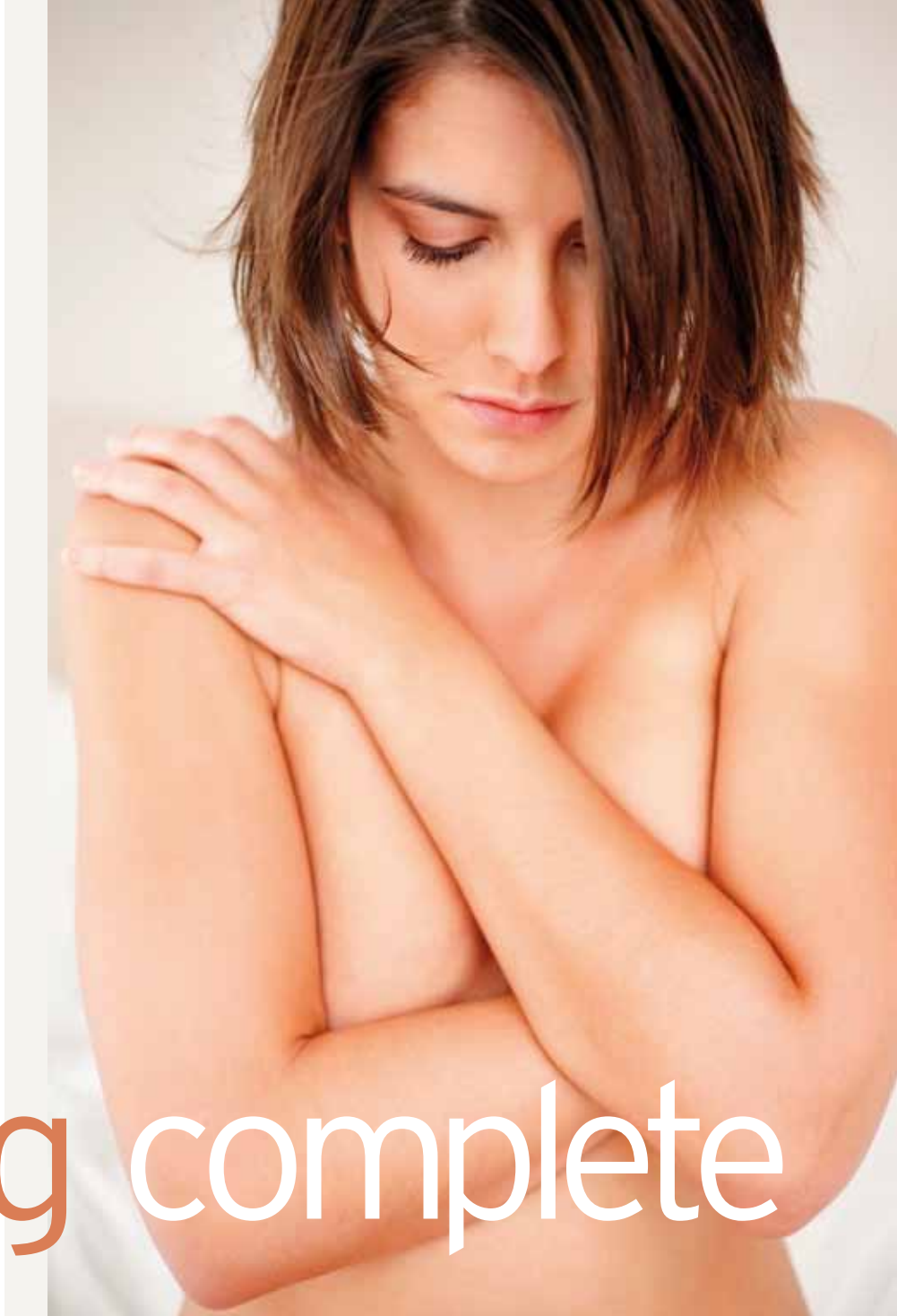




Mr Venkat Ramakrishnan, MS, FRCS, FRACS (Plastic Surgeon)

Qualifying in medicine in 1983, Mr Ramakrishnan

undertook comprehensive training in plastic surgery in Australia. He currently holds the post of Service Director for Specialist Surgery at Broomfield Hospital, Chelmsford, Essex. He has a special interest in aesthetic and reconstructive surgery of the breast, performing many microsurgical breast reconstructions. This work forms a major part of his NHS commitment and he has made many presentations on the subject in national and international meetings. He is a member of the British Association of Plastic Reconstructive and Aesthetic Surgeons, a Fellow of the Royal College of Surgeons and the Royal Australasian College of Surgeons.



Feeling complete

Anyone who has had their breast (or breasts) removed as a result of cancer is entitled to have their nipples and areola reconstructed. Most people feel an emotional boost after having it done, because the appearance of a real breast is now combined with the appearance of an actual nipple. For many this is the time when they can truly start to move forward.

Today, most people who have had a mastectomy for breast cancer will have their nipple and areola removed, as the cancer often starts or spreads to the ducts. The operation to rebuild the whole breast is a long one lasting several hours, followed by a few days in hospital and a further few weeks of recuperation. Nipple reconstruction however, is much simpler and takes around 20 minutes conducted as an outpatient procedure under local or no anaesthesia. But the psychological value this relatively small procedure adds to the final outcome almost equals the bigger operation.

When deciding to have a nipple recon-

struction, it's important to be realistic about what the surgery can offer. It will restore the look but not the feel or sensation of the nipple. This is because the reconstructed nipple is made of local skin and fat and does not have the muscle a normal nipple has. Therefore, it will not contract and relax when there is a change in temperature. The reconstructed nipple will also flatten over a period of time, again because it won't contain the fine muscle fibers that are present in a normal nipple. But still it provides an important definition to the overall appearance of the breast.

The operation to rebuild the nipple is usually undertaken three months after the breast reconstruction. The reason for the wait is to allow the swelling in the recon- ➤

reconstructed breast to settle down and the breast mound to become supple. This allows for the more accurate placement of the nipple in comparison with your other breast. If you are having any radio or chemotherapy, then your plastic surgeon will usually allow for three months from the time of completion of this before performing your nipple reconstruction.

The reconstruction is conducted under local or no anesthesia; this is because the reconstructed breast mound and the new nipple have no sensation, and therefore do not feel pain. During a mastectomy the nerves to the breast are cut off, which means there is no sensation left in that breast - most people don't find this a problem, as they're not actually aware of it, and the benefit of removing all the cancer far outweighs the lack of sensation you'll have following surgery.

There are several methods of reconstruction available. The two most popular are nipple flap and nipple graft. In most cases, skin on the new breast can be folded into a nipple shape; this is called a nipple flap.

Some surgeons use a part of the opposite nipple, if it is large, to share it with the reconstructed breast. This technique provides a more natural looking nipple in terms of the colour and to an extent the contractility. However, using this technique does mean there is scarring on the normal breast, and there is a small risk of transferring 'live' breast tissue to the side where it has all been removed due to the cancer. The nipple is reconstructed using the local skin and is called a 'star flap' design.

Before your reconstructive surgery begins, you will be examined sitting up and the exact location of the new nipple is marked to match the opposite breast. During the operation you will be asked to lie on a couch in a minor operating room. The area on your breast is cleaned and the proposed design is marked with a sterile pen. You will be awake throughout the entire procedure. There will be a screen between your face and the operation site, and a nurse will sit at your head end, on the other side of the screen and talk with you as the procedure goes on. Once the reconstruction of the nipple is complete, the area is covered with waterproof dressing and you can go home. This dressing can be removed after about a week.

Many women are nervous when they first see their nipples, because they don't know what to expect. The nipple will be discoloured, have stitches that may or



A breast before and after reconstructive nipple surgery

may not stick out, and be swollen. This isn't something that you should be concerned about. Like every other stage of breast reconstruction, it takes time to heal. Stitches may take over one month to fully dissolve, and the discoloration should resolve in the same time frame.

The total recovery period from a nipple reconstruction is usually two weeks, however much of the aftercare is in your hands. We advise people to refrain from sports or gardening-like activities, although you can continue your normal day-to-day activities at home during this time. You will also be advised not to shower or let the area come into contact with water, until two days after surgery. It is important not to wear clothing that restricts or flattens the new nipple, and by moisturising it, it will heal faster. You do not want the nipple to rub against your clothing, and compression of the nipple can be minimised by using gauze pads and some paper tape, or placing gauze inside a soft, cotton (breathable) bra. When showering, do not scrub the nipple. Do not use harsh soap or body wash, and avoid scented lotions.

The scars take a few months to settle down and then the tattooing of the nipple and areola can be done. Surgeons need to wait for the scars to settle, as the uptake of pigment is poor in an active scar. Nipple tattooing is fairly straightforward and can improve the look of the breast, (however if you are already pleased with the colour you may choose to skip this process). A semi permanent, coloured pigment is applied to the skin of the breast mound using a small needle. The nipple is then covered with a small dressing for 48 hours to keep it dry. After the dressing is removed you are able to shower or bath as normal. Over time the colour will fade, but the tattooing can be repeated. ■

FACTS AT A GLANCE

Nipple Reconstruction

- Surgery time 30 minutes
- Hospital stay Day case
- Anaesthetic assessment No
- Bladder Catheter No
- Confined to bed No
- Up and walking Same day
- Full recovery Up to 2 weeks
- Exercise 2 weeks
- Time off work 0-2 days
- Dressings Nipple 2 weeks
- Possible reconstruction issues None

■ Long term issues
Nipple will flatten over time

Tattooing

- Procedure time 30 minutes
- Hospital stay Out Patient
- Anaesthetic assessment No
- Bladder Catheter No
- Confined to bed No
- Up and walking Same day
- Full recovery Same day
- Exercise Immediate
- Time off work None
- Possible reconstruction issues None

■ Long term issues
Pigment will fade over time