

## Nipple Reconstruction Information Sheet

This information sheet is a general guide for patients undergoing nipple reconstruction under the care of Mr Paul Harris.

Unless you had a nipple-sparing mastectomy to retain your own nipple, your breast reconstruction will have created a smooth breast shape with no nipple. Whether or not you decide to 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 at a later date).

Once Mr Harris is happy that optimal symmetry between your breasts is achieved, the nipple areola reconstruction can be performed. 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.

Factors affecting your individual operation, your recovery and the long-term result include your overall health, previous surgery, any bleeding tendencies you have and your ability to heal, 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.

### *What should I consider before undergoing nipple reconstruction?*

It is essential that you have realistic expectations about the outcome of your surgery. While reconstruction will enhance your appearance, your new nipple and areola will have no sensation, and will not respond to cold or touch like 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, and please mention all medications and over the counter treatments to Mr Harris nurse. If you smoke, you need to stop at least three weeks before surgery to attempt to minimise postoperative complications and refrain from smoking until all the wounds have healed.

### *What will happen when I arrive at the hospital?*

You will be admitted to the ward on the day of surgery, and remain for a few hours post-operatively. You will then need a friend or relative to accompany you home. When you arrive in hospital, a nurse will talk to you about your general health and examine you to make sure that you are fit for surgery. Mr Harris will then discuss your surgery in detail with you, and may draw markings to guide the surgery. You will then be asked to sign a consent form.

### *What type of anaesthetic will be used?*

Nipple reconstruction may be performed under a local anaesthetic. However, it is often performed in combination with additional adjustments to the breast reconstruction. 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 before your admission.

### *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 then 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 then apply a large foam dressing to protect 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, 2 days after surgery, and again at 7 days post-op. At that appointment, you will be shown how to cut a thinner foam dressing to be placed around the nipple to provide continued 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 given permission to shower and remove the surgical bra, the rest of the care is up to you. It is important not to wear excessively tight clothing that may flatten or rub your nipple. Compression of the nipple is reduced by the use of a thin foam dressing inside a soft, cotton bra. Remember that the new nipple is delicate and without sensation. From 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 is 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 areola reconstruction is a safe and relatively short procedure. 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.