CORRECTING INVERTED NIPPLES

Inverted nipples is a condition that affects three out of every 100 women. Los Angeles plastic surgeon **DR GRANT STEVENS** explained to Sally Waddington how this can be corrected.

BEFORE

AFTER inverted nipple correction by Dr Stevens

According to plastic surgeon Grant Stevens MD, there are two types of inverted nipples: *densely inverted* and *shy*. "Shy nipples can be drawn out with physical stimulation – either sexually or for breast-feeding," said Stevens. "If they never come out even when aroused or in very cold water, then I call them densely inverted." Shy nipples may only cause cosmetic and psychological problems whereas densely inverted nipples also have functional repercussions, such as the inability to breastfeed or infection or irritation of the nipple when natural secretions become trapped.

"Up to as many as half the patients we see have some kind of functional complaint," told Dr Stevens. While a procedure to correct inverted nipples can have a great impact on the patient's psyche and correct irritation problems, the ability to breast-feed is not guaranteed. Dr Stevens warned: "Do not expect this operation to allow you to breast-feed. That's a bonus, but it may not happen."

Before the procedure begins, Dr Stevens numbs the nipple and areola with an ice cube or pack, before administering a local anesthetic using a tiny needle, the size of a hair. This means the patient experiences little or no pain, despite the sensitivity of the area.

The surgery itself can be broken into three stages. During the first stage, an incision measuring 1/4 inch (3-4 millimeters) is made in the lower portion of the nipple. He then releases the ducts that are pulling the nipple down. The nipple is drawn out with much care. "The idea is to place as little trauma on the duct or nipple as possible, because you want to preserve the ability to breast-feed," said Dr Stevens.

The surgeon then makes a series of sutures around the nipple. If the nipple is imagined like a clock, the sutures run from 12 to 6 o'clock, then again from 3 to 9 o'clock. By bunching up the tissue around the nipple, these sutures create a new pedestal for the nipple to rest on. A dissolving "purse-string" suture is made around the base of the nipple, weaving in and out of the skin, which tightens the base of the nipple.

Finally, Dr Stevens places a small plastic "stent" – like a tiny medicine cup – over the newly extracted nipple. As well as holding it in the upright position, this stent protects the nipple from irritation – patients can wear a bra and clothing without damaging the tender area. The stent stays on for four to six days after the operation. The patient then returns for a follow-up visit to remove the stent and the process is complete.

Post-operatively, there is little care needed. While the stent is on, patients cannot get the area wet and sexual contact is discouraged for the first week after surgery. Occasionally the patient may need an ointment to aid the healing, although this is rare. The wound heals very quickly – to the point where the scar is usually invisible by the time the patient returns to have the stent removed. Possible complications include the retraction of the nipple, or a local infection. However, after performing over 50 of these operations, Dr Stevens has never had a case of either of these complications.

The correction of an inverted nipple is a procedure that can greatly assist both the self-esteem of the sufferer and the function of the breast.

BEFORE

Stent used for 4-6 days postoperatively

AFTER inverted nipple correction by Dr Stevens