

Information leaflet for people who are considering undergoing nipple/areola reduction surgery.

Bey By Bergman Clinics – April 2022

In this leaflet, you will read information about reduction of the areola and/or nipple: what it is, why and when to undergo the procedure, the consultation, the preparation, the surgery, the period after the procedure, the result, and lastly, the complications and risks that may arise. Your personal situation and options for treatment can only be discussed during a personal conversation. This leaflet serves as preparation and/or addition to your conversation with the plastic surgeon.

When and why

In some people, the areola is too large and not in proportion to the size of their breasts. The nipple itself may be too large, as well. In addition, women may feel somewhat or very unhappy with the appearance/size of her areolas or nipples, for example, because they do not match the shape of the breast.

If you are experiencing the problems listed above, and if they bother you, you may have good reason to consider a procedure: areola or nipple reduction may be a good option for you. Areola reduction is achieved by a circular incision in the areola to remove excess tissue. Nipple reduction is achieved by removing tissue around the nipple, to reduce the size of the nipple.

Consultation

During a non-binding consultation with the plastic surgeon, you will have the opportunity to discuss your wishes, complaints and questions in detail. He/she will examine your breasts, including the size of the areolas and nipples, and discuss with you whether areola and/or nipple reduction will sufficiently resolve your problem. Next, your questions will be answered and you will receive the most detailed possible information about the preparation, the procedure, the expected result and the possible complications. After all, you may be disappointed with the result if you go into the procedure with the wrong idea. If the surgeon is not convinced that your problem can be adequately resolved, he/she will discuss this with you, as well. If possible, the surgeon will propose a combination with other procedures or an entirely different solution. If you wish, the doctor can refer you to a colleague for a second opinion.

Cosmetic surgery is not covered by health insurance. Reimbursement of medically necessary surgery depends on the criteria set by the healthcare insurance company for this procedure. You can consult your healthcare insurance company and/or policy terms and conditions to check these criteria. The specialist cannot deviate from these criteria. The current rules for reimbursement may change in the future.

Your own responsibilities prior to your surgery:

You should observe a number of preparations in the period prior to your surgery, such as:

- **Stopping blood thinners (anticoagulants):**

You may need to stop taking your blood-thinning medication prior to the surgery. The plastic surgeon will inform you about this. IF the procedure will take place under general anaesthesia, you will have attended a pre-operative screening with the anaesthesiology assistant several weeks prior to your surgery, in which your health and the medication policy were discussed. This included a discussion of which blood-thinning medication you need to stop using (temporarily). If your prescribing physician does not approve the temporary discontinuation of blood-thinning medication, then the scheduled surgery cannot take place at Bey by Bergman Clinics.

- **Submit your general medication overview (GMO):**

If you are using medication, this overview can be obtained from your pharmacy, or you can give us permission to share your medication details via the National Exchange Point.

- **Submit the signed Informed Consent Form:**

You will receive this form once your surgery has been scheduled.

- **Pay the invoice according to the terms of payment*.**

ALCOHOL POLICY

- No alcohol for 48 hours before surgery and 2 weeks after surgery

SMOKING POLICY

- Smoking has a negative effect on wound healing.
- No smoking for 4 weeks before surgery and 4 weeks after surgery.

NAIL VARNISH POLICY

- There is no need to remove nail varnish, gel nails or acrylic nails prior to the surgery.

DRUGS POLICY

- Use of drugs like XTC, methamphetamine, heroin or cocaine must be stopped at least 1 week before surgery. This can cause severe heart rhythm disorders during the operation or reduce the effect of anaesthetics. This does not apply to prescription amphetamine use for AD(H)D. The same rules as for smoking apply to cannabis.

FASTING POLICY:

Please refer to the anaesthesiology leaflet for the fasting policy.

If the procedure is to be performed under local anaesthesia:

- no pre-operative screening will be performed by anaesthesiology
- the fasting policy does not apply

The specialist, anaesthesiology technicians, nursing staff, consultant and treatment app can provide more information if you have any questions.

Good idea to purchase before the surgery:

- Paracetamol 500 mg, 2 tablets 4x daily
- Naproxen (Aleve) 250 mg 2x daily, if necessary (reduce this pain medication before paracetamol)
- Pantoprazole (gastric protector) 20 mg 1x daily (with use of Naproxen)
- Cotton sanitary pads
- Non-sterile gauze

The surgery

The plastic surgeon will draw on your breasts – to mark the area around the areola/nipple that needs to be removed – just before surgery. The procedure can be performed in various ways. This depends on the size of your areola and/or nipple. The plastic surgeon will inform you about the most suitable method before the surgery. The most commonly used technique for reduction of the areola involves an incision around the areola to remove a circular section of the areola. Next, the wound is closed with a circular suture with barbs that draw the skin in to make the areola smaller: some folds will be visible at first, but these will disappear over time. Eventually you will be left with a circular scar. Part of the nipple tissue is removed during a nipple reduction.

All wounds will be closed with internal soluble sutures. If you are allowed home, somebody must accompany you home. You may not drive a vehicle yourself. We also recommend that you do not spend the first 24 hours alone at home.

After the procedure

You may experience some pain during the first 24 hours after the surgery. This is normal. You can take the prescribed pain medication if you experience any pain. Please contact the number +31 (0)88 9000 535 if the pain medication is not sufficient or if the pain increases. The pain will decrease over the course of a few days.

Recovery period

Starting from the day after the surgery, you may:

- Sleep on your back or side.
- Shower on a daily basis at home.
- Use sanitary pads or non-sterile gauze for any oozing of the wound.
- Mobilise according to the pain, listen to your body.
- Increase your activities further each day.
- Resume driving and cycling 1 week after surgery (this depends on your healthcare insurance company).
- Sauna, bath, swimming pool and exercise after 6 weeks.

You will need to use SPF 30 sun cream to protect the scars against the sun during the first year. Ask your specialist about any restrictions in your travel plans after your procedure.

You will visit the nurses and the specialist for check-ups after the surgery. We want to remind you that it is important for you to attend these follow-up appointments. This allows the nurse and the medical specialist to monitor the progress of your recovery. They can also offer advice if you have any questions regarding the information provided above.

The result

Sometimes the nipple/areola does not achieve the final shape immediately. The tissue needs time to heal properly and achieve their final shape. The plastic surgeon can usually determine the final result of the areola/nipple reduction after about twelve weeks. After the areola/nipple reduction, you will have scars that will always remain visible. These scars will become less visible over time. The location and the size of the scars depend on the amount of excess skin that has been removed. The areola reduction leaves a circular scar around the areola; the nipple reduction leaves a scar in the nipple that is barely visible.

It is impossible to predict how good or bad the scars around the areola will look after reduction of the areola. The scars will initially be fiery and red, but will become less noticeable over time. The final state of the scars depends – among other factors – on your predisposition to forming scar tissue and on time. If the scars are very wide, they can be corrected at a later stage. Most women are satisfied with the result of the areola/nipple reduction. Unfortunately, the result is not always permanent. The areola can become larger again due to e.g. use of the pill, pregnancy or weight gain. Perhaps you are not satisfied with the result, for example because you had different expectations. Please be sure to mention this.

Complications and risks

The plastic surgeon always invests a great deal of time, care and personal attention in your treatment. However, complications do unfortunately occur: no procedure is entirely free of the risk of complications. The normal risks of surgery – such as thrombosis, pulmonary embolism, post-op bleeding and wound infection – also apply to this surgery. Specific complications can also occur:

- The most common complication after areola/nipple reduction is limited bruising.
- Sometimes an infection develops. You will develop a fever, start to feel ill, and the breast will look red and feel extra warm to the touch. You must always contact us if this occurs.
- It is not possible to guarantee that the areola/nipple will be one hundred percent identical (symmetrical). Sometimes the difference is too noticeable and an additional procedure needs to be performed.
- You may experience temporary reduced sensation in your nipples. This sensation usually recovers spontaneously over time. The recovery is not always complete.
- Due to high tension in the tissue, the wound around the areola can open spontaneously in places about one or two weeks after the areola reduction. These wounds will heal spontaneously over the course of four to eight weeks.
- Some of the milk ducts leading to the nipples can be severed during the areola reduction. As a result, you may not be able to breastfeed after the surgery. The milk production will need to be stopped during any future pregnancy and delivery, in order to prevent congestion of the breasts. Please inform your midwife, GP or gynaecologist of this.

Always contact us after surgery in the following cases:

- Significantly increased swelling of the wound or the surgical area
- Pain, if the pain medication does not help or the pain even increases
- Redness and swelling of the wound
- Feeling ill and/or a fever, above 38°C (measured via the anus)
- Persistent nausea
- Acute tightness across the chest
- Acute pain in the leg, possibly with swelling
- Being unable to urinate, whilst drinking normal quantities
- Concerns or doubts

We can be contacted for emergencies 24 hours per day, via +31 (0)88 9000 567.

For non-urgent matters, please call +31 (0)88 9000 535 during office hours.

More information

If you have any further questions after reading this leaflet, you can ask your plastic surgeon to answer these questions at any time. You can schedule an appointment for a consultation. You can contact the clinic on telephone number +31 (0)88 9000 535 about this. It can be useful to have your questions written down on paper before the consultation.

Complaints and privacy regulations

Bey by Bergman Clinics has complaints and privacy regulations in place. A copy of these regulations can be obtained from our locations and on our website www.beyclinics.nl.

Cooling-off period

Bey by Bergman Clinics acts according to the guidelines of the NVPC and thus implements a 'cooling-off' period. This is the time between the first consultation in which the treatment is proposed and the decision to continue with the treatment. We implement a cooling-off period of one week for a cosmetic surgical procedure.

Terms and conditions of payment*

The first instalment of 25% of the treatment costs must be paid within 5 days after receipt of the invoice. The remainder of the treatment costs should be received by us no later than 4 weeks prior to the surgery date. Cash payments are only possible following agreement with your consultant.

If your surgery has been approved by your healthcare insurance company, then you are responsible for reading the terms and conditions of your insurance policy to check that they will reimburse 100% of the costs of your surgery.

Cancellation policy

You must cancel your surgery in writing. Cancellation within 3 weeks prior to your surgery will result in costs already incurred to the sum of 25% of the costs of surgery being billed to you. Cancellation within 48 hours prior to the agreed date of surgery is only permitted in the case of absolute and demonstrable force majeure.

In all other cases of non-insured care, you will be billed for 100% of the agreed treatment costs. In the case of a treatment that is reimbursed by your healthcare insurance company, your treatment cannot be rescheduled at Bey by Bergman Clinics. The aforementioned cancellation policy also applies if the surgery cannot be performed due to failure on your part to fulfil your responsibilities as listed in this leaflet.

Finally

This leaflet serves as preparation and as a supplement to the conversation with the plastic surgeon and as a 'reference' for after the surgery. However, such a description can never apply completely to each individual situation. Plastic and aesthetic surgery is not an exact science; this written information should in no way be construed as a guarantee for the course of events and the result of your procedure.