

QUESTIONS TO ASK YOUR SURGEON: Nipple & Areola Reduction

What technique will you use to reduce my nipples?

Most commonly, Dr. Rahban addresses enlarged nipples by using a telescoping technique, in which he removes redundant tissue at the base of the nipple, allowing him to set back the nipple into the areola. With this approach, the nipple retains sensation and breast milk production. If a nipple is too large, another technique called the transecting technique whereby the nipple is reduced from the top down. With this technique, sensation and breastfeeding may be altered.

What's your technique for reducing the areola? Will you be using a permanent suture around my areola?

In reducing the areola, Dr. Rahban makes an incision around the areola in the size that he would like. He then makes a second incision around the residual pigment that is larger than the desired areola. He then removes the intervening pigment and subsequently close the outer incision using a pursestring technique. This allows the overall size to be significantly smaller. If the reduction is significant, it is crucial that a permanent suture be used to perform the pursestring closure. Otherwise the areola will stretch with time and can become much larger than when it began.