

Gynaecomastia

Gynaecomastia

Your Questions Answered



STAIANO
PLASTIC SURGERY

Why Am I Qualified To Talk About Gynaecomastia?

I am a Consultant Plastic Surgeon with 20 years of experience. All plastic surgeons specialise in one particular area, although many still perform surgery on all parts of the body. During the last 6 years, I have focused on cosmetic breast surgery. I have performed countless gynaecomastia procedures and have a well below average complication rate and an army of happy patients!

I run my own private practice, The Staiano Clinic, and we aim to be at the forefront of a new wave in plastic surgery with the focus on ethics and patient satisfaction. Everyone at the clinic is a specialist in their field and there are no advisers or salespeople.

“ Thank you for giving me the best Xmas present ever. ”

ML – Patient testimonial from gynaecomastia correction patient



Jonathan Staiano BSc | MBBS | MSc | FRCS (Eng) | FRCS (Plast)

Your Questions Answered

1. What are the limitations?

Gynaecomastia surgery is aimed at removing the elements that make up the male breast which are skin, fat and breast tissue. The fat and the breast tissue are removed by a combination of liposuction and excision and usually the skin is left to recoil. However, if there is significant skin excess, the amount of skin recoil may be limited. There is a balance to be had between the amount of scarring that is left and the amount of skin that is removed. The minimal scarring comes without any skin excision and just a small scar at the lower portion of the nipple. However, because no skin is removed it relies on the elastic recoil. The older you are and if you are a smoker, then your elastic recoil will be less and so there may be some redundant skin in the area, but this could be preferable to having more extensive scarring. In order to tighten the skin then more scarring is required and this would either be all the way around the nipple or a straight line scar across the chest. This scarring is more noticeable, but removes more skin and so a balance has to be made to decide on the right operation for you. It may be that a two stage procedure would be the best where the gland and fatty tissue is removed first and then you could see how the skin recoils to see whether you would need skin excision as a second stage. There is always a limitation as to how things heal and settle and whilst we always aim for perfect symmetry when dealing with the body's tissues, things can scar unpredictably and so there is a chance of asymmetries after surgery. These are usually mild, but if they are significant we will correct them for you if we can.

2. What are the different surgical options available?

The options are related to the elements of the breast that need to be addressed. First of all there is liposuction. This involves making small incisions and removing the excess fatty tissue. This is not to say that you are necessarily over weight because often losing weight does not have an effect on the fatty tissue in the breast and it is not uncommon to see someone who is very slim but with excess fatty tissue in the breast, causing the gynaecomastia. There is often dense glandular tissue underneath the nipple and this is not easily removed with liposuction and so needs to be excised. The incision can be performed at the same time as liposuction and leaves slightly more scarring, usually in the shape of a “u” at the lower border of the areola. For more extensive cases of gynaecomastia with significant skin and breast tissue, then the surgical options may involve skin excision which will give more scarring but will remove more skin. The various options can be discussed with you in your consultation and we will recommend the best surgical options for you.

3. Will I need a local anaesthetic/general anaesthetic?

Gynaecomastia surgery is normally performed under general anaesthetic which means you are put to sleep, although it is often done as a day case, so you may well be able to go home on the same day as the surgery. If you did not want to be put to sleep, then it can be done under local anaesthetic with sedation and this is certainly something that we can discuss with you in the clinic.

4. Is there a chance it will come back?

Whichever surgical option you have to treat your gynaecomastia the tissue is removed permanently and will not come back. Having said that if your circumstances change following surgery, particularly if you were to put on weight, then you may get a recurrence of the problem. However, it will not be as bad as it would have been had you not had surgery because you will be starting from a much better position. If there is a cause for your gynaecomastia which has not been addressed, then there is a risk that it can come back and this is particularly true if you are taking drugs such as anabolic steroids and Marijuana. If you are taking medication that cannot be stopped, then you will need to have a discussion with your surgeon as to whether to go ahead with treatment because whilst your situation will be improved, we will not be able to guarantee that it will come back if you keep taking the medication.

5. What kind of scar can I expect?

The scarring following a gynaecomastia correction is usually very subtle which is important because it is a cosmetic procedure so we do not want there to be obvious signs of surgery. The scarring from liposuction involves small stab incisions which are a few millimetres long in the side of your chest and the scar from excision is in the shape of a “u” at the lower border of the areola. These scars are red and obvious to start off with but over time they fade and can be difficult to see. If you require skin excision then the scarring is more extensive, either all the way around the nipple or as a transverse line across your chest. We can show you examples of these in the clinic, so you can make a judgement as to whether the inevitable scarring will be acceptable to you.

6. How much time off work will I need?

You will be quite uncomfortable in the first week after surgery and so should avoid work during this time. You will feel better during the second week, although we would advise against anything too heavy with regards to lifting or strenuous upper body activity. Ideally you should take the first two weeks off work and after two weeks you may well be able to start driving, although you should check with your car insurance company. Things will still be a little sore and swollen for the first couple of months, so do not be surprised if it takes you this time to get back up to full speed. If your work involves heavy manual work then you should take four to six weeks off, although you may be able to go back on light duties sooner.

7. When will I be able to go back to the gym?

You will not feel like doing much in the gym for the first two weeks following surgery, but after this you can start activities with your lower body such as the exercise bike or the stepper, although avoid too much activity with your arms. It will be four to six weeks before you will be doing anything too heavy with your upper body and then you should start gently and if your chest is uncomfortable or swells up then you should reduce the activity.

8. Is there anything I need to do to prepare for surgery?

You should work on getting your weight to a level that is stable and comfortable for you. You should avoid significant weight fluctuations following surgery as this can affect the result. You should stop smoking, ideally six weeks before the surgery. If this is not possible then it is critical for the two weeks after surgery as this is when most of the wound healing occurs. We are very keen that you have surgery at the time that is right for you and so we encourage you to be in a positive mental state and be comfortable with everything that the surgery entails. For this reason we encourage you to come back to the clinic as often as you need to go over things with us and we also have the support of previous patients and a counsellor so that we can ensure that you are in the best physical and psychological condition for your surgery.

9. Will I have the dressing? Will I need to change my dressing?

You will come back from theatre with waterproof dressings on the incisions and a supportive garment. You will go home either on the day of surgery or the following day and we recommend that you wear the garment day and night for a month. Dressings are flash waterproof so you can get in the shower, although avoid direct contact on the dressings and they normally do not need to be changed before your first dressing clinic appointment which will be a week after your surgery. At this appointment the dressings will be removed and you normally do not need a dressing after this as we simply give you some gauze to wear in your binder. You will be given telephone numbers for 24 hour support if you do have any problems with the wound or the dressing. We will be more than happy to see you if you have any concerns.

10. Will I have a drain?

The drain is a plastic tube that goes into the area of your surgery and is connected to a bottle which will be beside your bed and you need to carry around. We are using drains less and less in cosmetic surgery. Occasionally a drain is required following a gynaecomastia correction, but is not routinely needed. If you do have a drain it will be removed before you go home and this is normally the first morning after your surgery.

11. What kind of pain can I expect?

You will feel sore and bruised across your chest and the compression garment that you will come back from theatre with can help with the support for this. The pain is not normally significant as it is more of a discomfort and we recommend Ibuprofen and Paracetamol as the first line of treatment and this is all most patients need. If the pain is more significant for this we do also give Codeine based painkillers which are stronger, although they can cause side effects such as constipation, dizziness and nausea and so we recommend using them with caution. We will ensure that your pain is controlled and that you have adequate analgesia before you are discharged home.

12. How do I choose the right surgeon?

Choosing a surgeon based on personal recommendation is always something we encourage, so if you know anyone who has had this surgery and can recommend their surgeon then this is always a good first port of call. It is important to look at the training and credentials of the surgeon. You will be able to tell if your surgeon is a fully trained plastic surgeon if they have the letters FRCS (Plast) after their name. Gynaecomastia correction is a procedure that can be performed by any fully trained plastic surgeon, although some plastic surgeons will have a more specialised interest in surgery of the breast and so you should seek one of these, particularly if you have a complicated condition or are seeking revision surgery. You should ensure your surgeon has experience of performing the procedure and you should look at his or her before and after photographs and ensure that they are of your surgeon's cases. You should also ask about the hospital that you will be treated in and ideally this should be close to home and fully equipped with all the major specialties represented.

13. Can my areola be reduced?

It is possible to reduce the areola at the time of gynaecomastia correction, although this will involve slightly more scarring in that the scar would go all the way around the areola. The size of the areola can be set to any dimension that you wish, although when dealing with tissues and scarring it is always unpredictable as to what the shape and size it will be once fully settled.

14. How does smoking affect surgery?

Smoking reduces the blood flow to the skin and so impairs wound healing. It also has an effect on your lungs and so there is a greater risk of chest infection following surgery. Ideally smoking should be stopped six months before any procedure or at an absolute minimum for the two weeks following the procedure.

If you have a question which hasn't been answered here, feel free to get in contact with us. I'd be happy to answer your questions!

Call: 0121 454 3680

E-mail: info@staianoplasticsurgery.co.uk

Tweet: [@DrJJStaiano](#) (Last Monday of every month, Q&A with Dr. Staiano, 7-8pm. Hashtag #AskJJ).

Facebook: [thestaianoclinic](#)

Google+: [StaianoplasticsurgeryCoUk](#)



STAIANO
PLASTIC SURGERY

0121 454 3680

info@staianoplasticsurgery.co.uk

staianoplasticsurgery.co.uk

50 Frederick Road, Edgbaston B15 1HN