What is gynaecomastia?

All men have breast tissue made up of glandular tissue and fatty tissue. Gynaecomastia is a condition where too much breast tissue has developed. The condition can be severe, where there is a large amount of tissue, and can affect one or both sides of your chest.

Gynaecomastia happens in 1 in 3 men, usually in older teenagers caused by a hormone imbalance or increased response to the hormone oestrogen. Other causes include medication, drinking too much alcohol, cancer, malnutrition and hyperthyroidism (an overactive thyroid).

The condition is also more common in men over the age of 40. In half of men there is no known cause.

Your surgeon will assess you and tell you if gynaecomastia surgery is suitable for you. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

Is gynaecomastia surgery suitable for me?

For most teenagers, gynaecomastia goes away as your hormone levels naturally get into balance. However, in some men the condition is permanent. If there is an underlying cause, your surgeon will aim to treat this first.

Gynaecomastia is not life-threatening but you may want to have the excess tissue removed if you feel embarrassed by the condition.

Your surgeon will carry out a detailed assessment before deciding if surgery is suitable for you. This may include taking photos for your medical records. They will examine your chest and ask you questions about your medical history.

Your surgeon will also ask you if you are planning to lose a lot of weight. If your gynaecomastia is caused mainly by excess fatty tissue, it may be better to lose the weight before having surgery.

What are the benefits of surgery?

Your chest should have a more male appearance and both sides should look similar to each other.

Most men who have a successful operation are more comfortable with their appearance.

Are there any alternatives to surgery?

If the condition is in its early stages, you may be able to take medication to prevent further growth.

If you are overweight and your gynaecomastia is caused mainly by fatty tissue, losing weight may lead to a reduction in the gynaecomastia.

If the condition is fully developed and an underlying cause cannot be identified or treated, surgery is the only way of removing the excess tissue.

What will happen if I decide not to have the operation?

Gynaecomastia surgery will not improve your physical health. The appearance of your chest may improve if an underlying cause is treated.

The problem usually gets worse with age and if you put on weight.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is usually performed under a general anaesthetic but various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you.

You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.

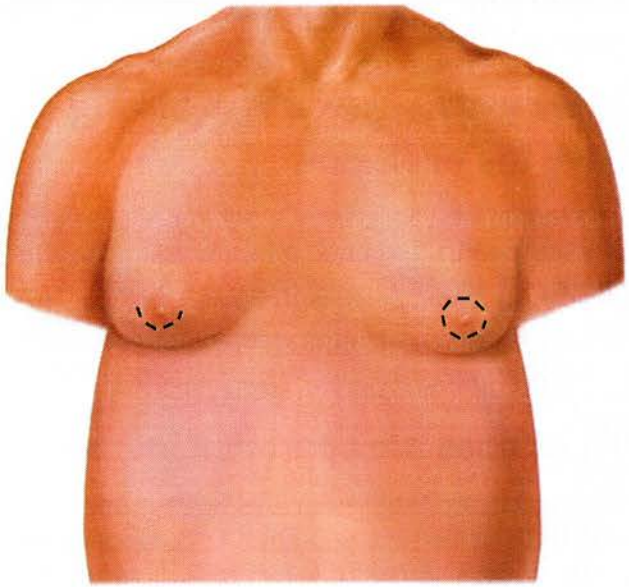
The operation usually takes 30 minutes to an hour for each side that needs to be treated.

If you have only a small amount of excess tissue and good skin elasticity, the operation may involve only liposuction. Your surgeon will use a cannula (thin, hollow tube) attached to a suction device to remove the fat through a small cut.

They will make one or two small cuts on a crease line on the inside or outside of your chest. They will inject a fluid that reduces bleeding and discomfort after the operation.

Your surgeon will move the cannula through the tissue, making it easier to suction out. Some cannulas use high frequency ultrasound to break up the tissue. Your surgeon will move the cannula at different angles so the tissue is removed as evenly as possible.

If you have a firm disc of glandular tissue behind your nipple, as well as liposuction your surgeon may also need to make a cut on the lower line of the areola (the darker area around your nipple) so they can remove the disc of tissue.



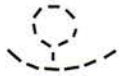
Position of cuts to remove disc of tissue

For severe gynaecomastia, where there is a lot of excess skin, your surgeon will make a cut on the line around the areola. They may also need to make a vertical cut underneath your areola and, sometimes, a cut across your chest. They will remove the excess tissue and skin.

Your surgeon may be able to lift your nipple so it is in a normal position on your chest.

Your surgeon will usually insert drains (tubes) in the cuts to help your wounds to heal.

They will usually close the cuts with dissolvable stitches.



Position of cuts to treat severe gynaecomastia

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told. If you have only liposuction, any pain is usually mild and easily controlled with simple painkillers such as paracetamol. The areas that are treated can be uncomfortable for a few weeks.
- Bleeding during or soon after the operation. You may need a blood transfusion or another operation and it is common for your chest to be bruised.
- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- Unsightly scarring of your skin. The scars usually settle within 4 to 6 months. If you have dark skin, the scars can sometimes stay thick and red. Your surgeon will try to make the cuts in areas that are difficult to notice. Follow the instructions your surgeon gives you about how to care for your wounds.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

Specific complications of this operation

- Skin burns caused either by friction when your surgeon moves the cannula, or by heat if your surgeon uses a high frequency ultrasound cannula. The burns are usually mild and settle with time.
- Changes to skin colour caused by bleeding or wearing a compression vest.
- Irregular body shape where fat has been removed, if your surgeon removes too little or too much fat. You may need more liposuction, or fat grafting, where fat from another area is injected under your skin.
- Fat embolus. Liposuction can sometimes cause fat to enter your bloodstream and move to your lungs, making it difficult for you to breathe.
- Making a hole in your skin when your breast tissue is being removed. Your surgeon will stitch the hole closed.
- Injury to small nerves that supply your skin when the cannula is passed through the fat. This can cause numbness, a feeling of 'pins and needles' when the area is touched (paraesthesia) or hypersensitivity. These problems usually settle within a few weeks but you may need medication to help with hypersensitivity.
- Developing a collection of fluid (seroma) under your skin (risk: 1 in 20). This is not usually serious and settles with time. Sometimes the fluid needs to be removed using a needle.

- Developing a collection of blood (haematoma) under your skin (risk: 1 in 50). You may need another operation to remove the blood. You may also need a blood transfusion.
- Loss of skin, including the areola and nipple if you have severe gynaecomastia, because the operation can damage the blood supply in your chest, causing areas of skin to die (risk: less than 1 in 100). The risk is higher if you smoke, are overweight, or have other medical problems such as diabetes.
- Developing an abscess (a collection of pus), if your body tries to control an infection by forming a wall around the infected area (risk: less than 1 in 100). You may need antibiotics or another operation to drain the pus.
- Change of nipple sensation. This usually settles within a year but the change may be permanent. You will lose nipple sensation permanently if your surgeon had to detach your nipple and areola during the operation.
- Stiff shoulder. The healthcare team will give you exercises and it is important that you do them to keep your shoulder moving. Take painkillers as you are told if you need to relieve the pain.
- Cosmetic problems. It is difficult to predict exactly how your chest will look after the operation. Sometimes the scars stay thick and red, your skin does not shrink enough or one side of your chest has a different shape to the other (asymmetry). It may be possible to have these corrected by a small procedure.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. You will usually be given a compression vest to wear.

You should be able to go home the same day if you had only liposuction, or the next day when any drains have been removed. However, your doctor may recommend that you stay a little longer. If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

Rest for a few days and do only light activities. This will help the fluid to be reabsorbed. The bandages over the cuts will be removed after a few days. Continue with the compression vest for a few weeks. You should be able to return to work after a week, depending on your type of work.

Do not lift anything heavy or do strenuous exercise for 3 weeks. Most men return to normal activities after 4 to 6 weeks.

The healthcare team will advise you on exercising to help keep you to a healthy weight and to improve the cosmetic result.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

The future

The healthcare team will arrange for you to come back to the clinic regularly to check on your progress. Your new chest shape will take several months to appear as the swelling reduces and your skin tightens.

The best results for you will happen if you keep to a healthy weight and exercise regularly.

Summary

Surgery for gynaecomastia is an operation to remove excess tissue from your chest. You should consider the options carefully and have realistic expectations about the results.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Acknowledgements
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