



# Patient Information Guide

**Gynaecomastia**

*(Male Breast Reduction)*

# Gynaecomastia

**Gynaecomastia is a common condition of male breast enlargement. In the VAST majority of cases there is no known cause. Occasionally it is linked to certain medication, drugs and rare forms of diseases such as testicular or liver or very rarely linked to developmental abnormalities.**

Most teenage boys do develop some form of breast enlargement but this settles in early adulthood. Male breast awareness is becoming more common as our society is changing and becoming more selfconscious/body image aware, surgery for what is described in the press as “moobs” i.e. male breast is becoming more common.

After a full history and examination your Surgeon will discuss the various treatment options available for you. Surgical management of Gynaecomastia can be simply divided into addressing the various components of the condition (expanded in more detail below):

1. **Hard/Firm breast glandular tissue** – this needs an open excision, creating a small scar usually around the bottom half of the areolar (pink bit around the nipple)
2. **Excess fatty tissue** – this would be suitable for liposuction.
3. **Excess skin** – Small amounts of excess skin can be removed around the areola. In more extreme cases, such as those patients who have experienced massive weight loss, larger amounts of redundant skin is removed leading to bigger scars, such as those seen in typical female breast reduction and/ or breast cancer type surgery.

Your surgeon will discuss which of these options would suit you best. It may mean that you need a combination of treatments for the best results and in extreme cases two procedures with a planned time interval between.

## THE SURGICAL OPTIONS

### 1. EXCISION OF GLAND

#### How the operation is performed:

Depending on the size of the glandular tissue to be removed, this can be done under local or general anaesthetic as a day case procedure.

The site of the Incision:

A small incision will be placed on the lower half of the areolar (pigmented bit around the nipple). The nipple

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is elevated and the disc of tissue is removed.

Your surgeon will explain his/her preferred technique, and demonstrate where the incisions are to be placed.

### **Wound closure:**

The incision will be closed with sutures that are absorbable i.e. they do not need to be pulled out. The wound may be sealed with a special Tissue glue and covered by a small waterproof dressing.

### **Surgical drains:**

No drains are needed in liposuction.

### **Asymmetry:**

We are all born with some minor asymmetry, which is entirely normal. Your surgeon will try to adjust this as best he/she can during the procedure, but if minor differences still remain after the operation, we accept that it is within normal limits.

## **2. LIPOSUCTION**

### **How the operation is performed:**

Depending on the size of the area to be performed this can be done under local or general anaesthetic as a day case procedure.

### **Types of liposuction**

There are literally 100's of different liposuction techniques and machines on the market. Depending on which hospital you attend they will have a particular machine or a few options, but your surgeon will explain this to you during the consultation.

### **The site of the Incision:**

The ideal scar is a hidden one, and for liposuction small stab incisions of a few millimetres in length need to be made. Your surgeon will explain his/her preferred technique, and demonstrate where the incisions are to be placed. These will often be placed in natural folds

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### Wound closure:

The stab incisions are usually closed with a small absorbable suture. This suture does not need to be pulled out, and will fall out naturally by itself after a few days. The wound may be sealed with a special Tissue glue and covered by a small waterproof dressing.

### Surgical drains:

No drains are needed in liposuction.

### Asymmetry:

We are all born with some minor asymmetry, which is entirely normal. Your surgeon will try to adjust this as best he/she can during the procedure, but if minor differences still remain after the operation we accept that it is within normal limits.

## 3. SKIN EXCESS

### How the operation is performed:

Never used alone, but more in combination of option one and or two. Depending on the size of the area to be performed this can be done under local or general anaesthetic as a day case procedure.

### The site of the scars:

The ideal scar is a hidden one, and for small skin excess this is removed as a disc around the areolar, leaving you with a faint circular scar. Larger skin excess can be adjusted/tightened in various ways depending on the shape of the breast. This your surgeon will describe to you more fully in the consultation, possibly with the aid of a few diagrams to show you the anticipated placement of the scars.

### Wound closure:

The incisions are closed with absorbable sutures. These sutures will be dissolved by your body and do not need to be pulled out. The wound may be sealed with a special Tissue glue and covered by a small waterproof dressing.

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### Surgical drains:

No drains are needed.

### Asymmetry:

We are all born with some minor asymmetry, which is entirely normal. Your surgeon will try to adjust this as best he/she can during the procedure, but if minor differences still remain after the operation we accept that it is within normal limits.

### Potential risks of the operation:

- 1) **Swelling and bruising** – this is not uncommon to have swelling/bruising, which may take a few weeks to settle and is to be expected/anticipated.
- 2) **Bleeding** – If it occurs simple pressure is applied over the area. It may be more swollen for a period of time, but will settle. You do not need to return to theatre.
- 3) **Pain** -You will not be allowed home until you are comfortable and pain free. We send you home with a range of different painkillers (mild, moderate and strong) and a course of oral antibiotics as part of our standard package of care.
- 4) **Infection** –We make every effort to limit the risk of infection, however if after the operation the wounds become red, hot, swollen or there is a discharge from the wound we need to see you straight away and the area treated with appropriate antibiotics and specialized dressings.
- 5) **Scarring** – The size length and position of the scar would have been discussed with you in your pre-operative consultation. However, everybody heals differently and all scars usually will be a bit red and raised and lumpy for the first few months and then take around 1 or 2years to fade.
- 6) **Alteration in sensation** - it is not uncommon to have altered sensation around the operation area including the scar. This can cause areas of hypersensitivity, but is temporary and will usually improve over the coming week.
- 7) **Collection of fluid (Seroma)** – this is a collection of fluid found in the potential space left by the liposuction of fat. If it is small your body will absorb this over time. If it is uncomfortable the collection can be simply drained in a matter of minutes with a needle and syringe.
- 8) **Fatty lumps/cysts** – in areas of liposuction or transfer fat cells can become damaged and form cysts

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or hard lumps. If this occurs and the areas are symptomatic further surgery may be required.

- 9) **Damage to vital internal organs (bowels, liver, kidneys)** – a very rare occurrence, with patients having scars from previous abdominal surgery more at risk.
- 10) **Pigmentation changes** – pigmentation changes along the scar or where the skin has been lifted off the deep tissues are rare, and possibly more common in darker skin.
- 11) **Contour irregularities** – this can be caused by taking too much fat from one area or too little from another resulting in an uneven skin surface. This requires revision surgery.
- 12) **Revision surgery** – this is rare, but may be needed if there are problems with the scar, contour of the skin or asymmetry. Often this is minor, and can be done under local anaesthetic as a day case procedure.

**DO NOT HESITATE TO CONTACT US IF YOU HAVE ANY CONCERNS.**

### Post-operative dressings/support:

You will wake up in recovery with simple dressings covering the wounds and a pressure garment that you will need to wear for 6 weeks.

### What about pain relief and antibiotics:

You will not be allowed home until you are comfortable and pain free. We send you home with a range of different painkillers (mild, moderate and strong) and a course of oral antibiotics as part of our standard package of care.

### Pre-assessment:

You will require an assessment with the nursing team a few weeks before surgery. Ideally this is done face to face, but may on occasion be done telephonically. During this period you will have an opportunity to discuss any aspect of your surgery at that time.

## 2. PREPARATION BEFORE SURGERY

It is advised that you undertake all of the household duties prior to your admission to hospital, as you will not be able to perform these for a while afterwards. This includes vacuuming, dusting, and clothes washing, ironing and shopping i.e. no pushing, pulling, lifting

DO NOT take any Aspirin or medication containing Aspirin for at least 7 days prior to surgery. (Aspirin may

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be re commenced after 48hrs post op.) If you take Aspirin or any other form of blood thinning medication for a medical condition, please discuss with your surgeon.

I prefer if you do not take Arnica during the period prior to surgery. If you do want to take it please start it at least 24hours post surgery.

### Food and drink

NO FOOD IS ALLOWED 6HOURS PRIOR TO ANY SURGERY, THIS INCLUDES ANY SWEET/CHEWING GUM. YOU MAY HAVE SMALL SIPS OF CLEAR FLUID (STILL WATER/BLACK TEA/BLACK COFFEE) UP TO 2 HOURS PRIOR TO ADMISSION TO HOSPITAL

## 3. WHAT HAPPENS ON THE DAY OF THE OPERATION

On arrival you will have routine observations performed and a check of all the relevant paperwork carried out by the nursing staff. Then you will be asked to change into a gown.

All your jewellery must be removed, including ALL metal body piercings. It is recommended that you do not bring anything of value into hospital. All makeup must be removed as it can damage your eyes if left on while you are asleep.

What will happen when I wake up?

You will find yourself sitting upright, supported with pillows. You will be allowed out of bed to pass urine (water) with the assistance of the nursing staff the first time, in case you feel lightheaded. Because you are lying / sitting more upright than normal for the first few days after the operation, it is quite common for the small of your back to be uncomfortable. It helps if you move slightly from one buttock to the other to relieve the pressure.

## 4. AFTER YOUR OPERATION

Travelling – home and afterwards

It is recommended that you do not drive for 14 days following surgery. Please check your own car insurance company rules, as they are all different.

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### Follow up care

You will need to return to your hospital/ medical centre after one week. This appointment will be made at the time of your pre-assessment.

### At Home

It is important that you have total rest. This means do nothing that will raise your blood pressure, including physical activities, sexual activities and housework during the first 2 weeks. This could induce a bleed, and add to the swelling. You can potter about and undertake activities that do not involve pulling, pushing and lifting.

In the procedure the breast is reshaped and during this process lifted up. A slight "over-correction" is performed knowing that over the course of the first few post-operative weeks as the swelling reduced the breasts will drop into a more natural position.

## 5. AFTER THE FIRST TWO WEEKS

Start returning to your normal activities of living. Be sensitive to your body and try not to do too much too soon. Therefore, if you experience any pain, stop and try again another day.

You can drive and start lifting light objects from 2 weeks. You may start lower leg exercise after 4 weeks. Strenuous Gym activities, aerobics or sports should be avoided for six weeks.

**Skin care:** Do not be scared to gently rub massage the liposuction areas after the first 2 weeks as this will help with swelling in the tissues. From 6 weeks on gentle massage along the scar in circular motions will help with scar softening.

## 6. GENERAL INFO /FAQ'S

### *What is the best position for me to sleep in?*

Sleep on your back with one or two extra pillows during the first 2 weeks, as this will help to reduce swelling.

### *Will I be in much pain?*

It will be uncomfortable over the first few days; this varies from person to person. Analgesia (painkillers) will be prescribed to take home.



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### *What about Work / Sport / Leisure?*

It is recommended that you take 2 to 3 weeks off work. If you have an active hobby / leisure interest, please ask the surgeon or nurse for advice. It is also advisable to avoid bending forward too much at first.

### *Should I take special precautions when bathing?*

Please keep the wounds dry for the first week. You may shower the bottom half of your body in the first week, but keep your compression garment on 24/7. After your first post-operative check with the nurse at 1 week, you will be advised if you can then shower.

### *Should I adjust my diet?*

Maintain a healthy nutritious diet with plenty of fruit and vegetables, as this is important for wound healing and bowels.

### *Will my procedure affect my bowel movements?*

As you are inactive and due to use of painkillers, you may become constipated. For your own comfort and wellbeing, prevent this from happening. Purchase an aperient such as Senokot® or what ever has suited you in the past.

### *How soon after my procedure can I fly?*

If possible avoid flying for the first six weeks, wear flight socks and take low dose aspirin before flying