Correction of Nipple Deformities; Nippleplasty

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• For nipples that are either developmentally enlarged or enlarged after breast feeding.

Nipple Areola

- Ideal nipple projection: one centimeter
- Ideal nipple diameter: half a centimeter
- Ideal areola diameter:
 38 mm to 42 mm.

Nipple Areola in Men

- Ideal nipple projection: half a centimeter
- Diameter: half a centimeter
- Ideal areola diameter:
 - 10 mm to 15 mm.

 Technique appropriate for women and men. Can be combined with an areola reduction and other breast surgery such as breast lift, enlargement and reduction.

 Current techniques of amputating nipple or cutting partially in half and folding over the remaining half; do not work well in practice.

 Kirwan technique allows nipple reduction in a controlled and consistent fashion.

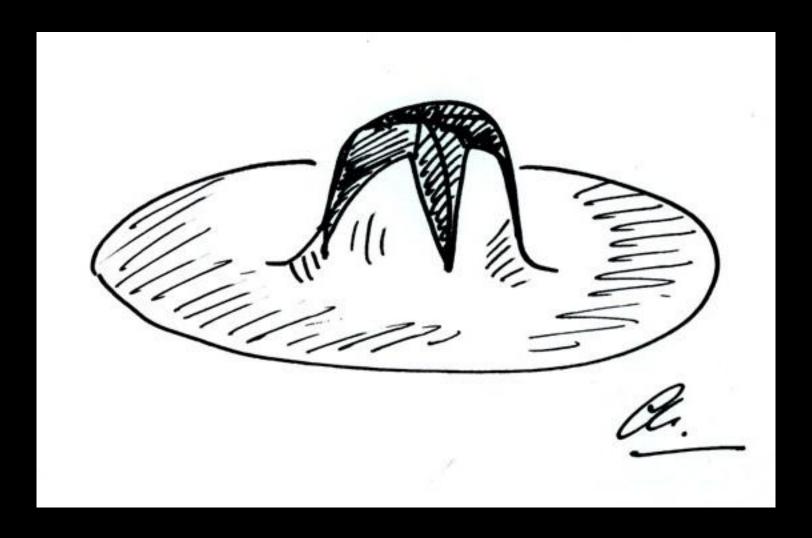
Excision of three or four segments like cake slices & repair with an absorbable suture.

Potential complications

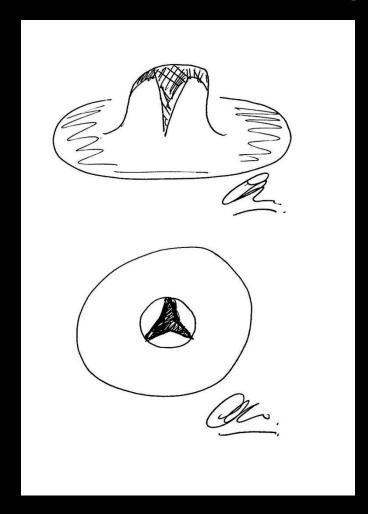
- over-reduction
- dehiscence of wound with resultant bifid nipple.
- blocked ducts with swelling of gland.
- increased or decreased nipple sensation.

<u>Technique</u>

- Mercedes pattern (3 slices)
- Pizza pattern (4 slices)
- Remaining segments are stitched together



Nipple Reduction: Mercedes Technique



Nipple Reduction Results





• Correction of the inverted nipple is a difficult problem evidenced by the number of techniques described in the literature.

 Primary pathology is shortening of the ducts relative to the size of the breast.

 Inversion may correct spontaneously with stimulation or temperature change.

Treatment divides the ducts

- Two Techniques
- Division of Ducts with Parachute Flap.
- Division of Ducts with Pursestring suture.

Kirwan L, Inverted Nipple and Nipple Reconstruction, the Parachute Flap, Canadian Journal of Plastic Surgery, September/October 7(5):233-236, 1999

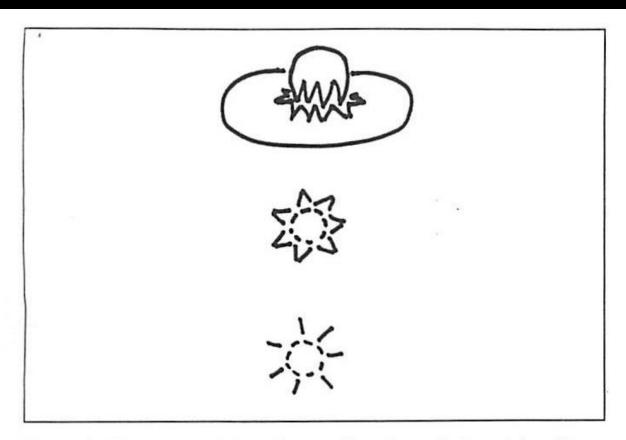


Figure 1) Illustration of the technique. Top Lateral view with collapse of triangular flaps to form two concentric circles. Middle Superior view with design of flaps. Bottom Superior view of result after closure

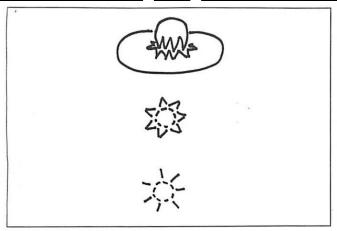


Figure 1) Illustration of the technique. Top Lateral view with collapse of triangular flaps to form two concentric circles. Middle Superior view with design of flaps. Bottom Superior view of result after closure



Figure 2) Treating nipple inversions. Preoperative design of multiple triangular flaps around nipple

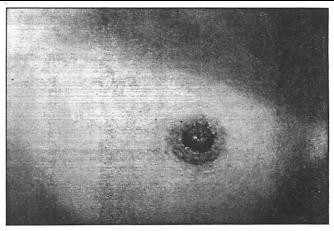


Figure 4) Treating nipple inversions. Postoperative frontal view

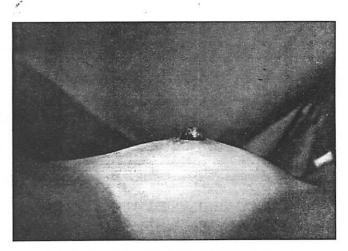


Figure 5) Treating nipple inversion. Postoperative lateral view

The End

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