

A PATIENT'S GUIDE TO GYNECOMASTIA

(MALE BREAST REDUCTION)

This valuable guide will save you time and help you avoid costly mistakes as you research gynecomastia and its treatment. This booklet covers the entire subject of gynecomastia in an easy to understand format. Information presented here includes – how to determine if you have gynecomastia, how is it corrected, does it need to be corrected, and what to expect during the recovery process. Also included is the important Manual “How to Find a Qualified Plastic Surgeon”

By

Steven Robinson, M.D., F.A.C.S.

Board Certified Plastic Surgeon

What is gynecomastia?

Gynecomastia is the condition of abnormal breast development in males. It occurs most commonly during puberty, but can also happen in adulthood. About 10% of boys develop the swelling and hardness under the nipple and areola (dark skin of the nipple) that is the hallmark of gynecomastia. This usually occurs at ages 12 to 14. In roughly half of these boys, the condition will go away by itself within 2 years. If gynecomastia persists after 2 years, it is likely permanent and will require intervention to correct. True gynecomastia is not caused by overall weight gain and does not go away with weight loss.

Gynecomastia can be painful. Many boys with this will complain of their chest hurting after sports or activities. They can even have a dull ache that is not related to any physical activity at all. Frequently, the nipple area is tender to touch and some boys avoid sports and activities altogether because of the discomfort and embarrassment.

This condition almost always involves both sides of the chest. Usually both nipples, areola, and chest are equally enlarged. However, it can occur on just one side (unilateral). There can also be a significant size difference between the two sides, with one being noticeably larger than the other. In cases where it involves only one side, other causes that might be medically significant must be explored and ruled out by a physician.

There are those who develop increased breast tissue because they are overweight. This is different from true gynecomastia because in these individuals there is no hard, nodular tissue underneath the nipple and areola. In these boys and young men, the large breasts are basically made up of body fat. In some boys who have developed this because they are overweight, weight loss will improve the contour of their chest. If not, this can also be successfully treated by a surgical procedure.

Does gynecomastia need to be treated?

For true gynecomastia, there is no medically necessary reason for treatment. It does not progress to cause any physical disease or hormonal imbalance. It is not harmful to leave it be. Having said this however, only a physician can determine if the condition is true gynecomastia or if there may be another cause which does require medical attention. An examination by a qualified physician is necessary to diagnose gynecomastia and differentiate it from other conditions.

The condition of gynecomastia usually stabilizes after about 2 years from onset and only progresses (gets larger) after that with overall weight gain. As stated before, in some boys the condition will go away in the first 2 years. If it goes away by itself, it will not come back and there is no need for treatment. However, if it has not resolved by 2 years time, it will not go away by itself and he may be a candidate for removal of this tissue.

While there are no other diseases caused by gynecomastia, and the condition by itself is not dangerous, most boys and men who have this want to get rid of it. The benefits for removing the excess tissue are mostly psychological and social.

Many boys who develop gynecomastia endure teasing at school and by their peers. At the very least, this is embarrassing to endure. Some boys will not participate in sports or social activities, such as swimming, where they may have to remove their shirts in public. These boys may also become socially withdrawn. A high percentage of these boys and young men will develop depression. These psychological effects of having gynecomastia are the best reasons to treat it. Immediately after a normal chest contour has been restored, there is a noticeable change in the demeanor and personalities of most boys who have been suffering from embarrassment and depression caused by the gynecomastia.

What causes gynecomastia?

Most cases of true gynecomastia occur spontaneously in individuals without any known cause or reason. In a minority of instances, there might be a family member who also has this condition. Most boys and young men who develop this do not have a family history of it. Current thought about the development of gynecomastia revolves around the known change in hormone levels at the time of puberty. For boys, the hormone testosterone is the predominant one that dramatically increases during puberty. It actually causes the masculine changes we associate with normal development. However, the hormone estrogen also increases in boys at this time. Estrogen does not play the major role for pubertal changes in boys but it is the major female hormone during puberty in girls.

Many studies have been done on the hormone levels of boys with gynecomastia. For the vast majority, the levels of testosterone and estrogen are normal. It is thought that the development of excess breast tissue in these boys is an exaggerated reaction of this tissue to normal levels of estrogen. When examined, the gynecomastia tissue is normal tissue, but present in abnormal amounts. Because the levels of all hormones stabilize after the onset of puberty, gynecomastia also stabilizes and usually does not continue to grow.

So, for the majority of boys and young men who develop this, the cause is unknown. However, there are some things that have been shown to cause gynecomastia. The use of certain medications and illicit drugs have been correlated with the formation of gynecomastia in some who use them. The medications that are known to cause gynecomastia in some (but not all) are Tagamet (cimetidine), Risperdol, and anti-seizure medicines such as dilantin. A small percentage of men taking these agents will develop gynecomastia. This percentage is considerably higher than the incidence of gynecomastia in the general population.

Illicit drugs have also been shown to cause gynecomastia. Most notably, smoking marijuana and using cannabis extracts. These have been shown to lead to excess breast tissue growth after years of use. Once these drugs and medications have been stopped, however, the condition rarely goes away by itself.

What is the treatment for gynecomastia?

No matter what the cause, the treatment for gynecomastia is the same. There is no medical therapy known to reverse the development of breast tissue. No drugs have been effective in shrinking this tissue. Once it has been present for over 2 years, it must be surgically removed. Fortunately, there is a procedure designed just for this purpose. It allows for the safe removal of excess tissue while restoring a masculine contour to the entire chest area.

This surgical procedure is done as an outpatient and I always perform this in a fully accredited ambulatory surgery center with a board certified anesthesiologist present to ensure the comfort of the patient. General anesthesia is the preferred method during this particular surgery, but sometimes for those who have a minor excess of tissue, local anesthesia is adequate.

The procedure itself usually consists of 2 parts in order to fully correct this problem. First, a small incision is made at the bottom border of the areola and normal skin junction (fig. 1) . Through this small incision the hard, nodular breast tissue is removed. This part of the operation is done under direct vision using traditional surgical instruments. The next part of the procedure is liposuction of the entire chest region. This takes care of extra body fat that also accumulates with gynecomastia and leaves a very masculine contour of the chest. The goal is to remove all extra tissue between the skin and the pectoral muscles thus allowing the muscle definition to be visible.

The small incision heals beautifully and should not be feared. Once healing has taken place, the patient can remove his shirt at the gym or pool without noticeable evidence that anything was done. Some Surgeons will try to correct this by liposuction alone in order to avoid this incision. This approach is usually a mistake and often results in incomplete removal of the hard tissue under the nipple/areola. The contour will show this “lump” of tissue and often revisions will be necessary to correct this. I have found that by incorporating both parts of the procedure at the initial surgery, the correction is complete and very predictable. Please refer to fig. 2.

If a Surgeon suggests that only the incision and direct removal of tissue is necessary, or if only the liposuction is necessary, be sure to ask why both parts of the procedure are not being done. Which leads us to the next question - who is qualified to perform this surgery?

Who should perform gynecomastia surgery?

The surgical procedure to correct gynecomastia should only be performed by a Surgeon who is trained and experienced in both breast procedures and aesthetic body contouring using liposuction. In other words, it should only be done by a board certified Plastic Surgeon. While other Surgeons may claim to be able to do this, only Plastic Surgeons have this procedure as part of their core training. The goal here is to alleviate a cosmetic deformity, not create another one.

How do you find the right plastic surgeon? Should you ask a friend or look in the phone book? What about someone who has a big advertisement in a magazine? There are many common mistakes that people make in the search for a surgeon, and there are steps that you can take to make sure the plastic surgeon you choose has the proper credentials, qualifications and experience.

The first mistake is not actually seeing a real Plastic Surgeon. Unfortunately in today's health care environment, many physicians and surgeons are trying to increase their shrinking incomes by offering plastic surgery procedures to patients. Some dermatologists, general surgeons, ear, nose and throat surgeons, OB/GYN's and even dentists are attempting to do plastic surgery. In most states, there are no laws to prevent this, so it is up to you, the patient, to research the doctor's credentials. In order to make sure you are seeing a real plastic surgeon, this person must have completed a residency in plastic and reconstructive surgery. This is a two or three-year process that also follows two or three years of training in general surgery. They need to have graduated from a program (preferably in the United States) that is accredited and allows board certification. What if your surgeon of choice did not go to school in the United States or is not American trained? In general, medical schools and training programs outside of the United States are not of the same high quality and caliber as those in the United States. There are exceptions,

of course, but as a general rule, I view foreign credentials as being lesser than those acquired in the United States.

What about board certification?

Board certification is absolutely critical when finding the right plastic surgeon. There is only one medical board in the United States that is allowed to certify plastic surgeons and this is the American Board of Plastic Surgery. There are no other boards that are legitimate and can certify a plastic surgeon. There are other similarly sounding organizations that some physicians and entrepreneurs have formed that claim to give board certification to people doing plastic surgery. But unless it is the American Board of Plastic Surgery, it is not a legitimate plastic surgery board. Unfortunately in the attempt to “cash in” if you will on plastic surgery, many non plastic surgeons have formed groups with similarly-sounding names in a blatant attempt to confuse the public into choosing a non plastic surgeon for their plastic surgery procedures. Only plastic surgeons can call themselves plastic surgeons legally. However, many medical doctors who are trying to do plastic surgery will use other names such as “cosmetic surgeon”. This term has no legal or medical definition, and hence, anybody can use it. Also, there are people who claim to be specialists in “aesthetic medicine”. Again, this term has no legal or medical definition. So anybody can use it. Only **plastic surgeons** can call themselves **plastic surgeons**. So when your surgeon has finished many years of training in the accredited program, he or she must then pass difficult written and oral examinations given by leaders in the field of plastic surgery. Only after they pass these examinations can they claim to be board certified. And again the only board in the United States that can certify plastic surgeons is the American Board of Plastic Surgery.

If you wish to check to see if your plastic surgeon is certified, you can go to this link at www.abplsurg.org, type in the surgeon’s name, and their certification status will appear. This is a free website open to the public, and it is one that I highly encourage you to use.

Once you have found a Plastic Surgeon, be sure to ask how many of these procedures he/she has done. As a rule, the more experience your Plastic surgeon has, the better the outcome and the lesser the risk for complications. During your consultation with the Plastic Surgeon, be sure to ask to see some before/after pictures of patients for whom he or she has performed

gynecomastia correction. Most surgeons have a portfolio of previous patients who have given permission to show their pictures to others considering the surgery. It is very helpful to see these pictures.

Also, be sure that after the consultation you have had all your questions answered completely and you feel well informed about the procedure. You should feel very comfortable with the Surgeon and the office staff. They should be approachable, friendly, and available to answer other questions that may arise. If this is not the case, then maybe you should seek a second opinion. It is important that you feel comfortable with the surgeon before proceeding with any surgery. Please refer to the addendum at the end of this booklet entitled “How to Find A Plastic Surgeon”.

Where should this surgery be performed?

This is a critical question. Most gynecomastia corrections are done as an outpatient in the United States today. That is, the person comes into a surgery center or operating suite, has the surgery performed, and goes home the same day. Many times the surgeon will perform these in an accredited outpatient surgery center, which in my opinion, is the safest place to have this procedure done for a variety of reasons. An anesthesiologist is present to ensure your comfort and safety, and also the operating room is maintained as a clean sterile environment according to national standards.

However, some surgeons have their own surgery center adjoining their office space. Many of these are also accredited and maintain national standards. They may have board-certified anesthesiologists present and hence are also a very good and safe option for patients who are seeking liposuction. If your surgeon suggests that your procedure be done in an office space surgery suite, there are several questions that you should have answered. First, is this an accredited surgery suite? Second, is there an anesthesiologist present to ensure your comfort and safety? And finally, does your surgeon have privileges to perform this procedure or take care of potential complications in a local hospital or outpatient surgery center? When these questions are answered to your satisfaction, you should feel more comfortable in proceeding with the procedure.

What to do before surgery?

There are several things that most surgeons will want their patients to do prior to surgery. First is to avoid any of the blood-thinning medications that would cause excess bleeding and swelling after the procedure. These most commonly include aspirin, vitamin E, omega 3 or fish oil supplements, and many other herbal supplements that you may be taking. It is very important to give your surgeon a **complete** list of the medicines, vitamins, supplements and any other health or fitness drinks or food that you are eating to ensure that you are not taking something that might prolong the recovery process after surgery. You may be asked to stop certain medications before the procedure. Be sure to ask your Surgeon when you can start them again.

Make sure someone is available to drive you home after the procedure. If sedation or a light general anesthetic was used, you cannot legally drive. Also, you want to make sure that you have enough time off work, school, and enough help with chores around the house. All this needs to be discussed with your surgeon prior to having this done so that you can make the proper arrangements that will allow you adequate recovery time.

What is the recovery time after gynecomastia surgery?

Recovery time varies depending upon the Surgeon and technique used. Please be sure and ask your surgeon for specific instructions. However, the post-operative restrictions that I use in my practice will be similar to those of most other Plastic Surgeons. My patients may shower the next day after surgery. They are fitted with a compression vest that they must wear day and night for a month. You may take it off to shower or to wash it, but then it needs to be worn.

Patients are allowed to go back to work in 2 or 3 days provided that they feel up to it and their work does not require strenuous activity. They may exercise in a gym in one week and go back to normal physical activity without restrictions in 2 weeks. Again, these restrictions may vary slightly with different surgeons, so be sure and check with yours.

Final results may take several months to be seen. While the majority of swelling is gone in one month, a small amount can persist for a few more months. In addition, if there is a lot of excess skin, this will also take several months to contract. The skin still may not be tight if there was a large amount of excess before the procedure. Be sure to discuss expectations of the final appearance with your surgeon. In rare instances, some excess skin may need to be removed after healing has taken place to achieve optimal results. Also be sure to discuss the possibility of needing revisions with your surgeon.

What are the potential complications of this surgery?

Any surgical procedure, including this one, carries the risk for potential complications. Fortunately, complications in this particular procedure are usually rare and of a non-life threatening nature. Infection is always a concern for any surgery. In this case it occurs in 1% to 2% of individuals. Infection usually begins as redness in the chest skin and then the area feels warm to the touch. There may also be drainage coming from the small incision under the nipple. One might also feel a slight burning sensation in the area. These infections are readily treated by oral antibiotic pills.

Another possible complication is bleeding after surgery causing a build-up of blood in the area called a hematoma. Small hematomas will absorb and resolve all by themselves provided that the bleeding stops after a short while. Larger hematomas may require wound exploration to ensure that all bleeding has stopped and then evacuation of the accumulated blood. This will ensure that normal healing and recovery time happens. Be sure to contact your surgeon if you notice a large amount of swelling on one side compared to the other.

Uneven appearance and incomplete removal of gynecomastia tissue are also possible complications. These should also be rare and are dependent on the skill and experience of your surgeon. Sometimes, small revisions are desirable to achieve the best results possible. These would usually not be done until at least 6 months after the initial surgery to allow for all of the swelling and skin contraction to happen. Most of these revisions are done under local anesthesia with minimal recovery time. It is essential that you discuss the possibility of needing revisions afterwards with your surgeon and ask what his/her policy is regarding these additional procedures.

Finally, there still may be extra skin on the chest even after all swelling and contraction has occurred. This can happen in patients who have a large amount of skin to begin with. Your surgeon should discuss how the skin should be addressed if you have an excess. My personal preference is to rarely perform skin removal at the initial surgery. This is because the scars for this are visible and sometimes unnecessary. I prefer to wait until the skin has finished contracting. Then even if some extra skin needs to be removed, it is usually a lesser amount resulting in a shorter scar. (fig 3)

Results

Included are some typical results of boys and men who have had gynecomastia tissue removal, or what is sometimes called “male breast reduction”. Most of the “after” pictures were taken at 3 months post-op to show complete results. By this time the scar has healed nicely, swelling is gone, and most of the skin contraction has occurred. However, most people are able to remove their shirt at the gym or pool within one month after surgery.

ADDENDUM

Choosing A Plastic Surgeon – 3 Common Mistakes

Determining which Plastic Surgeon is right for you is a decision not to be taken lightly. Anyone who is considering Plastic Surgery should invest the necessary time to make sure the surgeon you choose is the correct fit for you. There are several things you should learn about your potential surgeon before agreeing to an operation. Do not make these common mistakes.

Mistake 1 - Not actually seeing a real Plastic Surgeon.

Unfortunately, in today's healthcare environment many physicians and surgeons are trying to increase their shrinking incomes by offering Plastic Surgery procedures to patients. Some Dermatologists, General Surgeons, Ear, Nose, and Throat Surgeons, ObGyns and even Dentists are attempting to do Plastic Surgery. In most states there are no laws to prevent this. It is up to you, the patient, to research the doctor's credentials. You must be sure your Surgeon finished a residency training program for 2 or 3 years in Plastic and Reconstructive Surgery. These are the only fully trained and legitimate Plastic Surgeons.

Mistake 2 - Not checking Board Certification.

When a Plastic Surgeon finishes many years of training he or she must then pass a very difficult written and oral examination given by leaders in the field. Only then can they say they are board certified. The only board in the United States that can certify Plastic Surgeons is The American Board of Plastic Surgery. Go to www.abplsurg.org to check if a surgeon is board certified.

Mistake 3 - It just doesn't feel right.

Even after checking credentials, getting recommendations from friends, and having a consultation one-on-one with the Plastic Surgeon, if you just are not comfortable with him or her you should get another opinion. Sometimes things just do not feel right and you don't know why. Maybe you felt that the consultation was rushed or you did not have the opportunity to ask all of your questions. Perhaps the office appeared dirty or disorganized. You should trust your instincts and see other Plastic Surgeons until you find one who makes you feel comfortable and at ease.

Remember, you have the final word in who operates on you and which procedures are done. Make sure your Surgeon understands your desires and expresses confidence that he or she can deliver the results you have discussed. Do not be afraid to ask about credentials as well as research them. Do not hesitate to seek a second opinion if you are not satisfied with the first.