

Choice Aesthetics

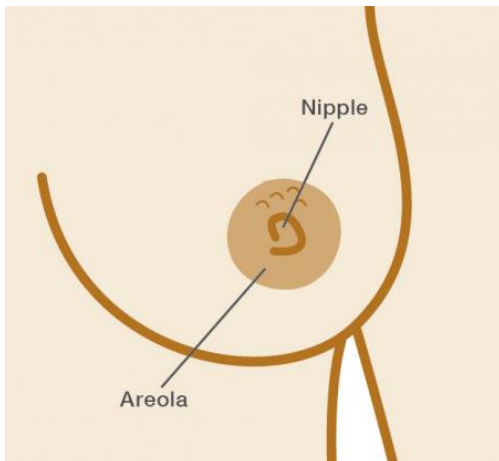
Areola Reduction

Patient Information Leaflet



This leaflet provides further information for patients considering areola reduction surgery. The leaflet goes through what the procedure involves, the potential risks and long-term consequences.

What is an areola reduction?



The pink or brown pigmented area surrounding the elevated central nipple is termed the 'areola'.

Large areolas may be present since puberty, or body changes due to pregnancy, weight gain or weight loss can cause them to enlarge or change shape. Some women are unhappy with the large area of the areola and prefer a smaller size that is in proportion with the size and shape of their breasts to give a more youthful and slightly more uplifted appearance to the breast.

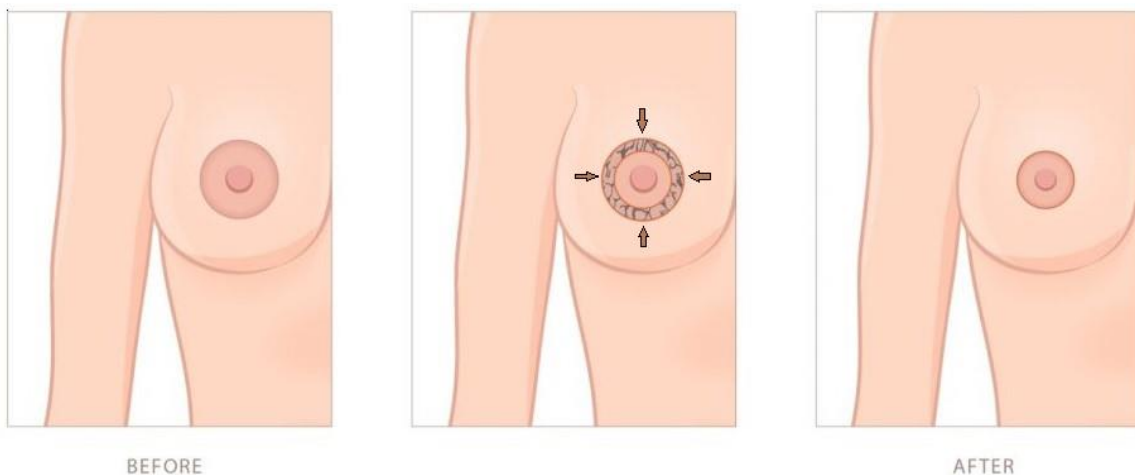
During your consultation, Miss Tadiparthi will undertake a full assessment, discuss with you what size of areolas you would prefer to have and what would look natural and harmonious with your breasts.

How is areola reduction performed?

Areola reduction is performed under local anaesthetic as a day case procedure with no overnight stay in hospital. The surgery itself usually takes around 1 to 1.5 hours.

The desired diameter of areola is marked out (usually between 3 and 5 cm diameter) depending on what was discussed during your consultation with Miss Tadiparthi.

The outline of the existing pigmented areola is marked out and the excess pigmented areola skin is removed. The surrounding skin is then gathered and brought inwards with circular permanent sutures that run just under the skin. The new smaller areola area is then carefully stitched into place. This should leave smaller, circular, symmetrical areolas which should complement the size and shape of your breasts.



What are the requirements for areola reduction surgery?

Smoking adversely affects blood supply to tissues such as skin and impairs wound healing. Patients who smoke are more prone to complications such as, delayed wound healing and wound infections due to poor blood supply. Therefore, if you are smoker, it is critical that you do not smoke for at least 6 to 8 weeks before and after surgery to minimise these risks.

What are the risks of areola reduction surgery?

Every procedure has potential risks and Miss Tadiparthi will ensure that you understand the risks so that consider carefully before proceeding with any surgery. The main risks and complications of areola reduction surgery include:

Permanent scarring

There will be a permanent scar around the new, smaller areola.

Bleeding

There may be some slight oozing of fluid and blood from the wound but this usually stops in a few days.

Infection

Simple infections can be treated with antibiotics in the majority of cases. Very rarely, if a deeper infection develops, it may require treatment in theatre.

Bruising, swelling and pain

This improves over a few weeks.

Delayed healing

Some parts of the wound may take slightly longer to heal. This is more commonly seen in smokers and it is therefore critical that you stop smoking 6 to 8 weeks ahead of surgery and continue to avoid smoking for 8 weeks till fully healed.

Recurrence

The new areola is dependent on the permanent circular stitches to keep the smaller areola in place. If there is a lot of tension on the wound or if the areola is being reduced by a significant amount, the stitches may become undone causing the areola to enlarge. In such cases, the areola reduction surgery can be redone, again under local anaesthetic, as a day case procedure.

Poor scarring

The quality of the scarring varies with each individual's own healing ability. Occasionally, the scars may be stretched in appearance or in some cases where they become red, painful, lumpy and itchy (called hypertrophic or keloid scarring). Further treatment may be needed if hypertrophic or keloid scarring develops and this is at extra costs to patients.

Asymmetry

There may be slight differences in the areola size or shape or nipple position or projection when comparing the breasts. The difference may be due to pre-existing asymmetries. Any major differences in the nipple can be corrected with further surgery again, under local anaesthetic.

Long term changes

The shape and appearance of your breasts may change over time as a result of ageing, pregnancy and child birth or weight gain or weight loss. You may need further surgery or other treatments to maintain the results of the surgery.

Stitch extrusion

Permanent sutures that run just under the skin are used to reduce the size of the areola and these may be recognised by the body as foreign material may occasionally work themselves outside the wound. These sutures can be simply cut out as a minor procedure once the wounds have healed.

Circular areolas

As the natural outline of the areola is removed during the reduction, you will have a more circular areola. It is important that you view the before and after photos to ensure that you are fully aware of what your areolas may look like following surgery.

Breast feeding

Only the top layer of areola skin is removed during the reduction and so the milk ducts remain intact. Therefore, you should still be able to breast feed following areola reduction surgery.

Allergic reaction

You may develop an allergic reaction to either the anaesthetic used, the skin cleaning solution used in theatre, the stitches or the dressings applied to the wounds. You may notice a rash, itching and swelling or occasionally, ulcers with raw skin. Further treatment may be needed if you develop such allergic reactions.

What is the post-operative care and recovery after surgery?

- You will be allowed home once you are feeling well, your pain is under control and able to walk around.
- The stitches used in the operation are all dissolvable and do often do not need to be removed. However, you will be seen by one of the nurses in the clinic for a wound check 10 to 12 days after surgery. You should be able to fully shower after 2 weeks once you have your wounds checked in the dressing clinic.
- It may be possible for you to return to work within a few days with most occupations. However, time off work depends on the nature of your job. You should be able to work from home after a couple of days if you felt well enough.

- Driving may not be recommended for approximately 1 week or until you feel comfortable enough to drive and do an emergency stop. It is important that you inform your car insurance company of your surgery to ensure that your insurance is still valid.
- After 2 weeks, the wound should be mostly healed and dressings are often no longer required. The scars should be massaged ideally twice a day with a simple moisturising cream e.g. an aqueous cream such as E45 or Bio oil to help the healing process.
- Swimming and general heavy cardiovascular exercise e.g. gym, gym classes should be avoided for at least 6 weeks as these can increase the risk of wound infection and wound dehiscence (with wound coming apart as the scar is still weak at this stage). Any strenuous activity or heavy lifting should be avoided for approximately 6 weeks after the surgery.
- To ensure good healing, we recommend that you eat a healthy diet. If you are a smoker, you should avoid smoking for at least 6 to 8 weeks before and after surgery. Tests may be performed to assess your nicotine levels before surgery. Any blood thinning medicines such as aspirin, warfarin, rivaroxaban should also be stopped 5 to 14 days prior to surgery as advised at your pre-assessment before surgery.

What follow-up will I have after surgery?

- At approximately 10 to 12 days after your surgery, you will be seen in the hospital dressing clinic to check your wounds.
- You will be seen in the clinic by Miss Tadiparthi at 4 to 6 weeks after the operation to check on your progress and then again at 3 to 6 months and 9 to 12 months following surgery. Your follow-up is included in the cost of your surgery.