

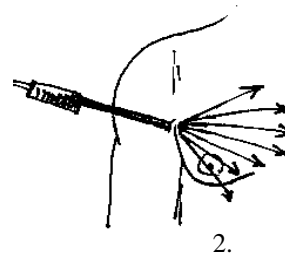
GYNECOMASTIA

Gynecomastia, enlargement of the male breast, may occur at the times of male hormonal change: infancy, adolescence and old age. It may be caused by medications, or medical conditions which alter the balance of the hormones. Most commonly it occurs without associated abnormalities and may occur in up to 2/3 of young males. It usually occurs around age 14 and may last 1-2 years. It may be associated with generalized breast discomfort or accompanied by mild to severe psychological concerns.

The condition may be isolated to only one side or may involve both breasts. The enlargement is a combination of both breast tissue and fat tissue in most cases. The proportion of the fat to breast tissue will determine the most effective treatment. In addition, the amount and quality of excess skin may guide treatment.

If the enlargement is primarily fat tissue and the overlying skin is tight, then reduction of volume by liposuction may be possible. It utilizes high power suction and a small tube called a cannula. The cannula is moved back and forth within the fat, the suction pulls the fat into the tube where it is 'cut' and removed from the body (fig. 2). Application of pressure (an elastic garment) will then allow the skin and residual fat to recontour to a new shape. This will not remove the more firm portions of the breast but may result in an acceptable reduction in size.

If the volume to be reduced is large and/or if the skin is of poor elasticity or if the breast is "droopy" then a different approach which removes excess skin may be required. These problems are frequently addressed through an incision on the breast area. If the amount of tissue is small the incision may be limited to the area around the areola, or pigmented part of the nipple (fig. 3) or if there is more skin the incision may need to include extensions on both sides of the nipple and areola (fig. 4).



The operation takes 1– 1.5 hours and requires general anesthesia. It can be performed as day surgery. The recovery time is usually 3-4 weeks depending on the amount of tissue and skin removed. A drain (small rubber tube) may be placed to limit the amount of fluid collection or swelling post-operatively. This is usually removed within the first week.



At the end of the procedure, you will be placed in a compression garment or vest. *This compression is very important to achieve the best result.* The creation of small tunnels by the removal of fat leaves the potential for blood or serum to collect in these channels. This may lead to scar formation, ridges, wavy appearance and ultimately, an unsatisfactory result. This supportive vest will need to be worn day and night to keep constant pressure on the treated areas. You may remove it to shower only. It is not uncommon to wear the garment for 3 –4 weeks following surgery and then intermittently for several more weeks while you become more active. Activity should also be limited to normal, light duty at work, normal chores and walking. You should not return to full activity or exercise for 4-6 weeks.

Although you will see some change upon removal of the garment for the first time, the final contour may not be seen for several months due to swelling and bruising. The swelling and bruising may be quite pronounced and may extend beyond the treated areas. This will subside over 3-5 weeks.

In any operation there are risks to be considered. These include bleeding, infection, numbness, pain or discomfort, widening of the scars, thick or ugly scars, areas of fullness or asymmetry, reactions to the medications or anesthetics, removal of too much or too little fat and /or failure to achieve your desired appearance. Numbness of the treated area or nipple may exist after the operation and may last several months cases it may be permanent. Irregular contour, wrinkling of the skin, lumpiness, areas of depression (dents) or residual fullness may result. Discoloration of the skin from the bruising will usually fade but permanent discoloration may result.

Efforts will be made to reduce the risks of this operation. You must help by following all pre-operative and postoperative instructions and by keeping all scheduled appointments. You must report any changes in your condition to the office so that treatment may be altered if necessary. If you smoke, your healing will be delayed and you increase the risk of a complication following your surgery. Any potential problems could result in the need for additional surgery and recovery time, time lost from work, possible hospitalization, financial loss, disappointment and/or psychological stress to you.

Possible complications associated with anesthesia will be reviewed by the anesthesiologist prior to the procedure. These complications include allergic reactions to the anesthetic, sore throat, nausea/vomiting, pneumonia and possible pain at the site of administration of the anesthetic. In addition, the possible formation of blood clots in the legs is possible with anesthesia and the post-operative period of relative immobility. These clots may break loose and travel to the lungs causing illness and rarely, death. This complication is rare but may be severe.

Please take time to consider this operation carefully and to ask any questions you may have regarding the procedure, risk or healing.

I understand the alternatives to this surgery include living with the condition as it exists and to not undergo this operation. This would allow me to avoid any complications associated with this procedure. I have been informed of the procedure, the potential risks and the expected outcome. I understand that there are no guarantees as to the outcome of the operation and I accept the possibility of the above mentioned complications. I have had opportunities to discuss my concerns with the doctor and to ask questions. I consent to the operation as it has been described.

Name (Print)

Date

Signature

Witness