



MD AESTHETICS

## Nipple Areolar Reduction/Correction

### **What is a Areolar reduction/correction?**

The areolar is the pigmented area on your breast that surrounds the nipple. This can be reduced in size if you feel it is too large, asymmetrical or distorted through previous surgery. The nipple-areolar can also sometimes be 'puffy'

### **Women that may benefit from areolar reduction/correction are those who:**

1. have large areola that they want making smaller
2. do not like the shape of their areola
3. have asymmetrical areola and want them symmetrising
4. Have abnormal scarring as a result of previous breast surgery (e.g. Reduction or uplift)
5. Want to improve self-esteem

### **Breast Screening**

When you are required to have a mammogram as part of the national breast cancer screening program, or for any other reason, please notify the radiographer that you have had surgery around the nipple-areolar complex.

There is no evidence that having surgery on and around your areola reduces the ability to detect breast cancer.

### **How is the operation performed?**

The operation can be carried out under a local Anaesthetic (you are awake) and takes around an hour to complete. You will be left with a scar around your areolar where the pigmented skin meets the native colour skin of your breast. You can go home the same day as the surgery.

### **What happens after surgery?**

You will be required to wear a non-underwired post-surgical support bra (Mr Davis advocates LipoElastic® garments) for a period of six weeks. You will be encouraged to shower twenty-four to forty-eight hours after surgery, however you are to dab your breasts

dry, let them dry naturally, or to use your hairdryer on a cool setting to blow them dry – you are **NOT** to rub your breasts for one month after surgery.

After two weeks you will be asked to apply moisturiser over your scars on a daily basis for a period of three months.

You will come for a wound check one week after your surgery and return to see Mr Davis in clinic between four and six weeks after surgery, and again after three months. Further follow-ups will be arranged as necessary.

### **Potential risks?**

- *Bleeding & Haematoma:*  
Bleeding can occur at any time in the first 10 days or so after the surgery so you should therefore avoid any trauma to your breast area and avoid strenuous exercise or anything that is causing your breasts to be moving vigorously in any direction.
- *Infection:*  
Whilst not common, should it occur your breasts may be swollen, red, warm/hot and tender – not to be confused with the inflammation of healing. You may also feel unwell in yourself. This is treated with a 5-to-7 day course of oral antibiotics. Very occasionally an infection can result in part(s) of the wound coming apart – this is managed by a regular change of dressings and showering, and will be allowed to heal by itself over the subsequent four-to-six weeks.
- *Swelling &/or bruising:*  
Swelling will almost certainly occur naturally and can take multiple weeks to fully settle down. Bruising can be treated, unless contraindicated, with the use of Arnica or other such products should you wish.
- *Scars:*  
Scars are by definition permanent, so will always be there. Initially scars can be red and with time should fade through pink to ultimately be pale and flat. Occasionally scars can become hypertrophic or keloid whereby they are raised, red, lumpy, itchy and unsightly or can stretch to become wider, resulting in asymmetry of the areolar.
- *Altered nipple sensation:*  
The nerves supplying the nipple areolar complex can be damaged during the surgery resulting in your nipple(s) feeling numb after surgery. This usually recovers with time, however permanent loss of or reduced sensation can happen. Ever so occasionally the nipple can become oversensitive.
- *Nipple loss – full or partial*  
This is highly unlikely as a result of this surgery as the blood supply to the nipple-areolar is not routinely interfered with. Damage to these can result in some (partial) or all (full) of the nipple and areolar being lost.
- *Inability to breast feed*

This is highly unlikely as a result of this surgery as the milk-ducts and nerves supplying them are not altered during the surgery

- *Asymmetry:*  
No two nipple-areolar are ever completely symmetrical – they are “sisters not twins”. Despite best efforts to make them as symmetrical as is possible, minor asymmetries will remain after surgery. Very occasionally a notable asymmetry can occur that requires further surgery to adjust shape or size nipple.
- *Fat necrosis &/or lumpiness:*  
When the breast tissue is mobilised its blood supply can become compromised, as per the nipple, resulting in some fat and breast tissue dying off (necrosing). This presents itself as a firm lump or lumpiness within the breast, and will usually settle by itself over the subsequent months. Very occasionally the old liquid fat can discharge itself through a hole in the scar/wound, requiring regular dressings until it settle and heals itself. Very occasionally the fat will calcify requiring further surgery to excise it.
- *Skin necrosis:*  
Very rarely the blood supply to the skin of the areolar or adjoining breast skin can be compromised resulting in skin dying - this is again very unlikely. Should it occur, this is managed with dressings until healed. Very occasionally the scar requires revising.
- *Wound breakdown*  
Very occasionally some of the wound can come apart for a multitude of reasons. This is almost always small enough to manage conservatively with dressings, allowing nature time to heal the area. Should any scar that forms be unsightly or an issue then this can always be revised at a later date under a local
- *Flattening of the breast profile*  
If a lot of reduction is required, then it can result in a more flattened appearance of the nipple-areolar area when viewed from the side and above.