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GYNAECOMASTIA SURGERY (MALE BREAST REDUCTION)

The procedure

Gynaecomastia (enlarged male breasts or 'moobs') is extremely common. The condition may be improved by either liposuction (sucking out the fat and breast tissue through small incisions) or by opening up the skin around the nipple to cut out the breast tissue. The technique used will depend on the severity of the problem.

What does it involve?

Gynaecomastia surgery is performed under a general anaesthetic (with you asleep). You will wake up with a couple of small sutures where the liposuction cannulae have been as well as a foam dressing. If you have an 'open' surgical technique then you will have surgical tapes along the wounds and a surgical drain (tube) coming out of each side. You will need to wear a tightly-fitting compression top the following day. This will need to be worn day and night for 8 weeks.

What are the benefits?

Gynaecomastia surgery addresses the excess fat and breast tissue as well as any excess skin you may have as well. Furthermore, reducing the size of your nipples can also be performed if required.

How long does the surgery take?

The surgery takes about an hour and a half.

What is the recovery period?

For liposuction alone you are likely to have your surgery as a day case procedure (in and out the same day) or an overnight stay. Otherwise, you will stay in hospital for 2 nights. After the surgery the wounds will be dressed with brown micropore tape. This is splash-proof and shower-proof but not bath-proof.

You will be able to shower from the day after surgery, then pat the tape dry with a towel and use a hair-dryer. To dry completely.

How long before daily activities may be resumed?

Strenuous activity should be avoided for at least two weeks. You may be able to drive after this period, but remember that

you need to be comfortable in performing an emergency stop or you may invalidate your insurance. If you drive too early and you need to do an emergency stop, the wounds may burst apart from pressure of the seat belt.

What are the success rates?

Gynaecomastia surgery has a high success rate, but frequently small revision procedures may be needed. The philosophy is always to be conservative with the surgery - it is better to need a minor further procedure to improve things than to have overdone the first operation (taken too much away) and have to correct it.

What are the possible complications?

- Lumpy scarring (hypertrophic or keloid scarring) which may be difficult to treat.
- Bleeding or haematoma (a collection of blood in the wound that would mean that we would need to take you back to theatre to stop the bleeding).
- Wound infection & wound breakdown. Alteration in nipple sensation.
- Complete or partial loss of your nipple (a rare but important complication).
- Fat necrosis (dying of some areas of fat within the breast) - this either shows as an oily discharge from the wound or as the formation of lumps within the breast.
- It may mean we need to take you back to surgery, but can usually be treated as an outpatient with dressings (if the wound has opened) or with massage of any lumps.
- Asymmetry - no chest is perfectly symmetrical, and although we strive to make both sides as equal as we can, there will be differences between them.
- Deep vein thrombosis (DVT) and pulmonary embolus (PE) - these are blood clots that may occur in the leg (DVT) and travel to the lung (PE) which may be very serious - fortunately they are rare in gynaecomastia surgery.
- Further surgery may be needed to make adjustments to correct for imperfections or significant differences between the two sides (rates may be up to 20%).

Warning: Smoking increases the chances of suffering from complications significantly and will preclude the surgery from taking place