

What is Nipple Reconstruction?

Nipple reconstruction is the “finishing touch” offered as a part of the breast cancer reconstruction spectrum. This is an insured service available to patients who had their nipples removed as a part of breast cancer surgery.

Who Can Have Nipple Reconstruction?

Nipple reconstruction is offered to patients with healthy skin and tissue. This takes place after the breast mound is stable. If you had implants or natural tissue reconstruction, you will have to wait until the breast mound softens and drops into its final position. Generally you would wait at least 3–4 months after the breast mound surgery.

Nipples are reconstructed generally using the surrounding breast skin, or as a graft from another part of the body.

The Surgery

Nipple reconstruction alone is considered a minor day procedure. This may be performed under local anesthetic and is under 1 hour. This creates the “bump” but does not create the coloured areola.

First, the nipple position is chosen in the most natural appearing location on the breast mound. Usually this is located at the point of greatest projection of the breast.

Next, the “bump” is created.

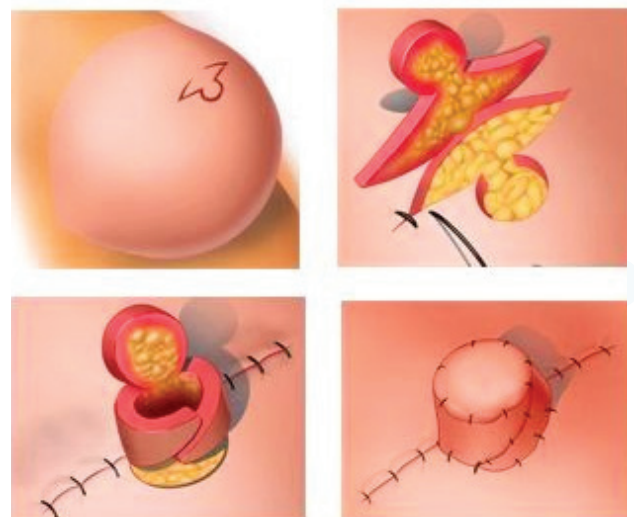
This can be done in a few ways:

FLAP: The surrounding breast skin is folded to the shape of a nipple.

GRAFT: Skin or tissue is taken from another part of the body and sutured to the breast skin. Common graft donor sites are the other nipple (“nipple share graft”) and labia minora skin.

This is an example of a flap:

Nipple Reconstruction: CV Flap



Does the Nipple Have Function?

No. A reconstructed nipple only appears to be a nipple. It does not react to temperature and touch as a natural nipple would. It cannot be used in breastfeeding.

How is the Areola Created?

The areola is the surrounding pigmented part of the nipple-areolar complex. This colour has to be added to the skin. Generally this is done by tattooing the skin and nipple.