BEFORE YOUR OPERATION

Gynecomastia — *male chest surgery*

Enlargement of the male chest is common and it is not a failure of training. It is usually a firm disc of breast gland sitting behind the nipple, often with fat around it — and the gland does not answer to diet or exercise, because it is not fat.

Two different tissues

The gland

A firm, sometimes tender disc directly under the nipple. It is removed surgically — this is the part that will not shrink however lean you get.

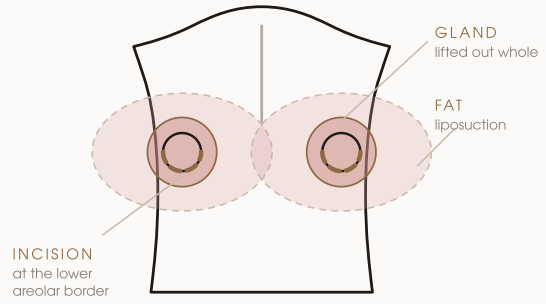
The fat

Softer, spread more widely across the chest and towards the armpit. This is treated with liposuction through two very small openings.

The skin

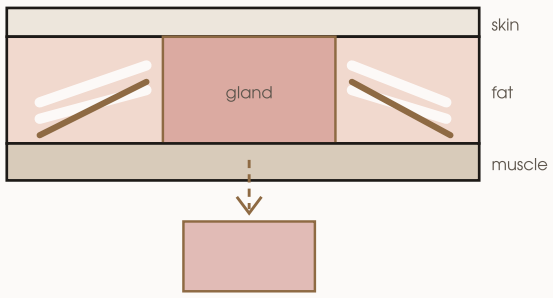
Usually redrapes on its own once the volume is gone. When it does not — after large weight loss — a little skin is removed as well.

How the operation is done



Where the tissue sits, and where the scar goes

A CROSS-SECTION OF THE CHEST



THE GLAND IS LIFTED OUT WHOLE
a thin layer is left under the nipple, so it does not sink

Fat is suctioned; the gland is cut out

01 Anaesthetic

A general anaesthetic, or sedation with local anaesthetic for smaller cases. One and a half to two and a half hours.

02 Liposuction first

Through two openings of three to four millimetres, the fat is removed and the chest is flattened around the gland.

03 The gland

A cut along the lower edge of the areola, where the colour changes, lets the disc be lifted out whole. The scar hides in that border.

04 Closing

Fine sutures and a compression vest fitted in theatre. Small drains only if a large amount has been removed. Usually home the same day.

Which operation suits you

Liposuction only

When it is mostly fat and the gland is small. Two tiny scars, quickest recovery.

Liposuction + gland

The usual operation. Adds a scar hidden in the lower areolar border.

With skin removal

After large weight loss, when the skin will not redrape. Longer scars, discussed in advance.

AFTER YOUR OPERATION

The first six weeks

Recovery is short and most men are back at a desk within a week. The two things that decide the final shape are the compression vest and staying away from chest training until you are cleared.

DAY 0–3
Vest on, rest
Tightness, tenderness and numbness across the chest. Sleep on your back. The vest stays on. Walk around the house from the first evening.

DAY 4–7
Back to a desk
Showering from about 48 hours. Office work within the first week; driving once off strong painkillers and able to brake sharply.

WEEK 2–4
Swelling drops
Normal daily life. Light cardio and lower-body work only. Swelling falls noticeably by week four and the outline starts to appear.

WEEK 4–6
Vest comes off
The vest is usually stopped around four to six weeks. Upper-body and chest training resume from six weeks, with clearance.

MONTH 3–6
The final shape
Firmness under the areola settles and the last swelling goes. Numbness fades over months. The scar pales into the areolar border.

Before the day of surgery

- ○ Tell us every medication and supplement you take. Some drugs cause gynecomastia, and if one of yours is the cause it should be changed first — with the doctor who prescribed it.
- ○ Stop anabolic steroids well before surgery. If they continue afterwards, the gland can come back.
- ○ Be at a stable weight. Losing a lot afterwards changes the result.
- ○ Stop smoking and nicotine at least two weeks before and after.
- ○ Buy the compression vest in advance, and arrange a driver for the day.

In the first six weeks

- Wear the vest as instructed, day and night at first. It is what holds the skin down onto the new contour — this is the single thing that most changes the result.
- No chest, shoulder or arm training until six weeks. Push-ups and bench press are the classic way to undo the repair.
- Sleep on your back, not face down, for the first two weeks.
- Expect firmness and numbness under the nipple. Both are normal and settle over three months.
- Keep the scars out of the sun for a year — sea and pool only once fully healed.

Call the clinic straight away if you have

These are uncommon, but they need to be seen the same day rather than at your next appointment.

— Shortness of breath or chest pain

— One side swelling rapidly or becoming hard

— Fever, spreading redness or discharge

— Pain that increases rather than settles after day three

— A wound edge opening, or the nipple turning dark

— Pain or swelling in one calf

This sheet is a summary written for patients of the practice and is not a substitute for your consultation. The plan discussed with you takes precedence over anything written here. Gynecomastia in adolescence often resolves on its own, and where a medication, steroid or medical condition is the cause, that is addressed first. Surgery carries risks — bleeding and haematoma, infection, seroma, asymmetry, a depression or over-correction under the nipple, permanent changes in nipple sensation, visible or raised scars, and rarely a need for revision. These are discussed in full and consented before surgery.

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