Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

Nipple and Areola Reconstruction Using a Skin Graft

This information will help you get ready for your nipple and areola (ayr-EE-oh-luh) reconstruction using a skin graft. Your areola is the circle of darker skin around your nipple.

What is nipple and areola reconstruction using a skin graft?

Nipple and areola reconstruction is a procedure that rebuilds your nipple and areola after you have had breast surgery.

In this procedure, your nipple will be reconstructed (made) using skin from your chest. Your areola will be built using a skin graft that's placed around your new nipple.

A skin graft is when tissue is moved from 1 part of your body to another part during surgery. The place the tissue is taken from is called the donor site. The place the tissue is moved to is called the recipient (reh-SIH-pee-ent) site.

Your doctor will tell you if nipple and areola reconstruction is right for you.

What to do before your nipple and areola reconstruction

- Follow the instructions in *Getting Ready for Surgery* (www.mskcc.org/pe/getting-ready-surgery). This is a resource your nurse will give you. It has important information on how to get ready for your nipple and areola reconstruction.
- Arrange for someone to take you home. You will need someone to go home with you after your procedure.

Presurgical testing (PST)

You'll have a PST appointment before your procedure. Your appointment may be an in-person visit or a video visit. You'll get a reminder from your healthcare provider's office with the appointment date, time, and location. Visit www.msk.org/parking for parking information and directions to all MSK locations.

You can eat and take your usual medicines the day of your appointment.

It's helpful to bring these things to your appointment:

- A list of all the medicines you're taking, including prescription and over-the-counter medicines, patches, and creams.
- Results of any medical tests done outside of MSK in the

past year, if you have them. Examples include results from a cardiac stress test, echocardiogram, or carotid doppler study.

- The names and telephone numbers of your healthcare providers.

You'll meet with an advance practice provider (APP) during your PST appointment. They work closely with MSK's anesthesiology (A-nes-THEE-zee-AH-loh-jee) staff. These are doctors with special training in using anesthesia during a surgery or procedure.

Your APP will review your medical and surgical history with you. You may have tests to plan your care, such as:

- An electrocardiogram (EKG) to check your heart rhythm.
- A chest X-ray.
- Blood tests.

Your APP may recommend you see other healthcare providers. They'll also:

- Talk with you about which medicines to take the morning of your procedure.
- Give you instructions for eating and drinking before your procedure.

You can find your preprocedure instructions (such as your medicine, eating, and drinking instructions) in your MSK MyChart account:

1. Log in to your MSK MyChart account. On the homepage, select “Visits.”
2. Go to the “Past” or “Past visits” section and find your PST appointment. Select “View After Visit Summary.”
3. Read the “Preprocedure Instructions” section in your After Visit Summary.

It is very important to follow these preprocedure instructions. If you do not follow them, your procedure may be delayed or canceled.

What to do the day of your nipple and areola reconstruction

Things to remember

In addition to the information in *Getting Ready for Surgery* (www.mskcc.org/pe/getting-ready-surgery), remember the following:

- Bring loose and comfortable clothing to wear home after your procedure. You do not want to have any pressure or friction (rubbing) on your incisions (surgical cuts).

- If you received stickers to help your surgeon place your nipple and areola, wear them the day of your procedure.

What to expect when you arrive at the hospital

Many doctors, nurses, and other staff members will ask you to state and spell your name and date of birth. This is for your safety. People with the same or similar names may be having procedures on the same day.

After changing into a hospital gown, you will meet your nurse. They will place an intravenous (IV) line into a vein, usually in your hand or arm. The IV will be used to give you anesthesia (medication to make you sleep) during your procedure. You will also get fluids through the IV before your procedure.

Your surgeon will explain the procedure to you and answer any questions you have.

What to expect during your nipple and areola reconstruction

When it's time for your procedure, you'll go into the procedure room and be helped onto an exam table. Your healthcare provider will set up equipment to monitor (keep track of) your heart rate, breathing, and blood pressure. You will also get oxygen through a thin tube that rests below your nose.

Then, you will get anesthesia through your IV. Once you're asleep, your surgeon will start the procedure.

To reconstruct your nipple, your surgeon will make small incisions (cuts) around the area where your new nipple will be. These incisions will create small flaps of skin. They will fold the flaps of skin together. This makes a bump in the shape of a nipple. Then, they will close the incisions with sutures (stitches).

To reconstruct your areola, your surgeon will first take a skin graft from the donor site. The most common donor site is the groin (the area between your belly and thigh). Other parts of your body also may be used as a donor site. Your surgeon will talk with you about your donor site before your procedure.

Your surgeon will take the skin graft from the donor site and move it to the recipient site. They will place the skin graft around your reconstructed nipple. This forms a new areola. Then, they will close the inner and outer edges of the new areola with sutures.

If you're only having nipple and areola reconstruction, your procedure will take about 60 to 90 minutes. However, many people have other procedures done at the same time as their nipple and areola reconstruction. If this is the case, your procedure will take longer than 90 minutes.

Your surgeon will tell you what to expect.

What to expect after your nipple and areola reconstruction

In the Post-Anesthesia Care Unit (PACU)

When you wake up after your procedure, you will be in the Post Anesthesia Care Unit (PACU).

A nurse will continue to monitor your heart rate, breathing, and blood pressure. You will have a bandage on your chest. Do not touch, wet, or change this bandage.

Once you're fully awake, your nurse will give you a drink and a light snack. They will also take out your IV. Your surgeon will talk with you and the person taking you home about how your procedure went.

You will get a prescription for a mild pain medication.

You will go home the same day as your procedure. Before you go home, put on your loose and comfortable clothing that you brought with you.

What to do when you're back home

Clothing

While you're recovering:

- Do not wear any tight clothing or bras that can rub

against your incisions.

- If you wear bras, choose soft, supportive bras without an underwire. Make sure to loosen the straps so there's no pressure on your nipple or skin graft. Wear them for 2 weeks after your procedure.
- Do not apply any pressure or friction to your nipple for 4 to 6 weeks after your procedure.

Caring for your chest

Do not touch, wet, or change the bandage on your chest. Touching the bandage may affect the healing of your nipple and areola.

Your bandage will be changed for the first time at your follow-up appointment. During that appointment, your nurse will teach you how to change your bandages. You will need to change them every day.

Showering

You can shower from the waist down or take a sponge bath 48 hours (2 days) after your surgery. The incisions at your nipple and areola must be kept dry until your first follow-up appointment. During this appointment, your surgeon will tell you when you can take a full shower.

Pain

The incision at your donor site may feel tender or tight after your procedure. If you have pain or discomfort, take the pain medication your surgeon prescribed.

Physical activity

- If the donor site is your groin, the incision will be closed with dissolvable (absorbable) sutures. This means the sutures will dissolve on their own. They do not need to be taken out.
    - Avoid physical activities that may strain the incision on your donor site while it heals. Do not do any activity that hyperextends your leg for 4 to 6 weeks. Hyperextends means extending your leg beyond it's normal limit, such as straddling your leg or doing squats.
    - Keep checking your sutures until they are dissolved, which may take up to 1 to 2 months. They may look like a small piece of clear string at your wound. If the sutures are not bothering you, let them dissolve completely. If the sutures become irritated or inflamed, call your healthcare provider's office.
- Your healthcare provider will give you instructions on exercises and movements you can do while your incisions are healing. Make sure to follow those

instructions.

- Check with your healthcare provider before starting heavy exercises, such as:
  - Running.
  - Jogging.
  - Lifting weights.

Follow-up appointment

Your first follow-up appointment will be _____ days after your procedure. Your bandage will be changed for the first time at this appointment. If you have sutures that need to be taken out, they will be taken out during this appointment.

When to call your healthcare provider

Call your healthcare provider if you have any of these side effects after your nipple and areola reconstruction:

- A fever of 101° F (38.3° C) or higher.
- Redness, warmth, or pain in your nipple, areola, or donor site that's getting worse.
- Flu-like symptoms (such as fever, headache, body aches, and chills).
- Shortness of breath.

- Drainage coming from your incisions.
- Any type of skin infection on any part of your body.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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