Useful Method to Create a Precise, Sterile, and Inexpensive Areola Marker

Luciano Ariel Lanfranchi, MD; Riccardo Gazzola, MD; and Franz Wilhelm Baruffaldi Preis, MD

Several areolar markers have been described in the literature. “Cookie-cutter” areola markers are commonly employed, although custom-made instruments have also been designed for this purpose, including washer sets, wires, stainless steel instruments, “wavy-line” markers, and electrocardiography dots.

In this letter, we would like to describe a method of creating a disposable and sterile areola marker that is useful for both preoperative and intraoperative markings.

First, a plastic ruler is obtained from a pen marker kit. A vertical cut (parallel to the width of the ruler) that proceeds halfway through the ruler is made at 0 cm. The surgeon calculates the desired areolar diameter and the areolar circumference (by multiplying the diameter × π). A second vertical cut (again halfway through the ruler) is then made on the opposite edge at the determined length (Figure 1). For instance, a desired diameter of 42 mm would result in a circumference of 131.88 mm (42 mm × 3.14).

Figure 1. Cuts are made at 0 cm and at the desired length (equal to the areolar circumference calculation) on a plastic ruler from a pen marking kit.

Figure 2. The ruler is curved and the cuts are wedged together, creating a ring. Adhesive tape can be applied to the extremities of the ruler, to secure the ring. The ring can be used for both preoperative and intraoperative areolar markings.

Dr Lanfranchi is a plastic surgeon and Dr Preis is Chief of the Plastic Surgery Department at IRCCS Ospedale San Raffaele and IRCCS Istituto Ortopedico Galeazzi, Milan, Italy. Dr. Gazzola is a resident in the Plastic Surgery Department at IRCCS Policlinico San Donato Milanese, Milan, Italy.
which would be the marking for the second ruler cut. The ruler is then curved, and the 2 cuts are wedged together to achieve a ring (Figure 2). The surgeon can employ any adhesive tape to fix the ruler in the desired position. This new object can then serve as a trace for drawing. Alternatively, it can be employed as a “cookie cutter” impressed on the areolar perimeter. In this case, the surgeon should apply a uniform pressure on the instrument to avoid inadvertent folds on the ruler.

Our system is precise, inexpensive, sterile, disposable, and easily available. The surgeon can choose precisely the desired areolar diameter, and this method does not require instruments that must be sterilized.

Disclosures

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REFERENCES