Determine position and size of new nipple. Draw modified S-pattern to guide creation of skin flaps. Dissect along S-pattern to create free-moving skin flaps.

Note: Take care to ensure adequate blood flow to flaps. In patients with insufficient subcutaneous tissue, pectoralis muscle fascia can be mobilized to provide blood supply and support.

After the skin has relaxed, bring together the tissues at point A and point B. Then bring together tissues at point C and point D.

This action will result in the skin flaps coming together to form a tent-shaped projection.

Suture the top and one side of the projection. Insert the Biodesign® nipple reconstruction cylinder into the side still open.

Note: Inadequate suturing can result in separation of the flaps and failure of projection restoration.

Suture closed the side still open. To prevent migration, the cylinder is held in place with a horizontal suture through the base of the new projection (optional).

To learn more, e-mail signals@cookmedical.com or contact your Cook Medical representative.
CV Flap Procedure Guide

1. Determine position and size of new nipple. Create the CV pattern on the breast where the nipple is to be reconstructed. Dissect along the pattern. 
   Note: Take care to ensure adequate blood supply to flaps.

2. Allow the skin flaps to relax.

3. Raise the flaps and close the donor area.

4. Place the Biodesign® nipple reconstruction cylinder in the desired location. Wrap the V-flaps around the cylinder and suture them into place. Alternatively, suture the V-flaps to create a “pillar” of tissue, then place the cylinder.

5. With the V-flaps sutured into position and the cylinder in place, suture the C-flap closed to form a “cap” over the nipple. Use a horizontal suture through the base of the projection to prevent migration of the nipple reconstruction cylinder (optional).

Please note: The Biodesign nipple reconstruction cylinder can be used with a variety of nipple reconstruction techniques. All techniques must be modified to accommodate the additional volume of the cylinder. The selection of technique is based solely on physician discretion.