OPEN

PRS GLOBAL OPEN

VIEWPOINT

A Simple and Inexpensive Postoperative Shield Dressing in Simultaneous Reconstruction of Nipple–Areola Complex

Carlos Cuesta-Romero, MD, PhD; José M. García-Sánchez, MD; Alberto Pérez-García, MD

Nipple–areola complex reconstruction (NAR) represents the final stage in the long process of postmastectomy reconstruction. The newly reconstructed nipple is extremely sensitive to mechanical forces, which can cause flap necrosis, cartilage dislocation when used, and, therefore, reduce final projection.

Different methods have been reported in the literature to protect the reconstructed site and stabilize the skin graft.[1,2] Most of the described dressing regimens can be expensive, time-consuming, and difficult to place for the patient. We present an extremely simple and inexpensive dressing that is easy to apply and can be manufactured based on materials available everywhere.

Between January and December 2014, 20 patients underwent NAR by the same plastic surgeon. In all cases, nipple reconstruction was performed after arrow flap technique and cartilage graft interposition (rolled conchal auricular cartilage or costal graft if previous autologous breast reconstruction was done with free flaps).[3,4] Overcorrection of the nipple height (20% higher than the contralateral) was performed. Simultaneously, the areola was reconstructed with local skin graft,[5] which was fixed with nylon 4/0 simple stitches, leaving long sutures. The graft was covered with tulle and gauzes with a central window for the nipple.

The top of a bottle of saline was cut as a shield with a central hole. Then, the protective plastic was applied over the reconstructed areola, with the convexity in contact with the gauzes, and the long ends of the sutures were tied over the shield to secure it and help fixate the graft (Fig. 1). Nipple viability could be evaluated postoperatively through the window. On postoperative day 5, the tie-over was taken down, wound dressing was changed, and the shield was superimposed with the convexity upward, easily secured in place with surgical tape, just to protect the nipple (Fig. 2). We allow the patient to wear a bra just after the surgical procedure, and we encourage the use of the protective device for 1 month. If necessary, patients had tattooing 3 months after the procedure.

All the patients were followed up at least 2 years. No major complications as flap or graft loss were observed. Flattening was lower than 30% in all the cases (mean = 2 mm).

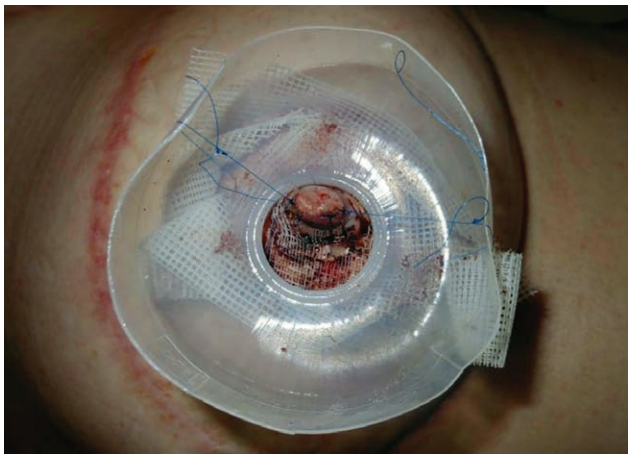

Fig. 1. The nipple–areola complex is shielded by the top of a saline 500-ml bottle with central hole and the convexity in contact with the gauzes.

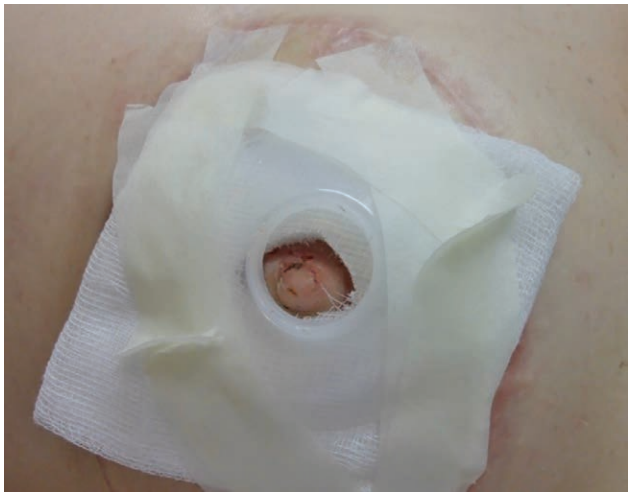

Fig. 2. After graft stabilization, the shield was superimposed with the convexity upward, secured in place with surgical tape, just to protect the nipple.

In our series, this dressing technique has proved useful for compressing the graft, avoiding fluids accumulation, and preventing trauma to the nipple. The availability of universally present elements in any operating room makes it possible to use this simple device, without cost, and saving time.

From the Department of Plastic Surgery, University and Polytechnic La Fe Hospital, Valencia, Spain.

Plast Reconstr Surg Glob Open 2017;5:e1619; doi:10.1097/GOX.0000000000001619; Published online 28 December 2017.

José M. García-Sánchez, MD
Department of Plastic Surgery
University and Polytechnic La Fe Hospital
Avinguda Fernando Abril Martorell
No. 106, Secretaría de Cirugía Plástica (5a Planta Bloque E)
46026 Valencia
Valencia, Spain
E-mail: jossandujo@usal.es

DISCLOSURE

The authors have no financial interest to declare in relation to the content of this article. The Article Processing Charge was paid for by the authors.

REFERENCES

1. Khan K, Chevray PM. A rapid, simple, effective, and inexpensive reconstructed nipple flap guard. *Plast Reconstr Surg Glob Open* 2015;3:e546.
2. Rosing JH, Momeni A, Kamperman K, et al. Effectiveness of the Asteame Nipple Guard in maintaining projection following nipple reconstruction: a prospective randomised controlled trial. *J Plast Reconstr Aesthet Surg.* 2010;63:1592–1596.
3. Guerra AB, Khoobehi K, Metzinger SE, et al. New technique for nipple areola reconstruction: arrow flap and rib cartilage graft for long-lasting nipple projection. *Ann Plast Surg.* 2003;50:31–37.
4. Tanabe HY, Tai Y, Kiyokawa K, et al. Nipple-areola reconstruction with a dermal-fat flap and rolled auricular cartilage. *Plast Reconstr Surg.* 1997;100:431–438.
5. Costa MP, Ferreira MC. Aesthetic quality of the nipple-areola complex in breast reconstruction with a new local graft technique. *Aesthetic Plast Surg.* 2009;33:774–779.