An Easy and Reliable Approach to Nipple Reduction

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Abstract
Purpose: The purpose of this abstract is to illustrate an easy and flexible operative approach to nipple hypertrophy. Patients with this condition often seek a more natural and harmonious appearance of their breast; this can include concomitant augmentation mammoplasty and nipple reduction. Several authors in the past have described complicated geometric designs and operations that improved only nipple height or width.\textsuperscript{1,2,3} This operation involves the removal of the inferior half of the nipple in a V-shape. The base is narrowed by direct closure and the superior flap is rotated inferiorly decreasing nipple height. By adjusting the amount of resection, the surgeon can easily adjust the height and width. Surgical risks are minimal and sensation is preserved.

Methods: A total of 53 female patients underwent nipple reduction from March 2005 through December 2012 by the senior author. Forty-two patients had primary augmentation with nipple reduction. Eleven patients were previously augmented and had nipple reduction as a staged procedure.

Operative Technique: The incision is designed to remove the inferior half of the nipple and the base of the nipple in a V-shaped wedge (Fig. 1,1A and Fig. 2, 2A). The incision needs to extend into the areola 5 mm or so to achieve satisfactory reduction in nipple diameter. After removal, hemostasis is obtained, and the base of the nipple is closed using 4-0 chromic sutures. The base of the nipple is thereby reduced. If one finds the reduction is not adequate, more tissue can be removed by widening the V of the incision. The superior flap is turned down and sutured with chromic sutures, thereby reducing its projection. Postoperatively, local antibiotic ointment is applied and the patient is instructed to keep the area clean. Complete healing is accomplished in 2 weeks.

Results: There have been no serious complications within this cohort of patients. One patient experienced a minor dehiscence at the T portion of the nipple closure. This was treated with local wound care. Another patient requested further reduction. Patient satisfaction is high and the procedure carries very little operative risks.

Conclusions: This procedure is safe, simple and effective for nipple hypertrophy. It can be performed concomitantly with breast augmentation procedures and sensation is preserved.
References:

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