

## **INVERTED NIPPLE CORRECTION**

Nipple inversion is caused by an unwelcome tightening of the breast ducts and fibres, which bind the nipple to the underlying breast-tissue.

A clinical history and examination is usually required (before any treatment is planned) to exclude the possibility of a breast tumour or Paget's disease of the nipple (these are both rare but medically important causes of acquired and usually unilateral nipple inversion).

Nipple inversion can be graded:

- Grade 1 : the nipple can be readily pulled-out manually, and maintains position.
- Grade 2 : the nipple can be pulled-out manually but immediately return to an inverted position
- Grade 3 : the nipple can only be pulled-out with difficulty.

Nipple inversion can be corrected by a day-case procedure under local or general anaesthetic. A small incision is made at the base of the nipple to allow stretching or division of any tight ducts or fibres. A buried purse string suture is then passed around the deeper layers of the skin at the base of the neck of the nipple.

Mr Ian Grant uses absorbable sutures, patients need to wear a sponge dressing for at least two weeks after surgery to protect the nipple. There is small risk of infection or wound problems, there is small risk of recurrence. In the vast majority of patients nipple sensation is preserved after surgery. Patients with more severe forms of nipple inversion will not be able to breast-feed after surgery.

Mr Ian Grant normally sees patients for one consultation before surgery and recommends a further consultation at 7-10 days after surgery with him or one of the nurses. A further review at 3 months after surgery is recommended.

## **ALTERNATIVES TO SURGERY**

Inverted nipple of grade 1 may potentially gain correction using the Avent Nipplette® ([www.avent.com](http://www.avent.com)), this is a commercially available product that needs to be worn for 4 weeks or more. It is usually tolerated well, it cannot be used in the later stages of pregnancy, it is not normally effective in the more severe forms on nipple inversion.

Mr Ian Grant normally sees patients for one consultation before surgery and recommends a further consultation at 7-10 days after surgery with him or one of the nurses. A further review at 3 months after surgery is recommended.