



# Nipple Areola Tattooing (medical tattooing)

This leaflet explains about areolar-nipple tattooing, which is referred to as micropigmentation or medical tattoo. This includes the benefits, risks and what you can expect when you come to hospital. If you have any further questions, please speak to a doctor or nurse undertaking the procedure.

# What is nipple areola tattooing / micropigmentation?

The nipple areolar complex is composed of nipple, which is the very centre portion and the areola which is the dark circles of skin around the nipple. If the nipple areolar complex has been removed, this procedure can give the illusion of an areola and colour of the reconstructed nipple. Nipple areolar tattooing is an invasive procedure which involves implanting colour pigment into the dermal layer of the skin to create a semi-permanent colour using very fine sterile needles.

# Why should I have nipple areolar tattooing?

The aim of the procedure is to improve the cosmetic appearance of the breast by optimally matching the size and colour to the opposite nipple areola (if one sided). If you have undergone bilateral reconstruction, you will be able to determine and choose the size and colour independent of a match.

Nipple areolar tattooing can occur after reconstruction of the breast is completed.

It is not essential to undergo the nipple tattooing procedure and it depends on how patients feel about their breast(s). Some patients find that the procedure improves their body image and quality of life, thus boosting their self-esteem.

#### What are the risks?

This is an invasive procedure and therefore is not without risk.

These include:

- Bleeding (during and after procedure)
- Not achieving an exact colour match.
- Infection
- Scarring

gesh is a collaboration between St George's University Hospitals NHS Foundation Trust and Epsom and St Helier University Hospitals NHS Trust.

 Slight skin irritation or allergy to pigment (a patch test is inconclusive regarding whether you will have an allergic reaction at any time in the future).

The result of the medical tattooing is partially determined by variations in skin type. It can be affected by medications, skin characteristics (dryness, oiliness, sun damage, thickness, colour and colour), lifestyle such as alcohol intake and smoking. There is no guarantee that the colour match will be exactly as was planned.

# How can I prepare for the procedure?

You will be asked to attend the nurse led areolar tattooing clinic for an initial consultation regarding the procedure. Digital images will be taken before and after the procedure. At this consultation, you will choose the pigment that closely matches your other nipple areola if one sided. If both sides are being treated, you will choose the colour and the size of areola as you prefer.

Once the colour is chosen a patch test is performed. This is to determine if you have an allergy to the pigment used. A small amount of pigment is placed onto your skin and covered with a waterproof dressing; you need to leave this in place for 24 hours. You can then wash off the pigment and observe the skin for any reaction. You must contact the Clinical Nurse Specialist on 020 8725 0473 to alert of any reaction / allergy to the pigment.

Please note if your patch test is negative, it doesn't mean that you won't have an allergic reaction at any time in the future.

# **Asking for your consent**

It is important that you feel involved in decisions about your care. For some treatments, you will be asked to sign a consent form to say that you agree to have the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

# What happens during the procedure?

The clinical nurse specialist will assess your suitability for the procedure. You will stand in front of the mirror with the nurse, discuss the position, size and shape of the nipple areola to be tattooed and you will confirm the colour to be used.

The procedure is commenced while you are awake and lying on a couch.

The length of time it takes to perform the procedure is dependent on the size and if unilateral or bilateral areas are tattooed but it will take 30-40 approximately minutes per nipple areola.

# Will I feel any pain?

Most patients do not have sensation in the area to be treated. However, if there is sensation in the area, a local anaesthetic cream will be prescribed and applied to the area approximately 30 minutes before the procedure. This will numb the skin to be treated.

# What happens after the procedure?

Immediately following the procedure bleeding and leakage of serous fluids can be expected. Chloramphenicol ointment will be applied to the skin with a dry dressing.

The treated skin area may initially appear pink / red with some swelling. This is a normal reaction and will last for several days.

You will be able to drive yourself home and be able to resume normal activities but use of cosmetics and exposure to the sun on the treated area should be avoided until the area is completely healed

# What do I need to do after I go home?

The dressing, which is applied immediately after tattooing should remain in place for at least 24 hours as the areola may continue to leak or bleed.

Information leaflets on 'Aftercare following Micropigmentation' will be given to you. The clinical nurse specialist will explain what to do and what to avoid.

# Will I have a follow-up appointment?

A follow-up appointment will be made to see you in the plastic dressing clinic approximately 7-10 days after the initial tattooing.

You will also have a follow-up appointment at the nipple tattoo clinic at 6-8 weeks post procedure. Six weeks is the time it takes for the pigment to settle to its final colour. Sometimes further tattooing is required if it appears uneven or if the colour is not a good match.

Over time the tattoo will fade and this is natural as it is semi-permanent, therefore top up tattoos are required in the future. This is generally after twelve to eighteen months.

# **Useful sources of information**

www.finishingtouchesgroup.com www.breastreconstruction.org www.breastcancercare.org.uk

#### Contact us

If you have any questions or require further information, please contact the clinical nurse specialist on 020 8725 0473 (Monday to Friday from 9.00am to 4.00pm or email <a href="Jovita.devera@stgeorges.nhs.uk">Jovita.devera@stgeorges.nhs.uk</a>

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit <a href="https://www.stgeorges.nhs.uk">www.stgeorges.nhs.uk</a>

#### **Additional services**

#### Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm Friday between 10am and 2pm.

The Walk-in and Advisory telephone services are closed on Wednesdays. Please contact PALS in advance to check if there are any changes to opening times.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough wings.

Tel: 020 8725 2453 Email: pals@stgeorges.nhs.uk

#### **NHS UK**

The NHS provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

#### **NHS 111**

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

**Tel:** 111

#### **AccessAble**

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



**Reference:** PLS\_NAT\_02 **Published:** September 2025 **Review date:** September 2027