

# A Novel Intraoperative Technique for Male Nipple–Areolar Complex Design

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Sir,

**R**ates of gender-affirming chest masculinization surgery are steadily rising. The surgical objective of chest masculinization involves achieving a masculine contour by excising breast gland and excess skin, as well as repositioning and often resizing the nipple–areolar complex (NAC). Thus, surgeons and researchers have recently sharpened their focus on the specific parameters constituting the ideal male NAC. Although no consensus exists in the literature, the following qualities are associated with an aesthetically masculine NAC appearance: an oval shape, width diameter between 2.3 and 2.8 cm, height diameter between 2.0 and 2.1 cm, a slightly canted position, and lower, wider placement on the chest toward the inferior and lateral borders of the pectoralis muscle.<sup>1–4</sup> Intraoperative freehand design of the NAC graft and positioning of the recipient site often lead to inexact, asymmetric shapes requiring design revision. Additionally, the use of commercially available areola markers results in a feminine, circular areola shape. We propose a simple technique to efficiently achieve consistent symmetry and resizing of a masculine NAC.

Patients are marked for an elliptical mastectomy in the standing position in preoperative holding. The lateral border of the pectoralis is palpated and marked, as well as the fourth and fifth costal cartilages adjacent to the sternum. In the operating room, before harvesting the free nipple graft, the NAC is resized by using a skin marker to ink the circumference of 1 of the finger rings of any standard medium-sized Mayo scissor (Fig. 1). We use Black & Black Surgical (Tucker, Ga.) instruments; the circumference of the finger ring of the scissor is oval, which measures 28 mm × 22 mm. Most 6"–9" Mayo scissors have ovoid rings, which measure within the ideal male NAC parameters. Press the marked side onto the patient's NAC, with the nipple in the center. This transposes a template for harvesting the NAC with ideal male shape and dimensions. After completing the mastectomy, the new location of the NAC needs to be established. Maintaining symmetry



**Fig. 1.** The finger rings of a medium-sized Mayo scissor that approximate ideal male areolar measurements at 28 × 22 mm<sup>2</sup>.

of NAC positioning remains a technical challenge. We find Sindali's<sup>5</sup> triangulation technique—a suture fixed to each of the midline manubrium and xiphoid landmarks, triangulated, and transposed to the right and left side—as a practical solution for establishing symmetric horizontal and vertical coordinates bilaterally. These coordinates are checked against anatomic landmarks, including the inferolateral border of the pectoralis, and the fourth intercostal space. After establishing the desired position of the reconstructed male NAC, the Mayo scissor template technique is repeated to mark the graft recipient site. Care must be taken to ensure that the de-epithelialized recipient site does not spread to assume a circular shape.

Using this novel technique has allowed us to significantly simplify what previously posed a time-consuming aspect of male nipple reconstruction, with no added cost and improved aesthetic outcomes.

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## DISCLOSURE

The authors have no financial interest to declare in relation to the content of this article.

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