Correction of Inverted Nipple

Inverted nipple repair is a procedure that many women want to give their nipples the natural pertness that comes from no inversion. Inverted nipples tend to lie flat against the breast and point inwards, some even may have a dip where the nipple would normally protrude. Inverted nipple correction involves reshaping the nipple and areola and it helps to enhance the overall appearance of the breast.

Inverted nipple correction is something to consider carefully, for some women it may mean breastfeeding is not possible so may be a procedure to be saved for after child rearing. Some women also report a reduction of nipple sensitivity but this is not necessarily always the case.

Inverted nipple correction is about making you feel better about your body and correcting something which will make you feel more confident and more self-assured. Correction of inverted nipples allows them to look natural, maintain the pertness of ‘regular’ nipples.

Preparing for Inverted Nipple Correction

Before your nipple surgery is organised you will first have a full consultation. You may be considering the surgery alongside other procedures and they can be discussed in full during your consultation, as well as any concerns or questions.

You will have the chance to talk through the whole procedure and find out as much as you need to feel comfortable. In preparation for the surgery you should not smoke or be exposed to passive smoke for up to two weeks and it is also important to stop taking medications which affect blood viscosity including aspirin.

Recovering after Inverted Nipple Correction

Once you have had your inverted nipple surgery, you will have a protective dressing applied to your wounds. You should expect your nipples to be sore for a period of approximately five days and at this point the bruising and swelling should have come down. After a couple of days, it should be OK to return to work as normal, dependent on your job and the level of activity involved.

Every individual patient receives an aftercare plan to suit their body and their circumstances. People do heal at different rates so don’t be alarmed if your experience differs from the above.

Please get in touch with us today if you would like to discuss your surgical options and you would like to book your initial consultation.

Patient Care Pathway

My aim is always to ensure patient’s safety and patient’s satisfaction. Virtually any operation carries with it a risk of complication, because it is a cosmetic procedure does not mean there is less risk. During the consultation with your surgeon, the potential risks will be discussed in detail and you will have your
opportunity to ask any questions you have about the procedure. Here is the brief overview of the whole process of your journey:

1. Medical History

It is extremely important that you give a full and honest account of your medical history. This should include illnesses, operations, drugs, allergies and any significant family history of disease. Your surgeon needs to be able to make a well-informed decision on your suitability to the procedure based on the information you give him/her. If you withhold any relevant information you might be placing your own wellbeing at risk and this could affect any complaint thereafter.

2. Pre-Operative Screening

Your health and safety is our Number One priority. We therefore operate a “patient selection criteria”. In order to complete this we must make an accurate assessment of your condition of health along with your requirements.

Following your pre-consultation and review of your past medical history, the physician or pre-operative nurse will choose any tests considered appropriate. Please note, for minor procedures there might not be a need for tests. Most of the tests will include routine blood tests but the medical team may request further tests such as an ECG, x-rays or ultrasound scans. These further tests will involve additional fees. All routine tests and screening programmes are included in your inclusive fee package and your patient coordinator can advise you of any such fees. This is essential to help reduce risks during the operation itself and also to ensure a full recovery. You might like to look at this part of the procedure as a bonus – you are getting some extra health care screening which can be very reassuring!

Occasionally the gathering of this information can cause a delay in booking the date for your operation. It might even mean a postponement or cancellation of surgery if for medical reasons the surgeon believes it is not appropriate. In this event, we will try to give as much notice as possible but you must be mindful that if the booking
has been made, the results of these tests may cause a change in your plans.

All patients must have pre-operative photographs taken. Surgery will not be permitted without these photographs taken. Please rest assured that the photographs will remain part of your confidential medical record. A separate consent form will be available, if you are willing to share your story or results of your procedure on social media or web site.

3. The Role of Your GP

Your General Practitioner (GP) is responsible for your on-going healthcare and the records thereof. I believe it is important that you keep him/her informed of your decision to proceed with any cosmetic surgery. You are within your rights to keep the matter private. In certain circumstances, such as unusual findings in your tests, or the need for further information, it may be vital for us to contact your GP and/or any other relevant specialist that you may have seen previously. This is entirely for your own medical safety. Should this be necessary, your surgeon will complete the request for information from your GP.

Your meeting with Mr. Mashhadi

We want you to feel empowered to ask your surgeon anything at all. Whatever concerns or general queries you have, they should be talked through at this consultation. Specific actions and items for discussion are:

a) Your medical history in detail (including immediate family members). Requests for preoperative tests will be raised at this time.

b) An understanding of your expectations and a discussion on realistic achievements.

c) An examination of the area you are considering treatment for – noting any irregularities.

d) Photographs of the area. Your nurse may take the photographs during your pre-operative screening.

e) An explanation of the potential complications and dangers of any form of surgery and anaesthesia.
f) Care advice both pre, during and post operation.
g) Surgeon may ask for psychological/psychiatrist assessment before proceeding to the surgery.

Following the discussion and examination, the surgeon may decide it is not in your best medical interest to proceed with surgery. If for any reason the surgeon’s discussion with you falls short of your expectations, you may consult another surgeon for a further opinion.

What Questions you may ask your Surgeon

Below is a list of questions that you must feel have been explained fully before going ahead with surgery.
a) Is my choice of surgery right for me?
b) Exactly what is the procedure, end to end?
c) Will I have a designated go-to person for any problems/questions at any stage of the procedure?
d) What are possible risks and conditions associated with this type of surgery?
e) Will there be any pain or discomfort during or after the operation?
f) What is the aftercare like? Will I get access to support weeks/months after surgery?
g) How do I ensure good recovery?
h) What is considered a normal recovery time?
i) Will there be any scarring and where will it be?
j) Will other people be able to tell I have had surgery?
k) Does my GP need to know – and if so before or after?

Additional Information

Age Limit

The minimum age for any consultation and surgical procedure is 18.

Body Mass Index

The minimum BMI for any surgical procedure is 16 and maximum is 30.

Period of Reflection
Cosmetic surgery is an elective procedure and not without risk or potential regret. The Royal College of Surgeons recommends that following consultation with your surgeon for a cosmetic intervention, you allow a period of at least 14 days before making such a decision.

**About the Consent Form**
You need to have a clear understanding of all the potential risks and benefits of the planned surgical procedure before signing the consent form. These risks and benefits are also discussed with you during the initial consultation and also mentioned in the letter sent to you with the copy of the consent. You should also know the alternative treatment options discussed during the initial consultations. Please remember that it is a shared decision making and shared responsibility of patient and surgeon to have any elective cosmetic procedure and its consequences. Please don’t proceed to surgery if you have any doubts about the planned procedure and it’s risks potential risks. Your surgeon may refuse to perform the surgery if he thinks that you are not sure about the surgery or not in a healthy state of mind. You may not be allowed to change your mind about the agreed plan e.g implant size on the surgery day. Any last minute cancellations as a result of your own circumstances would result into non-refundable procedure fee.

**Second Consultation or Second Opinion**
We encourage our patients to arrange a second consultation or even to seek a second opinion from another surgeon before making a final decision about their cosmetic surgery.

**Fees**
Please note that the consultation with you surgeon is £150, which will only be reimbursed if you would decide to book your surgical procedure, hence making the consultation free of cost. Your surgeon at consultation will determine the exact nature of your surgery and we will then be in a position to provide the fee for your proposed surgery. As a guideline the range of fees at present are from £3000 to £8000

**General Risks and Complications:**
The risks and conditions that might occur during or following your surgery are
set out below. Please note this list is not exhaustive and that these are problems that have been reliably reported:

**Pain and Discomfort:** It is typical for most patients to feel some degree of pain or discomfort. Everyone is different and their idea of what calls for pain relief will be personal. Usually standard pain relief medication is sufficient for the period of time immediately after surgery.

**Bruising and Swelling:** In the majority of surgical procedures, bruising and swelling is normal immediately after surgery and for some weeks later. The swelling might initially obscure the evidence of surgical “success”. Therefore they should not be too quick to judge the results until most of the swelling has subsided.

**Bleeding (haematoma):** Occasionally, after surgery, bleeding may occur from the tissue within a wound cavity. If this happens, the treated area might be swollen and painful. In some cases, a drainage procedure may be required which might mean a return to hospital.

**Infection:** It is important to recognize that a surgical incision or the introduction into the body of any foreign material contributes to a risk of the introduction of bacteria from the patient’s own skin. Indications of infection might be tiredness, weakness, fever and muscle aches and pains. Antibiotics given during most operations reduce this risk to a minimum. Rarely a patient may require readmission to hospital. If you experience any symptoms of infection, contact your clinic nurse or the advised emergency contact number.

**A) Wound Healing**

Healing of wounds varies from patient to patient and even from one part of the body to another and is a gradual process. Smoking (this includes all nicotine based products such as e-cigarettes, gums or patches;), for the period leading up to your surgery and afterwards can seriously hinder the healing process.

**B) Necrotic Wounds (dead tissue)**

Usually black or brown in appearance, this problem may occur (albeit rarely) as a result of healing complications. The wound will not heal until the necrotic tissue is removed and this may mean a prolonged
period of wound management and additional visits to the clinic.

Fat Necrosis: Applicable to abdominal surgery and those where excess fatty tissue is removed, a clear liquid (tinged yellow or brown) may drain from the wound the day after surgery. This happens because blood supply to fat cells is poor and surgical intervention exacerbates this – causing fat particles to rise to the surface. Although this is rare, the final result can mean hardened or calcified skin tissue.

Neuropathic (nerve) Pain: Rarely neuropathic (nerve) pain can occur for an undetermined period of time. You will have advice on further treatment from your surgeon.

Changes in Sensitivity: It is entirely normal for patients to experience some changes in sensitivity to the area that has been treated and even beyond that area. It might be numbness, increases sensitivity or something very different altogether. This usually passes in time, but some patients report permanent numbness.

Seroma: In a very small number of patients, fluid builds up around the wound site (this is known as a seroma). Additional surgery might be required to remove this fluid. Subsequent seromas can occur.

Location and variable nature of scar: All prospective patients must be aware that the rate at which their scars may heal and fade are entirely variable and individual. Uncommonly, a scar does not heal in the normal way, this is known as hypertrophic scarring. Scars may be red (or highly coloured), thick, painful and may take several years to improve, if at all. Although this is an unusual problem, it cannot be avoided or diagnosed in advance. There is a treatment to improve hypertrophic scarring but this would not be recommended until well beyond the full recovery period of your surgery.

Residual Bulges: Also known as “dog ears”, these bulges can occur after operations where excess fatty tissue and/or skin is removed. If this happens, further treatment can be performed by the surgeon and this will be included in the readmissions policy.

Allergic reaction/retained sutures: Rarely, local allergies to tape, suture material or other preparations used in surgery can occur. Please ensure you
inform your surgeon of any known allergies. Occasionally dissolvable sutures do not dissolve as intended and may require removal in the future. On rare occasions the wound healing process can mask the presence of sutures at the time of your nurse appointments and you may need to return for further suture removal in the future.

**Asymmetry:** It is important to understand that it is normal for patients to have some asymmetry in their body. In fact it is rare that anyone has perfect symmetry. A different degree of asymmetry can sometimes following surgery depending upon the procedure the natural healing process.

**Deep Vein Thrombosis and Pulmonary Embolism:** This is a rare but serious complication of surgery and anaesthesia, where a blood clot forms in the veins, usually the legs, and then moves to the lungs interfering with their normal function. You may be asked to wear special stockings during your admission and will be actively encouraged to mobilise early following surgery. You can further reduce the risks after discharge by avoiding dehydration and remaining mobile. If you experience sudden chest pain or breathlessness, you should seek medical help without delay. Please note you should not fly for at least two weeks following major surgery and you should not take a long haul flight for six weeks.

**Revision:** As with any type of surgery, there is always a possibility that your surgeon is of the opinion that you could benefit from some form of revision operation after your original surgery. Please refer to the Readmission Policy (within this booklet) for the relevant terms and conditions.

**Subjectivity:** Patients must recognize that this procedure is performed for cosmetic reasons and because of this, the results can only be assessed subjectively. Therefore, it is important to understand that while you will be advised as to the probable results this should in no way be interpreted as a guarantee. This list of risks and conditions associated with any procedure is not exhaustive. It is important that patients recognize that it is not always possible for the surgeon to predetermine the individual and psychological reaction of patients to post-operative complications.

**Further Investigations**
Occasionally a surgeon might feel the need to order a scan for the patient to check post-operative progress if he/she has any concerns about the recovery. This will be an added cost for the patient.

Emergency Support

I’ll provides a 24 hour emergency telephone support service for any complications that may arise outside normal office hours.

**Arrangements for the Surgery**

At this stage, you are probably quite confident that surgery is right for you. We understand that a straightforward booking process is important, even if you still have some concerns or questions that you wish to discuss with a medical professional. Below is a recommended schedule that should ensure you have a smooth pre and post surgery experience:

1. We can help you arrange a suitable date for your surgery. Think carefully about the timing for your operation. It might be that you have a big event in the year that you want to feel and look your best for, but with any surgery, you must always remember that any risks are likely to cause a setback. In other words - don’t book the surgery just one month before your wedding! Consider the following first:

   a) **Time required off work.** For major surgery, we usually recommend 2-4 week off work, depending upon the surgical procedure and the nature of employment. Please note that some occupations will require a longer period of recovery, for example those which are physically demanding (eg. Manual working, armed forces) and if you are unable to cease work for the required period of recovery you should defer surgery. This also applies to patients who have similar hobbies (eg. horse riding, gym activities). If you do experience a complication the period to refrain from such activities will be extended until you have recovered. Please note lack of compliance could lead to the readmission policy being voided.

   b) **Childcare:** If you have young children you may need help from family or friends. For example, lifting children following surgery
might be painful at first and should be avoided.

2. **Your fees** will need to be paid promptly by the required date. Please make sure your funds are properly organized. Last minute delays can cause unnecessary frustration, and possibly a cancellation of your operation.

3. Ensure your **GP** has been informed of your planned

4. Arrange to attend for your **pre-operative screening** with us and any other tests deemed necessary by the surgeon or anaesthetist.

5. Arrange your **transport** to the hospital and back home again. On no account can you drive or travel home alone. Failure to arrange transport home, by a nominated responsible person, may result in the operation being postponed.

6. Prepare an **overnight bag** to take with you. Read your pre-operative instruction sheet before the day. This will help prepare you for the operation and suggest what to bring with you and what to leave at home.

7. Please inform your clinic nurse or patient coordinator if you feel ill, have a cold/flu or any other signs of an infection prior to surgery.

8. It is not possible to proceed with treatment **if you become pregnant**. Please ensure you take necessary precautions. And if you are in any doubt use a pregnancy testing kit.

9. Call your patient coordinator if you need any help or reassurance.

**Postoperative Recovery**

1. We want you to have the best possible recovery and that means getting you to feeling really well and happy soon after the surgery. We have a great aftercare package and all the right procedures in place but we will also require your participation to aid a full and speedy recovery. Please note, however, that we are unable to offer a District Nurse service and all appointments will be arranged at your local clinic. Occasionally we may require a patient to return to the hospital, such a decision is only made in your best medical interest. So that you are informed on what will happen when you first leave the operating
theatre, read the following steps and make sure you understand the post-op events:

2. You will feel sleepy and groggy but the depleting anaesthetic should ensure that you will not feel very much pain.

3. Depending upon the surgery, you are likely to have some dressing to prevent infection from airborne bacteria.

4. Before being discharged from hospital you will be given an information guide on what you should or should not do over the coming weeks.

5. You might be given medication to take.

6. An emergency help number will be part of your leaving package so that you can be assured of help at any time if you are worried or feel ill. This is recommended over and above calling your GP or going to your local hospital.

7. Although rest and avoiding heavy work is important, it is vital that you do not spend too much time in bed or lying down, this behavior can bring on other medical problems.

8. For those having stitches, it is usually around 10-14 days after surgery that your stitches are removed.

9. At this time you should make a “first review” appointment with one of the clinic’s nurses or surgeon.

10. After this, you will have periodic assessments over the following months. You are expected to make these appointments to suit you. The number of appointments will depend upon your recovery rate, your surgeon will advise on this.

11. Please note that occasionally a patient needs to return to hospital, but this is only done if absolutely necessary.

**How soon can I drive?**

You must not drive until your stitches are not removed Due to the effects of the anaesthetic you would technically be driving under the influence of drugs and therefore your insurance would be null and void, you may even be subject to a driving penalty. As this is very serious, then should you choose to ignore this information and drive yourself to the hospital, intending to drive yourself home
post surgery, we must cancel your operation. A cancellation in such circumstances will mean that no refund of fees is due.

In order to ensure the effects of the anaesthetic have worn off, we advise waiting for 2-3 days before driving. You must also bear in mind any strong medications for pain relief can impair your judgment. Other than these factors, you should wait until you feel completely confident to handle a vehicle and react accordingly in case of accident or emergency.

**Tests, investigations, consultations**

Any general tests and investigations like ultrasound scan indicated by your surgeon, following your surgery will cost you. Any care commenced during this period will be continued on this basis as deemed necessary by the clinical team will be provided free of charge, however, if you need to go back to theatre, you’ll need to bear the cost of hospital charges. Also any personal expenses such as travel or loss of earnings are the patient’s own responsibility and we will take no legal responsibilities to compensate these. Please note that the assessment of the outcome of a cosmetic surgery procedure involves a great deal of subjectivity and if your surgeon decides that the results of your surgery are within the normal limits then further surgery at no cost will not be possible. We cannot commit to providing continuing surgery where the results of the surgery originally provided has been affected by changes in life style, pregnancy, illness or the natural ageing process.

If you decide to undergo further consultations or surgery with another surgeon, you will also be responsible for any additional fees this will incur.

This policy may be affected if a patient fails to attend review appointments or follow advice and guidance as indicated by the your surgeon.

**Review Appointments**

Post operative review appointments with the clinic nurse or your surgeon will be provided in line with the post operative care regime for your procedure, or as your recovery dictates. No further appointments are required unless clinical indicated. There will be a fee for surgical consultations and surgical procedure
outside of our readmission period ie. three years after surgery.

THE PRIVATE HEALTHCARE INFORMATION NETWORK (PHIN)

PHIN has a legal mandate to gather and publish performance information regarding all hospitals and consultants providing private treatment.

From the 1st April 2016, it is mandatory for all private healthcare providers to submit patient treatment data to PHIN.