



Correction of Inverted Nipples

Inverted nipples are a common source of concern and embarrassment. They are usually due to tighter than usual ducts leading from the nipple into the breast tissue, pulling the nipple inwards with them. In some situations, they can be associated with underlying breast disease so Ms Nugent will always check this with you in advance of any corrective surgery. The scar from surgery is very discrete due to its careful positioning and heals well.

Indications for inverted nipple corrective surgery

- Inverted nipples that have no associated breast disease

Limitations of inverted nipple corrective surgery

- You will not usually be able to breastfeed following surgery to correct inverted nipples. If this is a problem for you, then you should not have surgery to correct inverted nipples or wait until your family is complete before undergoing the procedure.

Procedure details

Pre and post surgery clinical photographs of your breasts and nipples will be taken. Correction of inverted nipple surgery is usually performed under local anaesthesia (while you are awake). Careful measurements and markings will be made on your nipple and then the local anaesthetic will be injected to numb the area.

A carefully placed incision around the base of your nipple will be made and the tight ducts pulling the nipple inwards will be released. A non-absorbable suture is then used internally to secure the nipple in its new everted (pointing out) position. Occasionally some of the areolar (pigmented skin around the nipple) skin will be rotated in underneath the nipple to help reinforce the new position. This leaves a slightly bigger scar although it usually heals very well. The skin will then be meticulously sutured. A "doughnut" style dressing is placed over the nipple with the cut-out centre area used to protect the newly positioned nipple from any external pressure. The procedure takes between 30 and 60 minutes.

Post-operative course

It is usual to have some swelling, bruising and discomfort of your nipples particularly in the first few days following surgery. This will settle over the 1 to 2 weeks following surgery. Sometimes you will have numbness or sensitivity in the nipple temporarily. Sutures in the skin are absorbable and the dressing is usually left in place for 10 to 14 days. You will usually be asked to wear a similar pressure relieving dressing for up to 4 weeks after the surgery to protect the nipple from pressure.

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Recovery

Tight clothing or external pressure should be avoided during the healing process. It is best to avoid any heavy or strenuous activity for 4 weeks. Sleep on 2 to 3 pillows at night to help reduce swelling. Painkillers such as paracetamol can be taken as needed. Most people can return to normal activities after 3 to 4 weeks. The scars usually heal very quickly and gradually fade to very well hidden fine lines.

Complications

While most corrections of inverted nipples go very smoothly and patients are delighted with the results, as with any procedure there are some risks associated with inverted nipple corrective surgery.

- Swelling and bruising. This will peak around day 2 to 3 post surgery and will gradually reduce after that. Most of the swelling is usually gone by 2 weeks but occasionally lasts longer than expected.
- Bleeding. Occasionally there is more bleeding than expected from the incisions or bleeding under the skin forming a haematoma. Rarely a return to theatre or the procedure room is needed to deal with this.
- Infection. If an infection occurs, you will be treated with antibiotics and rarely a return to theatre or the procedure room is needed to washout or further treat the wound.
- Numbness or sensitivity. Occasionally numbness or sensitivity in the nipple persists for longer than expected.
- Slow healing/poor scars. Nipple incisions usually heal very quickly and well but occasionally take longer than expected particularly if infection or bleeding has occurred. Occasionally the scars heal in a poorer condition than expected.
- Asymmetry. No-one is perfectly symmetrical and these differences may persist in the nipples after surgery but are usually small enough that they are not overly visible and do not require any treatment. Occasionally further treatment is required to address a significant asymmetry following inverted nipple corrective surgery.
- Recurrence of inversion of the nipple. Sometimes the nipple can reinvert follow corrective surgery. This may be due to external pressure on the healing nipple, the internal suture weakening or breaking or sometimes due to intrinsic weakness in the tissue allowing the nipple to collapse inwards again. The procedure can be repeated if this should happen.

Longevity of procedure

Inverted nipple corrective surgery has a high success rate. Correcting the inversion of the nipple can improve confidence and self esteem. Although sometimes the inversion of the nipple can recur, in general this is planned as a one-off corrective procedure with no further treatment required in the future.

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