

## Correction of inverted nipples

### What causes inverted nipples?

Inverted nipples are usually caused by shortening of the milk ducts, as they go from the glands in the breast to open on the nipple, thereby pulling the nipple inwards. It varies in severity from mild to severe. In the mild form, the nipple can be pulled out and stays out for sometime before it retracts again. In the intermediate form, the nipple can be pulled out but retracts back immediately it is left and in the severe form, the nipple remains retracted and it is impossible to pull out.

### Non Surgical treatment

Milder forms of retraction may respond to the niplette, which is a suction device applied to the nipple at night over a period of time.

### Surgical correction

Surgery is the mainstay for the correction of inverted nipples and takes about 15-20 minutes for each side and I usually perform this under a local anaesthetic as a day case.

Small incisions are made at the base of the nipple. Depending upon the severity of your nipple inversion, the ducts may respond to teasing and stretching or may have to be cut completely. A stitch is then inserted inside the nipple which, when tightened prevents the nipple from inverting. In the most severe or recurrent cases, small flaps of surrounding areola skin (the coloured skin around the nipple) are tunneled in and stitched under the nipple to prevent it inverting again.

The benefits are that your inverted nipple should be corrected with this procedure.

### What is the postoperative care?

Following surgery, a protective “doughnut” dressing must be worn to prevent any pressure from your bra from pushing on your nipple. This needs to be worn for 6 weeks to maximise the chances of the surgery being successful.

Light activities may be resumed the following day. You can thereafter increase activity as you feel comfortable. The results of the surgery should be good as long as you protect your nipple with the dressing as described above.

### What are the possible complications?

Recurrence. The techniques described above usually correct nipple inversion, but occasionally they are not successful, and may need to be repeated or different techniques used.

Inability to breastfeed. Because deliberate or inadvertent damage to the milk ducts is common during the procedures, it is important to appreciate that breastfeeding will be unlikely afterwards.

Infection is uncommon.

Finally, there are small scars, which are usually hidden within the pigmented skin of the areola.

### Did you know!

Inverted nipples are common probably occurring in about 10% of women to some degree.

Surgical correction of nipple retraction should not affect the feeling to your nipple.

*These notes are intended to be used with your consultation*