INVERTED NIPPLE CORRECTION SURGERY

COSMETIC SURGERY PARTNERS
020 7486 6778

Background

Inverted nipples occur when the nipple retracts into the breast instead of pointing outwards. It relatively common and occurs in as many as 10–20% of women in the UK.

Importantly, if inverted nipples appear suddenly, you should attend a Breast Clinic without delay, particularly if associated with any lump or discharge. Nipple inversion may also occur after rapid major weight loss.

Many women are concerned about breast feeding, but it is worth remembering that if there is nothing upon which the baby can latch for suckling, it is likely to be impossible.

The nipples are pulled in by a combination of short ducts and fibrosis. Three grades of severity are recognised, based on ease of correction and degree of fibrosis.

Grade 1 Inverted Nipples – evert spontaneously or with minimal manipulation. Although projection may be maintained for a short time, nipple retraction is usually spontaneous. These 'shy nipples' have minimal fibrosis and non-contracted lactiferous ducts so breast feeding may still be possible.

Grade 2 Inverted Nipples – can be pulled out, though not as easily as grade 1. They tend to retract soon after after release. Breast feeding is generally either difficult or impossible due to the presence of a moderate degree of fibrosis. The milk ducts are mildly retracted and usually need to be divided for adequate release and satisfactory treatment.

Grade 3 Inverted Nipples are severely inverted and retracted nipples such that many have never been seen. No amount of digital manipulation produces eversion and surgery is the only option. The milk ducts are constricted, fibrosis is severe and breast feeding impossible. Women may also struggle with infections, rashes and nipple hygiene. The nipple tissue itself is also usually underdeveloped so even surgical release may not produce much of a projection.

Pre-Operative Consultation

Before considering cosmetic surgery other options have often be tried. Most women will have tried suction devices such as Avent's Niplette, but its success is limited by the shortness of the cords.

Operative Reconstruction

Treatment of inverted nipples is usually performed under local anaesthetic (LA). Although it stings momentarily during injection, it rapidly numbs the area to allow pain-free cosmetic surgery.

The 2 main options are:

- **Peri-nipple incision** with duct stretch and/or division leaving a small (2 mm) scar. This is reliable, with single satisfactory treatment in > 95%. Should recurrence occur, the operation may simply be repeated or a 'flap' technique used.

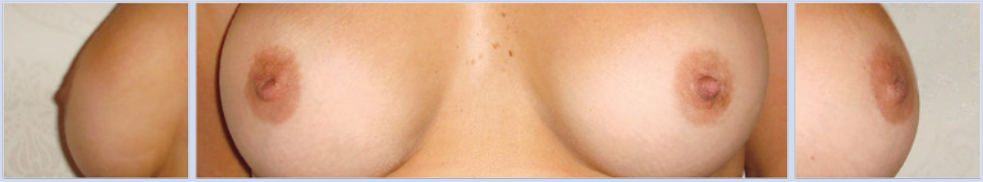
- **Areolar flaps** are used to provide an hammock beneath the nipple. Whilst almost entirely guaranteed, it leaves visible scars on the areola and breast-feeding will be impossible.

Both techniques use absorbable sutures, which disappear over the following weeks. Sponge dressings will be used to prevent the nipples being pressed back in and producing a recurrence. They should be left untouched and dry for a week. Complications are rare, but include active scarring, bleeding, infection, altered sensitivity and recurrence.

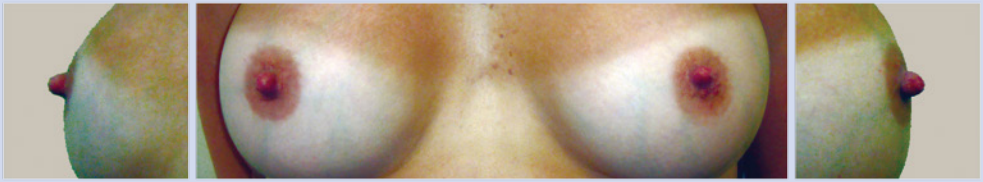
Post-Operative Advice

You should avoid strenuous exertion for 1 – 2 weeks after inverted nipple correction surgery. There will be some discomfort as the anaesthetic wears off, but Paracetamol is very useful and can be taken regularly. Bruising is rare and the majority are back at work within a week of the operation. Overall healing and recovery time is of the order 4 – 6 weeks.

CASE STUDY 1: 33-YEAR ♀ - WITH CROSS-SUTURE TECHNIQUE FOR GRADE I INVERTED NIPPLE

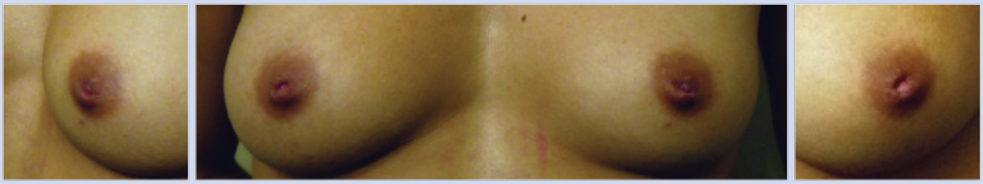


PRE-OP

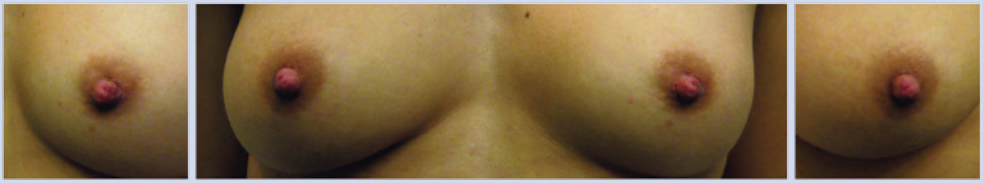


POST-OP 3 MONTHS

CASE STUDY 2: 33-YEAR ♀ - WITH CROSS-SUTURE TECHNIQUE FOR GRADE III INVERTED NIPPLE



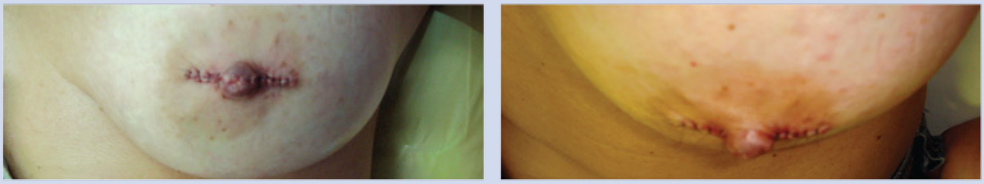
PRE-OP



POST-OP 3 MONTHS

CASE STUDY 3: 33-YEAR ♀ - WITH AREOLAR FLAP TECHNIQUE FOR GRADE II INVERTED NIPPLE

PRE-OP



POST-OP 3 MONTHS