

Inverted nipples

What is the nipple and areola?

The nipple is the projecting portion of the breast onto which the milk (lactiferous) ducts open. The areola is the darker pigmented circle of skin from which the nipple projects.

What causes inverted nipples?

Nipple inversion affects around 2% of women. It may involve one or both breasts and can be intermittent or constant. It is caused by short, tightened milk ducts which pull the nipple inward. It is normally present from any early age but occasionally it may be related to scarring after breast infections associated with breast feeding.

What is involved in correction of inverted nipples?

Inverted nipples can be corrected by a simple procedure that releases or selectively divides the tight milk ducts below the nipple. This will allow the nipple to project. The number of milk ducts divided will depend upon the severity of the inversion. The operation is performed via a small cut on the areola at the base of the nipple. Small stitches are placed below the nipple to hold it in the new position. The scar tends to be small and inconspicuous.

The operation is performed as day surgery unless it is combined with other breast procedures. There is some tenderness for a few days but most women return to normal activities in 2-3 days. A shower proof dressing is applied over the nipples for one week.

Will surgery affect the ability to breastfeed?

The ability to breast feed following surgery is dependent upon the number of milk ducts that were necessary to divide to correct the inversion. Generally after this surgery breast feeding is not possible however women with inverted nipples may have had difficulty with breast feeding in any case.

Is there a risk of unexpected outcomes?

The large majority of patients who have inverted nipple corrections performed by an experienced and well trained surgeon do not run into any unexpected outcomes. All surgery, however involves some risks. Dr Boorer always takes the utmost care, and will use the most up to date techniques and preventative measures to minimise these.

During the consultation risks associated with inverted nipple correction will be fully explained by Dr Boorer. In the event of an unexpected outcome she will keep a very close eye on you and keep you fully informed.

Following the procedure most women commonly experience some bruising, swelling and temporary numbness. Uncommon outcomes include infection, poor scarring, asymmetry, bleeding, permanent numbness, nipple loss, delayed wound healing and recurrence of inversion.