



MR THOMAS CHAPMAN

CONSULTANT PLASTIC SURGEON

PATIENT LEAFLET - GYNAECOMASTIA

MORE INFORMATION CAN BE FOUND AT WWW.MRTHOMASCHAPMAN.COM

WHO THIS LEAFLET IS FOR?

This leaflet is for anyone undergoing male breast reduction surgery. The following information is designed to help you make decisions about surgery and about your recovery. The advice in this leaflet offers broad guidelines for people who do not have any complications as well as re-iterating the potential pitfalls and complications possible. Obviously, every individual has different needs and recovers in different ways – so not all the advice in this leaflet will be suitable for everybody.

WHAT TO EXPECT FROM THE CONSULTATION

During the consultation I will assess if you are a suitable candidate for the operation. If so, I will advise you on the variety of techniques available and which technique would be best tailored to your needs. This will depend on whether your breast is predominantly fatty or glandular, and on the degree of skin excess and the position and size of the nipple, as well as the desired shape and your general skin quality. I will show you examples of patients who have undergone the surgery and we will discuss the consequences of surgery and possible complications again with sample photographs. I will give you the opportunity to speak to other patients I have treated with a similar condition. There is a lot of information to take in and I always advise patients who wish to proceed to surgery to return for their second pre-operative consultation which is free of charge.

WHAT TO EXPECT AFTER THE OPERATION

Surgery is done under general anaesthetic (with you asleep.) It takes a couple of hours. Normally you will go home the same day, although occasionally patients will stay overnight. This is more likely if excess skin has had to be removed. Someone should stay with you at least the first night after discharge. There will be 2-3 small scars around each breast when liposuction is used. If skin excess or dense glandular tissue is removed this will involve a cut around the nipple, and may be included with a vertical and/or horizontal scar if a lot of excess skin has to be removed. Sometimes it is even better to remove the nipple completely and replace it as a nipple graft. I will demonstrate any scars to you in the consultation depending on the technique best for you. After the operation there will be dressings over the wounds that support and protect them. Occasionally I will use small drains that are removed the same day or following day. You will need to keep the dressings dry until a week after surgery when you return to see the specialist nurse who will remove them, check the wounds and trim any stitches. You can normally get the wounds wet and shower after this. You will need to wear a support vest for 4-6 weeks after the operation. There will be bruising, swelling and pain around the breasts and you will need to take tablet painkillers until this subsides. **DO NOT TAKE ASPIRIN or IBUPROFEN** which increases the risk of bruising and bleeding. Most of the bruising and swelling will settle within two weeks, although some residual swelling can remain for up to 3-6 months. You will need to be careful not to traumatise the breasts or lie on them. Many patients find a 'granny pillow' or v-shaped pillow useful to help prevent rolling on the side or front at night. Try to avoid any heavy lifting and do not go to the gym except for a gentle cardio workout such as walking without any strenuous arm movements until I have seen you 4-6 weeks after the operation.

Things that will help you recover more quickly

Eat healthily - this ensures your body has the necessary nutrients it needs to heal. Eat a healthy balanced diet with plenty of fresh fruit, vegetables and protein. Don't rely on multivitamin tablets alone!

Stop smoking - smoking affects wound healing and increases the risk of infection. I will advise you to stop or at least reduce smoking prior to surgery

Get support - family and friends can give you practical support with tasks you may find difficult in the recovery period such as driving or looking after pets and children. They can also help to keep your spirits up! Until you have fully recovered from surgery and until you can enjoy the results it is natural to feel a little low. I will normally let your family doctor/GP know you are having surgery so they can support you too if needed.

Keep a routine - get up and go to sleep at the normal times for you. Keep moving. You may be a little tired but bedrest increases the risk of deep vein thrombosis. Build activities up gradually. You should be able to recommence light household duties after a week.

RETURNING TO WORK

Everyone needs time off after an operation, but too much can stand in the way of you getting back to normal and recovering well from surgery. How quickly you can return to work will depend on how you heal, your response to pain, the type of surgery and the type of job you do. Depending on the nature of your job you might want to ask your employer about returning to work on lighter duties at first. If your employer has an occupational health department they might be able to advise you on this and how having time off work might affect any benefits. As a general guide, you can anticipate returning as follows:

Managerial/Supervisory 1 week
Clerical/Desk based 2 weeks
Light Manual work 2-4 weeks
Heavy Manual work 4-6 weeks
Custodial or rescue services 6 weeks

DRIVING

You will need someone to drive you home from hospital. Your insurance company should be informed about your operation. Some companies stipulate a number of days following surgery you cannot drive so check the policy with them. Before driving, you should be free of the sedative effects of any painkillers you may be taking. Before you go out on the road its worth testing how comfortable you are in the driving position. Be careful with the seatbelt and how this drapes across the breasts. Think what it would be like if you had to stop suddenly. You should be able to grip the steering wheel comfortably and safely and comfortably control the car. Start in a safe place and with short journeys.

WHAT ARE THE CONSEQUENCES OF SURGERY?

Scars – There will be permanent scars where any cuts are made. Scar quality cannot be guaranteed. Usually the scars are hardly noticeable in time, but at first they may be red and raised and need a period of moisturisation and massage after a month. Sometimes this persists or the scars widen and stretch. If a nipple is grafted, it can end up flatter and paler than before. This may not look the same either side.

Asymmetry – It is normal for one breast to be slightly different from the other in terms of size, shape or the position of the nipple. You can expect some minor differences between the breasts after surgery too, but these would be within 'normal limits' i.e. not noticeable to the average person unless scrutinized very closely.

'Dog Ears' – Skin is like any material and when it is sewn can cause some folding of the skin This normally settles with time but if noticeable can be adjusted under local anaesthetic i.e. a very minor procedure and at no extra cost.

WHAT ARE THE COMPLICATIONS?

Bleeding. Blood vessels are cauterized at the time of surgery to stop bleeding, but occasionally it can start again, within a few hours. A small amount of bleeding may stop, but if the blood collects and puts pressure on the wound (something called a haematoma) then you will need to go back to the operating room to have this treated. The risk is less than 1%

Infection. Bacteria are naturally present on the skin and can enter wounds. The signs of this are worsening redness, pain and swelling or discharge of fluid from the wounds, usually 4 or 5 days after surgery. This will normally settle with tablet antibiotics and it is rarely something that would bring you back to stay in hospital.

Numbness. It possible to loose some feeling in the breast skin and nipple after surgery. This will often be temporary but in up to 25% of patients this can be permanent. This is due to small nerves supplying the skin and nipple being cut.

Wound Healing Problems – Sometimes wounds can partly re-open and take longer than the standard of 1-2 weeks to heal and seal themselves. This is most common where scars meet each other at right angles (T-junctions). This may need a period of dressings before it heals. If so, this will be done under my supervision and you will be provided with appointments and dressings at no extra charge. It can potentially slow the recovery process and delay return to work, depending on your job.

Nipple Loss – This is a very rare complication occurring in under 1% of patients. Moving the nipple and breast tissue can affect its blood supply but rarely to the extent that the blood supply is cut off altogether. If it did occur, further surgery may be required to reconstruct a new nipple. If only partial, it will normally heal with time but may look different, such as paler or flatter than before.

Deep Vein thrombosis (DVT) – immobility can cause the blood in the veins of the legs to clot. This will cause pain swelling and redness in the leg. You will be given treatment to minimise this risk, which is around 1%

Although most people experience an uneventful recovery if you develop any of the following you should contact the ward:

- Temperature greater than 38.5
- Severe pain not alleviated by painkillers
- Fresh bleeding from the wound other than a minor ooze
- Any wound discharge after 48 hours
- Sudden rapid enlargement or change in shape of the breast