

The Ideal Nipple Reconstruction Shield

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Summary: Reconstruction of the nipple-areola complex is the culmination of a long road for patients who have suffered breast cancer. The postoperative dressing of the reconstructive nipple must protect it from mechanical forces, trauma, and infection. A broad array of dressings has been used for the reconstructed nipple. The authors propose the use of a readily available adhesive eye protector as a simple and cost-effective dressing for the reconstructed nipple-areola complex. (*Plast. Reconstr. Surg.* 143: 698, 2019.)

Reconstruction of the nipple-areola complex forms the end of a long journey for patients after breast cancer. There are many different techniques described for nipple reconstruction, including nipple sharing, nipple banking, local flaps, nipple augmentation, and three-dimensional tattooing. Local flaps are now the mainstay of reconstruction¹; however, their greatest limitation is a lack of lasting projection,² which is related to both intrinsic and extrinsic mechanical forces acting on the flaps.³

Postoperative dressing of the reconstructed nipple needs to protect it from these mechanical forces, local trauma, and infection. A wide variety of dressings have been described, including nipple-specific plastic guards,⁴ donut-shaped sponges,⁵ modified occlusive sponges,⁶ occlusive dressings with antibiotics,⁷ silicone-based nipple “shields,”⁸ syringes constructed into nipple covers,⁹⁻¹¹ and modifying ocular shields.¹² All of these dressings either require assembly from component parts or need to be ordered specifically. Some can be uncomfortable for the patient, which reduces patient compliance. Those that are sponge based risk external compression when a bra is worn or when sleeping.

The authors propose the use of a readily available alternative adhesive dressing: an eye protector that provides a solid, transparent, molded cover and a foam adhesive platform that securely adheres to the skin while remaining comfortable and waterproof (Extra Cushion Opti-Gard; Dupaco, Inc., Oceanside, Calif.) (Fig. 1). This simple nipple guard can easily be changed by the patient if necessary. In our experience, this dressing is robust, and its solid plastic dome provides



Fig. 1. Anteroposterior view of nipple guard applied to the breast.



Fig. 2. Nipple guard before application. The guard has been cut in two down the middle.

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greater protection from extrinsic mechanical forces, trauma and, in rare occurrences, potential infection while allowing easy flap assessment. In addition, it is more cost-effective (£3.70 for two dressings, both sides) than the standard sponge-based nipple dressing [£3.10 per side; Jelonet Dressing (Smith & Nephew, London, United Kingdom), £0.67; gauze sponge, £2.25; Tegaderm adhesive dressing (3M Medical, St. Paul, Minn.) £0.18] (Fig. 2). This simple, quick-to-apply, robust, cost-effective dressing, which has both practical and theoretical advantages over the most commonly used nipple dressings, has now become the authors' first choice for all nipple reconstructions.

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