

GYNAECOMASTIA SURGERY

What is gynaecomastia?

Gynaecomastia is a medical term meaning male breast enlargement. In the majority of cases there is no known cause and it is a common condition. For men who feel self-conscious about their appearance, gynaecomastia surgery can be helpful.

Gynaecomastia can also become much more noticeable after massive weight loss, when there is a lot of extra skin on the chest.

Assessment

Gynaecomastia is made up of varying amounts of excess breast tissue, fat and skin. When you come for your consultation, I will assess the amount of each of these that you have, to tailor the design of your operation to you.

Rarely, gynaecomastia can be caused by medicines (for high blood pressure, heart disease and prostate cancer), drugs (such as marijuana and anabolic steroids), some diseases (such as liver failure and some cancers) and some very rare congenital abnormalities (differences in development that you are born with). These causes will be discussed during your initial consultation.

I will also ask about your general health, any bleeding tendencies and your healing capabilities, some of which will be affected by smoking, alcohol and various medications.

What is involved in the surgery?

Most patients require a combination of liposuction of the fatty part of the gynaecomastia and direct removal of the gynaecomastia itself. The excision is done through an incision that runs along the lower half of the dark disc around the nipple (the areolar), from the 3 o'clock to 9 o'clock positions.

If you have minimal or a moderate degree of excess skin, then this usually retracts naturally and you don't have to have any skin removed. However, if you have a larger amount of loose skin, then this may need to be removed surgically. This is most often the case after losing a large amount of weight or if the skin is naturally looser, for example with advancing age. In these cases, longer scars are left behind after removing the extra skin.

Who can benefit from this procedure?

Most people who have gynaecomastia are candidates for this surgery.

However, you **may not** be suitable for this surgery if you suffer any of the following conditions:

- Your body mass index (BMI) is greater than 35
- You smoke, or use other nicotine-containing products

- You are not fit enough for a prolonged general anaesthetic

Patients with unrealistic expectations may also be unsuitable for this procedure.

What are the consequences and possible complications of surgery?

With any operation, the larger the procedure, the greater the risk. With gynaecomastia surgery, the most frequent complications tend to be related to wound breakdown and scars, especially in the larger operations.

These complications included:

- Fluid collection under the skin
- Poor scarring
- Skin infection abscesses under the skin
- Wound separation
- Nerve damage
- Prolonged numbness

Smoking

Patients are advised that **smoking before their procedure will increase complication rates significantly.**

It is Mr Venus's policy that patients must have stopped using any tobacco or nicotine-containing products at least 4 weeks before and after surgery to minimise the risk of complications.

Common complications

Wound infection is perhaps the most common complication. Such infections, which generally respond well to antibiotics, are usually superficial. Although small areas of wound breakdown are sometimes noted, these heal well over a few weeks when the wound is dressed regularly.

Uncommon and rare complications

As with every surgical procedure or operation, there are always risks. Although serious complications of this operation are uncommon, they can include:

- **Copious bleeding** requiring a return to theatre to remove the blood and seal the blood vessels.
- **Seroma** or excessive fluid build-up under the skin of the operated area. Although this condition may require drainage with a needle, it usually settles down without the need for a further operation.
- **Fat necrosis** occurs when fat cells lose blood flow and die. The liquefied fat cells can then harden underneath the skin over time, causing lumpiness.
- **Poor wound healing** (hypertrophic or keloid scar). In these instances, the scar can permanently thicken, turn red, be painful and disfiguring. Usually it takes up to 12 months for a wound to heal and demonstrate the final result.

- **Necrosis** (skin death) generally occurs in patients who have not stopped smoking before their operation. With this condition, the skin dies and there is an open wound of variable size. Generally, if this wound is dressed daily, it will heal up in a couple of months, with the final result usually quite acceptable.
- **Additional procedures**, such as scar revision or further liposuction, may be needed
- **Loss of sensation** in the skin.
- **Asymmetry** in the appearance of the scars or the chest
- **Chronic pain** is a very rare complication
- A **poor result** such as unacceptable visible deformities, wound disruption or loss of sensation are possible. Infrequently, it is necessary to perform additional surgery to improve the result.
- **Skin contour irregularities** and depressions may occur and visible and palpable wrinkling of skin can occur. Residual skin irregularities at the ends of the incisions are always a possibility, as is skin pleating, when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.
- **Bruising and swelling** normally occur after this surgery. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discolouration may persist for long periods and, in rare situations, may be permanent.
- All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, **abnormal scars** may occur within the skin and deeper tissues. Scars may be unattractive and of different colour than surrounding skin. Scar appearance may also vary within the same scar, exhibiting contour variations and “bunching” due to the amount of excess skin. Scars may also be asymmetrical (having a different appearance between the right and left side of the body). There is also the possibility of visible marks in the skin from sutures. In some cases scars may require surgical revision or treatment.
- **Blood clots in the legs or lungs** (DVT/PE) are uncommon but serious complications.

What should I do after surgery?

Generally, this operation can be performed as a day case. Some patients require 1 night in the hospital, depending which technique has been used. Prior to discharge, you'll receive pain medication that can be taken at home. As you are still in the recovery phase of the operation when discharged, it's important to arrange in advance for someone to assist you for the first week following your operation. All patients are encouraged to walk as soon as possible after their procedures to prevent complications and to ensure blood flow quickly returns to normal. However, vigorous exercise should be avoided. You will leave the hospital with your wounds dressed and wearing a post-operative compression vest for support. Once these dressing are removed, you will need to continue to wear your compression vest for 6 weeks, day and night if possible, to help reduce swelling.

Around the house

Recovery takes four to six weeks. Although each patient's recovery is unique, most feel groggy for at least a week. During this time avoid lifting and strenuous movements. Mobilise gently and don't over do it! Sutures are dissolvable and do not need to be removed. Bruising can take up to 2 weeks to disappear and swelling up to three to six months. Scars will remain visible although they will continue to fade for up to two years. Strenuous physical activity should be avoided for four weeks as this can produce bleeding, bruising and increased swelling, as well as putting strain on the closure of the skin, thereby risking wound disruptions.

Return to work

Most patients can return to work after a few weeks. However, if your job involves strenuous physical activity, you will need four to six weeks of recovery time before returning.

Driving

Allow around two to four weeks of recovery time before driving. You must feel safe to make an emergency stop before driving. This is a decision that can only be made by you and you must take responsibility for making this decision.

**Examples of pre- and post-operative photos of Mr Venus patients can be found
on the website**

www.mattvenus.co.uk/gallery/