



SMITA R. RAMANADHAM, M.D.  
PLASTIC SURGERY

## 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 multiple flaps 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 or in-office procedure and is tolerated very well. Areola tattooing is typically discussed 12 weeks after nipple reconstruction.

#### *Things to handle prior to your surgery*

Avoid all NSAIDs (motrin, aspirin, ibuprofen, etc) for 7-10 days prior to procedure unless otherwise directed by your doctor. Continued use may cause bleeding.

Avoid all herbal medicine or supplements for 3 weeks prior to procedure. Continued use may cause bleeding.

Arrange for someone to drive you home from the hospital and stay with you for 1 to 2 days.

Necessary medications will be called into your pharmacy or given to you on the day of surgery. These should be picked up prior to surgery if possible.

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 have any further questions that were not addressed during your consultation then please call our office.

If you are unsure if you can stop a medication then please call the prescribing provider to confirm if this is medically safe.

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

#### *Pre-Operative Guidelines*



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Smoking should be stopped a minimum of 6 weeks prior to surgery. Smoking should be avoided for at least 6 weeks after surgery as well. Smoking can greatly interfere with healing and lead to postoperative complications and cause loss of the nipple reconstruction.

If this is done in the operating room, 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.

If this is done in the office, please eat breakfast prior to the procedure. If you were given a prescription for valium, you will need someone to be present with you during the procedure and be available to take you home. If no valium, you do not need a companion.

Take home medications as scheduled

Avoid all NSAIDs (motrin, aspirin, ibuprofen, etc) and herbal medications 7-10 days prior to procedure unless otherwise directed by MD.

### *Post-Operative Care*

Take pain medication as prescribed. Often these medications are necessary for the first two days and then on an as needed basis. 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 7 days after surgery.

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

Get plenty of rest.

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.



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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. Ramanadham 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 2 weeks. Light cardiovascular exercise can be resumed after 4 weeks with all activities to be resumed after 6 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 lift anything heavier than 10 pounds for 4 weeks.

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

You may wear a camisole only, but no underwire bra, or overly compressive bra for 4 weeks. Dr. Ramanadham may tailor this instruction to your individual situation. All clothing and bras should be loose fitting.

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. Ramanadham in follow-up.

### *Incision Care*

You will have a plastic dressing over your incision. Underneath you will have a bulky dressing and nipple guard that will protect the nipple from inadvertent pressure or compression. This should remain in place for 7 days until seen by Dr. Ramanadham.

You may have a clear skin glue dressing on some incisions depending on your procedure. The glue will protect the incision for approximately 3 weeks. If it begins to peel off then it is ok to cut the portion peeling away.

If you have sutures, they will be removed in 7 to 14 days.

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

### *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.

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



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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](#)

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 breasts reconstruction. In some situations, it can be performed at the time of implant exchange. If fat injection is an option for you then Dr. Ramanadham 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.

### *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 or severe diarrhea 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 2 consecutive days

For medical questions, please call our office.

### *Follow-up Care and Appointments*



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You should schedule your follow-up visit with Dr. Ramanadham one week after surgery. An additional follow-up appointment should be scheduled at 6 to 8 weeks. Nipple tattooing can be discussed at that time.

*Suggested Shopping List*

*Items to have on hand prior to surgery*

*Nipple Reconstruction*

- Prescriptions will be called into your local pharmacy as ordered by Dr. Ramanadham or given to you on the day of surgery. Typical medications are as follows but these will be tailored to your needs.
  - Norco or tramadol (pain medication)
  - Keflex (antibiotics)
  - Zofran (nausea)
  
- Ibuprofen (Motrin) start 7 days after if needed.
  
- Gatorade or another low calorie alternative, such as water with electrolytes
  
- Protein Supplements
  
- Stool softener / laxative (choose one):
  - Docusate (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 or spanx without zippers (can be obtained at a department store such as Nordstroms).