



Gynaecomastia Surgery (Male Breast Reduction Surgery)

Gynaecomastia surgery is surgery to reduce the male breast. Before going ahead with any treatment or surgery it is important to run through a basic health check, as gynaecomastia can be due to problems with weight, hormone disorders or imbalance, some medications or tumours such as a testicular tumour. In most men there is no medical reason, but these potential causes of gynaecomastia must be ruled out before going ahead with surgical treatment. Pre and post surgery clinical photographs of your chest will be taken.

Indications for gynaecomastia surgery

- Male breast enlargement that has failed to respond to other relevant treatments such as weight loss, treatment of hormonal or medical disorders or stopping medications or supplements

Limitations of gynaecomastia surgery

- If significant fibrous tissue or extra skin is present, it will not be possible to reduce this tissue via minimally invasive means (i.e. liposuction alone). There will be some external scars usually around the nipple area.
- If a large amount of extra skin is present, more extensive incisions (scars) may be necessary to reduce the skin and breast tissue sufficiently
- "Puffy" nipples are not always due to gynaecomastia and may not be improved or affected in any way by gynaecomastia surgery

Types of gynaecomastia surgery

Gynaecomastia or male breast reduction is usually done under general anaesthesia although milder cases may be suitable for local anaesthesia. The surgery takes between 1 and 3 hours depending on the extent and type of surgery required.

Liposuction

Liposuction may be suitable for milder cases of gynaecomastia or for forms of gynaecomastia where the excess breast tissue is predominantly fatty.

Liposuction is carried out through very small incisions where fluid is infiltrated and then a suction cannula is used to remove the fat. A narrow metal tube (suction cannula) attached to a suction pump is inserted through the very small skin incisions and used to remove the unwanted fat by moving it through the area to be treated under the skin. A local anaesthetic and adrenaline solution will be injected into your chest tissue beforehand to help reduce pain and bleeding and to aid with the liposuction.

Liposuction has the advantage of using very small scars and of being very effective in removing subcutaneous tissue. It does rely somewhat on the ability of the skin to snap back and this is something that varies from individual to individual and lessens with age or significant weight gain, loss or changes. Mostly power or suction assisted liposuction is used. Variations of liposuction utilise ultrasound or laser to assist in breaking down and removing the fat.

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Open gynaecomastia reduction surgery

When the breast tissue is more solid and fibrous or there is a significant amount of extra skin, open surgery is necessary. Liposuction alone will not sufficiently remove this tissue. An incision is placed just underneath the nipple or towards the side under the armpit and the excess tissue is removed. This will leave a scar in the area, which will be red at first and will slowly fade. In severe cases a more extensive scar on either side of the nipple or in the breast crease may be needed to remove sufficient skin and tighten the area. If necessary, the size of the areola (pigmented area of skin around the nipple) is reduced as well. In severe cases e.g. after a large weight loss, the nipple may need to be moved and repositioned to a better location on the chest or detached and reattached in a new position.

Combination surgery

Sometimes both techniques are combined for optimal effect. Liposuction effectively removes the fatty tissue present, while the more fibrous tissue is removed via an incision under the nipple. This can reduce the amount of open surgery needed and contour the rest of the chest nicely.

Haemostatic net

If there is a high risk of loose or sagging skin after the reduction surgery, Ms Nugent may recommend that you have a haemostatic net of sutures placed at the end of surgery. This is an external lattice of sutures placed across your chest. They help redrape and hold the chest skin into the position needed and to reduce the risk of a haematoma. They need to be removed 2 to 4 days after the surgery if placed.

Post-operative course

You will have bruising and swelling in the treated area afterwards which will peak at day 2 to 3 and slowly resolve over the weeks following this. Most of this will go in the next 4 to 6 weeks but swelling can persist for up to 6 months. You will have small scars in the areas the suction cannulae (tubes) have been inserted if liposuction was used and you often have some temporary numbness of the overlying skin. Some fluid may ooze from these areas in the beginning. Surgical tapes will be placed over any incisions for open surgery and these will usually have been placed along the underside of the nipple. If having open surgery, a surgical drain may have been placed on each side of the chest and if so, will remain in place for 24 to 48 hours. You may shower over the tapes but they need to dry or be dried (with a hairdryer on a cool setting) before dressing again.

You will need to wear a compression garment (vest-type garment) for 4 to 6 weeks postoperatively. This helps to provide support to the skin and to keep swelling controlled. It can be removed to shower but should be worn at all other times.

Liposuction alone or small to medium open reduction is often done as a day case procedure. If a larger open reduction with or without liposuction is performed, then you will normally stay 1 night in hospital.

Recovery

Most people return to work after 1 to 2 weeks depending the extent of the surgery and the nature of their work. Light activities can be resumed within 2 weeks and normal activities are usually unrestricted after 4 to 6 weeks.

Other points about gynaecomastia corrective surgery

Medical conditions

If you have any medical conditions or take any medications or supplements that can cause gynaecomastia, the first step is to treat the medical conditions and/or to see if it is possible to stop or alter the medications and/or supplements. It is therefore important that Ms Nugent is fully aware of your medical history and of any medications or supplements that you take prior to your surgery.

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Ageing

The natural ageing process of the body continues regardless of surgery and so may over time alter your body shape and skin quality. This includes the chest area.

Changes in weight

Significant changes in weight can also affect the longevity of gynaecomastia surgery results. In particular, weight gain can result in increased chest tissue again. Maintaining a steady weight and a healthy weight for your body type and height as well as good muscle strength and tone will help you get the best result possible from your gynaecomastia surgery. While you will be restricted in the type and extent of activity that you can do during the recovery period, once recovered these restrictions will be lifted. Taking regular exercise will maintain a better body contour.

Further surgery

It is important to be aware that small revisions or adjustments are often needed after the main procedure to get the optimum result.

Residual breast tissue

It is important to be aware that there are usually still small amounts of breast tissue present after your surgery. The aim of gynaecomastia corrective surgery is to reduce and reshape the chest area to achieve a better male chest shape and contour. The surgery is not aiming to remove all breast tissue.

Puffy nipples

Gynaecomastia corrective surgery does not always reduce or remove "puffiness" of nipples as this can be due to causes other than excess chest/breast tissue.

Complications

Early complications (within the first week of surgery)

Bleeding (haematoma)

It is common to have some mild oozing from the surgical wounds for a few days following a gynaecomastia corrective procedure. It shows as increased swelling and/or pain in the breast area and there may be more drainage than expected into your drain (if used). If treated promptly, it does not usually cause a long term problem but may lead to a slower recovery with more persistent swelling and bruising than normal. If it is not fully treated it can compromise the overall result. If you have a tendency to bruise or bleed easily or take medications such as aspirin that make you more prone to bleeding, this may be a higher risk for you. It may be necessary to stop some medications in advance of surgery. If there is any suggestion that excessive bleeding after gynaecomastia surgery has occurred, you may need to go back to the operating theatre to have the bleeding stopped and the wound washed out to evacuate the collected blood.

Infection

Rates of severe infection in gynaecomastia surgery are low. Minor wound infections or inflammation may occur - if it does happen, an infection will be treated with antibiotics. Rarely, a return to the operating theatre to wash out the wound might be required.

Blood clots

Blood clots in the veins of the legs (DVT - deep venous thrombosis) can happen after gynaecomastia surgery. Preventative measures are taken (such as calf compression stockings) if you are having a general anaesthetic. They can sometimes travel to the lung (pulmonary embolus (PE)) and this can be very serious (at times, fatal). If a DVT does develop, you will need various investigations and treatment as appropriate. The risk can be reduced further by drinking plenty of water postoperatively and gently mobilising. A pulmonary embolus (PE) describes a blood clot that has broken off from the DVT and lodged in the blood vessels in the lungs. This can be serious (at times, fatal), and again, appropriate investigations and treatment are instigated should this be suspected after your operation.

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Seroma

After surgery, the body naturally produces a certain amount of fluid as part of its reaction to surgery and attempts to heal the area. Sometimes this fluid can build up underneath the skin after the drains have been removed and require drainage in the clinic with a fine needle. This may need to be repeated until it stops being produced.

Intermediate complications (within 6 weeks of surgery)

Suture spitting

The sutures used are normally dissolvable. Sometimes parts of these sutures can take longer to dissolve than anticipated and can cause some irritation and spit out. Any remnants can be removed in the outpatient clinic and the area should heal well after that.

Delayed wound healing

In some people the wounds take longer to heal than in others: this may be due to having had a mild infection of the wound, due to a reaction with the stitches or from "overdoing it" straight after surgery. Normally this is a minor inconvenience, which can be managed with observation or special dressings as an outpatient. Occasionally it can lead to a troublesome infection developing as described above.

Wound dehiscence

Occasionally some of the wound can open or gape. This is normally only a very small area and can be managed by observation and wound care. It usually does not leave any lasting problems. Rarely, the wound may need to be resutured or the scar revised at a later date.

Persistent swelling

Swelling to the chest is normal after a gynaecomastia operation. Most of the swelling usually resolves during the first 6 weeks after surgery. In some cases it can be more severe and persist longer than usual.

Numbness or hypersensitivity

The chest skin and nipples may be numb or over sensitive in the aftermath of surgery. The feeling will normalise eventually, but can take several weeks or even months in some cases.

Problems with nipple healing/loss of part or all of nipple

If there is extensive surgery around or under the nipple or if the nipple has to be moved and repositioned on the chest, this carries a risk of problems with the blood supply to the nipple. This can mean slow healing of the nipple area or even loss of all or part of the nipple in some situations. Fortunately, this complication is rare in gynaecomastia surgery. It is a more common situation in smokers, and they are advised to stop in advance of surgery. If this should happen, it can leave poor scarring around the nipple and/or require further surgery.

Fat necrosis

Sometimes small areas of fat may die within the breast. This may be apparent as a lumpy area or an oily discharge from the wound. This is usually treated with massage and/or dressings but occasionally requires further surgery.

Late complications (more than 6 weeks from surgery)

Poor scar formation

Scarring will occur whenever the skin is cut and of course, every effort is made to place scar lines where they will heal well and be least visible. Scar maturation varies from person to person and occurs over 12 - 18 months, with scars passing through a red, itchy and lumpy phase, prior to settling down to thinner, softer less distinct lines. Normally the scars from gynaecomastia surgery heal well but occasionally, they may tend to thicken and may require steroid injections to help them settle down. In some cases, minor surgical scar revision surgery may be needed. Sometimes stretched, tender or lumpy scars can occur. Hypertrophic or keloid scars can occasionally occur – these are thickened and lumpy scars that are more common in people of Asian or Afro-Caribbean descent. Regular scar massage and moisturising is important to help the scars mature and settle down as quickly as possible. Small asymmetries in scar level or thickness have to be accepted as part of the normal healing process.

Visible scarring

While every effort is made to place the gynaecomastia scar in as inconspicuous a location on the chest as possible, the scar sometimes needs to extend on to the chest wall or be placed in the under breast crease to correct the extent of excess tissue present. Scars may be visible.

Over correction

On occasion, over correction or a dished-out appearance to the chest can become apparent once the swelling resolves. This is sometimes a difficult problem to resolve and may involve surgery such as transferring fat to the area to build up the chest and correct the contour defect.

Loose skin

As your recovery takes place, your chest tissues gradually soften. This is a normal part of recovery. In some situations, loose skin may occur. This is more likely in thin or very stretched skin with poor tone or when surgery has taken place after significant weight loss. If you have a lot of stretch marks, it is likely that not all of these will be able to be removed during your gynaecomastia corrective surgery. The skin tone in stretched skin such as skin with stretch marks is low and can result in a degree of loose skin or irregularities in the areas where the stretch marks remain. The skin may fail to snap back adequately after liposuction especially if a lot of fat is removed. If this fails to settle it is usually only correctable by excision techniques, which will leave further scars in the area.

Suboptimal contour

After liposuction or excisional techniques for gynaecomastia, on occasion there are small contour irregularities in the chest area. Sometimes these settle with time and tissue massage but sometimes further procedures are required to correct this.

Under correction

This is where less tissue than desired has been removed and sometimes a second procedure is required to remove further tissue.

Asymmetries and irregularities

While no-one is perfectly symmetrical, and no two sides of the chest are 100% symmetrical, every effort will be made to achieve good symmetry after your surgery. However, there will inevitably be subtle differences between each side. Occasionally there are significant asymmetries and irregularities that need to be addressed with further surgery (a revision operation).

Chronic pain

Occasionally patients suffer from chronic pain after surgery. This is not always predictable or easily treated. It is more likely to occur if you suffer from severe or complex pain prior to your surgery. Further surgery or referral to a pain specialist may be indicated in this situation although it must be appreciated that there is not always a surgical solution to chronic pain.

The sub-optimal result

Despite performing the operation as accurately and carefully as possible, some people will feel that their result is not exactly as they were hoping it would be. This may be due to one of the problems described above occurring or due to unrealistic expectations of the surgery e.g. mild asymmetries, visible scars or some residual breast tissue. An understanding of what is realistically achievable in your particular case is essential prior to undergoing surgery. Should you be left with a sub-optimal result, this will be discussed with you along with the subsequent appropriate treatment options. Treatment may include revision surgery. Extra charges may be applicable for further surgery in some circumstances and this will be discussed with you.

Longevity of Procedure

Gynaecomastia surgery has a high success rate and is considered an excellent procedure for reducing and reshaping the male breast.

It is important to be aware that small revisions or adjustments are often needed after the main procedure to get the optimum result. It is also important to be aware that significant changes in your weight after surgery can alter the result of surgery. In particular, weight gain can result in increased chest tissue again.

Maintaining a steady weight and a healthy weight for your body type and height as well as good muscle strength and tone will help you get the best result possible from your gynaecomastia surgery. While you will be restricted in the type and extent of activity that you can do during the recovery period, once recovered these restrictions will be lifted. Taking regular exercise will maintain a better body contour.

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