

NIPPLE AND AREOLA SURGERY

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Nipple and areola problems are usually related to congenital defects of breasts. Absence of nipple areola, a rare condition; nipple-areola asymmetries; and specific problems such as nipple discharge, nipple inversion and nipple hypertrophy can be treated with help of various operative procedures. Congenital aplasia of breast hypertrophy can be treated first as done in breast reconstruction (chapter 1) and wait to reconstruct nipple-areolar complex at a later date. Nipple inversion is mainly due to the inadequate length of the breast ducts and fibrosis developed due to some reasons in the tissues underneath the nipple breast tumors should be excluded prior to any surgery of inverted nipple. An operative procedure consisting of dividing the fibrosis and bringing out the nipple-areola and supporting suture usually rectifies this deformity without compromising the nipple-areola vascularity.

Nipple hypertrophy is corrected by a simple transection to reduce the end of the nipple. The transected end of the nipple re-epithelised with reconstituted duct openings at the surface. In second method a sleeve resection of the nipple can be done with preservation of the opening surface, where ducts open.

Site of the nipple-areola complex can be shifted, aesthetically as per the wish of the patients to various sites depending upon the size and type of the breast. This will help into improve the cosmetic look of the breast, including the projection, as well. The size of the areola can be reduced or augmented with help of simple surgical techniques as described previously. (chapter 1).