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BODY IMAGE

I Wish More People Talked About Inverted Nipples, So I'm Sharing My Corrective Surgery Story

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As is the case for many young women, going through puberty meant I was confronted with a changing body that didn't always feel like my own. After 14 years with a whisper-thin frame, my hips expanded beyond my double-zero waistband seemingly overnight. I shot up half a foot in a single summer, which left every inch of my body feeling stretched and swollen, achy and foreign.

To track my changing body's progress, every few weeks I checked and rechecked the ubiquitous millennial-girl manual, *The Care & Keeping of You: The Body Book for Girls*, paying particular attention to the section on breasts. Like the nosy teenage boys in my classes, I too was eager to see my chest develop beyond the training-bra stage, especially since my friends seemed to be growing faster than I in that department.

To this day, I (happily) remain an A cup. But it took years to recognize that, although my breasts had more or less reached their final stage of development, my nipples never quite resembled those of my female peers — at least as far as I knew.

Like breasts and other appendages, nipples come in a variety of shapes, sizes, colors, and lengths. The degree to which they point outward can also vary, with roughly 10-20% of the population — all genders included — being born with inverted nipples, meaning the nipples retract into the breast tissue. “Nipple inversion may have a hereditary component,” says Dr. Taniqua Miller, a board-certified ob-gyn with health care provider HerMD. “For some, nipple inversion is no more than an aesthetic finding, whereas for others it can cause psychological distress or physical irritation.”

In my experience, most people are surprised to learn that nipple inversion is even possible. But given the fact that at least 16,800,000 people in America are walking around rocking inverted nipples, it's even more shocking to me that this feature is rarely, if ever, mentioned in popular media. Well, I have inverted nipples. Or I *had* them, before I underwent not one, but two corrective surgeries.

Meet the experts

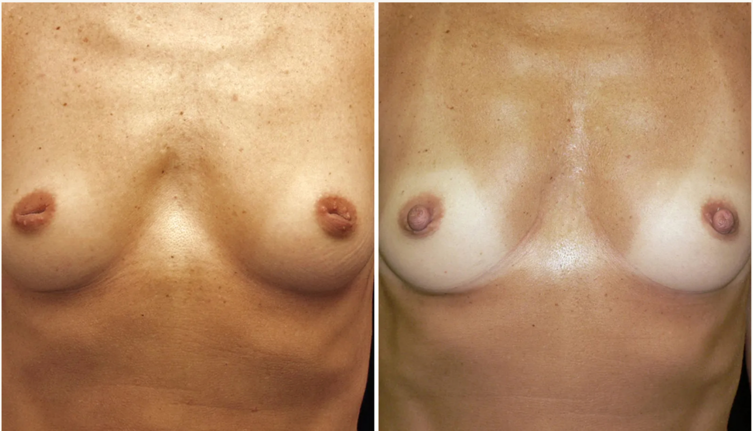
- Dr. Melissa Doft is a double board-certified plastic surgeon in New York City.
- Dr. Adam Kolker is a double board-certified plastic surgeon in New York City.
- Dr. Taniqua Miller is a board-certified ob-gyn with health care provider HerMD.

The realization that your body falls outside of what is generally perceived as "normal" is a strange, lonely process. Up until I was 16, I had never given much thought to the shape or size of my nipples, apart from noticing that they didn't look like the illustrations in *The Body Book* section on breast development. But how could a cartoon be an exact match anyway?

But teenagers inevitably do teenage things, and I started paying much closer attention to that area of my body. My ob-gyn at the time failed to mention my abnormal nipples during annual exams, but a few boys who saw me without a shirt eventually made it known that I was different. With my body-related anxiety already sky-high at that point (as it is for most 16-year-old girls), I turned to the internet for more information. That was a fruitless effort, though, as accessible articles about inverted nipples were even fewer and farther between in the '00s than they are now.

Throughout college and my early 20s I was lucky to have partners who helped put me at ease about my inverted nipples (though there were always some awkward initial questions). Beyond aesthetic reasons, though, I often found this part of my anatomy to be uncomfortable, especially in cold, dry weather. After I graduated and moved to New York City, I finally had the resources to explore corrective treatment — which, for the record, doesn't always involve surgery, but was necessary for my degree of inversion.

"It's very variable in how inverted the nipple is," explains Melissa Doft, MD, a board-certified plastic surgeon in New York City, when asked how she determines the best course of treatment. "For some people [the nipple] is just flat. For some, it's really retracted inward."



A patient before (left) and after an inverted nipple correction performed by Dr. Adam Kolker, MD. Courtesy of Dr. Adam Kolker, MD

The grading scale is from 1 to 3: 1 being the most mild inversion, 2 being moderate, and 3 being the most severe. Manipulation, stimulation, or temperature will usually allow a grade 1 inversion to evert on its own. For grade 2 cases, this is less likely, and for level 3 cases, the nipple remains fully inverted and drawn into the breast tissue despite any type of stimulation.

But what causes the nipple to become inverted in the first place?

The 411 on Inverted Nipples

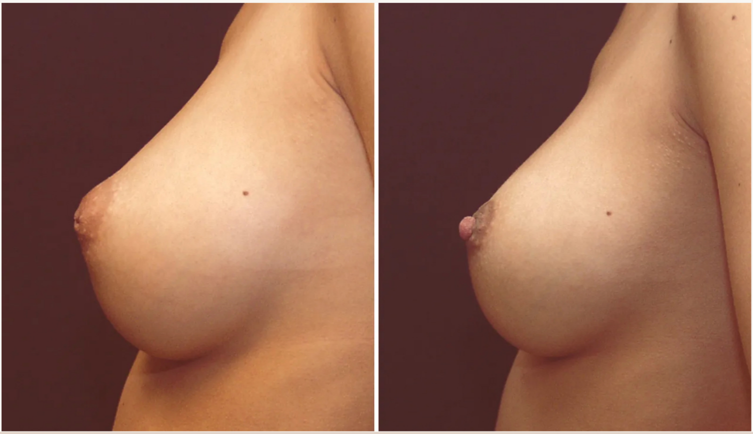
We all have "tethering fibers to hold the nipple in position," says Adam Kolker, MD, a board-certified plastic surgeon in New York City, but these fibers are tighter or shorter in people with inverted nipples. To enable the nipple to assume its natural, outward position, these tightened fibers have to be released, sometimes via surgery depending on the severity of the inversion.

"If someone has a grade 1, I will most commonly recommend a more conservative course of management," says Dr. Kolker. This can include using a manual or electronic suction device to create a vacuum-like effect that pulls the nipple out over time, he explains. (These devices are also commonly used by lactating parents with inverted nipples to help an infant latch on.) Adds Dr. Kolker, "Anytime someone can treat anything to their satisfaction without surgery, I'll always recommend it."

Most inverted nipples are congenital, but it is important to note that if your nipples become inverted later in life, you should be evaluated for breast infection or other injuries. Says HerMD's Dr. Miller, "Breast cancer should be on the radar, especially for patients in at-risk groups, including those with family history of breast cancer, post-menopausal, BRCA-mutation carriers, and previous history of breast cancer."

I had grade 2 and grade 3 nipples — this type of asymmetry is fairly common — so, at age 25, I decided to meet with my first plastic surgeon about corrective treatment. "It's one of those almost niche procedures that not a lot of people know about," says Dr. Doft of inverted nipple correction.

But after having the surgery, which insurance does not cover because it is considered a cosmetic concern, my nipples reinverted six months later. This is also quite common, especially with grade 3 cases; according to Dr. Kolker, the likelihood of recurrence hovers around 50% (although there are fewer studies on what happens after multiple corrective surgeries). “Certain tissues in the body, like the nipple, have a coil effect,” he explains. “The collagen and elastin have a memory to them, so there’s always a possibility they want to go back to their native resting position.”



Another one of Dr. Kolker's patients before (left) and after inverted nipple correction. Courtesy of Dr. Adam Kolker, MD

Other than my sister and sister-in-law, I didn’t tell anyone what was happening at that time. I was too self-conscious to admit having the procedure, much less an unsuccessful one. I began to accept that my nipples might never look the way I wanted them to and concentrated on other things, like building my career and traveling.

After eight years as a beauty editor, however, my knowledge about bodily conditions, including those involving plastic surgery, had grown — as had my belief that seeking aesthetic procedures is nothing to be ashamed about. In the same way that I was learning to accept my body as it was, I allowed myself to want to change something that would help me feel more comfortable and confident in my skin. So I reached out to my now much wider network of experts to explore the idea of trying the surgery again, this time with Dr. Kolker.

What Happens During Inverted Nipple Correction?

“A nipple that is inverted is occupying space beneath the plane of the areola,” Dr. Kolker explained during my initial consultation, at which time he took a full medical history, discussed the risks of the surgery, and answered my barrage of questions.

This is also when your surgeon should discuss the cost of the procedure, which can range between $3,000 and $8,000 based on your location, medical provider, and whether or not an anesthesiologist will be present to provide general anesthesia. (My procedure — without general anesthesia — was performed gratis, with the understanding that I would be writing about my experience.)

Says Dr. Kolker, “When you’re doing a correction, you’re protracting the nipple and there's space underneath it that fills with scar tissue. That can be an aid with holding the nipple in the future.” Unfortunately, he cautions, this scar tissue can also enhance a pulling effect and make recurrence more likely.

After determining that I was still a good candidate for inverted nipple correction, we scheduled my surgery for three weeks later. I decided to forgo the general anesthesia I had with my first procedure because, Dr. Kolker assured me, I would be completely numb under a local anesthetic. Following many “before” photos, and marking around the base of both nipples for the incision and suture placements, Dr. Kolker injected both of my breasts with the numbing agent. About 20 minutes later, I entered the in-office operating suite, selected my music (Rage Against the Machine seemed fitting), and disappeared behind a paper sheet so I could avoid watching as, you know, tiny tools punctured my areola.

“The minimally invasive technique that I advocate for involves making a small incision that is at the base of where the nipple will be,” says Dr. Kolker. “Through this incision, a microsurgical blade is used to release the tethering fibers, then a suture is placed below the nipple to hold it in place. There are several sutures used, but the main is a purse-string suture around the base of the nipple. When tying it, you establish a degree of tautness to support the nipple.”

Although I was numb during the surgery (Dr. Kolker checked in with me many times to see how I felt), it did feel like my nipples were being pulled, one at a time, with a fair amount of force; but overall, I didn’t feel any discomfort. After the last dissolvable suture was put in place, Dr. Kolker peeled back the paper separating us so I could have a look at my newly protruding nipples. He then showed me how to apply an antibiotic ointment, gauze dressing, and tape, which I would wear for the next seven days.

I was in and out of the OR within 40 minutes. I changed back into my clothes, checked in with the office team to schedule the next day's follow-up appointment, and was on my way home — numbness fading and feeling cautious about bumping into anything — with instructions to avoid restrictive clothing for the next two weeks as the pressure could encourage the nipples to invert again.

What Are the Risks of Inverted Nipple Surgery?

While I am exceedingly happy with my results, Dr. Doft and Dr. Kolker both emphasize that there is a risk that the nipple might flatten following corrective surgery, or even reinvert, as I had previously experienced with my grade 3 inversion. "[Surgeons] have to think about blood supply to the nipple, so you can't pull those sutures too tight," Dr. Kolker points out. "If you do, there's always a possibility of blood supply-related issues." This can either cause nipple necrosis (which presents as blackened skin within 24 hours post-op but is reversible when you snip the underlying suture) or lead to recurrence.

Some patients explore nipple piercings after they have healed to help the nipple remain out, but Dr. Doft stresses that this is not a medically reviewed option for aftercare — or for correcting inversion in the first place. "You often see people who had inverted nipples, and they've come up with this home regimen of piercing their nipples to drive them out," she says. (For the record, I have not explored this option, but I don't rule it out for eventual aftercare when I'm fully healed.)

There are significant sensory changes to the nipple too, such as hypoesthesia, or increased sensitivity. Says Dr. Kolker, "Usually, because it has been in for so long, when it comes out, you'll notice everything the nipple touches." And because surgery can sometimes involve severing the milk ducts, you should always speak with your surgeon about the possible impairment of breastfeeding.

The procedure can also affect the appearance of your areola, a.k.a. the pigmented skin surrounding the nipple, especially if it's on the smaller side. "Women who have a much smaller areola may see a little bit of a change in the visual surface area of the areola if they have a denser, more significant inversion because the areola becomes a part of the repair," says Dr. Kolker. "In some women there is very little nipple immediately beneath the surface, so you can recruit some of the areola skin into the correction to project the nipple itself."

The End Results

Six weeks after my second corrective surgery, I'm still adjusting to the changes in my nipples and breasts, and waiting for the remaining stitches to fully dissolve. I admit that it feels strange to alter something so personal after living with it for 33 years, but I don't regret my decision in the slightest. On the contrary, I feel empowered to be at a place in my life when I can make this type of choice — and with more information to guide my decision the second time around. And Dr. Kolker, with his skill and patience, was the perfect surgeon to treat a very curious and equally anxious beauty journalist.

Most importantly, as a massive proponent of transparency in our beauty choices — particularly those that ultimately suggest we were born with certain physical attributes — I now feel ready to share this experience with other people, with hopes that they can also find the answers it took me years to uncover. After all, if I had heard more personal stories or had more resources as a teenager, I might not have felt so atypical compared with my peers — or outrageous for looking into surgical options. While I recognize and support that all bodies are beautiful no matter their presentation, I'm eager to own my choice without needing to justify it or hide it from anyone. Correcting my inverted nipples may seem like a minor change, but the strength I feel as a result of making that decision and being more at home in my body feels like something I've been searching for my entire life.