

Gynaecomastia

This information booklet will support what you have heard in the consultation. It may help answer any questions you have, and give you and your family some understanding of the operation and what to expect after the surgery.

It is important to discuss:

- your expectations
- the benefits to you of the surgery
- any risks, complications or limitations

What if I want the surgery but am still smoking?

You are advised to stop smoking at least **four weeks** before your surgery and refrain from smoking for 2 weeks after surgery until the wounds are healed. Please do **not** to use nicotine replacement therapy for the **four weeks** before your surgery or whilst in hospital. Nicotine affects wound healing and smoking will increase your risk of bleeding, haematoma (collection of blood in the surgical area), infection and wound breakdown.

Gynaecomastia is a common condition causing significant embarrassment. Although gynaecomastia can be associated with hormonal imbalances, testicular tumours (age group 25-45 years), hepatic, thyroid and renal disease and drug interactions, the majority of cases arise in adolescent and middle-aged males in the absence of an underlying pathology. Most pubertal males experience some degree of transient gynaecomastia, which usually subsides in less than two years, whilst around 30% of middle-aged males manifest the condition.

The typical **presentations of gynaecomastia** have been classified by Simon et al.

- I small but visible breast development with little redundant skin
- Ila moderate breast development with no redundant skin
- Ilb moderate breast development with redundant skin
- III marked breast development with much redundant skin

Surgical treatment

With surgery, the aim is to remove enough breast tissue to look 'normal'. All men have breast tissue, when present in large amounts, it is called gynaecomastia.

Lower-grade gynaecomastia can be managed with simple excision and/or liposuction of the abnormal tissue (Grade I–IIa). Often, a fibrous disc is

Miss Anita Hazari MBBS, MD, FRCS (Plast)

Consultant Plastic & Reconstructive Surgeon

01342-330396

www.anitahazari.co.uk

present beneath the nipple and this cannot be removed by liposuction alone and will require excision. Higher-grade gynaecomastia will usually require skin excision and, consequently, involves more extensive scarring (Grade IIb–III).

Where no skin excision is required, inferior periareolar incision is used to good effect and in young patients minor skin redundancy will often settle with time. When excess skin is a problem, the unwanted skin can be easily removed, but repositioning of the nipple becomes necessary. In cases of minor skin excess, a crescent of skin above/ below the nipple can be removed. In more severe cases, more extensive resection becomes necessary, and the nipple can be moved superiorly with a dermal pedicle (to maintain blood supply), leaving an inverted anchor shaped scar or a horizontal scar. *The large size and presence of excess skin makes a good aesthetic outcome difficult to achieve.* Finally, in very extreme gynaecomastia with considerable skin excess, free nipple grafting may be necessary.

Surgery is performed under general anaesthetic with one night stay and as a daycase if simple liposuction is performed. The procedure usually takes about 2 – 2½ hours. Usually drains are placed when surgical excision is carried out and a pressure garment put on at the end of the operation.

The benefits of surgery:

The aim of the surgery is to remove excess breast tissue, fibrous tissue present beneath the nipple and excess skin if present.

What are the risks / complications?

All surgery and anaesthesia carries some uncertainty and risks. The following list gives you information on the most common or most significant problems that can occur following this type of surgery.

Pain - The pain from this sort of surgery is not usually severe. Different people require varying amounts of pain killers (analgesia). You may feel some pain for the first few days especially as you move around and cough. There may be further discomfort for a week or more.

Drains - Wound drains are inserted into the breasts at the time of surgery with open excision to allow any fluid to drain away. The drainage tube is attached to a vacuumed bottle where the fluid is measured. The nurses will remove the tube on the doctor's instructions, usually the morning after surgery depending on the amount and colour of the fluid drained. Following removal, a small amount of leakage from the wound is common; a light gauze pad can absorb this.

Haematoma – Is a collection of blood underneath the skin, which may occur after surgery. We try to prevent this by placing small drainage tubes in the

Miss Anita Hazari MBBS, MD, FRCS (Plast)

Consultant Plastic & Reconstructive Surgeon

01342-330396

www.anitahazari.co.uk

wound area to allow the blood and fluid to drain into vacuumed bottles. Even with this care, occasionally blood collects and the breast may become painful and swollen. A second operation may be necessary to remove the haematoma. This is commoner in smokers.

Infection- A wound infection can occur after any surgical procedure. If this happens it may be treated with antibiotics and, if necessary, further dressings. After an infection the scars may not be quite as neat. Any major operation with a general anaesthetic carries a small risk of a chest infection, particularly among people who smoke.

Deep vein thrombosis - All patients are given compression socks to try to prevent this problem.

Nipples - Nipple sensation and blood supply Nipples generally will lose some sensation with open excision. In patients who have skin excess resection, nipples can become completely insensate, though recovery tends to occur over 12-18m, this may not be complete. Rarely, part of the nipple may die due to poor blood supply, especially when it is moved superiorly as part of the operation for excess skin removal. Smoking increases the risk of this as smoking can reduce the blood flow to one or both nipples. Dressings are required until new skin has formed. The nipple will have a scarred appearance in the affected area.

Nipple retraction With over-excision of fibrous tissue from beneath the nipple areola, nipples can sometimes retract and appear to be 'stuck-on' on the chest wall to the underlying pectoral muscles. Hence, often some tissue is always left beneath the nipple areola.

Saucer deformity This can rarely happen when the breast base is very wide in large Gynaecomastia and often overweigh men and liposuction is often performed to reduce its occurrence.

Wound breakdown – Wound healing may sometimes be delayed. This may be because of poor blood supply to the area, poor nutritional status and/or infection. Occasionally the wound may break down, resulting in a longer hospital stay, wound dressings and, possibly, further surgery. Smoking increases the risk of this as smoking can have an adverse effect on the healing of all surgical wounds.

Scars - Any operation will leave a permanent scar. Scars remain red and lumpy for 8-10 months and on average take 18m to fade. Infection can cause a wound to re-open; this may lead to problems with scar formation such as stretching or thickening. Regular massage of the scar using Bio-Oil or a light non-perfumed moisturising cream and using sensible sun protection measures such as a factor 30 sun block, should help it to settle in time and fade over some months. This may take up to two years. Some people may be prone to the development of keloid or hypertrophic scars which are raised, itchy, and red. If you have a tendency to produce scars like these then please

Miss Anita Hazari MBBS, MD, FRCS (Plast)

Consultant Plastic & Reconstructive Surgeon

01342-330396

www.anitahazari.co.uk

discuss this with the surgeon. *The appearance of scars with a poorer aesthetic outcome especially in higher grade Gynaecomastia, wherein excess skin resection is carried out, remains a source of great dis-satisfaction to both patients and surgeon.* Occasionally revision surgery may be done to improve the appearance of scars.

Seroma- This is a collection of fluid in the area. Hence you must wear a pressure garment for 6 weeks postoperatively to reduce its occurrence. Avoid any upper body workouts / weights which can contribute to increased fluid formation.

Revision surgery- This may occasionally be required if there is redundant skin after liposuction. Most skin laxity will take upto several months to tighten up, and a large skin resection scar can be avoided if skin resection is delayed until a second procedure in 6-9 months.

Pre-assessment Clinic

Most patients are seen in the Pre-assessment Clinic and, if you are asked to attend, a letter will be sent to you giving the date and time of your appointment.

The pre-admission assessment can include:

- * Assessing your general health and fitness before surgery by carrying out various tests and investigations. These include blood tests, and if indicated an ECG (electrocardiogram - heart tracing) and a chest x-ray. Photographs will provide a record for your notes to allow a comparison before and after surgery and are usually done by Miss Hazari on the day of surgery.
- * Discussing your current medication, any allergies you may have and information on your planned treatment and hospital services.

It is important that you are completely satisfied that you have been given all the information you need and that you fully understand the risks and benefits of your surgery, before you sign your consent form. You can change your mind at any time before surgery.

What other arrangements do I need to make?

The hospital stay is normally 1 night. It will be necessary to organise two weeks time off from work or college. If your job involves heavy lifting longer time upto 4-6 weeks may be needed.

You will not be able to drive immediately after your operation. You should only consider doing so when sufficient healing has taken place to allow you to

Miss Anita Hazari MBBS, MD, FRCS (Plast)

Consultant Plastic & Reconstructive Surgeon

01342-330396

www.anitahazari.co.uk

wear a seat belt without pain. Before driving, check with your insurance company that you have appropriate cover since some companies ban driving for a specific period following surgery.

What can I expect before my operation?

An anaesthetist will visit and examine you on the ward and explain the anaesthetic procedures. Miss Hazari will see you and ask for your consent to proceed with your surgery. Pre-operative photographs are usually done at the same time. She will use a special marker pen to draw the surgical plan on your skin. A place for the new nipple will be marked in a position higher than the old, reducing the size of the nipple as well as marking the area of skin and breast tissue to be removed in grade 3 gynaecomastia. It is vital that you do not wash these marks off. Please ask questions if there is anything that you are not sure about. You must have nothing to eat for a minimum of six hours and nothing to drink for a minimum of two hours before your surgery. The ward nursing staff will advise you. This is for your safety, to help prevent vomiting during your anaesthetic.

What can I expect after the operation?

Recovery area- When you wake up after the surgery, you will be in the recovery area. The nursing staff are very experienced and will ensure your recovery is as pain free as possible. Painkillers will be given to you on a regular basis for as long as you need them. The operation does not usually cause much pain afterwards, although tightness and bruising may cause discomfort.

Follow-up appointments

On the day you go home you will be given an appointment to see Miss Hazari or a nurse a week after surgery in the dressing clinic. If you have been seen by a dressing clinic nurse at this appointment, you will have an appointment to see Miss Hazari at 2 weeks post-operatively. You will be asked to wear the pressure garment for 4-6 weeks after surgery.

Returning to work

Depending on the type of work that you do, you may be able to return to work within two to three weeks. You may feel quite tired at first. This is quite normal, and we suggest you talk to your employer about making a gradual return to work. If your job involves heavy lifting, then you may not be able to do so for at least 6 weeks.

Sport

Many sports can be resumed at about four weeks. If the sport involves strenuous upper body / pectoral recruitment such as gym weights, cross-trainer or pec exercises, it is probably advisable to recommence these

Miss Anita Hazari MBBS, MD, FRCS (Plast)

Consultant Plastic & Reconstructive Surgeon

01342-330396

www.anitahazari.co.uk

activities gradually about 8 -10 weeks after surgery. You should refrain from lifting heavy objects for 6 weeks after the surgery.

What should I look out for?

Once you are at home after surgery, it is important to check your wounds. If your abdominal skin becomes red, swollen and painful or there is a discharge please contact the hospital immediately.

Notes.....