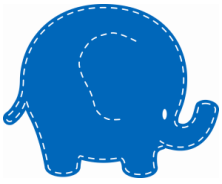


## Understanding Gynaecomastia

Information for patients, their parents and carers



### Introduction

This leaflet is designed to help you find out more about gynaecomastia and what to expect from your treatment.

### What is gynaecomastia?

Gynaecomastia is a condition where breast tissue is enlarged in boys and men. It can happen on one side or on both.

### How common is it?

It is thought to occur in more than 30% of males and is more common in older men.

### What is pseudogynaecomastia?

This is male breast swelling that is due to the person being overweight. The swelling tends to go down with weight loss.

### What causes gynaecomastia?

#### 1 Unknown (idiopathic)

This is the most common when no cause is found.

#### 2 Hormone imbalance (physiological)

- New born babies are often born with breast swelling due to hormones from the mother. The swelling goes down by itself.
- When boys reach puberty there is a change in the level of hormones. In some cases this can cause gynaecomastia. This swelling normally begins to go down by itself with time (usually around the age of 19).
- As men get older, hormone levels change again, leading to swelling of the breast tissue.

#### 3 Medical conditions (pathological)

There are many medical conditions that can cause gynaecomastia, including liver disease, thyroid disease and testicular abnormalities. Your doctor will have thoroughly examined you for any signs or symptoms of these conditions.



#### 4 Mediation/drugs (pharmacological)

Some drugs can change the normal hormone balance and cause breast swelling. These include some blood pressure medication, steroids and marijuana. Excessive alcohol use can also cause gynaecomastia.

#### What are the treatment options available?

Only if you remove the cause of gynaecomastia the swelling will go down. If this is not successful, surgery may be an option. If you are overweight with a Body Mass Index (BMI) measured to be greater than or equal to 30 you will have first to lose weight. With weight loss the breast swelling may reduce by itself. If you do have surgery, the options include liposuction and/or open surgery, depending on the type of gynaecomastia you have.

#### What happens if a person chooses not to have surgery?

You may choose not to have treatment, the following information is what we understand about the possible outcomes if you decide against any surgery.

Swelling caused by gynaecomastia that occurs due to puberty tends to go down by itself in most boys usually by the age of 19 or whenever puberty ends. The more mild the swelling the more likely the swelling will go down completely. There is also a higher chance of the swelling remaining in those with more significant swelling. It is not possible to predict who will have the swelling go down and who will not.

When the swelling is caused by gynaecomastia that is a result of either a medical condition or medications/drugs, it is less likely to go down by itself without getting rid of the cause of the gynaecomastia. Even then, there is a higher chance that some of the swelling will still be there.

In situations when the breast swelling is caused by pseud gynaecomastia, there is the option of simply losing weight. In the majority of cases this can help to greatly reduce the swelling if enough weight is lost. However, as you get older, your skin loses its ability to stretch and this means that the swelling would be less likely to do down even with large amounts of weight loss.

We have noticed people who come to our clinics often find it difficult to exercise in public because of the way they feel about their body and losing weight is a challenge.

#### What happens before the operation?

You will usually be referred by your GP or medical doctor to the Plastic Surgeons to further assess your breast swelling.

At your first Plastic Surgery appointment you will meet with a surgeon who will ask you questions about your health, your reasons for wanting to have an operation and if you have any allergies. You will also be examined and the surgeon will suggest the best surgical options for you.

Once you have been given all the information available you will be offered time to think about your options again and to chat to family and friends. If you have any questions at any point please contact us (details on the back page of this leaflet).



If you decide to go ahead with surgery you and/ or your parents/carers will be asked to sign a consent form. At this point, details of the operation will be discussed again and you will be able to ask any further questions.

When you come in for the operation you will see a doctor who will ask you questions about your general health and listen to your heart and lungs. They may also organise blood tests for you.

On the day of the operation you will meet your anaesthetist (the specially trained doctor who will give you medicine to help you go to sleep before the operation). They will ask you further questions and be able to answer any questions you may have about their role in the operation.

### **What are the risks of gynaecomastia surgery?**

Most operations are straightforward; however as with any operation there is a chance that complications may occur. It is important that you are aware of the risks when making a decision about having surgery. Risk for any operation whilst the patient is asleep are: bleeding (including blood clots underneath the skin: haematomas), wound infection and breakdown, unpredictable scarring and the risks of general anaesthetic.

Specific risks relating to liposuction include significant bruising and discomfort, skin damage, skin irregularities and under correction of the gynaecomastia (where the swelling significantly remains despite surgery).

Risks specific to open surgery include an up to 10% risk of haematoma formation. There are also much smaller risks of chest asymmetry, inverted nipples, skin irregularities, persistent numbness, under correction and nipple loss.

With both surgical options there is a risk of the gynaecomastia returning (recurrence). Some breast tissue must be left behind during the operation to avoid the development of "pudding bowl deformity" which can be very difficult to correct. This deformity can be understood as over correction with the nipples sinking into the chest wall. It is this remaining breast tissue that can swell again.

### **What are the benefits of gynaecomastia surgery?**

Surgery aims to remove the extra breast tissue that is unwanted by the patient. By doing this it helps to create a body shape that the patient is more pleased with.

We find that after the unwanted extra breast tissue has been removed our patients tell us that they are able to wear a greater variety of clothes and feel more confident with their body and with socialising.

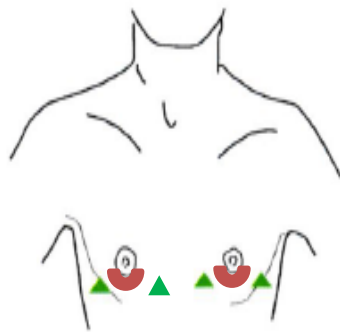
Those who have a higher Body Mass Index (BMI) tell us they feel more comfortable with exercising in public and therefore seem to be more able to stick to regular exercising and managing their weight.



## What happens during the operation?

The Anaesthetist will first give you some medicines to help you go to sleep in the anaesthetic room. Once you are asleep you will not feel or remember anything from the operation.

**Liposuction:** Fat is removed from four small cuts that are made in the skin. The small triangles in the diagram indicate where small cuts may be made. The operation normally takes around 40 minutes. Liposuction alone can be enough to treat the problem or it may be the first part of a two-stage procedure.



**Open surgery:** Tissue is removed through cuts made in the skin. The red shaded areas around the nipple area in the diagram indicate where the cuts would be made during open surgery. Drains are sometimes placed in the wound and these will be removed the next day.

Open surgery normally takes around one and a half hours and can be the first operation offered or the second part of a two stage procedure. After both operations you will wake up with special dressings on your wounds.

To help the healing process it is important that you wear elastic support such as a tight cycling top all day every day for the first six weeks after the operation.

## What happens after the operation?

After your operation you will be looked after by staff on the ward who will regularly check your breathing and pulse.

You may have a drip in your arm to replace any fluids that you may have lost in the operation.

If you feel any pain after the operation you must let the nursing staff know so they can give you painkillers.

You will normally be allowed home a few hours after the operation. However you may stay in hospital longer, especially if you need stronger painkillers.



There will be bruising and swelling to your chest area whichever operation you have. Most of this will settle down over the next two weeks; however it will take at least six months for all of the swelling to disappear.

When you go home you will be wearing an elastic corset provided by the hospital that you will need to wear until your wound is checked ten days after the operation.

When you are being discharged you must ensure there is an adult to accompany you home.

### **What happens afterwards?**

You will be given an appointment for the Plastic Dressing Clinic for ten days after your operation. At this appointment your dressings will be checked by a nurse.

After this you will have to wear a tight cycling top all day and all night for six weeks and only remove it when you wash. You will be seen in clinic on a regular basis until the nursing staff are happy with your wound healing.

After your operation you will also receive an appointment to see the plastic surgeons.

You may need further (second stage) surgery. The decision for further surgery would be made at a later appointment, usually six months after your first operation.

### **When can I go back to normal activities?**

For the first two weeks after the operation you must avoid any activities that could make you bend over, reach up or lift things.

After six weeks you can take part in activities such as swimming.

However you must avoid all contact sports until three months after you have had the operation.

### **My expectations.....**

It is important to remember that whatever treatment you have the result may not meet your expectations. You should discuss your expectations with your family and friends and most importantly your surgeon before you decide on any treatment



## Notes page

Use this space for notes or any questions you may have for the surgeon or anaesthetist.

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## For further information

Please contact Plastic Surgery Secretaries                      0151 252 5386

Web sites:

Gynaecomastia.org. (An American website created by Merie Yost an American psychotherapist following his own experiences).

[www.dailystrength.org/c/ Gynaecomastia/support-group](http://www.dailystrength.org/c/Gynaecomastia/support-group). (A patient support group where people share their personal experiences).

Please note: Alder Hey Children's NHS Foundation Trust is neither liable for the contents of any external sites listed nor does it endorse any commercial product or service mentioned or advised on any of the sites.

This leaflet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child's treatment.

This information can be made available in other languages and formats if requested.

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