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Inverted Nipples

General Information

Approximately 2% of women have inverted nipples. A nipple is said to be inverted when it points inward. Inversion can be seen in varying degrees of severity. An inverted nipple can look flat or a slit-like depression or hole at the normal nipple location.

Often, this condition occurs from birth and due to tethering of the shortened underlying milk ducts of the nipple. Sometimes scar tissue underneath the nipple from previous surgery or infection can cause inversion as well.

Inverted nipples can be repaired with a surgical release of the tethering structures and a suturing technique to maintain the nipples in an outward position.

Although a separate procedure, nipple inversion repair can be performed at the same time as other breast surgery. If there is any doubt about this, however, the nipple repair should be performed at a later date.

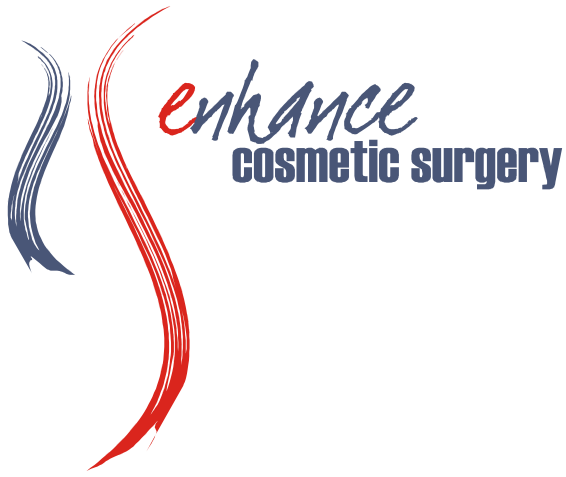
Large "Nipples"

What many women think of as "the nipple" is actually made of two parts: the nipple and the areola. The nipple is the projected part and the areola is the dark pigmented skin that surrounds the nipple.

Large nipples — either in circumference or in length — can affect a woman's appearance both in and out of clothing. Sometimes nipples are enlarged simply due to genetics or develop after childbirth and breastfeeding.

Reducing a nipple's size can be performed as an out-patient. The surgery usually takes less than one hour and the patient can return to their normal activities within a day or two. Healing is fast and scarring (if any) is rarely visible. Sensitivity is usually maintained.

First, the doctor will determine which part of the nipple needs to be reduced. Depending on the shape of the nipple this could be a reduction in length, a reduction in width, or both. This is often performed under a local anaesthesia.



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Length Reduction

Nipples that are too long either droop down or project too far out. Usually, to create a shorter nipple length, the tip of the nipple will be removed and sutured for closure. Sometimes the skin along the neck of the nipple will be removed. In those circumstances, the tip of the nipple is then sutured to the bottom of the nipple, creating a shortened nipple length.

Width Reduction

If the nipple is too wide (or thick), but not too long, a pie-shaped wedge will be removed the nipple. This allows the nipple to be "taken in" and the circumference reduced. Dissolving sutures are used.

Areolar Reduction

A large areola may look out of proportion with the rest of the breast — especially if the patient has had a breast reduction or breast lift, but it happens naturally as well (often after childbirth). There are no medical complications from having large areola, so the desire to reduce the areola is purely cosmetic, but can really positively affect the patient's self-esteem and body image.

Areolar Reduction is done by removing some of the pigmented areola, either by an incision around the outside of the areola or by an incision around the base of the nipple. Very large areolas may require a lollypop-shaped closure. This is where a vertical incision runs down from the nipple as well as around the areola and then closed in the shape of a lollypop.