RETRACTION OF NIPPLE - CORRECTION BY INTERMITTENT SUCTION

Sir.

Retraction of the nipple is not an uncommon problem in adolescent women. Most of the treatments described are surgical procedures in which the lactiferous ducts are divided to bring the nipple forwards. Since this surgical procedure divides the ducts, the patient will not be able to feed after delivery.

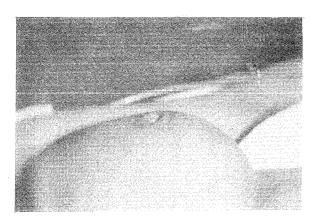
In a young, unmarried & adolescent woman, lactational function should not be compromised. We describe a suction technique which we found useful in the management of this condition.

The outer sheath of a 20c.c glass syring is taken and a rubber bulb is connected to the tip. The

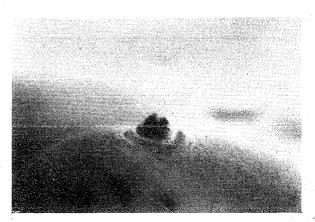
bulb is squeezed, vacuum is created and the base of the glass syringe is kept over the areola enclosing the nipple. When the pressure is released from the bulb, the negative pressure sucks the nipple and brings it forwards. The patient is instructed about this procedure and she is advised to do it at home as frequently as possible.

First one or two attempts are done under the supervision of the surgeon with local anaesthesia infiltrated below the areola and nipple, since there might be pain and some bleeding. Once the patient is confident that she could do it at home, she is advised to do so.

We have done this on three occasions with good results (Fig. 1-3).



(Fig-1) Pre-operatic retracted nipple - patient in supine position



(Fig-3) Post-suction protrusion of the nipple - Patient in supine position.

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Reference

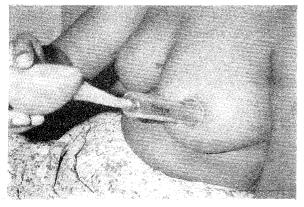
 Gangal H T & Gangal M H. Suction method for correcting flat nipples or inverted nipples. Plast Reconstr Surg 1978;61:294

BLOODLESS FIELD FOR TONGUE SURGERY

Sir,

Tumors of the tongue, especially haemangiomas, are highly vascular and at times their removal could lead to alarming blood-loss or danger of post-operative asphyxiation. I would like to describe a simple method for obtaining a near-total bloodless field during operations involving the tongue, which I have been using.

The tongue is first emptied of blood by successive application of 2 pairs of ordinary non-crushing



(Fig-2) Suction technique - Patient is sitting