

Gynaecomastia (Male Breast) Information Sheet

Gynecomastia (pronounced guy-ne-co-mastia) is a medical term meaning male breast enlargement. In the majority of cases there is no known cause and, although rarely talked about, it is a common condition. For men who feel self-conscious about their appearance, surgery can be helpful. The procedure removes tissue from the breasts, and in extreme cases excess skin. This information sheet is a general guide for patients undergoing gynaecomastia excision under the care of Mr Paul Harris. It should help to clarify any questions that you may have. There are many additional factors that can have an effect upon your individual operation, your recovery and the long-term result. Some of these factors include your overall health, your chest size and body shape, previous chest surgery, any bleeding tendencies that you have and your healing capabilities, some of which will be affected by smoking, alcohol and various medications. Such issues that are specific to you need to be discussed with Mr Harris and are not covered here. Please feel free to ask him any further questions before you sign the consent form.

Why do some men get enlarged breasts?

Most teenage boys experience some degree of breast enlargement affecting one or both breasts. However, by early adulthood less than 10% have a residual problem. This incidence rises with age, reaching approximately 30% (1 in 3) in older men. There is usually no underlying medical problem, and this should be considered normal for some men. Rarely, the breast enlargement 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 (errors of development that one is born with). These causes should be excluded by Mr Harris during an initial consultation. Additional information will be needed at this consultation regarding overall health, chest size and body shape, previous chest surgery, any bleeding tendencies and healing capabilities.

What type of operation is needed and how long does it take?

There are many different surgical treatments for gynaecomastia. The breast is made up of two main components, glandular tissue (firm and dense) and fatty tissue (soft). The ratio of glandular to fatty tissue in any breast varies from individual to individual and in gynaecomastia there may be an excess of both. If there is predominantly a diffuse fatty enlargement of the breast, liposuction is the usual treatment. This involves sucking out the tissue through a small tube inserted via a 3-4mm incision (see information sheet on liposuction for more detail). If excess glandular tissue is the primary cause of breast enlargement, it may need to be excised (cut out) with a scalpel. This will leave a scar, usually around the areolar (pigmented patch of skin around the nipple) edge. This excision can be performed alone or in conjunction with liposuction. Major reductions that involve the removal of a significant amount of tissue and skin may require larger incisions that result in more obvious scars. Most operations for gynaecomastia take about 90 minutes to complete and are performed under general anaesthesia, or in some cases, under local anaesthesia with sedation.

What is involved in the operation?

You would normally meet Mr Harris for at least two pre-operative consultations. The first of which is mainly about assessment and the formulation of an operative plan specific to your chest. It may also

involve taking some photographs. Mr Harris usually summarises this consultation in a letter to you and if you decide to move forward towards surgery, a second consultation is scheduled to go over things once more and discuss the possible complications in more detail. It is usual for Mr Harris to write to your general practitioner but often patients do not want this, in which case no communication is made.

What precautions should I take before surgery?

Pre-operatively, no aspirin or medicine containing aspirin should be taken for one week. If you smoke you should cut down at least three weeks before surgery and stop completely three days before surgery to try and minimise postoperative complications, which are more common in smokers. It is important that you do not start smoking again until all of your wounds are fully healed.

When should I stop eating or drinking before surgery?

If your operation is in the morning you will be asked to have nothing to eat or drink from midnight the night before. If it is in the afternoon then you should have nothing to eat or drink from 7:00am and you should have somebody to drive you to the hospital. You may drink water only up to two before surgery.

How bad will the scarring be?

Scars are an individual response to surgery and vary from person to person and from one part of the body to another. In general, scars fade and soften over a period of one year, however they will never disappear. Scars following liposuction are very small and usually imperceptible after six to twelve months. Scars from excisional surgery will be more obvious around the areolar (pigmented patch outside the nipple) and scars from a major skin-reduction operation can be extensive. These will be present forever although they should fade with time.

Occasionally in very young and/or darker skinned patients the scars can thicken, become raised and itchy after surgery (scar hypertrophy) and in severe cases become keloidal. This is very rare and can be helped should it develop.

How will I look after surgery?

Following surgery your chest will be covered with a dressing of paper tape providing support for the skin. To help reduce swelling, patients are usually provided with an elastic pressure garment to wear continuously night and day. Nothing further should be required until you re-attend the hospital after seven to ten days, when all the dressings will be removed and the wounds inspected. Dissolving stitches are used and therefore their removal is not necessary. The chest is swollen and bruised for a while and it can be difficult to assess the full effect of the operation. It is advisable to refrain from exercise for four weeks and the garment must be worn for all of this time. In general, it takes about six weeks before one can return to completely normal activities.

Are there any complications that I should be looking out for?

In general the postoperative period is usually smooth with a surprising lack of pain. Mild painkillers such as paracetamol are all that are usually required. Please be very careful to avoid aspirin or any medications that contain aspirin. If an excision has been performed, rather than liposuction, then a blood clot can form that may need to be drained at a second operation. This blood clot will usually be evident within 24 hours of the surgery. After discharged from hospital, if you should notice that

one breast becomes swollen particularly if it is tender or red, inflamed and/or you feel hot and fluey, then you should immediately contact Mr Harris' secretary on 0207 927 6520.

The potential long term complications of the surgery are relatively rare. They include inadequate removal of breast tissue, an uneven contour to the chest and reduced nipple sensation. It is important to recognise that cosmetic surgery is never perfect, however, once time has passed a full assessment of the result can be undertaken. On occasion, there may be a need for an adjustment procedure, which can often be performed under local anaesthetic, in an attempt to optimise the result.

How satisfied can you expect to be with the procedure?

Gynaecomastia surgery routinely produces excellent results for patients, particularly if they have realistic expectations of the outcome. In most cases, these results are long lasting, especially if you avoid weight-gain, follow a balanced-diet and exercise regularly. Patients frequently experience improved self-confidence from an improved chest contour. Scars are inevitable with this treatment, but with time these should decrease and appear much less conspicuous.

The Practice

Mr Harris practices from 5 Devonshire Place in Central London, where he also performs minor outpatient procedures. Assisted by his regular anaesthetist, he operates at The London Clinic (<http://www.thelondonclinic.com>) and at The Royal Marsden Hospital, Fulham (<http://www.royalmarsden.nhs.uk>). He also consults and operates at Parkside Hospital, Wimbledon (<http://www.parkside-hospital.co.uk>). All provide a full range of medical support services.

Main correspondence, appointments and administration

Although some patients are referred by their General Practitioner, the majority are recommended by previous patients. You may, therefore, arrange your own appointment with Mr Harris, without referral.

Please refer all correspondence to:

5 Devonshire Place
London
W1G 6HL

For appointments please contact:

appointments@paulharrisplasticsurgeon.co.uk, tel: 020 7927 6520

For information and payments:

admin@paulharrisplasticsurgeon.co.uk, tel: 020 7927 6521

For nursing support please contact:

nurse@paulharrisplasticsurgeon.co.uk, tel: 074 9622 8878