

Procedures

Breast Reduction (Gynaecomastia)

What are the issues?

Gynaecomastia is the medical term for what is commonly called 'man boobs' or more recently 'moobs'. Media attention would suggest that men are increasingly concerned by their chests. In reality, plastic surgeons have been treating this issue surgically for decades.

In most cases, gynaecomastia has no particular underlying cause. It very commonly develops around the time of puberty and usually, but not always, resolves with time. Occasionally it may be due to prescribed or recreational drugs or an internal hormone imbalance.

Male breast cancer is relatively rare but should be considered when one breast is enlarging. It is also something associated with bleeding or discharge.

If you are concerned that there may be a medical cause for your gynaecomastia, we would strongly recommend that you speak to your GP in the first instance.

The physical effect may be due to an excess of natural breast tissue, an excess in fat deposition at the site of breast or a combination of both. In longstanding cases, particularly in men who are obese or have lost weight, there is an associated excess of skin.

What can the procedure achieve?

Some cases of gynaecomastia may improve with time. This is particularly true in teenage boys. If your gynaecomastia is due to being overweight, then we would strongly recommend a diet and exercise in the first instance. Many cases may improve with weight loss and in any case, surgery is best deferred until your target weight has been achieved.

The aims of surgery are to achieve a chest profile which is as close to a 'normal' male chest as possible. It is normal for men to have a slight swelling under their nipple.

If the gynaecomastia is predominantly due to excess fat and the skin quality is good, then liposuction may be the best treatment. This has the advantage of minimal scarring. If, however, the problem is due to firm fibrous breast tissue, then it will not be amenable to liposuction and it will have to be excised (cut out). This will inevitably leave more scarring.

In some cases, there is a large excess of skin which is unlikely to resolve if the underlying breast tissue or fat is removed. Patients whose weight has fluctuated may also have stretch marks. Excess skin will be surgically reduced and this too will result in some scarring on the chest.

What does the procedure involve?

Liposuction can be performed under general anaesthetic or, occasionally, local anaesthetic. The surgeon will inject a mixture of saline and local anaesthetic under the skin in the affected areas. This is known as 'tumescence' and it improves the efficiency of liposuction. One or two small (1cm) incisions are made on each side of the chest. A metallic tube attached to a suction device is then used to suck out the excess fat. The surgeon then contours the area to produce a smooth and flatter profile with an even surface.

Surgical excision is also usually performed under general anaesthetic. The exact pattern of scarring depends on the amount of excess skin. Whenever possible, the surgeon will disguise the scar around the areola (pink area around the nipple). When there is a lot of excess skin, additional scars may be required. Your surgeon may decide to insert some drains at the end of the procedure. These are left for between 12 and 24 hours to suck away any blood or fluid from under the skin.

What are the limitations?

Most cases of gynaecomastia can be significantly improved. However, we may not be able to restore a perfect chest contour. It is important that the patient's expectations are realistic as sometimes unrealistic expectations cannot be met.

It may be difficult to ascertain before surgery whether or not liposuction will be effective. In such cases, the surgeon, in agreement with the patient, may elect to attempt liposuction but proceed to open excision under the same anaesthetic if the liposuction is not effective.

It is possible for gynaecomastia to recur after surgery particularly when the cause is excess fat and the individual's weight fluctuates.

What are the risks?

Bruising and swelling are inevitable after liposuction and may take up to eight weeks to resolve.

Surgical site infection may occur with any surgery. If you develop a fever or the site becomes red, hot and tender, you should contact us so that we can review the situation.

The scars are likely to be red for up to a year. Hypertrophic (hard, red, elevated) scars may sometimes occur and can be difficult to treat.

Although your surgeon will take great care to produce a good result, an irregular contour or asymmetry may occur following liposuction or surgery. Occasionally, a depression at the site of the excision may develop.

It is possible that the cosmetic outcome will fall below your expectations.

What can I expect afterwards?

Discomfort is an inevitable consequence of surgery. This may be made worse by movement and lifting. This improves with time as the swelling and bruising resolves.

You will normally be allowed home on the same day or the day after surgery depending on the procedure and your own circumstances. Painkillers will be provided for you to take as required. Also follow-up appointments will be arranged, normally with a nurse, a week after surgery and then with your surgeon six weeks later.

Time off work varies between one and four weeks depending on the nature of the surgery and your work. Two weeks would be the average.

Surgeons sometimes recommend a tight fitting elasticated vest after surgery to reduce the swelling. However, there is little medical evidence that this has significant benefits.

Your wounds should be kept dry for the first 48 hours. Thereafter, you may shower. If the dressings become soaked, they should be replaced.

Contact Us

For information and appointments please contact us and we will be happy to help.

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