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GYNAECOMASTIA EXCISION

Patient Information Leaflet

WHAT IS GYNAECOMASTIA?

Gynaecomastia is the enlargement of male breast tissue. It may affect one or both sides of the chest and can occur at any age.

The enlargement may be caused by:

- Excess glandular breast tissue
- Excess fatty tissue
- A combination of gland and fat
- Hormonal changes
- Certain medications or supplements
- Significant weight changes
- Occasionally, an underlying medical condition

In many patients, no specific cause can be identified.

Gynaecomastia may cause physical discomfort, tenderness, embarrassment or self-consciousness, particularly when wearing fitted clothing or when the chest is exposed.

WHAT IS GYNAECOMASTIA SURGERY?

Gynaecomastia surgery aims to create a flatter and more masculine chest contour by removing excess glandular and/or fatty tissue.

Depending on your individual anatomy, treatment may involve:

- **Liposuction** to remove excess fatty tissue
- **Direct excision** of firm glandular breast tissue

- A **combination of liposuction and gland excision**
- Removal of excess skin in patients with significant skin redundancy

The exact technique will be discussed with you during your consultation.

WHO MAY BENEFIT FROM SURGERY?

You may be suitable for gynaecomastia surgery if:

- Your enlarged breast tissue has persisted despite weight loss or exercise
- Your weight is reasonably stable
- You experience discomfort or tenderness
- You are unhappy or self-conscious about the appearance of your chest
- You are medically fit for surgery
- You have realistic expectations about the outcome

Where appropriate, further medical investigation may be recommended before surgery, particularly if the breast enlargement has developed recently, is significantly asymmetrical or there are other concerning symptoms.

YOUR CONSULTATION

During your consultation, Dr Chen will assess:

- The amount of glandular and fatty tissue present
- The quality and elasticity of the skin
- The position and size of the nipple and areola
- Chest symmetry
- Any previous scars or surgery
- Your general medical history
- Current medications and supplements
- Smoking or nicotine use
- Your goals and expectations

The most appropriate surgical approach will then be discussed with you.

HOW IS THE PROCEDURE PERFORMED?

Liposuction

Small incisions are made through which a thin liposuction cannula is introduced. Excess fatty tissue is removed to improve the contour of the chest.

Liposuction alone is most effective where the enlargement is predominantly due to fatty tissue.

Gland Excision

Firm glandular tissue cannot always be adequately treated with liposuction.

An incision is commonly made along the lower border of the areola. Through this incision, excess glandular tissue is carefully removed.

A thin layer of tissue is generally left beneath the nipple and areola to help maintain a natural contour and reduce the risk of the nipple appearing depressed or adherent to the underlying muscle.

Skin Excision

Patients with significant breast enlargement or loose skin may require additional skin removal. This results in longer scars and will be discussed with you before surgery if it is considered necessary.

ANAESTHESIA

Gynaecomastia surgery is usually performed under **general anaesthesia**.

The type of anaesthetic most appropriate for you will be discussed before your procedure.

HOW LONG DOES THE OPERATION TAKE?

The duration depends on the extent of surgery required and whether one or both sides of the chest are being treated.

Most procedures take approximately **1–2 hours**, although more extensive surgery may take longer.

WILL I NEED TO STAY IN HOSPITAL?

Many gynaecomastia procedures can be performed as day surgery.

Depending on the extent of your surgery, your medical condition and your recovery following anaesthesia, an overnight hospital stay may occasionally be recommended.

WILL I HAVE DRAINS?

Small surgical drains may occasionally be placed beneath the skin, particularly when a significant amount of glandular tissue has been removed.

Drains help prevent the accumulation of blood or fluid beneath the skin.

If drains are required, you will be given instructions regarding their care and when they will be removed.

WHAT SCARS SHOULD I EXPECT?

Scarring depends on the technique required.

For gland excision, the scar is usually positioned along the border between the darker areolar skin and the surrounding chest skin, helping to make it less noticeable.

Liposuction requires several very small access incisions.

If excess skin needs to be removed, additional and longer scars may be necessary.

All surgery produces permanent scars. Scars are initially more noticeable and usually soften and fade progressively over **12–18 months**, although scar quality varies between individuals.

Patients who are prone to hypertrophic or keloid scarring should discuss this with Dr Chen before surgery.

WHAT CAN I EXPECT AFTER SURGERY?

It is normal to experience:

- Swelling
- Bruising
- Tightness of the chest

- Mild to moderate discomfort
- Temporary numbness or altered nipple sensation
- Uneven swelling between the two sides during the early healing period

The chest may initially appear swollen or irregular. The final contour cannot be assessed immediately after surgery.

Swelling gradually improves over several weeks, with further refinement occurring over several months.

COMPRESSION GARMENT

You will usually be asked to wear a compression garment following surgery.

Compression helps:

- Reduce swelling
- Support the operated tissues
- Encourage the skin to settle against the new chest contour
- Improve comfort during the early recovery period

You will be advised how long to wear your garment based on the extent of your surgery.

RECOVERY

Recovery varies between individuals.

As a general guide:

First few days

- Rest and gentle walking are encouraged.
- Mild discomfort, swelling and bruising are expected.
- Keep your dressings clean and dry.

1–2 weeks

- Many patients can return to light or office-based work.
- Bruising and swelling should begin to improve.
- Avoid strenuous activity.

3–4 weeks

- Normal daily activities can gradually increase.
- Exercise remains restricted unless cleared by Dr Chen.

4–6 weeks

- Most patients can gradually return to gym training, strenuous exercise and upper-body activity once healing is satisfactory and permission has been given.

Your individual recovery instructions may differ depending on the surgery performed.

EXERCISE AND CHEST TRAINING

Walking is encouraged soon after surgery to reduce the risk of blood clots.

Heavy lifting, strenuous exercise and vigorous chest exercises should be avoided during the initial healing period.

Do not resume weight training or chest exercises until Dr Chen has confirmed that it is safe to do so.

Returning to strenuous exercise too early may increase the risk of bleeding, swelling or fluid accumulation.

DRIVING

Do not drive while taking medication that causes drowsiness or while movement of your arms and chest remains uncomfortable or restricted.

You should only return to driving once you can safely perform an emergency stop and manoeuvre the vehicle without pain or restriction.

RISKS AND POSSIBLE COMPLICATIONS

All surgical procedures carry risks. Although most patients recover without significant problems, complications can occur.

Potential risks include:

- Bleeding
- Haematoma (collection of blood beneath the skin)
- Seroma (collection of clear fluid)

- Infection
- Delayed wound healing
- Wound breakdown
- Pain or prolonged tenderness
- Swelling and bruising
- Temporary or permanent changes in nipple sensation
- Numbness of the surrounding chest skin
- Asymmetry
- Residual breast tissue
- Residual fullness or contour irregularity
- Over-resection resulting in a depression beneath the nipple
- Loose or redundant skin
- Changes in nipple or areola shape
- Visible or widened scars
- Hypertrophic or keloid scarring
- Fat necrosis
- Skin or nipple/areola circulation problems
- Partial or complete loss of the nipple/areola, although uncommon
- Need for further surgery or revision
- Anaesthetic complications
- Deep vein thrombosis (DVT) and pulmonary embolism, although uncommon

Perfect symmetry cannot be guaranteed.

Minor differences between the two sides of the chest are normal and may remain after surgery.

HAEMATOMA

Bleeding beneath the skin resulting in a haematoma is one of the important early complications following gynaecomastia surgery.

A rapidly enlarging, painful or significantly more swollen breast requires urgent assessment.

Occasionally, a return to theatre is necessary to remove the accumulated blood and control the bleeding.

NIPPLE SENSATION

Temporary numbness or altered nipple sensation is common after surgery.

Sensation often improves gradually over several months; however, permanent reduction, increased sensitivity or complete loss of nipple sensation can occasionally occur.

CONTOUR IRREGULARITIES

The tissues of the chest need time to settle following surgery.

Temporary firmness, lumpiness or minor irregularities may occur during healing.

In some cases, residual glandular or fatty tissue, scar tissue or skin laxity may result in persistent contour differences.

Occasionally, revision surgery may be required.

HISTOLOGY

Where glandular breast tissue is surgically removed, it may be sent to a pathology laboratory for histological examination.

Any additional pathology costs will be discussed where applicable.

SMOKING AND NICOTINE

Smoking and nicotine significantly increase the risk of:

- Poor wound healing
- Infection
- Wound breakdown
- Skin and nipple circulation problems
- Poor scarring

This includes cigarettes, vaping and other nicotine-containing products.

You may be required to stop all nicotine use for a period before and after surgery.

MEDICATIONS AND SUPPLEMENTS

Please inform us of **all medications, vitamins, herbal products, supplements and recreational substances** that you use.

Certain medications and supplements may increase the risk of bleeding or interact with your anaesthetic.

Do not stop prescription medication unless instructed to do so by your treating doctor.

MAINTAINING YOUR RESULT

The tissue removed during surgery does not normally grow back; however, the appearance of your chest can change with:

- Significant weight gain
- Hormonal changes
- Certain medications or anabolic steroids
- Ageing
- Changes in skin elasticity

Maintaining a stable weight and healthy lifestyle will help preserve your surgical result.

WHEN SHOULD I CONTACT THE PRACTICE URGENTLY?

Please contact WHC Plastic Surgery or seek urgent medical attention if you experience:

- Sudden or rapidly increasing swelling of one side of the chest
- Severe or worsening pain
- Significant bleeding
- Increasing redness or warmth
- Pus or offensive discharge
- Fever or chills
- Increasing wound separation
- Shortness of breath
- Chest pain
- Pain or swelling in the calf

Chest pain, difficulty breathing or sudden shortness of breath should be treated as a **medical emergency**.

YOUR RESULT

The aim of gynaecomastia surgery is to produce a flatter, firmer and more proportionate masculine chest contour.

Improvement can usually be seen immediately; however, swelling and tissue firmness initially obscure the final result.

The chest continues to settle and refine over several months, and scars continue to mature for approximately **12–18 months**.

Surgery can significantly improve chest contour, but perfect symmetry or a completely scar-free result cannot be guaranteed.

FOLLOW-UP

Regular follow-up appointments are an important part of your treatment.

Please attend all scheduled postoperative appointments so that your wounds, swelling, scars and overall recovery can be assessed.

If you have any concerns between appointments, please contact the practice.

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This leaflet provides general information and does not replace your individual consultation, informed consent discussion or personalised instructions from your surgeon.