How can I help reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in or after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

Useful contact numbers:

**Plastic Nurse Practitioner:** bht.plastic.surgeryelective@nhs.net
**Plastic Trauma Co-ordinator:** 01296 316500 (Bleep 774)

**Out of hours: Plastics On-Call Doctor:** 01296 31500 (bleep 524)
**Day surgery unit (Stoke Mandeville Hospital):** 01296 315633
**Day surgery unit (Wycombe Hospital):** 01494 425581
**Plastics Consultant Secretaries:** 01296 316639, 315119, 315117

Or email: plastic.surgeryelective@buckshealthcare.nhs.uk

If you are worried that you may have an infection or any other complication you must contact the Plastic Trauma co-ordinator, the on-call Plastic doctor or the ward you were discharged from. If you are unable to get the assistance needed please attend the Emergency Department at Stoke Mandeville Hospital.

**Patient information leaflet**

If you require a translation or an alternative format of this leaflet please call PALS on 01296 316042

**www.buckshealthcare.nhs.uk**
**Follow us on Twitter @buckshealthcare**
Aims of this leaflet

This leaflet is aimed at patients who have undergone breast reconstructive surgery and are now considering surgical nipple reconstruction.

Approximately 6-9 months after the breast reconstruction surgery, when the shape of the reconstructed breast has settled, a new nipple and areola can be created. This two part process commences with surgical reconstruction of the nipple, followed by areola tattooing at a later stage.

The aim of this procedure is to improve the cosmetic appearance of the breast by creating a nipple that matches the other breast nipple (if applicable) or both missing nipples. This finalises the breast reconstruction and can have a positive effect on improving body image and boosting self esteem.

Although a natural nipple is sensitive to temperature, touch and will change shape, a reconstructed nipple remains a static shape and has no sensation; more often it flattens with time and maintains a slight to moderate projection from the skin.

The procedure

This procedure is undertaken in one of our day surgery theatres (Stoke Mandeville or Wycombe Hospitals). Before you have the local anaesthetic injected, the surgeon will mark the area to be reconstructed. The procedure takes around 30-60 minutes and you can expect to go home within a few hours after surgery.

Post operative care

• You will have a dressing over the operated area. This dressing should be left in place until you attend the plastics dressings clinic in 7 days after your procedure for a wound check
• There may be slight oozing after surgery, which is normal. If however the dressing becomes saturated or you feel severe pain or there is marked swelling and redness in the area, you must contact the plastic surgery department using the contact details on the back of this leaflet, as you may have an infection
• Healing may take up to 2 weeks. The scars will be noticeable for around 3 months and then start fading out
• Approximately 2-3 months after surgery you will be sent by post, a follow up appointment with your surgeon.

Risks

As with any surgical procedure there are risks which you need to be aware of:
• small risk of bleeding or infection after surgery
• the local skin flap used to reconstruct the nipple may fail resulting in partial or total loss of the nipple, however this is not common.
• it is difficult to achieve exact symmetry and it is usual to notice slight differences in nipple position
• the nipple projection always flattens to some extent. Sometimes it can flatten significantly and you may need to undergo the nipple reconstruction again, but will need to discuss this with your surgeon as the best way forward.