



**Call us to book a confidential consultation from our nurse specialist.**

## Inverted Nipple Repair

### Introduction

Inverted nipples or retraction of the nipples is a condition in which the nipple ducts are shorter than normal and there is a tethering or pulling inward of the nipple so that the nipple lies flat against the breast. Retraction of the nipple is caused by a short milk duct system running from the chest wall to the nipple.

Inverted nipples can be a source of self-consciousness and breastfeeding problems.

The objective to correct inverted nipples is to reshape the nipple so that it projects out from the breast and enhances the appearance of the breast while preserving sensitivity of the nipple.

Rarely, if nipple retraction occurs in adults it should be evaluated to make sure an underlying breast cancer is not the cause of retraction.

Mildly inverted nipples can be drawn out with physical stimulation, either sexually or for breast-feeding. This degree of nipple inversion can cause cosmetic and psychological concerns. Severely inverted nipples never project even when stimulated or in very cold water. Apart from cosmetic concern, severe inversion may have functional repercussions, such as the inability to breastfeed or infection or irritation of the nipple when natural secretions become trapped.

There are two types of procedures used to correct inverted nipples depending on the severity of nipple retraction. With both techniques new nipple projection is permanent. Sensation to the nipple is almost always unchanged and the scarring is at the nipple only.

1. Inverted nipple repair with partial preservation of milk ducts:
  2. An incision will be made just around the base of the nipple on the areola. The shortened milk ducts are teased out and sutured with a purse string suture to form a new projecting shape to the nipple.
3. Inverted nipple repair with detached milk ducts:

This procedure for correcting inverted nipples is more common and may be necessary in more difficult cases but it does not preserve ductal integrity. An incision will be made just around the base of the nipple on the areola. The shortened milk ducts are detached and sutured with a purse string suture to allow projection of the nipple.

The surgery is normally performed as day surgery and takes about one hour.

There is only minimal pain that is usually gone by the next day and easily controlled by medications. The extent of the post-operative swelling and bruising is dependent on whether you tend to bruise or swell easily. Bruising is usually minimal and mild to moderate swelling will be present for 2 to 3 days after surgery. Cold compresses will help to relieve bruising, swelling and pain.

You will have stitches around the nipple that will be removed at four days after surgery. Any dressings covering the nipples can be removed the day after surgery and you can shower. You will be able to resume most activities within 24 to 48 hours after surgery.

---

### Alternative treatment

Correction of inverted nipples is an elective procedure and alternative treatment would be not to have any surgery.

Some bras and clothing may help to conceal inversion of the nipples.

Little plastic devices available called breast shells that can be worn in your bra to help bring out inverted nipples. They work by putting pressure around the base of the nipple to push the nipple out.



# Risks of Surgery

All surgery is associated with some risk. It is important that you understand that there are risks involved with any surgery.

Whilst the majority of individuals undergoing surgery do not experience any complications, a minority do and there cannot be any guarantees in surgery. With every type of surgery the best possible outcome is sought. The importance of having a highly qualified surgeon and professional surgical team and facility cannot be overestimated.

## Risk to benefit

The choice to undergo a surgical procedure should be based on the comparison of the risk to the potential benefit to you. Make sure that you take time to read and understand how each potential complication can impact on your life and try to make the risk to benefit comparison specifically for yourself.

## Informed consent process

Before any surgery, your surgeon should explain to you the risks of the procedure and the possible complications that could happen. The informed surgical consent web site will help you to understand the risks that your surgeon has already discussed. It may also bring up other issues that will require a second surgical consultation to clarify. You should not feel that you are being an inconvenience by seeking another consultation and clarification of any questions that you may have. You should take the opportunity to read this informed surgical consent website carefully and at your own pace. The questionnaire at the end will help to clarify your understanding. There is also opportunity to make note of specific concerns and issues that may be relevant to you so that you can discuss these concerns with your surgeon.

## Impact of complications

The risks of surgery involve possible inconvenience if a complication occurs. It may result in an extension of your recovery period and in some cases may need further surgery. Infrequently, complications may have a permanent effect on your final result.

## Financial risks

Financial risks are involved with any surgery. Private health insurance is strongly recommended. If you do not have private health insurance then a complication or further surgery will add to the overall cost of your surgery.

## Risks related to general health

Your general health will impact on the possible risks of surgery. Many of the risks associated with surgery can be predicted. However, your general health plays a vital role to the outcome of your surgery. Age carries a greater risk with any surgery. Being overweight carries a greater surgical risk. Other medical conditions such as high blood pressure, high cholesterol, diabetes, heart and lung disease may also increase your surgical risk. Smoking greatly increases all risks and complications of surgery.

## What else?

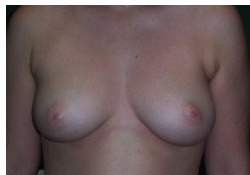
Finally other factors, that may not be obvious, can influence the outcome of your surgery and the risks are beyond anyone's control.



# Patient Photographs

The following are examples of inverted nipple repair in different scenarios.

## Patient One



Prior to surgery inversion of the nipples is slight.



## Patient Two



Inverted nipples before surgery.



Nipples are everted at 4 months after surgery.

## Patient Three



Inverted nipples before surgery.



Breast augmentation has been performed at the same time correction of inverted nipples.

## Specific Risks

All operations carry some risk and the possibility of complications so it is important that you understand the risks involved with surgery.

Surgeons use their expertise and knowledge to avoid complications in so far as they are able. If a complication does occur, the same skills are used to solve the problem quickly.

The importance of having a highly qualified surgeon and a professional medical team and facility cannot be overestimated.

## Risks Common to All Operations

### Discomfort and pain

The severity and duration of post-operative pain varies with each individual. Usually mild pain is experienced after correction of inverted nipples. If the pain increases and becomes severe and is not relieved by pain medication you may have a complication. In this case you should contact your surgeon.



### Nausea and vomiting

Nausea and vomiting typically relate to the anaesthetic and usually settles quickly. In some cases persisting nausea and vomiting may relate to pain relieving medication or other medications like antibiotics. Infection may also cause nausea and vomiting.

If nausea and vomiting persist you may develop dehydration. You should contact your surgeon if nausea and vomiting persist.

### Bruising and swelling

Moderate swelling and bruising are normal after any surgery and can be expected after correction of inverted nipples. Discolouration from bruising may extend onto the breast and may take several days to resolve.

### Bleeding and haematoma bleeding

Bleeding is always possible after any operation. Some bleeding will result in bruising. Continued bleeding may result in continuous ooze from the suture line or may result in a collection of blood under the skin.

You should notify your surgeon if bleeding after surgery persists.

Aspirin, anti-inflammatory tablets and mega doses of certain vitamins (vitamin E) can influence blood clotting and cause excessive bleeding. It is recommended that you do not take any aspirin, similar drugs like cartia, astrix or non-steroidal anti-inflammatory medications for ten days before surgery, as this contributes to a greater risk of bleeding, bruising, swelling and infection. A single tablet is enough to increase the risk of bleeding.

If you take an anticoagulant like heparin or warfarin, you will need to discuss these medications with your surgeon prior to your implant removal/replacement surgery.

Hypertension (high blood pressure) that is not under good medical control may also cause bleeding during or after surgery.

### Inflammation and infection

Infection may occur after any surgery.

Most infections occur within 3 to 5 days after surgery and may cause swelling, redness and tenderness.

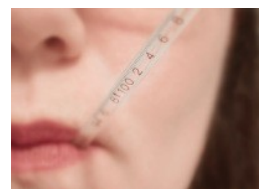
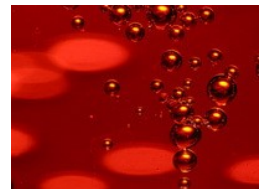
Occasionally an offensive discharge may occur from the suture line. Deeper infections will require treatment with antibiotics. Some deep infections and development of an abscess (collection of pus) will require additional surgery under an anaesthetic to drain the abscess and remove any dead tissue in an operating room.

Infection will result in delays to healing and possible increase in scarring.

Some surgeons will prescribe preventative (prophylactic) antibiotics to be used around the time of surgery.

### Crusting along incision lines

Crusting along suture lines should be prevented with frequent and regular washing of your suture lines with antibacterial soap (sapoderm, gamophen) and application of antibiotic ointment or soft white paraffin if required.



Careful drying of the suture lines with a clean towel will be required to prevent the scars remaining moist.

### Nipple sensation

Small sensory nerves to the skin surface of the nipple may occasionally be disturbed when the incision for correction of inverted nipples is made. Normal sensation is likely to return to the nipple within 3 to 6 months after surgery.

### Itching

Itching and occasional small shooting electrical sensations within the skin of the nipple frequently occur as the nerve endings heal.

### Smoking

Smokers have a greater chance of infection and poor wound healing because of decreased skin circulation. Bruising and bleeding are more common in smokers than non-smokers.

Smoking also predisposes to life threatening complications like deep vein thrombosis (DVT), pulmonary embolism, pneumonia or massive infection.

It is strongly recommended that you cease smoking 4 weeks prior to and 4 weeks after your surgery.

### Skin scarring

All surgical incisions produce scarring and although scars are inevitable, some are worse than others, and the quality of the final scars is unpredictable and not entirely under the control of the surgeon. Scars will remain permanently visible on the nipple to a lesser or greater extent.

Abnormal scars may occur even though careful surgical techniques are used and uncomplicated wound healing occurs after surgery. Some areas on the body scar more than other areas, and some people scar more than others.

Scars may be unattractive because they are raised, thick (hypertrophic or keloid), stretched (wide), depressed, or of a different colour to the surrounding skin.

Scars may be worse if there is a tendency to keloid scarring, in the younger person or if there has been a delay in healing due to infection or wound breakdown.

Your own history of scarring should give you some indication of what you can expect. Please ask your surgeon about scar management.



## Before Your Operation

### Organise yourself for after your surgery

- Organise how you will get to and from hospital and any help with your shopping, laundry, housework, pets, lawns, etc.
- Arrange leave from work and any financial chores as required.

### Your health

Surgery and anaesthesia impose stress on your body.

The state of your health will be determined how well your body will cope with this stress.

It is important that you maximise your general health by exercising, not smoking and having regular checks with your GP, so that conditions such as hypertension, diabetes etc can be controlled.

### Smoking

Smoking increases the risk of post-operative complications after surgery.

It is recommended that you stop smoking for 4 weeks prior to your surgery and for 4 weeks after.

If you need help to give up smoking, speak to your G.P. who can prescribe medication to help you, speak your chemist who can advise you about nicotine replacement therapies or call the national QUIT LINE on 13 18 48.

### Fasting, fluids, food

Fasting for surgery means that you cannot eat any food, or drink any fluid, after midnight the night before your surgery. A stomach full of fluid or food will mean that your anaesthetic may be dangerous and your procedure may be delayed or cancelled.

You should have nothing solid to eat, and drink no milk-containing fluids for 6 hours prior to an operation. You may have up to 1 glass of water per hour up to 3 hours prior to surgery.

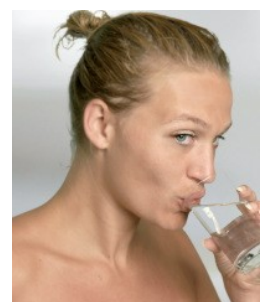
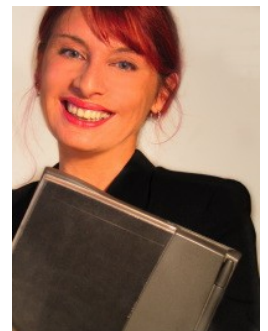
If you take medications in the morning, these should be taken as normal on the morning of your operation with a sip of water at 6 am.

NB. Diabetic tablets and insulin should be withheld while you are fasting. When you brush your teeth in the morning, spit out any water rather than swallowing it.

### Medications

Continue to take all your routine medications up to the time of admission to hospital EXCEPT blood thinning tablets like warfarin/coumadin. These medications must be stopped 5 days before surgery. You should discuss these medications with your surgeon.

Tablets like aspirin, astring, plavix, iscover, cardiprin, and tablets for arthritis, rheumatism and gout, like brufen, Clinoril, feldene,



indocid, orudis and voltaren must be stopped 10 days before surgery.

If you are not sure about your medications and the effect that they may have on your surgery please seek advice from your surgeon in advance of your surgery.

### Other medications

Antibiotics may be prescribed prior to your surgery.

### Diabetes mellitus

If you have diabetes you must tell your surgeon prior to your admission date. You must also tell the staff at the time of your admission. Special arrangement will be made for you as necessary.

Your blood sugar levels will be monitored from the time you start fasting until normal eating resumes.

Do not take any diabetic tablets on the morning of your surgery.



### Skin preparation

You may shower at home with an anti-bacterial soap such as sapoderm or gamophen prior to your surgery. The same soap can be used after your surgery as well.

You may be required to have a shower in hospital with an antiseptic solution before your surgery.

### A responsible person

A responsible person may be required to accompany you home after surgery.

A responsible person is an adult who understands the postoperative instructions given to them and is physically and mentally able to make decisions for your welfare when appropriate.



### Travel

You will need to arrange for a responsible adult to drive you after your surgery.

A suitable vehicle is a car or similar. A taxi is only acceptable if someone OTHER than the taxi driver accompanies you.

Public transport such as a bus is NOT acceptable.

### General exercise

It is important that you maintain your fitness and you should continue your normal activities prior to your surgery.

If time permits you may try to increase your fitness level gradually. Your fitness will be of benefit to your overall recovery after surgery.

Walking is an excellent way of improving fitness and is recommended.

### Pain relief in hospital

It is expected that you will have some discomfort after your surgery. The amount and severity of pain will vary from person to person.

Narcotics (morphine, pethidine, fentanyl) or oral pain relieving medication will be given to you to relieve any pain.



### Pain relief at home

Some may still be present when you leave hospital and may continue for a few days.

Drugs for pain relief vary in strength and can "generally" be related to pain severity, BUT remember also that individuals have differing responses to pain and pain relieving medications.

As a guide and for your knowledge, the range of medication by drug strength from weakest to strongest is as follows:

Mild pain relief will be required for mild pain.

Such pain relieving medication includes panadol, paracetamol, panamax and panadeine.

Moderate pain relief may require medications such as digesic, panadeine forte, tramyl, endone or oxycodone.

You need to be aware that some pain relieving medications may contribute to persisting nausea and vomiting and will contribute to constipation in the post-operative period.

Anti-inflammatory drugs such as vioxx, celebrex, brufen, naprosyn and indocid will contribute to effective pain relief when taken with mild pain relieving tablets.

If you have persistent unrelieved pain you may need to be seen by a doctor to exclude another cause for the pain.

## After Your Operation

### On waking

You will have dressings over your breasts. Small drain tubes will come out at each side of the chest. You may be placed in a head up position with pillows behind your head.



### Discomfort

You can expect to have some discomfort when you wake up after a mastopexy. You will be placed in a position where your head is elevated. This position helps to reduce swelling and pain in the breasts.

You will need to remember to move your legs to keep the circulation flowing and to take deep breaths to expand the lungs.

Care should be taken when moving around in bed. Rolling from side to side is preferable to lifting your body. Using your arms to lift your body may cause pain.

### T.E.D. stockings

You will be fitted with TED stockings before your mastopexy surgery and you will wake from surgery with the stockings on. TED stockings help to prevent blood clots from forming in the legs. TED stockings should be worn whilst you are immobile and you may be required to wear the stockings for up to 2 weeks following surgery.

### Garment

Your surgeon may fit you with a bra or similar garment after the dressings have been removed. The bra provides support for the breasts while they heal. The support reduces pain and swelling of the breasts after surgery. The bra or garment should be worn day and night for about 2 weeks after surgery. It may be removed to allow you to have a shower. Depending on the advice of your surgeon, the bra may have to be worn during the day for 4 to 6 weeks following your operation. For continuing support after this time comfortable supportive bras may need to still be worn for up to 3 months following surgery.

### Pain relief

You will need to take painkillers as provided. It is recommended that you avoid aspirin or aspirin based products, as they will promote bruising and bleeding. The usual medications given in the postoperative period consist of panadol, panadeine, panadeine forte, panamax, digesic, and endone. These medications may be combined with anti-inflammatory medications such as vioxx, celebrex, or brufen. Make sure that you have a postoperative pain regime at the time of discharge and that you understand the medications that you are taking and what they are designed to do for you.

### Sleeping tablets

One or two sleeping tablets (normison, temazepam, ativan) may be taken at night, if necessary, to help with sleeping in the first few days after surgery.



### Other medications

Your surgeon may prescribe a course of prophylactic (preventative) antibiotics.

### Nausea and vomiting

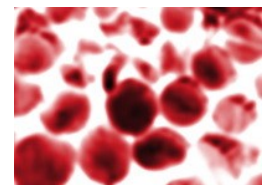
Nausea and vomiting may be due to the anaesthetic or post-operative medication (like pain killers or antibiotics). Apart from being unpleasant, vomiting will cause pain in the breasts. Medication to prevent nausea and vomiting may be required. If prolonged, nausea and vomiting may be related to a complication like infection and may cause dehydration. You need to inform your surgeon of prolonged nausea and vomiting.

### Bruising

Bruising of the body (breasts, upper abdomen) after mastopexy surgery is usually maximal at approximately 48 hours after surgery. Most bruises will resolve by 2 weeks. Gentle massage with a moisturising lotion (sorbolene), or arnica cream may help to dissipate bruising.

### Bleeding or ooze

There may be ooze of blood from any of the suture lines or from the drain tube holes. Any ooze should resolve within 24 to 48 hours. Persistent or offensive ooze should be reported to your surgeon.



## Swelling

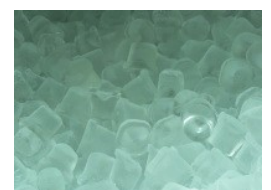
Swelling can occur for 4 to 6 weeks after mastopexy and sometimes, intermittent swelling may take up to 12 months to settle.

Please ask your surgeon how long swelling should take to resolve. Swelling lasting longer than this time may be due to a complication, and should be reported to your surgeon.

### Ice packs

At home a mouldable cold pack or a small bag of frozen peas wrapped in a tea towel may help to reduce swelling, bruising, and pain. Cold packs can be applied to the breasts (for 20 minutes every 1 to 2 hours) in the first 48 hours after surgery to help minimise swelling and bruising. The cold packs should not hurt.

If cold packs are uncomfortable, don't use them as often. After a few days gentle daily massage with a bland moisturising cream after your shower will help to resolve bruising and any lumpiness.



### Dressings and Drains

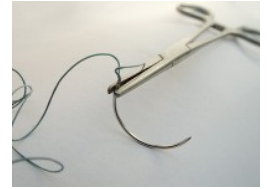
Dressings and drains following mastopexy may be removed as early as 24 to 48 hours after your surgery. If there is a lot of drainage, then the drains will remain for longer. Please ask your surgeon how long the dressings need to stay on. Steri-strips or tapes may be present on the suture line and will need to be changed regularly. Check with your surgeon if you are able to shower.



## Sutures

Sutures may be beneath the skin and will absorb with time. The aim of absorbable sutures beneath the skin is to provide wound support for a longer time than skin sutures, so that scar stretch can be minimised.

Occasionally the body will want to extrude these sutures. A sore or a pimple on the suture line may indicate an underlying suture trying to break through the skin. This suture can be removed as soon as it breaks through the skin. Antibiotic ointment or betadine may be required along with a small dressing until the area heals. Infrequently a lump forms related to a suture that has not dissolved (a stitch granuloma). This stitch granuloma may need to be excised as a local anaesthetic procedure.



Sutures or staples may be present in the skin. These sutures or staples will require removal at some stage after your surgery. The normal time frame is anywhere between 7 days to 10 days depending on the surgery and the location on the breast. Suture removal is usually arranged with the surgeon.

Some surgeons place Steri-strips over the suture line. Steri-strips are meant to stay intact and are usually removed one week after surgery. You may be able to shower.

Blistering from Steri-strips may occur. If this happens the Steri-strips will be removed and an alternative dressing will be applied.

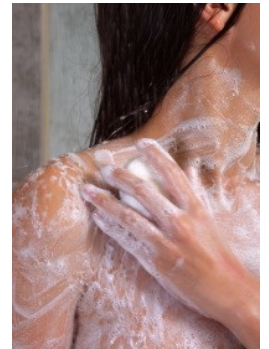
## Cleaning

Having a shower and getting your sutures wet may be permitted by your surgeon after the dressings (and drains) have been removed. An antibacterial soap (sapoderm, gamophen) may be recommended.

You will need to pay attention to washing the suture line. Suture lines should be carefully dried with a clean towel. If your suture line has steri-strips or tape, wash over the tape and dry it.

Occasionally the suture line may become red and ooze. If this occurs tapes are usually removed and antibiotic ointment or betadine may be required. Your surgeon may prescribe antibiotics as well.

Some surgeons will prefer you to keep your sutures dry. Please check with your surgeon and ensure you follow your surgeon's instructions about wound care.

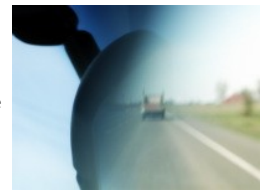


## Travel

A mastopexy is performed under general anaesthesia and can be performed as day surgery.

If you are going home after day surgery a family member or friend must drive you because you have had an anaesthetic and someone should stay overnight with you for the same reason. You may need help from a relative or friend at home during the first few days after your mastopexy.

If you have any questions about these matters, please speak to your surgeon.



## Anaesthetic effects

The effects of an anaesthetic may still be present 24 hours after your mastopexy, even if you do not feel them. Your reflexes will be slower and you are at risk of injury. It is illegal to drive while under the influence of a drug (even a prescribed one) and you could be charged. Do not make important decisions or sign legal documents for 24 hours after an anaesthetic. Take care with alcohol intake after surgery because medications and alcohol may interact with the residual anaesthetic. Discuss your normal medications with the anaesthetist.

## Readmission to hospital

Rarely you may need to be re-admitted unexpectedly to hospital. The most common cause is persistent nausea and vomiting, anxiety, the need for unexpected additional pain relief or for treatment of unexpected complications of surgery such as bleeding, wound problems or infection.

## Activity

Too much activity too soon will risk delays in healing or increase the risk of complications. Try to walk slowly at first. Sleeping head up and with pillows behind your head should continue for two weeks after surgery. Try to avoid any straining or rushing around.

You may go to the bathroom, walk around the house sit and watch TV, etc., but no matter how good you feel do not clean the house, engage in heavy manual work, go to the gym etc. for 4 weeks following your surgery. This also applies to sexual activity.

## Sport

Slow walking on the flat for exercise is often therapeutic in the early post-operative period. Your body will dictate whether you are able to safely recommence your exercise program. More strenuous exercise like fast walking, running or swimming may commence after 4 to 6 weeks.

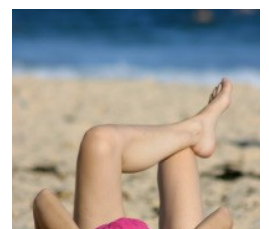
More strenuous exercise like tennis or contact sports can commence after 6 to 8 weeks. As a general rule: if it hurts, don't do it. Please ask your surgeon when you can start exercising.

Localised sore areas in the breasts are not uncommon.



## Sun exposure

If fresh scars are exposed to the sun, they will tend to become darker and take longer to fade. Sunscreen on sun-exposed scars can help to fade scars. Take extra care and precautions if you are planning to tan, as some areas of your body may be temporarily numb after surgery and you will not "feel" a sunburn developing.



## Diet

Your post-operative diet should consist of fluids initially then soft food that is easy to prepare. If you have any postoperative nausea, carbonated sodas and dry crackers may settle the stomach. Small frequent meals will be more suitable and comfortable.

## Vitamins

Although not proven, there is some suggestion that multivitamins prior to and after surgery may aid in wound healing. Avoid mega dosing on vitamins prior to surgery.



## Smoking

Smoking reduces capillary blood flow to the skin and may result in delays to wound healing or complications of your mastopexy. Smoking not only affects wound healing; it also increases the risk of bleeding, wound infections, post-operative chest infections. Any coughing may disrupt the muscle repair. Smoking also increases the risk of developing a blood clot in the legs that can travel to the lungs. It is recommended that you cease smoking at least 4 weeks prior to your surgery and for 4 weeks after.

## Alcohol

Medications and alcohol may interact with the residual anaesthetic and prescription pain medicine.

Alcohol also dilates blood vessels and may increase the risk of postoperative bleeding.

It is recommended that you avoid alcohol for the first three days after surgery and restrict your alcohol intake for the first month.



## Driving

It is recommended that you do not drive for a certain period of time after a mastopexy. To be able to drive safely you must have full use of your reflexes to drive, and any post-operative discomfort will inhibit your reflexes.

If pain will inhibit them, don't drive. In the interest of safety whilst driving, and legally, you must wear a seat belt across the chest.

You may resume driving when you feel you are able, but it is advisable to discuss this with your surgeon or check with the road traffic authority first.

## Recovery time

You must allow yourself adequate recovery time. You will have restriction to mobility for up to 2 weeks. Too much activity too soon will increase the risk of complications such as seroma (if implants are present), bleeding, infection and delayed healing. It would be wise to ensure you have adequate time off work. You must also allow sufficient time for your body to recover from the effects of anaesthesia and surgery. Discuss the expected time for recovery with your surgeon prior to your surgery and allow plenty of time for adequate recovery.

## Healing

Everyone heals at a different rate. The ability to heal is variable and depends upon a number of factors such as your genetic background, your weight, your overall state of health and lifestyle (exercise, diet, smoking, drinking, etc.). Your attention to preparing yourself for surgery will be manifest in your post-operative recovery. Many people believe the surgeon "heals" the patient. Not one person can make another heal. Your cooperation and close attention to pre and post-operative instructions is extremely important and is in your best interest.

## Following instructions

A major factor in the course of healing is whether you follow the instructions given by your surgeon and the nurses in the surgery. Such guidelines are designed to promote the healing process and to prevent the occurrence of anything that may interfere with your recovery. It is imperative that you recognise that you are a partner in this process and have a responsibility to follow instructions carefully. The instructions, based on broad experience, are designed to give you the best opportunity for healing without delay or surprise.



## Depression

Depression is a normal reaction to surgery. The third day following your surgery may be the worst. You may be teary. It is not uncommon to experience a brief period of "let-down" or depression after any surgery.

You may subconsciously have expected to look and feel better "instantly," even though you rationally understood that this would not be the case.



Day 3 post surgery may be the worst. As healing occurs, these thoughts usually disappear quickly.

If you feel depressed, understanding that this is a "natural" phase of the healing process may help you to cope with this emotional state.

Support from family and friends Support from family and friends can be very helpful, but because they may not understand what constitutes a normal postoperative course, their comments may unintentionally create emotional turmoil for you.

The staff at the surgery and your surgeon will tell you honestly how you are doing and what to expect.

Please trust in your surgeon's knowledge and experience when your progress is discussed with you.

## Complications

Complications are infrequent. When complications occur, it is seldom a consequence of poor surgery or poor postoperative care. Complications are more likely to be a result of the variable healing capacity or a failure to follow post-operative instructions. You will be assisted in every way possible if a complication occurs.

Should the unexpected occur, please understand that it is important to follow the advice of your surgeon and nursing staff in order to treat it as effectively as possible. Your surgeon and the nursing staff will ensure that you have support and assistance during this difficult time.



## Appointments

It is very important that you follow the schedule of appointments established for you after surgery. Appointments to see the nurse or the surgeon should be made before or immediately after discharge from hospital. The review appointment may be the next day or up to one week following surgery.



If no appointment has been made, you must ensure that you contact your surgeon and make a follow up appointment. If you have any concerns don't feel that you are bothering the surgeon or the staff.

If need be, you can be seen prior to any arranged review appointment to sort out any concerns.

## Revisional Surgery

Occasionally the result of your surgery may not be totally perfect. If you feel that you can focus on the overall degree of improvement instead of any small lack of perfection, then you will reap the benefits of the results of your operation. If small imperfections will prevent you focusing on the degree of improvement after your surgery you probably should not have had an operation.

Your surgeon will use their expertise and experience in their surgical techniques to achieve the best results and ensure their patients receive the most advanced surgical techniques available. They keep updated by attending, national and international aesthetic conferences and seminars regularly.

The surgery performed may not necessarily relate to the methods that are sometimes promoted, or advertised in popular magazines, newspaper articles or on television.

The rate of revisional surgery, even in the most skilled surgical hands, can never be zero because patient and surgeon can control only some aspects of the outcome.

Minor adjustments or additional revisions following cosmetic surgery may be necessary in up to 5% of patients. Revisional surgery is performed after the first postoperative year (12 months after surgery) because resolution of swelling and stabilisation of the final appearance takes at least that long.

During the first year after surgery irregularities, asymmetries or poor contours may sufficiently improve without surgery, so very small imperfections following surgery should not be revised.

Revisional procedures are less predictable and involve more risks. You must consider any revisional surgery carefully after discussion with your surgeon.

If revisional surgery is required you may incur further surgical, anaesthetic, pathology and hospital fees. These fees may be covered if you have private health insurance, depending on your level of cover. These fees will be your responsibility and you will need careful financial planning you before you embark on any form of cosmetic surgery. Private Health Insurance is strongly advised for any cosmetic surgery.

