

PATIENT INFORMATION

Nipple surgery

Inverted nipple correction
and nipple reduction

Mr Siva Kumar Veeramani

Consultant Plastic, Reconstructive and Cosmetic Surgeon
MBBS BMedSci MRCSEd MBA FRCSEd (Plast.) · GMC 6114710



The Ü Clinic
Sevenoaks & Oxted

Version 1.0
October 2026

Contents

This booklet explains inverted nipple correction and nipple reduction, and what to expect.

01	Why you have this booklet	3
02	What nipple surgery involves	3
03	Is it right for you?	4
04	Other options	4
05	What you can expect from the result	5
06	Getting ready	5
07	Anaesthetic and where it happens	5
08	The operation	5
09	Recovery	5
10	Risks and complications	6
11	Further treatment	7
12	Photographs and records	7
13	Costs and time to think it over	7
14	Your decision	7
15	Your personal information	8
16	Who to contact, and when to get help urgently	8
17	What happens next	8

01 Why you have this booklet

You've been given this booklet because you've talked to Mr Kumar about correcting inverted nipples or reducing your nipples, or you're about to.

It explains what the operations involve, the effect on breastfeeding, and the risks and recovery.

It won't answer every question, and it isn't a substitute for talking things through with Mr Kumar, so please note down anything you want to ask and bring it to your next appointment. There is space for your questions at the back.

02 What nipple surgery involves

Inverted nipples turn inwards rather than pointing out. They can be present from birth or develop later, and can affect confidence, hygiene and breastfeeding. A nipple that has turned in recently should always be checked before any surgery.

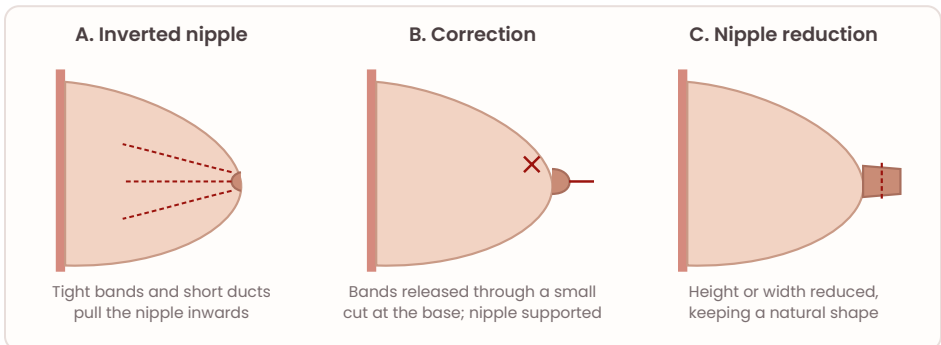


Figure 1. Inverted nipple correction and nipple reduction. A simplified drawing for guidance only.

Inverted nipple correction

Tight bands and short milk ducts under the nipple are released through a small incision at its base, and the nipple is supported so it stays out.

Nipple reduction

A small amount of tissue is removed to reduce the height or width of the nipple, keeping a natural shape.

Both operations are short, are usually done under local anaesthetic, and suit women and men. They can be combined with other breast surgery.

03 Is it right for you?

You're likely to be a good candidate if:

- ✓ your nipples bother you and haven't changed recently
- ✓ you understand the possible effect on breastfeeding

What the operation won't do

- It can't guarantee you will be able to breastfeed afterwards.
- An inverted nipple can occasionally turn in again.

Please tell Mr Kumar if you have, or have had

- any recent change in a nipple, a lump or nipple discharge
- plans to breastfeed in future
- you smoke, vape or use nicotine replacement
- high blood pressure
- a bleeding or clotting disorder, or you take blood thinners, aspirin or supplements such as fish oil, garlic, ginkgo or vitamin E
- diabetes, heart or lung disease

04 Other options

You don't have to have this operation. Depending on what bothers you, the alternatives include:

- suction devices for mildly inverted nipples, which can work for some people
- doing nothing.

05 What you can expect from the result

- The nipples usually look more natural straight away, with swelling settling over a few weeks.
- Scars are small and fade over months.

06 Getting ready

There is usually little special preparation. Please:

- ✓ **tell us about any blood thinners.** Don't stop them without advice.
- ✓ **eat and drink normally** beforehand, unless you are having sedation
- ✓ **bring a soft, supportive bra** to wear afterwards

07 Anaesthetic and where it happens

Nipple surgery is usually done under local anaesthetic, so you are awake and the area is numb. You go home straight afterwards.

08 The operation

The operation takes 30 to 60 minutes. The incisions are closed with fine, usually dissolvable stitches, and a small dressing or protective shield may be used to support the nipple while it heals.

09 Recovery

When	What to expect
Days 1–3	Mild soreness and swelling. Wear a soft, supportive bra.
Week 1	Dressings changed and the wounds checked. Avoid pressure on the nipples.
Week 2	Return to exercise and swimming once healed.
3 months	Scars fade and the shape settles.

10 Risks and complications

Most people recover without any serious problems. But like any procedure it carries risks, and you should understand them before you decide. Where reliable published figures exist, we've given an approximate, rounded figure. Where they don't, we've used these standard terms:

COMMON

more than 1 in 100

UNCOMMON

1 in 100 to 1 in 1,000

RARE

1 in 1,000 to 1 in 10,000

VERY RARE

fewer than 1 in 10,000

Your own risk may be higher or lower depending on your health, whether you smoke, and the details of your procedure. Mr Kumar will talk through what applies to you.

What almost everyone experiences

These aren't really complications. They're a normal part of healing.

- Mild soreness and swelling for a few days.
- Small scars around the base of the nipple.

Other complications

- **Infection** **UNCOMMON**
Usually treated with antibiotics.
- **Bleeding** **UNCOMMON**
- **Changes in nipple sensation** **COMMON**
Usually improves, but can be permanent.
- **The nipple turning in again** **UNCOMMON**
More likely in more severe inversion.
- **Reduced ability to breastfeed** **COMMON**
Some milk ducts may be divided.
- **Asymmetry** **UNCOMMON**

Rare but serious complications

Please read this section carefully.

- **Poor healing of part of the nipple** **RARE**
Usually heals with dressings, but can affect the shape.

Complications of the anaesthetic

Modern anaesthesia is very safe. Feeling sick, a sore throat or feeling drowsy are common for a short time afterwards. Serious problems, such as a severe allergic reaction, are very rare. Your anaesthetist will meet you before the operation and explain the risks for you personally.

11 Further treatment

Occasionally a further procedure is needed to refine the result, for example if healing leaves an area uneven or a scar needs revising. This isn't usually considered until things have fully settled, often 6–12 months afterwards. The cost of any further procedure isn't automatically included in your original fee; the clinic team can explain our policy.

12 Photographs and records

Photographs are taken before and after your procedure and kept in your medical records. They help Mr Kumar plan your treatment, record how things looked beforehand and follow your progress. This is standard good practice. If we ever want to use your photographs for teaching, publication or marketing, we will ask you separately and specifically, and saying no won't affect your care in any way.

13 Costs and time to think it over

You'll receive a written quote covering your treatment, aftercare and any follow-up included in the price, together with our deposit and cancellation policy. Self-pay consultations cost £250 and follow-ups £150.

Time to think it over

We recommend waiting at least two weeks between your consultation and your operation. This follows good practice for cosmetic surgery, and gives you time to think things over and ask more questions. You can change your mind at any point before surgery, even on the day, and you don't need to give a reason.

14 Your decision

This is your decision and you have the right to:

- ✓ take as long as you need to decide, and bring someone with you to appointments
- ✓ say no to treatment, or withdraw your consent at any stage, without having to explain why and without it affecting any other care you receive
- ✓ ask for a second opinion from another surgeon.

15 Your personal information

Your personal and medical information is kept securely and used in line with UK data protection law (the UK GDPR and the Data Protection Act 2018). It's only shared with the people directly involved in your care, or where the law requires it, unless you give your consent for anything else.

16 Who to contact, and when to get help urgently

If you have any questions or worries, please contact the clinic during opening hours on **020 3026 9695** or **info@theuclinic.com**.

Contact us promptly if you have

- redness that is spreading, warmth, discharge or a temperature
- a nipple becoming dark, purple or black
- bleeding that doesn't stop with 10 minutes of firm pressure

Out of hours, your emergency contact number will be given by the treating hospital or clinic.

17 What happens next

Before your procedure, Mr Kumar will go through this information with you again and take your written consent. If anything in this booklet has raised a question, or if anything changes with your health, your weight or your medication before then, please let us know.

My questions

Note down anything you want to ask Mr Kumar and bring it to your next appointment.

Notes

Notes

Questions or worries?

Please contact the clinic during opening hours. Out of hours, your emergency contact number will be given by the treating hospital. In an emergency, call 999.

Telephone	020 3026 9695
Email	info@theuclinic.com
Sevenoaks	The Ü Clinic, 74 London Road, Sevenoaks TN13 2DN
Online	mrsivakumar.com

Mr Siva Kumar Veeramani is a Consultant Plastic, Reconstructive and Cosmetic Surgeon. GMC 6114710.

