Royal Cornwall Hospitals
NHS Trust

Nipple Areola Micropigmentation (Tattooing) Clinical Guideline

V1.0

May 2024

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1. Aim/Purpose of this Guideline

1.1. This guidance is to set out for Nipple / Areola Micro-pigmentation (Tattooing) as part of breast reconstruction after mastectomy. This procedure aims to restore the appearance of the areola and nipple complex for individuals who have undergone breast surgery.

1.2. To authorise appropriately qualified Breast Care Nurses (BCN's) to carry out Nipple Areola Micro-pigmentation (Tattooing) to patients that have been referred to the Mermaid Breast Unit for Nipple / Areola Tattooing.

1.3. The scope of practice is to cover all BCN's who perform Nipple Areola Micro-pigmentation (Tattooing). The BCN will assume accountability for their own actions as per Nursing and Midwifery Council Guidelines (2019), (NMC).

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

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2. The Guidance

2.1. **Nipple Tattooing/ Areola Complex Clinical Skills**

- Good understanding of skin anatomy and physiology.
- Be familiar with breast reconstruction techniques.
- Trained in the use of micropigmentation and pigmentation techniques.
- Accurate skin to pigment colour matching to achieve natural looking results.
- The goal is to create a realistic appearance that enhances body image and helps patients to feel complete after surgery.
- Utilising the skills of BCN allows for compassionate and personalised care.

2.2. Purpose

Nipple Areola Micro-pigmentation (Tattooing) is performed to create a natural looking areola and nipple after breast reconstruction. It helps with the aesthetic outcome and improve body image for patients.

2.3. Eligibility

Patients who have undergone mastectomy or breast conserving surgery and are eligible for breast reconstruction may consider nipple / areola tattooing. It is typically done after the reconstructed breast is healed.

2.4. Local Protocol / Procedure

2.4.1. Appointment letter: Appointment Letter with written information enclosed (see appendix 5).

2.4.2. **Patch test:** A patch test which will be valid for 12 months is to be completed at least 24 hours before the procedure is carried out.

Patch test to be completed in clinic at initial discussion with surgeon regarding tattoo referral where possible.

If patient declines a patch test, they will accept full responsibility of having a reaction to the pigments.

2.4.3. **Pre-assessment and Consent:** Pre and post care is discussed (appendix 3) and consent to treatment.

2.4.4. **Apply Ametop Gel 4%**: The patient may choose to apply Ametop Gel 4%1.5g for numbing of the area at least 30 minutes prior to the procedure, which the patient may purchase this over the counter if preferred.

2.4.5. **Safety and Hygiene:** The procedure is performed in a sterile environment, adhering to strict infection control measures.

2.4.6. **Consultation:** Patients meet with BCN to discuss their preferences, colour choices and expectations. Agree position, site, colour, size and shape. Patient to be aware that they might need more than one procedure to achieve a balanced colour, not to be completed before at least 8 weeks.

2.4.7. **Preparation:** The skin is cleaned, colours chosen – pigment is carefully applied to match skin tone, and the area is marked for tattoo placement.

2.4.8. **Tattooing:** The trained BCN uses specialised techniques to create a realistic areola and nipple.

2.4.9. **Aftercare:** Aftercare advise is given as per guidance (appendix 4).

2.4.10. **Documentation**: To document in patients E-notes and send summary letter (via Dragon) to GP and copy to patient.

2.5. **Further responsibilities**

2.5.1. **Emotional considerations:** Nipple / Areola Tattooing can have a positive impact on the patient's emotional wellbeing; it contributes to their sense of wholeness and is working within NMC standards for registered nurses.

2.5.2. **Acquiring and Assuring Competency:**

- Registered with the NMC.
- Breast Care Nurse.
- Has completed the training and gained the required competencies for Areola/ Nipple tattooing.

2.5.3. **Maintaining competency**: Keep up-to date with knowledge and competencies and working within NMC standards for registered nurses.

2.5.4. **Documentation**: This document will be shared on the document's library.

3. Monitoring Compliance and Effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Clinical performance to be monitored and audited for patient satisfaction and complications.
Lead	Lead BCN for Mermaid Centre or HCP with tattoo qualification. Karen Hardwick BCN lead / Anya Hart BCN.
Tool	Database and audit. On the breast care nurse shared drive – Tattoo Clinic.
Frequency	Monitor as required. Complete a report if complications arise and share the report to lead BCN.
Reporting arrangements	Completed report be sent to the lead BCN and escalated as required. Each report should be put forward to the breast surgical governance meeting for interrogation to identify the required actions. This should be documented in meeting minutes and / or change of policy discussion. The lead or committee is expected to read and interrogate the report to identify deficiencies in the system and act upon them.

Information Category	Detail of process and methodology for monitoring compliance
Acting on recommendations and Lead(s)	Breast surgical governance committee, BCN lead, and department lead will undertake subsequent recommendations and action planning for any or all deficiencies and recommendations within reasonable timeframes. Required actions will be identified and completed within three months.
Change in practice and lessons to be shared	Learning will follow on from any incidents, and training updates. To disseminate this learning through the qualified HCPs in micropigmentation. Required changes to practice will be identified and actioned immediately or within three months. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant team members and breast surgery department.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Nipple Areola Micropigmentation (Tattooing) Clinical Guideline V1.0
This document replaces (exact title of previous version):	New Document.
Date Issued/Approved:	May 2024
Date Valid From:	May 2024
Date Valid To:	May 2027
Directorate/Department responsible (author/owner):	Karen Hardwick, Lead Breast Care Nurse. Anya Hart, Breast Care Nurse.
Contact details:	01872 252880
Brief summary of contents:	To define the scope of practice for Nurse Led Nipple Tattooing Clinic in the Breast Unit.
Suggested Keywords:	Nipple tattooing, Nipple, Breast, Tattooing, Breast Care Nurse.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Nursing Officer.
Approval route for consultation and ratification:	Breast Specialty Meeting.
Manager confirming approval processes:	Ian McGowan.
Name of Governance Lead confirming consultation and ratification:	Suzanne Atkinson.
Links to key external standards:	NMC Code of Professional Standards.
Related Documents:	None required.
Training Need Identified?	No.

Information Category	Detailed Information
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.
Document Library Folder/Sub Folder:	Clinical/Breast.

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
May 2024	V1.0	Initial issue	Anya Hart Breast Care Nurse and Karen Hardwick Lead Breast Care Nurse.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Nipple Areola Micropigmentation (Tattooing) Clinical Guideline V1.0
Directorate and service area:	Breast, General Surgery and Cancer Services
Is this a new or existing Policy?	New
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Anya Hart Breast Care Nurse
Contact details:	01872 252880

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To define the Scope of Practice for Nipple / Areola tattooing for the Breast Care Nurse within the Breast Service.
2. Policy Objectives	Clearly state the procedures which follows suitable training, the Nurse is permitted to perform.
3. Policy Intended Outcomes	Breast Care Nurse to practice Nipple / Areola Tattooing within guidelines.
4. How will you measure each outcome?	Monitored through audit and peer review.
5. Who is intended to benefit from the policy?	Staff and patients.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/visitors: No • Local groups/system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/groups:** Breast Specialty Meeting. Care group Board.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Anya Hart, Breast Care Nurse.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis

Appendix 3. Pre assessment

Check medical history and for contra indications.

- Clotting Disorders i.e. Haemophilia.
- Infectious diseases, HIV, Hepatitis.
- Skin conditions i.e. eczema, psoriasis, dermatitis.
- Healing problems i.e. Diabetes.
- Medications i.e. Blood thinners, steroids (skin thinning).

Allergies

Check for allergies.

- NB: Metal i.e. Nickel and Iron oxide, skin patch test (pigment) and needle patch test at least 24 hours prior to the procedure.
- Pigment allergies – skin patch test required at least 24 hours prior to the procedure.
- Latex.

Complications

- Discomfort during treatment.
- Allergy risk.
- Bleeding and bruising.
- Infection.
- Flattening of reconstructed nipple.
- Scarring.
- Granuloma (lumps and nodules).
- Hyperpigmentation (an overproduction of melanin).
- Implant damage (rare).

IMPORTANT If you have a CT or MRI scan, please tell the scanning department before the scans as there have been reports of tingling / burns to the tattooed area.

Expectations

- To allow 60 minutes per breast.
- Awareness that the colour darker or more intense to start with and the true hue of colour will be seen between 2-6 weeks.

- The colour, size or shape may not be an exact match.
- It might require more than one procedure might be required to achieve a more balanced colour and or 3D effect.

Appendix 4. After Care

After Care Advice

Remove the dressings the following day before showering, and please shower rather than bath (do not soak or let the shower head be directed straight on the area) and pat dry with some clean gauze or a fresh clean towel for a week after treatment or until the area has healed.

Crusting or scabbing may occur, and it is important not to pick the area as you may lose some of the pigment / colour.

Apply a very thin layer of petroleum jelly / Vaseline applied with a clean cotton bud if required.

The tattoo pigment may stain clothing or bedding, you may wish to use gauze pads in your bra / clothing.

Please avoid sweating exercises i.e. exercises, sauna, bathing until you are healed to avoid infection.

- Avoid chlorinated swimming and jacuzzi for at least 1 week post treatment.
- Avoid sunbeds / direct sun for 2 weeks prior to the procedure and for 6 weeks after.

Avoid laser treatments to this area as this will cause the tattoo to change colour, the tattoo might turn black.

Avoid giving blood for at least 4 months.

If you feel unwell, develop a raised temperature, swelling, bruising, rash or tenderness over the area please do not hesitate to contact us on 01872 252880 or seek medical advice.

Appendix 5. Patient information for Nipple Areola Micropigmentation (Tattooing).

You have chosen to have Nipple and Areola Tattooing Procedure which is the final stage of your Breast Reconstruction journey. The aim of the procedure is to create as close to a natural looking nipple and areola as possible. Please read this information carefully:

- The procedure is NOT medically necessary but from your cosmetic point of view it will give a more natural look to your reconstruction.

- Please be aware that it is an art process and not an exact science. Your specialists will do their best to give you a pleasing result but there are many factors that determine the result and how your body reacts to the Micro-pigments (colours) is an important factor.

- The colours and the needles used are safe; however, we ask that a patch test is completed at least 24 hours before the procedure and this will need to be completed in clinic. The patch test result will be valid for 12 months. If you decline a patch test you must accept full responsibility for any reaction from the pigments.

- The procedure can be performed using local anaesthetic cream applied 30 mins prior to the procedure (your choice). You are fully awake for the procedure, and you do not need to abstain from food.

- Although the skin over the reconstructed breast usually has reduced sensation, a local anaesthetic cream is applied on your arrival to minimise your discomfort. However, you may still feel some discomfort.

- The colour of the pigment is chosen together with position, site, shape and the size agreed.

- Please be aware we allow an hour for the treatment of each areola / nipple procedure.

- **Please read pre-assessment and contact the BCN to report any issues or to discuss further.**