

MATTHEW POTTER

GYNAECOMASTIA

Benefits

A reduction in the size of the male chest by the removal of male breast glandular tissue.

This reduction will be undertaken in keeping with the size of your torso. This can be either through removal of breast tissue alone or with associated fat excess with or without the addition of liposuction to the area to “feather in” the removal to the surrounding area.

The breast tissue is removed through an incision in the margin between the areolar and the breast skin. such scars are often very hard to see.

Risks

1. Infection/wound break down.
2. Scarring. These scars are placed around the areolar and thus are relatively well hidden. Abnormal lumpy or raised scarring can occur in some patients. This is rare.
3. Pain (Mr Potter injects the breast during the procedure with local anaesthetic to limit the post operative pain).
4. Swelling - all post surgical wounds and sites will swell after the procedure - this should settle within a week if not less.
5. Bleeding / haematoma - this is a collection of blood that can occur within the operative site that may well mean a return to theatre to remove the blood and stop any bleeding sites. This complication is rare. At the time of the operation if the operative site is very oozy Mr Potter may well insert drains to decrease the chance of this complication.
6. Change in breast/ nipple/areolar sensation.
7. Asymmetry. It is very rare that both breasts are equal in size and shape before this procedure and such asymmetry is likely to persist after the procedure to some degree.
8. Fat necrosis (loss of fat volume after the procedure that may cause lumps or an oily discharge). This is rare and may well be treated with dressings in the clinic setting. It may also be resolved with massaging any lumpy areas.
9. Clots in the legs and or lungs (deep vein thrombosis, DVT and pulmonary embolus, PE). Any operation runs the risk of such clots. You will be given specialist stockings to wear over the course of your inpatient stay and injections to thin the blood to decrease this risk. This is a rare complication.
10. Loss of the nipple/areolar complex. This is an exceptionally rare complication.
11. Over/ under resection. With all aesthetic surgery Mr Potter is more likely to under-resect than over-resect the breast tissue. If underdone this is far more straightforward to correct than an over-resected area.
12. Redness/bruising. This is expected and should settle at a week.
13. Further procedures - if there are any imperfections or adjustments to be made Mr Potter and the hospitals in which he practices are more than happy to facilitate any further surgery to be sure you are happy with your final result.

The procedure

You will be admitted to the ward the day of your procedure where you will be seen by the anaesthetist and Mr Potter. Your breasts will be marked and you will have the opportunity to discuss the operation further if needed.

The procedure takes approximately 2 hours and is under General Anaesthesia with you asleep for the whole process.

All wound edges will be raised due to underlying deeper sutures. Such raised wound edges will flatten at about a month. This, long term, will give better scars.

All wounds are simply dressed with adhesive tapes which →

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Inpatient course

You will recover on the ward for the post operative day and night.

Nearly all patients are discharged after a single night's stay, some cases are undertaken as a day case.

On the first day following the procedure your operative dressings will be removed and the wounds and breasts examined.

You will be asked to shower the morning after the procedure.

All wound tapes should get thoroughly washed and allowed to air dry.

It is highly unlikely that you will need any modified garments after this procedure.

Postoperative course

You will be discharged with oral pain relief which on average is only needed for two days.

The tapes applied to the wounds will simply start to peel off after a few days and these can be trimmed at home with ease.

Post operative follow up

You will be reviewed at 7 days within your original hospital where the tapes will be removed. All sutures used will dissolve internally.

Mr Potter will review you after three weeks to assess your progress and he will give you regular reviews until all has fully settled and healed.

Do's and Don'ts

You should only return to driving when you have the strength to perform an emergency manoeuvre.

It is advisable to sleep on your back during the initial post

operative course.

You should avoid strenuous exercise for 6 weeks. Lifting heavy weights should be avoided for 6 weeks.

You should be able to return to normal activities at 8 weeks.