Vecchione used a split-thickness skin graft after direct tip amputation. This method, however, cuts through the nipple core housing the lactiferous ducts, most likely creating a functional disruption of breast feeding. Circumcision techniques around the nipple base have been used to decrease height and diameter without compromising lactation. As such, wedge resections of the nipple should be placed vertically to maximize nipple sensation.

The “average” nipple is generally agreed to be 1 cm in diameter and 1 cm in anterior projection, with a ratio of 1:3.6 (or 28 percent) nipple-to-areola diameter. Elongated nipples are more common in postpartum women and also occur more frequently among Asian women than among Caucasian women.

We present a video for documentation of a technique for nipple reduction. It is a modification of the Cheng top hat technique. The wedge excision is greater in width and then imbricated as a burrow triangle to further decrease nipple height and maximize blood supply and sensation. The inferior excision can be further extended as a circumferential strip removal as advocated by Jin to maximize dimensional decrease (Fig. 1).

We present this technique to maximize reduction of length predominantly. The Jin technique increases the volume of nipple within the skin with two wedges to compensate. This technique places the wedge at the 6-o’clock position only, avoiding a scar the patient can see from above, or at the 12-o’clock

**DISCLOSURE**

The authors have no financial interest to declare in relation to the content of this communication.

**REFERENCES**


**Video.** Supplemental Digital Content 1 demonstrates a technique for nipple reduction, [http://links.lww.com/PRS/B165](http://links.lww.com/PRS/B165).
position. The imbrication of the base widens the relative base, which can help change the mushroom-on-a-stalk appearance that commonly occurs during the postnatal period. The modified top hat component of Cheng allows more control of the height. The wedge and top hat nipple reduction technique with imbrication of the base allows control of height, width, and shape of the new nipple.

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REFERENCES

Orchialgia after Orchiectomy

Sir:

Orchiectomy is an accepted treatment for testicular pain.1–5 In one study, 73 percent of patients who underwent inguinal orchiectomy had complete pain relief; the remainder reported at least partial relief.1 Using a scrotal orchiectomy approach, these authors reported 55 percent relief of testicular pain.6,7 A different approach to testicular pain is to denervate the testicle instead of performing orchiectomy: this open approach, termed “microsurgical denervation,” has been reported for treatment of orchialgia, with success rates approaching 85 to 100 percent.8–11 A different approach to testicular pain is to denervate the testicle instead of performing orchiectomy; this open approach, termed “microsurgical denervation,” has been reported for treatment of orchialgia, with success rates approaching 85 to 100 percent.8–11 This requires microdissection of cord structures, preserving the testicular artery and vas deferens in patients who have not had an orchiectomy, but the genital branch of the genitofemoral nerve is not specifically identified. The purpose of the present report is to describe an extension of our treatment of groin pain of neural origin after hernia surgery12–14 to patients with persistent orchialgia after orchiectomy, focusing on identifying the genital branch of the genitofemoral nerve at the external...