Stevens Approach Successfully Repairs Inverted Nipples and Preserves Milk Ducts

The unique method is less invasive to milk ducts and boasts of long-term aversion.

Los Angeles, Calif. (PRWEB) June 18, 2005 -- A Southern California plastic surgeon renowned for his expertise on breast surgery has created an innovative technique for correcting inverted nipples. Approximately 2 percent of the female population suffers from inverted nipples and the deformity can adversely affect self-esteem, sexuality, and, in severe cases, the ability to breastfeed.

In the past, techniques to correct inverted nipples often sacrificed the milk ducts, causing too much damage to allow breastfeeding after the corrective surgery. While most women were happy to have their nipples corrected, the complete loss of the milk ducts was a steep price to pay. In addition, many procedures did not create lasting projection, over time the nipple would slowly begin to revert. New methods were needed to provide guaranteed results with fewer drawbacks.

Dr. Grant Stevens, a leading Southern California cosmetic surgeon and associate clinical professor at USC, saw the need for a better method. Dr. Stevens created an improved procedure and a special device called a Stevens Stent, which kept the nipple protected and in traction in the days following the surgery. The technique involved releasing the constricted milk ducts with lateral incisions that run parallel to the ducts themselves instead of dissecting them, thus creating the possibility for future breast feeding. The Stevens Stent offered added protection while keeping the nipple in traction, helping to facilitate correct healing and nipple aversion.

Dr. Stevens then decided to follow 21 patients who underwent nipple correction for one year.

"It has been a complete success," said Dr. Stevens. "Of the women in the program, 100 percent of them have retained projection through the length of the study. The successful correction of inverted nipples is quite reassuring to women considering corrective surgery. For those patients in their childbearing age, knowing that there is a possibility to retain the ability to breastfeed is also very important. Dr. Stevens' approach offers excellent results and can have the women returning to their normal schedules and activities within a few days."

Inverted nipples are often congenital, caused by a small nipple base or constricted milk ducts. Inversion can also happen after childbirth, caused by milk ducts scarring due to breastfeeding. There are three levels of inversion: grade one inverted nipples can become projected when aroused or in cold temperatures; grade two inverted nipples can be averted manually, but projection does not last long and the nipples revert to inversion; grade three inverted nipples are impossible to avert manually and can cause other problems such as infection and rashes and inability to breastfeed. Women with grade one inversions can almost always breastfeed, but grade two inversions make breastfeeding more difficult and sometimes not possible.

Inverted nipple surgery is performed with the nipple in a forced averted position by placing a slight incision at the base of the nipple that goes to the milk ducts but does not invade the milk ducts. Once the milk ducts are exposed and the surgeon can determine which ducts or fibers are constricting and causing the inversion, vertical incisions are made into the nipple parallel to the milk ducts. While some of the milk ducts will be compromised, the technique is less invasive than other methods and most milk ducts are spared. An internal suture is placed at the 12:00 and 6:00 positions. Another suture goes from the 3:00 to 9:00 positions. This strengthens the nipple and eliminates "empty" space. The Stevens Stent, consisting of a medical cup and
surgical gauze, is then put in place. The Stent keeps the nipple in traction and protects the surgical site as well. The Stent is kept in place for up to five days, when the doctor will remove it and any external sutures. The internal sutures are self-dissolving.

People with grade one or grade two are most likely to retain the ability to breastfeed. Grade three inversions typically do not allow for breastfeeding, but they couldn’t breastfeed before the corrective surgery either. For these women, the ability to correct their nipples and do away with possible infections and rashes is well worth the effort.

Dr. Grant Stevens is an expert with breasts. The respected surgeon is highly sought after for breast augmentation, breast lift, and breast reduction, so it is no surprise that he has pioneered innovative techniques for repairing nipples as well. By correcting the nipples to the normal projection, Dr. Stevens can help women feel better about themselves, their sexuality and their bodies. For more information on inverted nipples, Dr. Stevens has created a web site on Nipple Repair at http://www.nipplerrepair.com with information on the surgery procedure and before and after photos.

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