

Gynaecomastia

In a significant percentage of men some breast development will occur naturally. In some this is significant and causes embarrassment and will restrict certain activities (for example swimming and sunbathing). Excess breast tissue development in males is termed gynaecomastia. This can be corrected surgically either with liposuction alone or in combination with surgical excision usually through a semi-circular incision around the areola. In rare cases a form of breast reduction (as per the operation usually designed for breast excess in women – see relevant section) is required.

Pre-operative advice

Prior to surgery patients will have been seen at consultation and the exact technique being used should have been discussed. Patients who smoke are at greater risk of complications including bleeding and wound infection and are therefore advised to refrain from smoking for 6 weeks prior to surgery and 2 weeks postoperatively. Patients should also avoid Aspirin and equivalent anti-inflammatory agents for 2 weeks prior to surgery as these can increase the risk of bleeding.

Operative Procedure

The operation is usually undertaken under general anaesthetic and most patients will require at least one night in hospital postoperatively. When the patient is asleep liposuction is undertaken via small stab incisions usually placed in discreet sites. With liposuction a volume of fluid is infiltrated into the area to be treated, this fluid containing local anaesthetic to provide postoperative pain relief and adrenalin to reduce bleeding both during and following surgery. In some patients a surgical excision of the breast tissue is required, this usually being undertaken via an incision around the edge of the areola. When surgical excisions are undertaken a drain is usually placed into the wound, this needing to be removed the following day.

What to expect following surgery

On return to the ward patients will have an intravenous drip to provide fluids for the 24 hours following surgery. Drains may have been placed into each side to allow any oozing or bleeding to accumulate into either a small bottle or bag by the side of the bed. These are usually removed prior to discharge. Patients have dressings applied at operation and are advised to wear a pressure garment for up to 6 weeks postoperatively. For the first 24 to 48 hours a significant leakage through the small stab incisions will occur of blood stained fluid. This is entirely normal. Pain is not usually a major feature of this procedure though simple analgesics will be required for 1 to 2 weeks. Patients will be unable to drive for approximately 1 to 2 weeks following surgery and will usually require a similar period of time off work.

Some bruising is inevitable and may persist for up to three weeks. Areas of lumpiness under the skin are common and represent areas deep bruising and fat disturbance, they may be painful to touch and if persisting beyond three to four weeks, may benefit from massage to speed up their inevitable resolution. Numbness of the skin and nipple/areola complex is common and usually resolves after several months.

Risks and complications

As with all surgery complications can occur. The main complication in the initial stages when a surgical excision has been undertaken is of bleeding and accumulation of blood under the skin. This is termed a haematoma. This will usually occur on the night of surgery and should it occur, may require a return visit to theatre for operative drainage. Following discharge patients may also develop infections within the wound, these usually being manifest by redness and swelling and purulent discharge. On occasion antibiotic therapy may be required. Very rarely patients may experience some loss of the skin of the nipple which will usually require a period of prolonged dressings. With the liposuction the main risks are of under or over treatment resulting in incomplete correction or some indentation. Should these occur a further surgical procedure may be required.

As with all cosmetic surgical procedures undertaken by Mr. Whitworth, there is a fixed fee policy which means that no further charges are incurred should treatment or surgery be required for complications that occur within one year following the initial surgery.

Gynaecomastia - Discharge Advice

Pressure garment: Following surgery patients are advised to wear a pressure garment as much as possible day and night for six weeks. The pressure garment can be removed for washing purposes.

Wound care/ sutures/ dressings: A small dressing over the wound may be required for up to two weeks, during which time the area should be kept dry. The dressing should be changed two times per week either by the outpatient nurse/the practice nurse or at home. The sutures are usually self-dissolving.

Pain relief: Gynaecomastia surgery is not usually associated with significant pain. Simple analgesics may be prescribed on a regular basis for a few days and can be used on an as required basis for one to two weeks.

Causes for concern: Wound infections can occur though these are rare. When surgical excision has been undertaken an accumulation of blood/fluid can take place (called a haematoma). This is usually obvious prior to discharge, but if a sudden swelling occurs after discharge or there are any other concerns please contact either the hospital where the surgery was undertaken or Mr. Whitworth's secretary.

Follow up: A wound check and change of dressing by the outpatient nursing staff is usually undertaken at 7 days postoperatively. Appointments for these are given prior to discharge. Mr. Whitworth will review you at 1 and 4 postoperatively, these appointments being sent through the post.