery.

Does nipple reconstruction carry any risk?

Nipple and areola reconstruction is a safe and relatively short procedure particularly when being performed by a fully trained and accredited Plastic Surgeon like Mr Harris. All nipple reconstructions shrink over time as part of normal wound healing and a repeat operation may become necessary. The risk of wound complications is very low in patients with no history of radiation, but common in the radiated breast. Occasionally, the reconstruction will fail, and may need to be repeated. Sometimes the use of dermis or fat grafts may be necessary to improve nipple projection.

Where can I find additional information about nipple reconstruction?

Consumer Interest Groups:

- Breast Cancer Care, Kiln House, 210 New Kings Road, London SW6 4NZ
Telephone: 0207 384 2984
www.breastcancercare.org.uk
- Cancer BACUP, 3 Bath Place, Rivington St. London EC2A 3DR
Telephone: 020 7920 7231
www.cancerbacup.org.uk or www.macmillan.org.uk

Professional Interest Groups:

- British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS)
www.bapras.org
- Association of Breast Surgeons
www.associationofbreastsurgery.org.uk
- Royal College of Surgeons of England, 36 – 43 Lincoln's Inn Fields, London WC2A 3PN
www.rcseng.ac.uk

The Practice

Mr Harris practices from 5 Devonshire Place in Central London, where he also performs minor outpatient procedures. Assisted by his regular anaesthetist, he operates at The London Clinic (<http://www.thelondonclinic.com>) and at The Royal Marsden Hospital, Fulham (<http://www.royalmarsden.nhs.uk>). He also consults and operates at Parkside Hospital, Wimbledon (<http://www.parkside-hospital.co.uk>). All provide a full range of medical support services.

Main correspondence, appointments and administration

Many patients are referred by their General Practitioner or their Breast Cancer Surgeon. You may, however, arrange your own appointment with Mr Harris, without referral.

Please refer all correspondence to:
5 Devonshire Place
London
W1G 6HL

For appointments please contact:
appointments@paulharrisplasticsurgeon.co.uk, tel: 020 7927 6520

For information and payments:
admin@paulharrisplasticsurgeon.co.uk, tel: 020 7927 6521

For nursing support please contact:
nurse@paulharrisplasticsurgeon.co.uk, tel: 074 9622 8878