

Information provided is intended to inform clients of expected procedures and outcomes. However, not all patients, procedures or surgeons are the same, and information may not be applicable to all procedures. PIAC reserves the right to vary the way that a procedure is performed or which technique is used.

Areola Reduction

Surgical/Procedure Name

Areola Reduction

Introduction

The areola is the dark pigmented skin that surrounds the nipple. Large areolas may look out of proportion with the rest of the breast - this is especially noticeable if the patient has had a breast reduction or breast lift, but it can also occur naturally (often after childbirth). There are no medical complications associated with having large areolas, but self-esteem and body image can be greatly affected.

Areolar reduction can help women looking for a smaller diameter and rounder areolae or those who would like to reduce puffy or bulging areolae.

Surgical Procedure

The doctor will begin by examining your areolae to decide on the best technique to perform the surgery. A round ring-like strip of excess areola will be removed on the peripheral part of the operated areola. The edge of the new smaller areola will be sutured to the outer normal skin that will create many small pleat around the created areola. If the pleat is too much, the surgeon may decide to include the vertical removal of the skin strip under the areola to avoid too many pleat formation that will resolve itself in a few months.

Hospital Admission

Out Patient procedure. No admission necessary.

Duration of Operation

One to two hours

Anaesthetic

Local anaesthesia



Pre-operative Care

Inform your surgeon of any allergies, all medical conditions, and any medication that you are taking (both prescription and non-prescription).

Avoid aspirin and blood thinning medication such as brufen for two weeks prior to surgery to eliminate the chance of post op. bleeding. You should not smoke for 2 weeks prior to surgery as this may affect your reaction to the anaesthetic and prolong the healing process. Patients who suffer from hypertension must inform the surgeon prior to surgery.

Post operative care

Dressings and a light gauze bandage must be worn for several days. You will be able to shower the following day but as long as the sutures are not yet removed from the surgical site, you should avoid dirty water and sweat to get inside the wound by applying antibacterial ointment before showering.

Extrasensitivity to pain and touch may be felt and will subside in a couple of weeks.

Recovery time will depend on the patient, but most patients can return to work and resume their normal activities within a day or two.

Results

Following surgery your areolae will be balanced and proportionate in size and shape to the nipples. In the first week they will already have a natural and presentable appearance, and over the next few months they will continue to improve. The results will last for the rest of your life.

Risks and Complications

Risks are inherent to any surgical procedure. The most common risks are swelling, bruising, bleeding, infection, fluid, numbness, or a loss of sensation to the nipple and areola, however they are rare and almost always temporary.

The most common risks particular to this surgery are minimal pain and scarring. Your surgeon will administer painkillers and any soreness will usually disappear by the second or third day. Scarring will be made as inconspicuous as possible by cutting the smallest incision possible. For some this may be faint, for others it can be quite obvious. Please discuss scar treatments with your surgeon in advance so you know how to take care of them while the scar tissue is forming. Dissolving sutures will be used to minimise scarring so that you won't need to come back to have sutures removed.

This treatment does not normally affect the ability to breastfeed.

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