

Gynecomastia Surgery

Overdevelopment of male breasts is a condition known as gynecomastia. Gynecomastia can affect men of all ages and most commonly is the result of genetics, hormonal changes, certain drugs or medications, and weight gain. Gynecomastia affects approximately one out of two men at some time in their lives. This condition is characterized by excess breast fat and glandular tissue and can be present in one (unilateral) or both (bilateral) breasts.

Gynecomastia can cause emotional distress and self-consciousness and many men refrain from certain activities in order to hide their condition. While losing weight may reduce the size of male breasts, because of the presence of excess glandular tissue, weight loss alone will rarely result in satisfactory breast reduction.

Gynecomastia surgery or reduction mammoplasty is an effective and long-lasting way to reduce breast size, repair nipple and areola abnormalities, and improve chest contours.





Introduction

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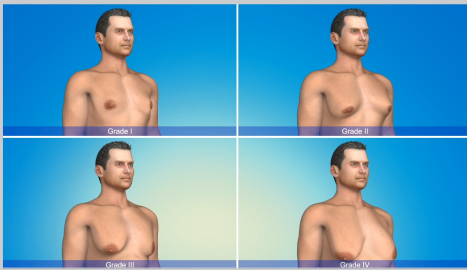
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Breast Anatomy

Male and female breast anatomy is very similar except male breasts lack the specialized tissue necessary to produce milk. It is important to note that one percent of all breast cancer occurs in males. Breasts lie atop the pectoralis major muscles and are made up of primarily fatty and glandular tissue, which determines their size and shape. The nipple areola complex is made up of the nipple and a circular, darker region around the nipple called the areola.



Classifications of Gynecomastia

There are various methods used to classify gynecomastia. The American Society of Plastic Surgeons® has developed a classification system that divides gynecomastia patients into four categories:

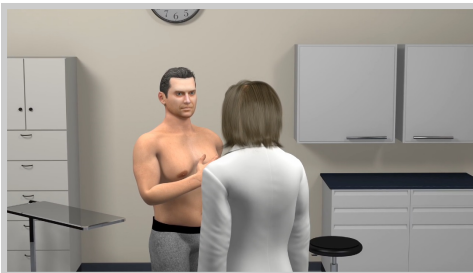
Grade 1 is characterized by small breast enlargement with a button of tissue around the areola.

Grade 2 is characterized by moderate breast enlargement that exceeds areola boundaries with edges that are indistinct from the chest.

Grade 3 is characterized by moderate breast enlargement that exceeds areola boundaries with edges that are distinct from the chest with excess skin.

Grade 4 is characterized by marked breast enlargement with excess skin and feminization of the breast.

This animation will depict Grade 2 gynecomastia.



Gynecomastia Treatment Options

During an initial consultation, your surgeon will evaluate the size and shape of your breasts, discuss treatment options, and preplan the procedure.

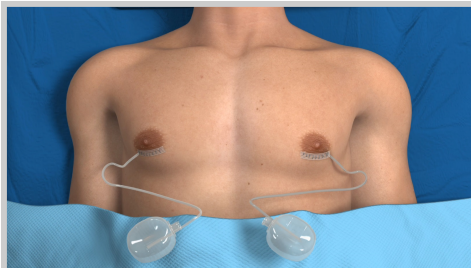
Reduction techniques vary depending upon your specific anatomy, the amount of tissue to remove, and other factors such as excess skin. Gynecomastia treatment options include surgical removal, also known as surgical resection or excision of glandular tissue and/or skin, liposuction, or a combination of the two techniques. If your surgeon chooses surgical resection, the type of incision used will depend upon your specific condition. Surgical approaches to resection include the periareolar incision, the donut incision or lift, and the anchor incision. This animation will demonstrate surgical resection of glandular tissue using the periareolar incision in combination with liposuction.



Liposuction

You will be placed under anesthesia. Your anesthesiologist will determine whether to use general anesthesia or local anesthesia with IV sedation.

A special medicated fluid called tumescent fluid is injected into the areas that will be treated with liposuction. Over the course of five to ten minutes, this fluid will expand the tissues to make it easier to remove fat cells, numb the treatment area, and minimize bleeding. Your surgeon will make a small incision. Depending upon your specific condition and your surgeon's preference, the incisions may be located at the edge of your areola, in your armpit, or in the crease of your breast. Next, a cannula is inserted and small tunnels are created in the fat layer, removing the fat with gentle suction. The tunnels will collapse over the next few weeks, resulting in new chest contours. For more information on the liposuction procedure, please view our liposuction animation.



Surgical Resection

To begin your tissue resection, your surgeon will make a small incision around the edge of your areola. The incision will be placed so as to hide the resulting scar. Next, portions of underlying fat and glandular tissue are removed and sculpted to reduce size and create the new contours of your chest. The skin is then brought together and closed with dissolvable or non-dissolvable internal sutures; some surgeons may choose to use external sutures. Before closing the incision completely, a surgical drain may be placed in each breast to allow fluids to escape as you heal. Surgical tape or bandages will be placed over the incisions, and typically you will be wrapped in an elastic bandage or placed in a compression garment, which helps to maintain your chest shape while you heal.



Recovery and Results

Typically, gynecomastia treatment procedures are performed in an outpatient center and you should be able to go home the same day. Swelling and discoloration after the procedure are normal and will subside over time. If surgical drains are present, they, along with any bandages will likely be removed after approximately one week. You may be instructed to wear the compression garment, avoid sleeping on your stomach, and avoid excessive exertion or heavy lifting for a month or more. You may be prescribed medication to manage your pain for the first few days and as needed. Scarring along your incision sites is normal, but your scars will fade considerably over time. You will be able to see the results of your surgery almost immediately and patients typically experience high satisfaction and greatly improved self-image with surgical treatment of gynecomastia.