



**Queen Victoria Hospital**  
NHS Foundation Trust

# Nipple Reconstruction



This booklet has been designed to help answer questions that you may have and give you and your family some understanding of the operation and what to expect after the surgery. Should you have any further questions, please do not hesitate to ask.

## Why consider nipple reconstruction?

Nipple and areola (the darker tissue surrounding the nipple bud) reconstruction is the final stage of breast reconstruction. The nipple projection/bud is made and colour may be restored to the surrounding areola in a separate procedure. Nipple and areola reconstruction is offered to patients who have undergone breast reconstruction and occasionally to patients who have lost all or part of their nipple for other reasons.

This procedure is usually carried out three to four months after the reconstruction and/or when any symmetrising surgery to the opposite breast is complete. This allows for any post-operative swelling to subside and the new nipple to be positioned correctly.

However, you may be happy with your breast mound reconstruction and may choose not to have a nipple reconstruction at all.

## What is involved in this surgery?

**Nipple** - The nipple may be fashioned from the skin of the reconstructed breast using 'arrow' or 'star' flaps. These are terms used to describe the shape of the tissue being cut and stitched. This will produce the nipple shape but will not replace the colour of the areola.

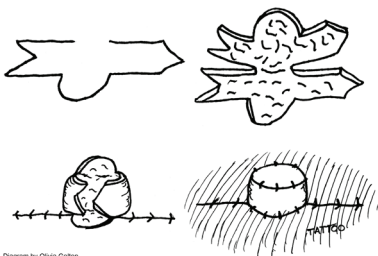


Diagram by Olivia Gotton

*Arrow Flap*

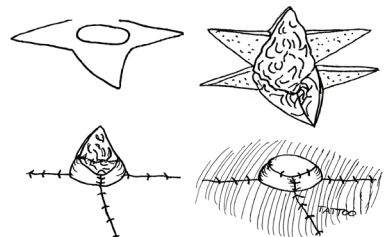


Diagram by Olivia Gotton

*Star Flap*

'Nipple-sharing' is a technique that involves removing part/half of the opposite nipple (if applicable) and grafting it onto the reconstructed breast, resulting in two smaller nipples of the same colour and texture. This option is most suitable if the opposing nipple is quite large. It may be possible to reconstruct a nipple from other donor sites such as the labia (genital lips), ear lobe cartilage or a toe tissue transfer. However, these options need to be discussed with your surgeon.

An alternative option would be to use a custom made adhesive (stick on) prosthetic nipple.

**Areola** - The areola can be reconstructed by removing a piece of darker skin from another part of your body (for example, the inner thigh) and grafting it onto the breast. This would leave you with a wound where the skin has been taken from ('donor site').

Alternatively in some cases your opposing areola (if applicable) can be 'shared'. As with 'nipple-sharing' half of your opposite areola can be removed and grafted onto the reconstructed breast.

**Tattooing** - Tattooing (micropigmentation) can be used, either alone or together with a nipple reconstruction, to reproduce the colour and appearance of the nipple areola complex. If you opt not to have a nipple reconstruction tattooing can be shaded in a way to provide the illusion of protrusion of a nipple bud. If you would like more information about this please ask for a Nipple and Areola Micropigmentation leaflet from the outpatient staff or from your Macmillan breast reconstruction nurse specialists.

Your surgeon will discuss with you in depth all the risks and benefits. Usually, the option selected will be designed to match closely the remaining nipple. If both nipples are being reconstructed, the same method will be used on each side.

Every effort is made to recreate a similar appearance but the reconstructed breast will never be a perfect match to the other.

## The operation

You will be asked to read and sign a consent form. Please feel free to ask any questions that you may still have.

The operation is usually carried out under local anaesthetic and typically a day surgery procedure. You will be seen by the surgeon who will mark the position of the new nipple with a surgical marker pen, trying to match the other side. The surgeon may ask you to use a prosthetic nipple or a circular sticker and apply it to your reconstructed breast where you feel the nipple should be.

The surgeon will ask you to look in the mirror and make any adjustments until you are happy with the location. The surgery takes approximately 30-45 minutes to perform.

## What are the risks?

All surgery carries some risk and uncertainty. The following gives the most common or most significant problems that can occur.

- As in any surgical procedure there is a small risk of bleeding. This is not likely to be anything more than slight ooze and will be contained in the dressing.
- Infection can occur in the wound. If infection does occur it may delay wound healing and antibiotic treatment may be required.
- There may be failure of the blood supply to the new nipple or areola. The tissue that has been grafted or rotated to create the new nipple or areola may not maintain its blood supply and may die. Usually, an alternative method of nipple or areola reconstruction can be offered to you if this happens.
- The nipple projection will flatten over time to some extent. There are no 'working-parts' therefore bras and clothing will cause it to flatten. Sometimes it can flatten significantly and may need reconstruction again. The surgeon will deliberately create a larger nipple to allow for shrinkage.
- Tattooing may also result in a slight flattening/shrinkage of the reconstructed nipple.

## What if I want the surgery but am still smoking?

You will not be considered for surgery if you smoke.

Smoking and passive smoking have a proven adverse effect on wounds. Nicotine reduces the ability of the blood to carry enough oxygen to the tissues and the skin causing wound break down & delayed healing.

- [www.smokefree.nhs.uk](http://www.smokefree.nhs.uk)

Tel: 0300 123 1044

The hospital has a no smoking policy throughout its premises which means that smoking is not permitted in any buildings or in the grounds.

## Post-operative care

After your operation you will have a 'doughnut' shaped dressing covering the reconstructed nipple. Usually the nipple is left visible through the dressing. This area should be kept dry for the first 48 hours. After this you may shower (if your dressing allows for this and your nurse has confirmed you may do so), making sure you gently pat dry the area and do not rub it.

- There may be a slight oozing of blood from the area. If you are able to, press gently with a piece of gauze for five minutes. It will usually stop after about 5 to 10 minutes. If bleeding continues contact the hospital for advice.
- If you notice any change of colour in the nipple, severe pain, marked swelling or redness please contact the hospital for advice.
- You will be given an appointment for the outpatient dressing clinic one week after the operation. The dressing will be removed and the wound checked. If you have sutures (stitches) that need removing, these will be taken out. You will normally need to use a doughnut shaped dressing around your new nipple for up to six weeks to help minimise shrinkage.

- You will be given an outpatient appointment approximately 4 to 6 weeks after the surgery for you to be reviewed by a surgeon.
- Healing may take up to two weeks. The scars will be quite noticeable for between three and six months and will fade slowly over the following months and years. To help improve the scarring, once the wounds have healed completely, you may start massaging the area with a non-perfumed moisturising cream.
- After a nipple reconstruction under local anaesthetic you should be able to resume your normal activities that same day.
- Once you have had your follow-up appointment with the surgeon or consultant, they may refer you to the Macmillan breast reconstruction nurse specialists for tattooing. The first tattooing procedure will be booked for approximately 3-6 months following your nipple reconstruction. A separate leaflet is available with more information on this procedure.

## Further questions

If you need any further information or you are concerned about any of the issues raised in this booklet, please talk to the surgeon at your outpatient appointment or contact the Macmillan breast reconstruction nurse specialists.

### **Macmillan Breast Reconstruction Nurse Specialists**

Monday to Friday  
(answer machine available)

Tel: 01342 414302  
01342 414606  
01342 414163  
01342 414793

Email: [qvh.breastcare@nhs.net](mailto:qvh.breastcare@nhs.net)

For photographs and a short film showing an actual surgical nipple reconstruction please visit the Queen Victoria Hospital website:  
(Warning this shows graphic surgery scenes)  
[www.qvh.nhs.uk](http://www.qvh.nhs.uk)



If you'd like to find out how you can support QVH,  
please visit [www.supportqvh.org](http://www.supportqvh.org)



Please ask if you  
would like this leaflet  
in larger print or an  
alternative format.

Macmillan Breast Reconstruction Nurses BCN1408

Approved by the Patient Information Group

Issue 5 Ref: No.0180

Print August 2023 – Review August 2026

© Copyright QVH NHS Foundation Trust

[www.qvh.nhs.uk](http://www.qvh.nhs.uk)