Nipple Reconstruction
What to expect and how to prepare

How to Prepare for Your Procedure

If your procedure will be done in clinic:

• Do not take any aspirin or other products that affect blood clotting for 1 week before your procedure. Two of these are ibuprofen (Advil, Motrin) and naproxen (Aleve, Naprosyn). See attached sheet for more information.

• We advise you to eat and drink before your appointment, because the procedure can take up to 2 hours.

• You may drive yourself to this appointment.

If your procedure will be done in an operating room:

• Do not take any aspirin or other products that affect blood clotting for 1 week before your operation. Two of these are ibuprofen (Advil, Motrin) and naproxen (Aleve, Naprosyn). See attached sheet for more information.

• Do not shave any part of your body that you do not already shave every day. If you normally shave near your surgical site, do not shave that area for 2 days (48 hours) before your surgery.

• Follow all instructions provided for the other procedures that will be done at the same time as your nipple reconstruction. If you have any questions about how to prepare, call the Nurse Advice Line at 206-598-4549.

What to Expect After Your Procedure

Swelling
At first, your reconstructed nipple will be large and swollen. It will settle to about half of this initial size over the next 9 months. Your reconstructed nipple will have limited sensation and will not react to temperature and touch as natural nipples do.
Incision

You will have an incision on each side of your new nipple. Each incision will be about 1 inch long. The incisions will be closed with stitches that will dissolve under your skin over the next month.

Dressing

- You may have oozing from your incisions for 48 to 72 hours.
- You may change your dressing after 48 hours. Use tape to attach the outer dressing, as needed.
- Let the Steri-Strips over your incisions fall off on their own. This usually takes 1 to 2 weeks (with showering).
- Reapply protective gauze dressing daily as directed for 2 weeks. You will cut a hole in the gauze to surround your nipple. This keeps the nipple from being compressed by your bra.
- Do not pick at any crust that forms. Let it fall off on its own.
- Clean any remaining crusts daily with hydrogen peroxide on a cotton swab (Q-tip).
- After cleaning the area daily, apply antibiotic ointment to any exposed incisions for 2 weeks.
- You may wear a bra to help keep your dressings in place. This will lessen the need for tape.

Activity

- While your first dressing is in place, avoid heavy sweating because it could soil the gauze.
- Continue to avoid strenuous activity for 2 weeks. You may resume your usual activity level after that.

Shower

- You may shower 48 hours after your procedure. Remove the protective outer dressing, and then reapply it after you shower.
- Do not soak in a bathtub or hot tub or go swimming in a pool until your incisions are healed.

Pain Medicine

- Over-the-counter pain medicine (medicine you can buy without a prescription), such as acetaminophen (Tylenol), should relieve most of your discomfort.
- If your pain is not relieved with non-prescription pain medicine, call the Nurse Advice Line (206-598-4549) so we can prescribe a pain medicine for you.
Questions?

Weekdays from 8 a.m. to 4 p.m., call the Surgical Specialties Nurse Advice Line at 206-598-4549.

After hours and on weekends and holidays, call 206-598-6190 and ask for the resident on call for Plastic Surgery to be paged.

Or, ask for your surgeon to be paged:
Dr. ______________

Nipple Tattooing

Nipple tattooing can be done in the clinic about 8 weeks after your nipple reconstruction. Your health care provider will blend tattoo paint to match the color of your natural nipple and areola. It might not be possible to find an exact color match because of the melatonin in your skin. If both of your nipples have been reconstructed, your provider will help you choose a color that looks natural with your skin tones.

To learn more, ask your provider for the handout “Nipple Tattooing.”

Call the Nurse Advice Line or Your Doctor If You Have:

- Bleeding or drainage that soaks your dressing
- A fever higher than 100.5°F (38°C)
- Shaking and chills
- Any sign of infection in your incision:
  - Redness
  - Increasing pain
  - Swelling
  - Foul-smelling drainage
  - A change in the type or amount of drainage
- Nausea and/or vomiting
- Concerns that cannot wait until your follow-up visit