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ISSUE 3 • 2017
RM20 • S$10

ISSN 1823-5182
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Headlining Headlights

Though any cosmetic issues regarding one's nipples may be harmless, it's completely understandable how unaesthetic nipples may affect ones self-confidence. Whether patients were born with certain conditions or have suffered changes due to puberty, weight loss or breastfeeding, there are various techniques, which can aid in the correction of inverted nipples, enlarged nipples or wide areolas. Unlike other breast surgeries, nipple procedures are not as invasive and are normally carried out as outpatient procedures without general anaesthesia. In addition, patients suffer zero downtime and can normally resume normal routines almost immediately. World-renowned Plastic and Reconstructive Surgeon Dr. Marco Faria Correa is no rookie when it comes to matters of the nipple, so let's hear what he has to say.

What is nipple inversion surgery?

There are some patients who suffer from nipple inversions due to scar tissue caused by trauma or infection. Nipple inversion surgery is a procedure that selectively releases fibrotic ligaments to ensure nipples point forward for both cosmetic and functional purposes including breastfeeding.

If surgery is not preferred, non-invasive techniques such as continual manual or vacuum-assisted stretching can be applied. Despite the availability of non-invasive lateral stretching methods, inversion severity based on a grading system comes into play. For instance, if there is an inversion scale out of five – with five being the most severe – patients who may only benefit from non-invasive physiotherapy should have severities no more than a three.

Consultant Plastic and Reconstructive Surgeon Dr. Marco Faria Correa

How is nipple inversion surgery carried out?

Nipple inversion surgery is an outpatient procedure with zero downtime. After local anaesthesia infiltration, a small cut will be made along the areolar. After tissues are hooked out with a stitch or thread, fibrotic tissues – which are normally milk ducts – will be released. Surgeons will selectively release only traumatised tissues to allow future breastfeeding. However, severity does apply and if doctors need to cut all the milk ducts, breastfeeding may be impeded. This is why consultation is key, as both the patient and surgeon will have to determine whether procedures are either for cosmetic or functional purposes. In my opinion, if reasons behind nipple release procedures remain functional, it's best that patients undergo non-invasive techniques instead. Patients are expected to return for a follow-up after five to seven days to have their stitches removed and it's best they avoid too much compression, as we want the nipple to project outward.

What is nipple reduction surgery?

Nipple reduction surgery is a popular procedure which entails differing techniques depending if patients have plans for breastfeeding. If patients have not breastfed, we will utilise techniques that avoid cutting of the milk ducts or refrain from reducing the nipple's height. If nipples are in fact thick and hard, we will try to apply compression and remove a wide ring of skin and subcutaneous nipple tissue but avoid the tip where milk is expelled. If patients are no longer breastfeeding, I will employ another technique, which allows me to make cuts right from the top of the nipple down to the base. Although this method produces stunning results, it does mean cutting off the ducts and therefore isn't suitable for mums who would like to breastfeed. Patients may experience some numbness and loss of sensitivity for a month or so, but side effects should resolve in time. Similar to nipple inversion surgery, patients are expected to return for stitch removals after five to seven days. Patients can however, apply light compression because the point of surgery is to have the nipples reduce in size.

What is areolar reduction?

Areolar reduction surgeries are normally done under local anaesthesia with sedation or general anaesthesia. It normally requires a periareolar plus vertical cut (lollipop incision) or a periareolar, vertical and submammary fold incision (Inverted-T) because such techniques affect in better results. Periareolar incisions – around the nipple – are only appropriate for small reductions, as large cuts made around larger areolas will affect in continual skin wrinkling and stretching which causes unaesthetic scars. Techniques will of course depend on a case by case basis but from my experience, the lollipop and Inverted-T incisions provide better results because dermal tension is better distributed. In contrast to nipple procedures, areolar reductions are suitable for breastfeeding mothers because nipples are left unharmed. In addition, loss of sensation should not be cause for concern unless patients have suffered bad scarring.