Online Exclusive Article

Nipple-Areola Tattoos: Making the Right Referral

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Purpose/Objectives: To examine oncology care providers' knowledge of tattooing options for patients who have elected to have breast reconstruction as part of their breast cancer treatment.

Design: Cross-sectional survey.

Setting: A large metropolitan cancer center in New York and various locations across the United States.

Sample: 68 oncology care providers who work with women with breast cancer, distributed into two groups: RNs (n = 43) and non-RNs (n = 25).

Methods: Descriptive statistics were used to summarize online survey responses for the two groups, with inferential comparisons made with logistic regression models.

Main Research Variables: Healthcare profession, discussion of reconstructive tattoo options with patients, knowledge of providers of reconstructive tattoos outside of traditional healthcare settings, and recommendations made to patients.

Findings: RNs were significantly less likely to recommend a professional tattoo artist to a patient than non-RNs, despite a similar proportion of both groups believing that a tattoo artist would provide the patient with a better tattoo than healthcare providers (HCPs).

Conclusions: Additional research is needed to identify education deficits in HCPs regarding tattoo reconstruction options. HCPs are recommending potentially substandard options for nipple-areola tattooing, even though many believe that tattoo artists, who are outside of the traditional healthcare setting, could provide better outcomes for patients.

Implications for Nursing: Nurses and other HCPs require additional education about nipple-areola tattoo options for patients following breast cancer surgery.

Key Words: areola tattoo; nipple tattoo; breast cancer; breast reconstruction

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Breast cancer remains one of the most common malignancies in the United States, with an estimated 232,000 incident cases in 2014 (National Cancer Institute [NCI], n.d.). Although the incidence rate of breast cancer has gradually increased during the past four decades because of improvements in screening and treatment, the five-year survival rate has also increased from an estimated 75% in 1975 to more than 90% today (NCI, n.d.). A greater proportion of women are surviving longer with the disease after initial diagnosis, placing greater emphasis on their quality of life during the post-treatment period.

Among those patients who are able to receive breast-conserving treatment, nipple-areola tattoos are the final stage of a long, emotionally challenging road to recovery following breast cancer. The tattoos mark the end of chemotherapy, surgery, and uncertainty; for some, they also symbolize the transition from patient to survivor. Although reconstructive surgery frequently provides excellent outcomes as far as the form and shape of breasts, nipple-areola tattoos are often a neglected part of the breast reconstruction process.

Background

When performed by healthcare providers (HCPs) (e.g., physicians, nurses, physician assistants), shortcomings of nipple-areola tattoos may include poor pigment retention and color matching, lack of dimension, scarring, and increased healing time (Goh, Martin, Pandya, & Cutress, 2011; Jabor, Shayani, Collins, Karas, & Cohen, 2002). These deficiencies are directly related to the quality of ink used, as well as to HCPs' lack of art training and substandard tattooing technique (Halvorson, Cormican, West, & Myers, 2014). HCPs usually learn tattooing through a brief course offered by medical tattoo companies. They are provided, on average, with only 100 hours of training, which is often offered by the manufacturer of the ink (Beau Institute, n.d.; Dermagrafix Permanent Cosmetic Studio, 2015; Eternal Beauty Cosmetics, 2009). Some may also receive additional peer training on the job. These HCPs are taught the basics of cross-contamination and how to operate the tattooing machine, but they rarely have an artistic background. As such, they have not been taught various artistic principles, such as how to achieve