

**Patient Information to be retained by patient**

affix patient label

# Nipple reconstruction

## What is a nipple reconstruction?

This is an operation to recreate a new nipple, in patients who have previously undergone surgery to remove their nipple. This is usually following a mastectomy and breast reconstruction, but may be the result of any operation (such as a central wide local excision or therapeutic mammoplasty) where the nipple needed to be removed.

## Why do I need it?

- To improve the natural appearance and aesthetic of the operated breast or breast reconstruction where the nipple has needed removal in a previous procedure.
- To improve general post-operative appearance and to help minimise the impact of other scarring.

## Are there any alternatives?

The alternatives are simple 3d nipple-areola tattooing (micropigmentation), or to do nothing.

## How do I prepare for it?

You may be invited to have a telephone pre-assessment appointment where we will ask for details of your medical history. If necessary you may be asked to attend a pre-admission clinic to carry out any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have.

If you are having a general anaesthetic you must not eat anything for at least **6 hours** before your operation. This is to make sure your stomach is empty when you have your anaesthetic. Drinks containing fats (eg. tea or coffee with milk) and sweets all count as food.

You can drink water or a drink without fats in it (eg. black coffee) until **2 hours** before your operation. You may also have small sips of water to take tablets. There is a hospital leaflet about having an anaesthetic. Ask the staff for a copy if you would like one.

If you are to have a general anaesthetic to keep you asleep during the operation, the anaesthetist will come and see you before your operation to discuss this with you. You will be able to ask them questions about the anaesthetic.

A member of the surgical team will also see you on the ward. This is usually the surgeon that will perform your operation. Feel free to ask any questions you have about the operation or what will happen after the surgery.

The surgeon will spend a short time with you measuring and planning the exact steps of the operation and will usually draw and make notes of important landmarks on your skin with a special marker pen. This is called the 'marking-up' process and may be done whilst you are sitting, standing and lying down. An arrow will also be drawn on the side to be operated on and a check made that this consent form has been completed and signed.

## What does it involve?

You and your surgeon will discuss and plan the ideal position on your breast for the new nipple, taking any measurements necessary to produce the most natural result and the best possible symmetry. You will be encouraged to be fully involved in making the final decision for the exact site of your new nipple.

The new nipple will be created from one of several possible skin patterns: the 'Angel', 'Worm', 'Key-hole', 'Trefoil' and 'C-V' flaps are the most commonly used techniques. The skin that the nipple is made from is the skin of the breast or the breast reconstruction at the agreed place on the breast. Prior to your operation the surgeon will mark the site that you have agreed with a surgical marker pen. The nipple is reconstructed by cutting and folding the pattern of skin into a nipple-shaped bud. Tiny fine stitches will be used that will be removed once the nipple has healed.

The procedure is usually carried out under a local anaesthetic and most patients experience only minimal discomfort. A general anaesthetic is usually not necessary. Often the area being operated on is less sensitive than usual or possibly even numb as a result of previous surgery, but the surgeon uses an injection of local anaesthetic to ensure that the operation site is completely numb before starting.

The operation usually takes less than 45 minutes, during which time you must lie relatively flat with your arm resting to the side on a comfortable arm support. A screen is used so nothing can be seen and a nurse will sit next to you to support you throughout the procedure.

### **What happens afterwards?**

A special padded foam dressing will be used, which may have an antibiotic ointment underneath. The dressing must be kept dry although it is splash proof. You will be able to go home an hour after the procedure (if done under local anaesthetic). The dressing will stay in place for a week before review in the outpatient clinic. After checking things are healing, a similar dressing will be reapplied for a further week.

At the second week review appointment the new nipple will be cleaned and any remaining stitches will be painlessly removed.

You should wear a protective gauze pad, or a simple nursing pad in your bra for a month to protect the delicate nipple as it continues to heal. You may be given a small tube of antibiotic ointment to apply twice daily to the nipple as it continues to heal.

Usually your surgeon will offer to check progress at 6 weeks, by which time the nipple will have healed and any swelling will have settled.

### **Will I need a further procedure?**

The final stage of nipple reconstruction usually involves nipple areola tattooing or micropigmentation. This will normally not be recommended until after a minimum of 3 months to allow your new nipple to have fully healed.

### **What should I look out for?**

For the first 2 weeks the important thing is to avoid knocking or disrupting your dressing. If the dressing is disturbed, coming loose or is soiled / wet / blood-stained, then you must contact the Mermaid centre and attend earlier than your scheduled appointments.

For the first 6 weeks, expect your new nipple to be swollen and much larger (up to 50%) than it will eventually be. Your surgeon will explain this and how this is part of the planning of the operation.

NB Many patients worry that nipple reconstruction will lead to prominent nipples that show through clothing. This is uncommon and mature nipple reconstructions are usually soft and not obvious.

## Are there any risks or complications?

As with all procedures, there are risks from having this operation:

### General Risks

**Risk from the anaesthetic:** Local anaesthetic is a very safe procedure. Any unpleasant stinging from the injection lasts less than a minute before becoming numb. If you request or the surgeon recommends a general anaesthetic then the risk to a healthy patient of problems arising from an anaesthetic is very small. Each year in the UK however a few healthy people will die or suffer serious heart, lung or brain injury following an anaesthetic. For a woman who is otherwise in good health, the risk of a serious complication due to general anaesthesia is less than 1%.

**Infection:** All surgery has a risk of infection. If any wounds become red, hot, weep, or you feel unwell you should consult your doctor.

**Pain:** A degree of pain is likely after any surgery. Severe pain after nipple reconstruction is very uncommon and you should contact your doctor or breast care nurse urgently. You may experience some discomfort later that day when the local anaesthetic wears off. Simple painkillers that you might take for a headache may be necessary to manage any discomfort in the first few days. We will always aim to manage your pain with painkillers to an acceptable level postoperatively.

**DVT/PE:** With all surgical procedures there is a risk of developing a clot in the deep veins of the leg, deep vein thrombosis (DVT). This is extremely unlikely after a short procedure under local anaesthetic when you will be awake and your leg circulation mobile throughout. In a very small number of patients a bit of clot might break off and lodge in the lungs. This is a pulmonary embolus and in very extreme cases can be life-threatening. Your surgical team will prescribe you compression stockings and/or blood thinning medication if after careful assessment your individual risk is high.

### Specific Risks

**Bleeding:** It is uncommon to lose more than a teaspoon of blood. There may be a small ooze onto the dressing in the first few days. If the dressing becomes moist or lifts away, you must report this to your nurse and attend for review and re-dressing.

**Deep infection:** It is rare to have an infection of the new nipple and even less likely that it could spread more deeply to infect your breast reconstruction. If there are any signs of redness, weeping or you become unwell then you may need appropriate antibiotic treatment. Deep infection carries a risk to underlying tissues and if there is an underlying implant then there is a risk that this may infect the implant. This would require treatment, close observation and may in the most severe cases require surgery to clean the pocket and replace the implant or even the need for a period of temporary implant removal. The likelihood of this is less than 1%.

**Implant damage:** Because the tissues are relatively thin there is a tiny but theoretical risk of entering the implant pocket during surgery. This may lead to infection or damage to your implant, requiring further surgery.

**Nipple necrosis:** The blood supply to the skin of your reconstructed nipple is usually excellent. Occasionally there may be a skin circulation problem leading to some (usually only the tip) but occasionally all of the nipple not surviving. This is called necrosis and looks like a developing scab. Usually the scab lifts away on its own in the first few weeks and the nipple underneath heals well. If the scab is large then the final nipple reconstruction may be smaller than hoped for. In rare cases if the whole nipple does not survive it may need to be removed with a further operation and will heal to leave a flat scar.

**Flattening:** The best technique will be used to produce the best nipple possible. Even so all nipple reconstructions may flatten and shrink over time. Further surgery or enhancement with 3d nipple tattooing may improve a flat nipple.

Patient copy

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

**CONSENT FORM 1**  
**PROCEDURE SPECIFIC PATIENT AGREEMENT**

# Nipple reconstruction

NHS number: .....

Name of patient: .....

Address: .....

Date of birth: .....

CR number: .....

AFFIX PATIENT LABEL

**STATEMENT OF HEALTH PROFESSIONAL** (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

**I have explained the procedure to the patient.** In particular, I have explained the intended benefits:

- *To create a new nipple to improve the natural aesthetic of the breast or breast reconstruction*

**Significant, unavoidable or frequently occurring risks:**

- *Infection, oozing, long term flattening*

**Uncommon but more serious risks:**

- *Partial or complete necrosis, nipple loss, need for further procedure*

**Rare but serious risks:**

- *Deep infection, leading to implant infection, loss of implant, sepsis*

**Any extra procedures which may become necessary during the procedure:**

- *Blood transfusion (required very infrequently)*
- *Other procedure (please specify):*

**I have also discussed what the procedure is likely to involve,** the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

**I have given and discussed the Trust's approved patient information leaflet for this procedure: Nipple reconstruction (CHA4406) which forms part of this document.**

**I am satisfied that this patient has the capacity to consent to the procedure.**

This procedure will involve:  General and/or regional anaesthesia     Local anaesthesia     Sedation

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

**STATEMENT OF INTERPRETER** (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: ..... Name (PRINT): ..... Date: .....

affix patient label

**STATEMENT OF PATIENT**

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

**I agree** to the procedure or course of treatment described on this form.

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

**I understand** that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

**I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

**I understand** that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

**I have been told** about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

**I have received a copy of the Consent Form and Patient Information leaflet: Nipple reconstruction (CHA4406) which forms part of this document.**

Patient signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIRMATION OF CONSENT** (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (PRINT): \_\_\_\_\_ Job title: \_\_\_\_\_

**Important notes** (tick if applicable):

See advance decision to refuse treatment  Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

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