

Breast tissue comprises of glandular tissue and fatty tissue. All men have breast tissue.

Gynaecomastia is a condition which can affect up to 1 in 3 males where too much breast tissue has developed. Gynaecomastia can affect one or both sides of the chest. The condition often occurs in older teenagers due to a hormone imbalance. Other causes may include certain medications, alcohol misuse, cancer, malnutrition and hyperthyroidism. In many instances there is no known cause.

Gynaecomastia does self resolve for most teenagers as hormone levels balance over time however, for some males the condition is permanent. In some cases, hormone tests and imaging are required to investigate possible cause.

Surgery for Gynaecomastia helps to change the contour and symmetry of the chest to a more 'male' like appearance, improving patient self-esteem and comfort.

Alternatives options to Gynaecomastia

In its early stages, Gynaecomastia may be treated with **medication** to prevent further growth.

Weight loss in overweight males may lead to a reduction in fatty tissue improving the chest contour ("pseudo gynaecomastia"). This will however not reduce glandular tissue. Ceasing medication/alcohol or reversal of other causes of gynaecomastia may improve symptoms.

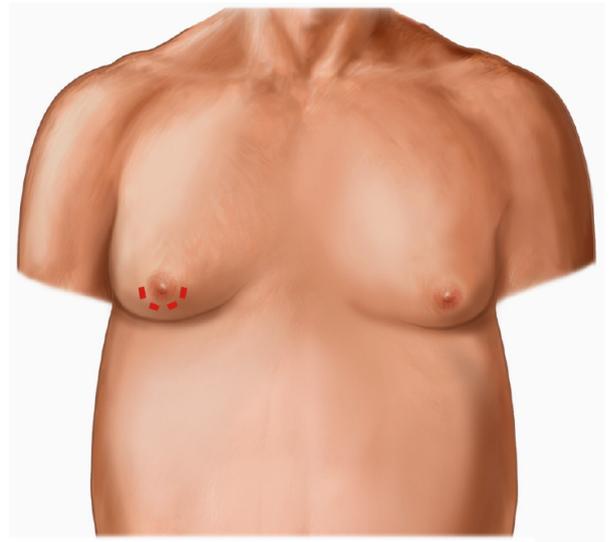
What does the operation involve?

The operation is performed under general anaesthetic, usually taking around 30 minutes to an hour for each side.

For smaller procedures and where skin quality and elasticity are good the operation may only require liposuction via a thin hollow tube or cannula. A small incision is made in the skin for the cannula to pass through. The cannula will be moved around at different angles to break up and remove the tissue evenly.

For more substantial removal of tissue and where a firm disc of glandular tissue has formed behind the nipple, a small incision may be made along the areolar (dark area around the nipple) to remove the tissue.

Occasionally when there is a large amount of excess skin incision may be required.



Position of cuts around the nipple

Post-operative Course

Post operatively you will have a small scar along the areolar, and/or possibly on the chest area depending on the approach used to perform the procedure.

You will usually be fitted with a 'tubi-grip' compression garment to wear until your follow up appointment and you will be able to go home on the same day of the surgery, or the next day if any drain tubes have been used following the procedure.

You will be provided with post-operative instructions and pain relief medication and you should follow these as directed. You will be discharged home with an appointment card for a wound check and dressing change at WPRS. Contact phone numbers to call if you have any concerns once you have been discharged home will be available with your post-operative instructions.

You should rest following your operation and only perform light duties. You should avoid heavy lifting and strenuous activity for a few weeks, returning to normal activities by around four to six weeks. You may drive a car when you feel safe and comfortable to do so. Most people can return to work at around one week post-operative (depending on the type of work).

Your new chest shape may take several months to appear as swelling reduces and your skin tightens. You should also follow a well balanced diet and exercise regime to help maintain a healthy weight and appearance.

Potential Risks of Surgery

Bleeding/haematoma: any bleeding after surgery is usually minor. However rarely you may bleed enough to require a return to theatre.

Infection: uncommon, however if it occurs you may be required to commence antibiotics.

Wound separation/delayed healing: is uncommon.

Scar widening/hypertrophy: this can occur with any scar. Your wound will be carefully closed however some people may develop widened or elevated scars. WPRS monitor for this and provide information to avoid this potential complication

Fluid collection (seroma): can occur in a small number of people. If a collection does accumulate then it may need to be drained, which can be performed in the rooms.

Asymmetry: It is uncommon for both breasts to be exactly the same size and shape pre-operatively. Whilst every effort is made to ensure that you have symmetry post operatively there may be small differences on your chest.

Contour Deformity: Excessive removal of tissue below nipple will result in nipples sinking in.

Altered nipple sensation: Any change normally settles with time (usually within one year). Complete loss of nipple sensation occurs in a very small number of people.

Anaesthetic complications: sore throat, nausea/vomiting, other rare complications (i.e. allergic reaction to anaesthetic) can be discussed with your anaesthetist.