

NICHOLAS T. HADDOCK, M.D.

Nipple Reconstruction

Patient Care Instructions

General Information

Nipple reconstruction is typically the last surgical stage of your breast reconstruction. Often this is done through the same incision as the initial surgery. The procedure itself involves the elevation and rotation of skin to give a new projected nipple. The location will be discussed immediately prior to surgery. The initial nipple reconstruction will look much larger than the final result. Depending on your desires this can be tailored to your specific case to some degree. Some reshaping may be performed at the same time as the nipple reconstruction. In some circumstances as part of the reshaping fat grafting can be performed at this same time. If this is planned it will be discussed with you. In most situations, this is an outpatient surgery and is tolerated very well. Areola tattooing is typically discussed after nipple reconstruction but deferred for 3 months.

Things to handle prior to your surgery

Arrange for someone to drive you home from the hospital and stay with you for one to two days.

Follow a well-balanced diet to include protein and limit the amount of salt intake. A high salt diet or meal can lead to increased swelling and prolonged recovery. Protein supplementation can be started one to two weeks before surgery and should include over 20 grams of additional protein daily.

Have electrolyte containing fluids such as Gatorade or electrolyte water on hand.

Have stool softeners/laxatives on hand, such as Colace, Biscodyl, Milk of Magnesia. These can be purchased at your local pharmacy.

Review the attached list of medications not to take during the perioperative period. If you are unsure if you can stop a medication, then please call the prescribing provider to confirm if this is medically safe.

If you have any additional questions that were not addressed during your consultation, then please call Dr. Haddock's nurse at (214) 645-2353. MyChart is also an easy way to contact our office with non-urgent questions and is typically preferred to phone calls.

For your convenience, we have included a [*Suggested Shopping List*](#) as an addendum to these instructions (page 6).

Pre-Operative Guidelines

Smoking should be stopped a minimum of eight weeks prior to surgery. Smoking should be avoided for at least eight weeks after surgery as well. Smoking can greatly interfere with healing and lead to postoperative complications. Secondhand smoke is just as bad as a patient smoking themselves.

Do not eat or drink anything after midnight the night before surgery. This includes no water, gum, or hard candy. Blood pressure and/or heart medications can be taken with a sip of water as directed by your prescribing physician.

If you take medication for diabetes, then confirm with your prescribing physician how to manage these medications prior to surgery.

If you are prone to nausea or motion sickness let your anesthesiologist know on the day of surgery. Medications can be started prior to surgery or during surgery to help improve your postoperative experience.

Post-Operative Care

Medication will be prescribed on the day of the operation. This can either be collected at the hospital or sent to your home pharmacy. Take pain medication and muscle relaxers as prescribed. In some situations, no prescriptions strength medication is needed and over the counter pain meds can be used. Do not drink alcohol with these medications.

Take a suggested stool softener/laxative until bowels begin to function normally after surgery. A combination of anesthesia, muscle relaxants and pain medications usually make these necessary for a few days.

Ibuprofen (Motrin) can be started the day after surgery.

Do not smoke or be around smoking as even secondhand smoke delays healing and increases the risk of complications.

Get plenty of rest. The general anesthesia and pain medication can promote insomnia; therefore, a sleep aid may be taken if needed. Please call Dr. Haddock's nurse at (214) 645-2353 if you feel this would benefit you.

Follow a well-balanced diet, which includes protein and is limited in salt intake. A high salt diet or meal, can lead to increased swelling and prolonged recovery. It is best to continue the protein supplementation for approximately 3 weeks after surgery.

Oral hydration should include the use of electrolyte containing fluids such as Gatorade or a low-calorie substitute. Limit the amount of caffeinated beverages as they can promote dehydration; however Dr. Haddock recommends you maintain your daily average of caffeine to avoid headaches.

Activity Restrictions

Walking is encouraged the day of the operation and can be increased over the first two weeks. Light cardiovascular exercise can be resumed after four weeks with all activities to be resumed after six weeks.

You can begin arm exercises the day following your surgery. Your arms should not be used to support your body or to lift heavy things. Raising your arms above 90 degrees is acceptable. Range of motion exercises are encouraged but should be limited initially until your pain has improved significantly and then gradually increased.

Do not drive for approximately one week or when you are no longer taking pain medication.

You may wear a camisole or sports bra, but no underwire bra, or overly compressive bra for four weeks. Dr. Haddock may tailor this instruction to your individual situation.

In some situations, you will be placed into a surgical bra. If you are placed in a surgical bra then this should be worn as much as possible until you see Dr. Haddock in follow-up.

Incision Care

You will have a plastic dressing over your incision. Ideally it should remain in place until seen by Dr. Haddock or his nurse. The dressing will act as a nipple guard.

You may shower one day after the operation. Please avoid letting direct shower water hit your surgical site or drains, if present. Soapy water can run down over the incisions. Gently pat dry when the shower is completed. This should remain in place unless it gets wet underneath. If it is significantly wet, then it can be removed. If removed a dressing should be replaced with a hole in the center to allow the nipple to remain projected. It may be best to have Dr. Haddock's nurse help you with this if the dressing must be removed.

If given a bra, it can be removed before showering. Otherwise, the bra should be worn as much as tolerated.

What to Expect after Nipple Reconstruction

It is common to have discomfort of the breast and mild burning around the incision after breast surgery. This is normal and will improve shortly after surgery.

You can expect some slight bloody oozing from the suture lines and swelling of the incisions. You may see this as a light saturation of the dressing. This is normal.

You may have some swelling of the breast. This is worse if significant reshaping and revision is performed.

Constipation is common after any operation, and is secondary to the anesthetic, pain medication and dehydration. Please stay well hydrated and pick up a stool softening and/or laxative as listed on the ***Suggested Shopping List (page 6)***.

The new nipple will be swollen and will settle into its final shape and size over the coming weeks to months after surgery.

Fat Injections

Fat injection can be used to improve the contour of your breast as well as add volume. This is commonly used in adjunct with implant based reconstruction. In some situations it can be performed at the time of implant exchange. If fat injection is an option for you then Dr. Haddock will discuss it with you at your preoperative consultation. Fat is harvested by performing liposuction of another part of your body. Depending on the volume required for the reconstruction this could improve the contour of the donor area as would happen in cosmetic liposuction. This is performed through multiple small incisions that will be closed with an absorbable suture. A band-aid is typically placed over these incisions. Do not be alarmed by clear or pink drainage from these incisions, as this is normal following liposuction. If the abdomen is used then in some situations a binder and a foam pad will be placed around your trunk. This should be worn as much as tolerated but can be removed temporarily. If the thighs are used, then you may want to wear a compressive garment such as spunks in this area to help with the postoperative swelling. You will wake up on appropriate compression garments.

Do not be alarmed if bruising develops in areas below the site of liposuction. The inflammatory fluid often travels lower due to gravity.

Massage Therapy (If Liposuction and Fat Grafting is Performed)

Massage therapy can be beneficial following liposuction surgery beginning in the first week after the procedure. This is strongly encouraged by Dr. Haddock as it will provide a better result and a better post-operative experience.

You should call before your scheduled surgery date to set up an appointment within one week after your operation.

Suggested therapy is two to three times per week for three to four weeks. This allows for enhanced lymph drainage and for enhanced resolution of the swelling associated with liposuction.

We also recommend circular massages with a light fragrance-free moisturizer in the areas of liposuction.

When to Call the Office

If you have increased swelling and bruising on one breast significantly more than the other. Remove the bra to make this determination. Significant variation in size may represent a breast hematoma (collection of blood) or a seroma (collection of clear fluid).

If you have increasing redness or swelling around the incision.

If you have severe pain not relieved by pain medication.

If you have any side effects from the medication: rash, nausea, headache, vomiting.

If you have fever over 101.

If you have yellow or greenish drainage from an incision or notice a foul odor.

If you notice some vaginal burning and itching as a result of the antibiotics used during and after surgery.

If a drain was placed and the output is less than 30 cc for 24 hours.

For medical questions, please call Dr. Haddock's nursing team at (214) 645-2353

Dr. Haddock will be contacted for any urgent or emergent medical issues.

Areola Tattoo

Once you have healed adequately from the nipple reconstruction then you will be able to proceed with areola tattoo.

You can visit a medical tattoo artist that offers a 3D tattoo. Marie Sena is a local option that we work with. Her information can be found at www.dallasmedicaltattoo.com. Her office can be reached at (214) 600-7343. While she does not take insurance, this procedure is typically covered; and therefore, is typically reimbursed.

Follow-up Care and Appointments

You should schedule your follow-up visit with Dr. Haddock's team one week after surgery.

An additional follow-up appointment should be scheduled for one month following surgery with Dr. Haddock. Nipple and areola tattooing can be discussed at that time.

Call to schedule your appointments at the UT Southwestern Medical Center Plastic Surgery Clinic at (214) 645-2353.

There are two nurse practitioners on Dr. Haddock's team. Jennifer Bell, MSN, APRN, AGACNP-BC, works in the hospital setting and Kristi Elliott, APRN, FNP-C, is in the clinic setting. They may both be involved in your perioperative care.

For any surgical scheduling concerns, insurance questions, or FMLA paperwork, please call: Lindsay Bolger at (214) 645-3118

For medical questions, please call Dr. Haddock's nursing team at (214) 645-2353 or MyChart out office. MyChart is the preferred way to communicate with the team for non-urgent concerns. These messages are not typically answered after hours.

Outpatient Surgery Center | Department of Plastic Surgery | UT Southwestern Medical Center

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www.drnicholashaddock.com

Suggested Shopping List

Items to have on hand prior to surgery

Nipple Reconstruction

Visit <https://www.drnicholashaddock.com/supplies/> for links to purchase some of below.

- Prescriptions will be called into your local pharmacy as ordered by Dr. Haddock. Typical medications are as follows but these will be tailored to your needs.
 - Tylenol #3 or Tramadol (pain medication)
 - Keflex (antibiotics)

- Ibuprofen (Motrin)

- Gatorade or another low calorie alternative, such as water with electrolytes

- Protein Supplements

- Stool softener / laxative (choose one):
 - Ducosate (Colace) 100 mg orally twice daily when taking pain medication
 - Milk of Magnesia 30cc/1 Tablespoon twice daily when taking pain medication
 - Prune juice or Sorbitol orally
 - Biscodyl or Magnesium Citrate as needed for constipation

- If fat injection is discussed and the thighs are chosen as a donor site you may want to wear a compressive garment.
 - Full length Lycra or Spandex girdle with or without zippers (can be obtained at a department store such as Nordstroms, Dillards or Neimans).

- Arnica montana and Bellis perennis can be taken to help with drain outputs, bruising, and swelling