

Patient agreement to investigation or treatment

Nipple-areola micro pigmentation (nipple colouring) after reconstructive breast surgery

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Brief description:

- Micro pigmentation is a type of semi-permanent colour (cosmetic tattoo) applied to the skin to re-create the colour and shape of the nipple-areola area after breast and nipple reconstruction surgery.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure. We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke’s website: <http://www.cuh.org.uk/consent>
- Guidance for health professionals can be found on the Addenbrooke’s intranet site <http://nww.addenbrookes.nhs.uk/consent>
- Remember, you can change your mind about having the procedure at any time even after you have signed the form.

For staff use:

Does the patient have any special requirements? (For example: requires an interpreter or other additional communication method)

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About nipple-areola micro pigmentation

- Micro pigmentation is a procedure that permanently alters the skin of your reconstructed breast by implanting pigment into the skin. It is similar to a tattoo applied in a commercial setting.
- A trained practitioner will perform the procedure in the outpatient clinic.
- Most patients require two to three initial treatments and, possibly, further follow-up treatments to achieve and maintain the desired outcome.

Before your procedure

- We shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you may have at any time.
- You will be asked if you are taking any tablets or other types of medication – these might be ones prescribed by a doctor or bought over the counter in a pharmacy or health food shop.

During the procedure (operation/treatment) itself

- The pigment (colour) is applied using a pen-like device that works like a miniature sewing machine. The needle moves up and down very fast, penetrating the outer and inner layers of the skin (the epidermis and the dermis), implanting the coloured pigment.
- The practitioner holds the pen and guides it along the skin. The pigments are built up using a variety of shading techniques.
- Most people do not have any sensation in the area to be treated because of the previous breast reconstruction and will, therefore, not require any anaesthetic. If you do have some sensation in the area to be treated, please ask your GP for a small tube of anaesthetic cream (i.e. EMLA™) and apply it to the nipple area of your reconstruction approximately two hours before your treatment.
- The length of time it takes to complete the micro pigmentation procedure varies with each individual and depends on the size of the nipple areola area and the depth of the colour to be matched. You should allow one hour for the procedure but some people will be treated more quickly.

After the procedure (operation/treatment)

- You will experience slight swelling and redness to the area following the procedure and the skin can feel 'tight'. These symptoms will subside within one to seven days depending on how sensitive your skin is.

- You should be able to resume normal activities immediately following the procedure. However, please do not use cosmetics on the area that has been treated and avoid excessive perspiration and exposure to the sun until the area has fully healed.
- In the first few days, the pigmented area of the skin will form a scab. Over the next 14 - 21 days as healing takes place, the scab will peel off. You will also notice a slight fading of the pigment and softening of the colour over this time.
- Please do not interfere with the scab before it is ready to fall off. It is important that the healing process takes its natural course. You will get a better cosmetic result without scarring.

When can I leave hospital?

- You will be able to leave hospital as soon as the treatment is finished.

Skin care instructions after the procedure

The following instructions must be carefully followed for at least two weeks after each part of the procedure to ensure successful results.

- During the two weeks following a treatment, you should **not** use soap, sunbathe, swim, use a sauna or a Jacuzzi.
- Before bathing or showering, apply a light coating of petroleum jelly to the pigmented area using a clean cotton bud. This helps to repel the water and prevent excessive exposure to moisture.
- Cover the area with a protective dressing during the day, uncover the area while sleeping but do not sleep on your stomach.
- If a crust appears on the areola, do not pick or peel it off. This can remove the pigment as well as the crust and may cause scarring.
- To prevent infection, do not touch the coloured area with your fingers until it is completely healed.

Check-ups and results

- Before you leave the hospital, you will be given details of when you need to return to the hospital for follow-up treatment. At this time, we can check your progress and discuss any further treatment we recommend. The colour is also likely to change over time – they often lighten. Swimming in chlorinated water can, in some cases, encourage colour fading to occur; those who swim regularly might require more frequent top-up treatments.
- Photographs will be taken at the end of your treatment and kept in your medical records. You might have photographs taken before the treatment as a reference for colour changes.

Intended benefits of the procedure

- The aim of nipple-areola micro pigmentation is to improve the cosmetic appearance of the reconstructed breast and nipple by giving you a colour match to your nipple-areola area on your other side. We aim to match the tattoo as closely as possible to your remaining nipple or, for double mastectomy, to your choice of colour.

Who will perform my procedure?

- The procedure will be performed by a trained practitioner

Alternative procedures that are available

- Nipple areola micro pigmentation is an optional procedure and as such, you may choose not to have it done.

Serious or frequently occurring risks

The procedure is performed by a practitioner who matches the colour by eye. It is important to note that it is not possible to get a 100% colour match. The practitioner performing the procedure will discuss with you the following issues with you before your treatment:

- It is not possible to achieve a 100% colour match.
- The colour may spread from the original position.
- The colour may fade over time.
- The pigment may be uneven over the areola.
- Scarring may occur if any scabs do not heal properly.
- There is a small risk of infection which can be treated with antibiotics.
- You may have an allergy to the pigment and/or any anaesthetic cream used.

Factors that may affect the result

The result of nipple areola micro pigmentation can be affected by factors such as: -

- Natural skin tones.
- Characteristics of the skin (i.e. dry, oily, sun damage).
- Medication you may be taking.
- Lifestyle (i.e. smoking, sun exposure, swimming).
- Individual healing ability.
- Presence of any scars in the area being tattooed.

Information and support

If you have any questions or require further information, please contact the Surgical Care Practitioner for Plastic and Reconstructive Surgery on 01223 348 915 (or extension 58915) or the Breast Reconstruction Nurse Specialist on 01223 348 665 (or extension 58665).



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or patient.information@addenbrookes.nhs.uk



Document history

Authors	Department of Plastic and Reconstructive Surgery
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Consent form 1

Patient agreement to investigation or treatment

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Responsible health professional/job title

Special requirements
(For example, other language/other communication method)

Name of proposed procedure or course of treatment

Nipple-areola micro pigmentation Side (left/right).....

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- The intended benefits of the procedure: The aim of nipple-areola micro pigmentation is to improve the cosmetic appearance of the reconstructed breast and nipple.
- Any serious or frequently occurring risks from the procedures including those specific to the patient: The colour may spread from the original position, colour may fade over time, the pigment may be uneven over the areola, scarring may occur if any scabs do not heal properly, there is a small risk of infection and you may have an allergy to the pigment and/or any anaesthetic cream used
- Any extra procedures that might become necessary during the procedure

Blood transfusion Other procedure (please specify)

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided: Nipple-areola micro pigmentation
..... Version/Date/Ref: 3/November 2010/CF158

This procedure will involve:

General and/or regional anaesthesia Local anaesthesia Sedation

Health professional's signature: Date:

Name (PRINT): Job title:

Contact details (if patient wishes to discuss details later)

I have offered the patient information about the procedure but s/he has declined information.

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature..... Date:

Name (PRINT):

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
- See also advance directive/living will

Copy accepted by patient: yes / no (please circle)

<p>For staff use only: Surname: First names: Date of birth: Hospital no: Male/Female: (Use hospital identification label)</p>
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Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you.

You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

I understand that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below. Yes No

I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** If you wish to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

I agree to the use of photography for the purpose of diagnosis and treatment.

I agree to anonymised photographs being used for medical teaching.

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature: **Date:**

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature: **Date:**

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature Date:

Name (PRINT): Job Title: