COMMENTARY





New measurement method for matching areola size prior to tattooing

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Reserved as the final step in breast reconstruction surgery, nipple areola reconstruction is important for obtaining an aesthetically agreeable breast.^{1–6} It has been shown that the recreation of the nipple-areola complex (NAC) is an integral part of the breast reconstruction process since patients associate this stage with the end of treatment and it provides a sense of completeness.^{7,8} Creating a nipple-areola complex that matches the contralateral nipple in terms of

size, shape, projection, and position is an important factor to the final reconstructive result.

Tattooing is a favored technique for nipple areola reconstruction since it is a simple, quick, and safe procedure with a high satisfaction rate. However, it is challenging to match the size of the reconstructed NAC to that of the natural breast. We propose a new measurement method to easily and accurately match a reconstructed

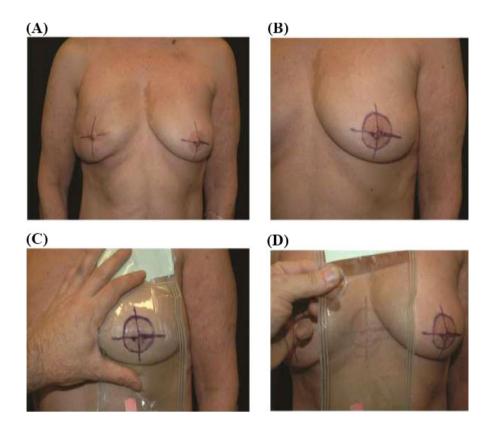
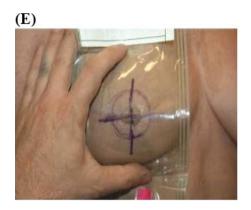


FIGURE 1 (A–F), graphically represents the steps of this new measurement method for matching areola size prior to tattooing. The patient had breast reconstruction for her right breast and her left breast was natural. All procedures were performed by Dr. M. Abboud

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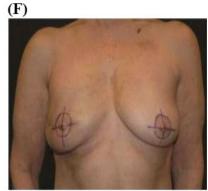


FIGURE 1 Continued

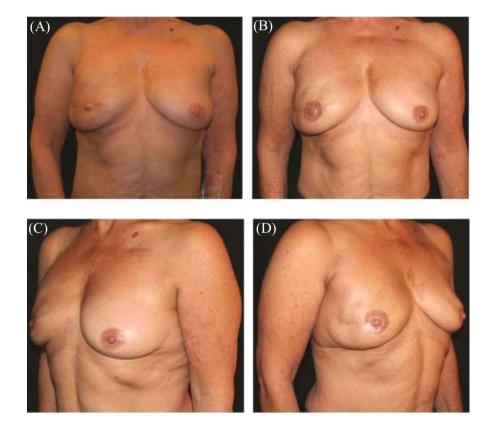


FIGURE 2 (A–D), depicts the final results of this procedure, 6 months following the tattooing of the NAC on the reconstructed breast

NAC in shape and size to its symmetrical counterpart prior to tattooing.

For more than 15 years the senior author has applied this measurement technique to nipple areola reconstruction in unilateral nipple areola reconstruction. First, a perpendicular axis with the nipple as origin is drawn on both breasts (Figure 1A). Second, the areola circumference of the natural breast is outlined (Figure 1B). Third, a transparent plastic film is cut to the size needed and is then placed ontop of the natural breast and the areola circumference and NAC dimensions are traced onto film (Figure 1C). Fourth, the plastic film is then removed from the natural breast, flipped over, and placed ontop the reconstructed breast so the markings can bleed and

transfer (Figure 1D-F). It is important to overlap the orthogonal axis from the plastic to that on the reconstructed breast, this will help ensure the creation of an areola circumference identical to that of the natural breast. Finally, the marked area on the reconstructed breast is tattooed (Figure 2).

In conclusion, this new measurement technique is a simple, accurate, and effective method to successfully obtain near identical NAC in the reconstructed breast compared to its natural counterpart.

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