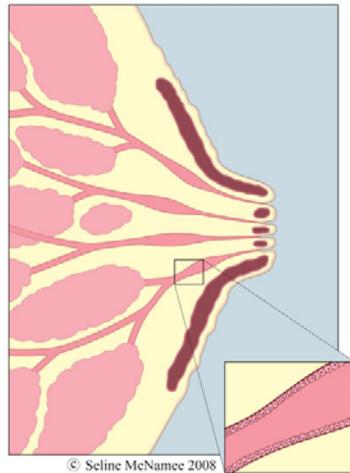
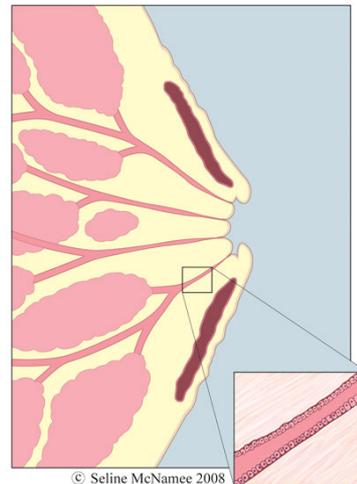


3.6 Nipple inversion



Normal nipple



Inverted nipple

Pulling in of the nipple is quite common.

Causes:

Congenital - It may be a developmental problem caused by short ducts that hold the nipple in as the breast enlarges. The nipple will have been pulled in ever since the breast developed.

Periductal mastitis - inflammatory conditions cause scarring and shortening of the ducts that can pull in the nipple.

Duct ectasia - Over time the nipple ducts can become twisted and dilated. This change can pull in the nipple.

Cancer - Nipple inversion occurring later in life needs to be carefully assessed to find a cause as it is sometimes due to a cancer pulling on the ducts.

Benign nipple inversion can be corrected surgically by dividing the ducts in theatre.

Nipple eversion is performed as a day-case procedure under a light general anaesthetic.

A curved incision is made around part of the areola. The nipple skin is lifted up to expose the ducts lying underneath it.

The ducts that are pulling in the nipple are cut and the skin is repositioned and closed with a dissolving suture.

A plastic dressing is placed over the nipple. This should stay on until the follow-up visit in one week. The dressing is waterproof and so patients can bath or shower normally.

Possible problems:

Bruising

Bleeding

Infection

Reduced nipple sensation

Recurrent inversion caused by scar tissue

Breastfeeding after this procedure isn't possible as the ducts have been divided.

Disclaimer: this sheet is provided for information only and does not replace the need to consult your doctor for appropriate assessment and advice of any medical problem.

Extract from the book: Breast Care: Advice on all aspects of breast care by Trevor Smith 2008.

Find more information on all aspects of breast care at www.thebreastcentre.co.nz

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