



Patient Information Guide

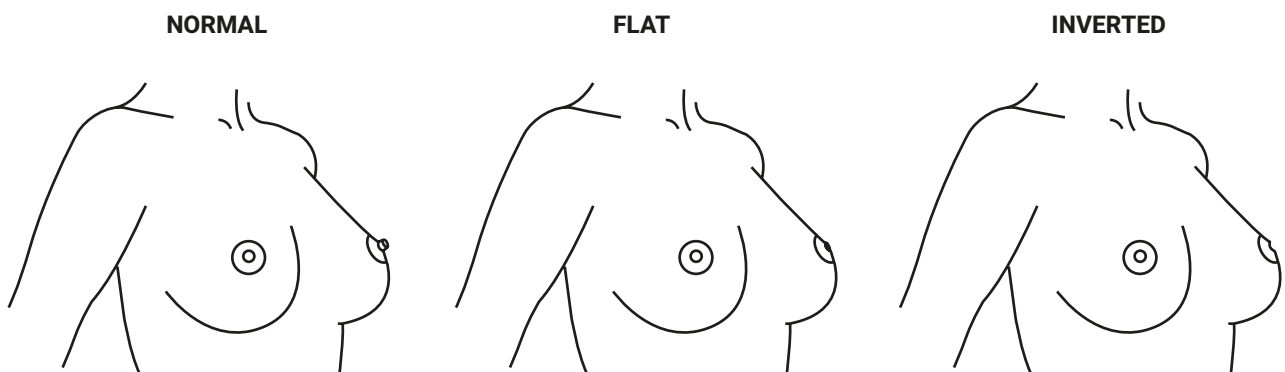
Inverted Nipple Correction

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Topics to be discussed with your Surgeon - Things you need to know

1. WHAT IS AN INVERTED NIPPLE?

An inverted nipple is a nipple that does not “come out” on physical, environmental or emotional stimulation. It is caused by an imbalance between the muscle that elevates the nipple and inward pull of the milk ducts, (they are usually too short).



2. GRADING OF INVERTED NIPPLES

Grading	Characteristics	Treatment option
Type 1	<ul style="list-style-type: none">• Flat or slightly inverted usually, but can be everted for short periods of time	<ul style="list-style-type: none">• Suction device is usually sufficient
Type 2	<ul style="list-style-type: none">• Deeper inversion.• May evert with suction, but invert immediately afterwards	<ul style="list-style-type: none">• Occasionally suction devices may help• Surgery
Type 3	<ul style="list-style-type: none">• Rarely if ever evert.• Problems with nipple hygiene	<ul style="list-style-type: none">• Surgery

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3. SURGICAL CORRECTION

This is regularly performed as a simple, safe outpatient procedure lasting 15-30minutes. It is usually performed under local anaesthetic, or if you prefer a short general anaesthetic.

The surgical technique involves firstly a local anaesthetic to numb the area completely, this will last for approximately 2-4hours after the operation. The nipple is then elevated with a small suture and once in a raised position a small stab incision is placed at the base of the nipple. The milk ducts are then either teased/stretched or cut completely depending on the grade of nipple inversion.

The elevated nipple is then held in place with a suture, which will dissolve over a period of a few weeks. A supportive/protective dressing will be placed over the breast for 1 week.

4. RISKS OF SURGERY

- 1) **Reactions to the local anaesthetic** – we use the same anaesthetic the dentists use and reactions are very rare. It is often not the anaesthetic but the adrenaline within it that causes the reactions such as a fast heart rate and easily managed by simple supportive measures.
- 2) **Bruising/bleeding** – most patients experience some level of bruising that will clear over 2-3weeks. Occasionally the dressing may have a bit of blood on it in the first 2-3days, this may require an early dressing change, nothing more is needed
- 3) **Infection** – is extremely rare, and if it occurs a course of local antibiotic cream and oral antibiotics may be needed.
- 4) **Pain** – it is expected to feel some discomfort in the first week post surgery, but this is usually mild and is managed by regular simple analgesia.
- 5) **Scabbing** – this occurs on the nipple due to a combination of blood supply and the removal of small lumps on the nipple which leaves raw areas post surgery. It is best to leave the scabs to fall off naturally. If stuck to the dressing the easiest way to remove this is to soak the dressing off in the shower.
- 6) **Sensation** – this will change either hypersensitive or numbness, over the course of the first few weeks and usually recovers fully.
- 7) **Breast Feeding** – depending on the technique used by the surgeon. If the ducts have needed to be cut completely then there is no chance of breast-feeding in the future.

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5. POST OP INSTRUCTIONS

It is advisable to sleep on your back for the first 2-3 weeks.. Keep the dressing dry till the first dressing change, which is usually at 5-7days.

After the initial dressing is removed protect the nipple in a padded bra for a further 2-3 weeks. If the nipples become dry/chapped in the first few weeks moisturize them

Avoid strenuous activity/heavy lifting/straining for the first 4weeks.

PLEASE NOTE:

If you have any concerns about the operation post op please contact the hospital/clinic where you had the procedure.