



Oxford University Hospitals
NHS Foundation Trust

Areola micropigmentation

Information for patients



In this information leaflet we explain some of the aims, benefits, risks and alternatives of having areola micropigmentation. Please speak to the Macmillan Specialist Nurse Practitioner about anything you do not fully understand or wish to have explained in more detail. Contact details are at the end of the leaflet.

What is micropigmentation?

Micropigmentation is a procedure whereby pigment (colour) is implanted into the dermal layer of the skin (the dermal layer is the second layer of skin, which lies under the epidermis). This is done using a state of the art machine, designed specifically for the cosmetic and medical market. The machine and pigment are very different to conventional tattoo machines and inks used in tattoo studios.

The treatment usually lasts around three to five years and is carried out in line with strict health and safety protocols. The pigment does not go as deep into the skin as tattoo ink, which is why it fades over time.

The chosen colours will replicate your natural nipple and areola after your breast reconstruction.

If you have had a nipple reconstruction you should wait three to six months until having this treatment, as it may cause it to flatten.

How is the micropigmentation carried out?

A trained and experienced practitioner/technician will carry out the procedure, during an outpatient clinic appointment.

The pigment is applied using a pen-like device, which contains several small needles. The needles move up and down quickly, penetrating the outer and inner layers (epidermis and dermis) of the skin, and implanting the coloured pigment. This can feel like a scratching sensation.

Depending on how sensitive your reconstructed breast tissue is, you may want to use a topical anaesthetic (in the form of a cream). This can be applied at least 30 minutes before the procedure is carried out, and will numb the area.

You can get topical anaesthetic (Emla cream) from your GP on prescription, or over the counter at most pharmacies. You should apply a thick layer of it and cover with cling film before you arrive for your appointment. The numbing effect will last for a short while after the micropigmentation starts.

If you have sensation in the area to be treated, we strongly recommend that you apply this before your appointment.

Equipment

We use disposable sterile needles and small disposable pigment pots for each individual procedure. These are disposed of immediately after use.

What are the benefits and risks?

We aim to find as realistic a colour match for your nipple areola as possible. If you have had surgery on only one side we will try to match the colour to your remaining nipple, for a more natural appearance. We may offer to tattoo both sides, to give you a better colour match. Your practitioner/technician will discuss this with you at your consultation.

If you have had a double mastectomy, you will be able to choose a colour you feel comfortable with.

Nipple and areola micropigmentation can provide the final touches after your surgical procedure, to give a sense of normality and boost your confidence.

However, micropigmentation is an invasive procedure and is not without risk. The main risks include:

- not achieving an exact colour match
- fading of colour over time
- scarring (you are recommended not to have this procedure if you have a history of keloid scarring)
- pigment migration or spreading of the colour
- uneven pigment colour
- slight skin irritation
- risk of infection, if the area is not kept clean
- allergic reaction to pigments used
- flattening of nipple reconstruction.

To have this procedure you must:

- be over 18 years of age
- not be pregnant
- not be under the influence of alcohol or drugs.

Is there an alternative?

You can choose not to have micropigmentation; it is purely for cosmetic reasons and it is your choice whether to go ahead. There are other methods you could try, which include using makeup to draw on or henna to stain the skin, to create the look of a nipple, but these can be fiddly to achieve and don't last more than a few days at most.

Alternatively, you could opt to have a permanent tattoo, which should not fade, or could try nipple prostheses, which stick to the skin and can be worn for short periods of time.

How many treatments will I need and how permanent is it?

Micropigmentation is a two step process, so you will normally need at least two sessions to perfect your treatment.

The tattoo should last for up to three years or longer, but this can vary. You may need further follow-up treatments every year to achieve and maintain the result you want. If you need top-ups after your initial treatments, please ask your GP to refer you back to us.

What factors may affect the results?

The results of micropigmentation can depend on the skin type you have. It can also be affected by:

- oral medication (tablets or liquids)
- your natural skin tones
- sunlight
- your skin's characteristics (dryness, oiliness, sun damage, thickness, colour)
- the PH balance of your skin (how acid or alkaline your skin is)
- alcohol intake – alcohol dehydrates the body, causing drying and flaking of skin. This can cause the pigment to break down more quickly.
- smoking – this also dehydrates the skin and can make the pigment break down more quickly
- how well you normally heal
- illness – this can affect the pigment and cause it to be broken down more rapidly
- swimming (chlorine can bleach the colour from the tattoo).

We cannot carry out the micropigmentation if you have recently tanned skin (including fake tan), as this makes it very difficult to match the colours of your areola. We would need to wait for your tan to fade and for your skin to return to its natural colour.

If you have a heart condition, epilepsy, haemophilia or other clotting disorder, or if you have had hepatitis over the past 12 months, you must tell your practitioner/technician before you come for the procedure. The contact details for the Macmillan Specialist Nurse Practitioner are at the end of this leaflet.

Allergy test

It is advisable to have an allergy test if you have a history of any type of allergy. The purpose of this test is to detect allergies or other reactions to the pigments used during the procedure.

If you wish to have an allergy test, please contact the Macmillan Specialist Nurse Practitioner to make an appointment to come in before your treatment date. This appointment shouldn't take more than a few minutes.

You will need to wait a full 24 hours after the allergy test to see if any allergies occur. If you have a reaction to the pigment we will not be able to go ahead with the procedure.

How long does it take?

The micropigmentation procedure can take up to 60 minutes, depending on your individual requirements. This varies according to:

- the position, width and depth of the nipple areola area
- the depth of colour to be matched.

At your first appointment you will have a consultation with your practitioner/technician. If you and they are happy with the information provided, you can go ahead with your first treatment during this visit.

The nurse/technician will mark where the tattoo will be placed and will test colours against your skin/existing nipple. When you are both happy with the placement and colours they will start your treatment.

What to expect after the procedure

You will experience slight swelling and redness after the procedure and the skin which has been tattooed may feel tight. These symptoms will get better within 1-7 days, depending on how sensitive your skin is.

You should be able to drive yourself home and carry on with your normal activities immediately after the procedure, but avoid using moisturisers until the area is fully healed.

You should also avoid excessive perspiration (sweating) and exposing the affected area to the sun until it is fully healed. In addition, if you swim, or the area comes into contact with chlorine or saltwater during the healing phase, the pigment may become bleached and will fade. You should avoid swimming and jacuzzis until the area is healed.

Healing consists of three phases:

- 1) Heal – your body's natural defences will create a fine scab to protect the area while it is healing.
- 2) Peel – after a few days the scab will start to flake away. Picking at the treated area as it heals will result in pigment loss.
- 3) Fade – after the fine scabbing has fallen away you will see a lighter hue to the pigment, which is more realistic. It is normal for the colour to be dark immediately after your treatment. After 4-6 weeks the colour you see will be your new healed colour.

To help protect the pigment, you should wear UV protective swimwear and high factor sun cream/block when you are on holiday or exposed to the sun.

Skincare instructions

When you get home you should remove the dressing and allow the area to air dry. If the dressing is stuck to your skin, soak it off with clean water and allow to air dry.

You will need to try and keep the treated area dry for the next 3 days. If it gets wet, blot the area gently with sterile gauze. Do not rub, as this will draw out the pigment.

For the next 7-10 days you will also need to avoid getting shampoo, conditioner, shower gel or soap on the treated area, while it is forming the scab and healing over.

If you wish to have a bath before the area is completely healed, please avoid soaking in the bath water or using any bath products, as this can irritate the treated area and can also draw the pigment out of the skin, causing it to fade.

Take care not to rub the treated area when you are towelling yourself dry. Use gauze to blot dry the treated area. You will be given some sterile gauze to take home, during your appointment.

If you have any leakage of fluid or blood from the treated area, gently clean it with plain cooled boiled water, using sterile gauze and blotting gently dry to remove all moisture.

If possible, leave the area to air dry for as long as possible. Try to wear loose fitting clothing, as this will be more comfortable. You may also find it more comfortable to wear a supportive top or sleep bra when you go to bed.

It is recommended to place a piece of gauze over your breast when putting on your bra, rather than a taped dressing. This is to stop any leakage of fluid or blood from getting onto your underwear and also allows the area to air dry as much as possible.

If the treated area feels tight then apply a very fine layer of Vaseline.

Applying too much Vaseline and preventing air from getting to the treated area can slow down healing and may cause an infection. This can cause the pigment to either fade or come away completely.

If you need an MRI scan after your treatment you should tell your radiologist that you have had areola micropigmentation. The scan may cause the treated area to tingle.

Signs to look out for

Signs of infection include redness or swelling of the area (not including immediately after your treatment). The area also will be warm to touch and may start to feel very sore. It may produce pus and you may feel unwell (like you have the 'flu). If this happens, please contact the Macmillan Specialist Nurse Practitioner for advice.

How to contact us

Macmillan Specialist Nurse Practitioner

Tel: 01865 234 193

(8.00am to 4.00pm, Monday to Friday)

Email: breastreconstructionnurses@ouh.nhs.uk

Outside of these hours, please call the main John Radcliffe Hospital switchboard:

Tel: 0300 304 7777

Ask to bleep the Senior House Officer, Registrar On-Call, or bleep number 6521 (for the member of staff co-ordinating the Specialist Surgery Ward).

More information

If you have any questions about the procedure or any of the information in this leaflet, please speak to your hospital doctor or the Macmillan Specialist Nurse Practitioner.

If you need an interpreter or would like this information leaflet in another format, such as Easy Read, large print, Braille, audio, electronically or another language, please speak to the department where you are being seen. You will find their contact details on your appointment letter.

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