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PATIENT INFORMATION

Gynaecomastia surgery

Male chest reduction
Liposuction and gland removal

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This booklet explains gynaecomastia surgery, from deciding whether it is right for you to your recovery.

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01 Why you have this booklet

You've been given this booklet because you've talked to Mr Kumar about gynaecomastia surgery, or you're about to.

It explains what the operation involves, and the risks and recovery.

It won't answer every question, and it isn't a substitute for talking things through with Mr Kumar, so please note down anything you want to ask and bring it to your next appointment. There is space for your questions at the back.

02 What gynaecomastia surgery is

Gynaecomastia is enlargement of the male breast. It is common and can be caused by hormone changes, weight, some medicines, anabolic steroids or cannabis. Mr Kumar will check for any underlying cause first.

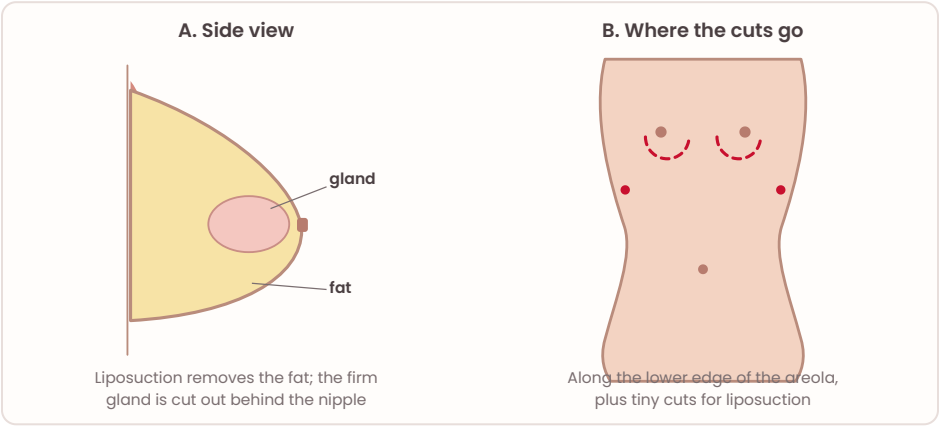


Figure 1. The fat and gland in gynaecomastia, and where the cuts go. A simplified drawing for guidance only.

Liposuction for fatty tissue

Removes fat through tiny cuts.

Gland removal for firm tissue

Firm tissue behind the nipple is removed through a small cut along the lower edge of the areola.

Skin reduction for large or loose chests

Excess skin is removed, which means longer scars.

03 Is it right for you?

You're likely to be a good candidate if:

- ✓ you have enlarged breast tissue that hasn't settled
- ✓ your weight is stable
- ✓ you have stopped any steroids or other possible causes
- ✓ you are in good general health

What the operation won't do

- − **It won't replace a healthy diet and exercise.**
- − **Tissue can regrow** if the cause, such as steroids, continues.

Please tell Mr Kumar if you have, or have had

- use of anabolic steroids, cannabis or other drugs
- any medicines you take
- changes in the size of the breasts recently, or a lump
- you smoke, vape or use nicotine replacement
- high blood pressure
- a bleeding or clotting disorder, or you take blood thinners, aspirin or supplements such as fish oil, garlic, ginkgo or vitamin E

04 Other options

You don't have to have this operation. Depending on what bothers you, the alternatives include:

- weight loss and exercise
- stopping any medicine or drug that may be the cause, after checking with your doctor
- a compression vest
- doing nothing for now.

05 What you can expect from the result

1 week
Back to desk work

6 weeks
Back to the gym

3–6 months
Final contour

06 Getting ready

Before your operation you'll have a pre-operative assessment, with your medical history, an examination, photographs and sometimes blood tests. You'll also be asked to:

- **stop smoking, vaping and nicotine replacement** for at least 4–6 weeks before and after surgery
- **stop aspirin, anti-inflammatory painkillers and supplements** such as fish oil, garlic, ginkgo and vitamin E, usually 1–2 weeks beforehand. Please don't stop any prescribed blood thinner without checking first.
- **follow the fasting instructions** you are given if you are having a general anaesthetic or sedation
- **arrange for someone to take you home** and stay with you for the first night
- **stop any steroids** well before surgery

07 Anaesthetic and where it happens

The operation is done under general anaesthetic. Most people go home the same day.

08 The operation

The operation takes 1–2 hours. Fat is removed by liposuction and the firm gland is removed through a small cut at the edge of the areola. Sometimes a small drain is used. You wake up in a compression vest.

09 Straight afterwards

Your chest will be sore and bruised. Wear the compression vest day and night.

10 Recovery

When	What to expect
Days 1–3	Bruising and swelling. Wear your vest day and night.
Week 1	Most return to desk work in 3–7 days and drive after about a week.
Weeks 4–6	Return to the gym, starting gently. Keep wearing the vest for 6 weeks.
3–6 months	Swelling settles and the final contour is clear.

11 Risks and complications

Most people recover without any serious problems. But like any procedure it carries risks, and you should understand them before you decide. Where reliable published figures exist, we've given an approximate, rounded figure. Where they don't, we've used these standard terms:

COMMON	UNCOMMON	RARE	VERY RARE
more than 1 in 100	1 in 100 to 1 in 1,000	1 in 1,000 to 1 in 10,000	fewer than 1 in 10,000

Your own risk may be higher or lower depending on your health, whether you smoke, and the details of your procedure. Mr Kumar will talk through what applies to you.

What almost everyone experiences

These aren't really complications. They're a normal part of healing.

- Bruising, swelling and numbness of the chest.
- Firm areas under the skin while it heals.

Other complications

- **Collection of blood (haematoma)** UNCOMMON
  Can need a return to theatre.
- **Fluid collection (seroma)** UNCOMMON
  May need draining.
- **Contour irregularity or a dip under the nipple** UNCOMMON
  Can sometimes be improved with fat grafting.
- **Change in nipple sensation** COMMON
  Usually temporary.
- **Asymmetry or remaining tissue** UNCOMMON
  A further procedure is occasionally needed.
- **Infection** UNCOMMON
  Usually treated with antibiotics.
- **Noticeable or thickened scars** UNCOMMON
  Scars occasionally become red, raised or stretched. Most improve with time, massage or treatment.

Rare but serious complications

Please read this section carefully.

- **Blood clots in the leg or lung** RARE
  Deep vein thrombosis or pulmonary embolism. A clot in the lung can be life-threatening. Walking early, drinking plenty and any stockings or injections you are given reduce the risk.

Complications of the anaesthetic

Modern anaesthesia is very safe. Feeling sick, a sore throat or feeling drowsy are common for a short time afterwards. Serious problems, such as a severe allergic reaction, are very rare. Your anaesthetist will meet you before the operation and explain the risks for you personally.

12 Further treatment

Occasionally a further procedure is needed to refine the result, for example if healing leaves an area uneven or a scar needs revising. This isn't usually considered until things have fully settled, often 6–12 months afterwards. The cost of any further procedure isn't automatically included in your original fee; the clinic team can explain our policy.

13 Photographs and records

Photographs are taken before and after your procedure and kept in your medical records. They help Mr Kumar plan your treatment, record how things looked beforehand and follow your progress. This is standard good practice. If we ever want to use your photographs for teaching, publication or marketing, we will ask you separately and specifically, and saying no won't affect your care in any way.

14 Costs and time to think it over

You'll receive a written quote covering your treatment, aftercare and any follow-up included in the price, together with our deposit and cancellation policy. Self-pay consultations cost £250 and follow-ups £150.

Time to think it over

We recommend waiting at least two weeks between your consultation and your operation. This follows good practice for cosmetic surgery, and gives you time to think things over and ask more questions. You can change your mind at any point before surgery, even on the day, and you don't need to give a reason.

15 Your decision

This is your decision and you have the right to:

- take as long as you need to decide, and bring someone with you to appointments
- say no to treatment, or withdraw your consent at any stage, without having to explain why and without it affecting any other care you receive
- ask for a second opinion from another surgeon.

16 Your personal information

Your personal and medical information is kept securely and used in line with UK data protection law (the UK GDPR and the Data Protection Act 2018). It's only shared with the people directly involved in your care, or where the law requires it, unless you give your consent for anything else.

17 Who to contact, and when to get help urgently

If you have any questions or worries, please contact the clinic during opening hours on **020 3026 9695** or **info@theuclinic.com**.

Call 999 or go to your nearest A&E immediately if you have

- chest pain, shortness of breath, a fast heartbeat, or coughing up blood
- one breast becoming rapidly swollen, tight and painful
- confusion, unusual drowsiness, or feeling faint or collapsing

Contact us promptly if you have

- a painful, swollen calf
- swelling or bruising that is much worse on one side
- redness that is spreading, warmth, discharge from a wound, or a temperature
- a wound opening up
- an area of skin or the nipple becoming dark, purple or black
- bleeding that doesn't stop with 10 minutes of firm pressure

Out of hours, your emergency contact number will be given by the treating hospital or clinic.

18 What happens next

Before your procedure, Mr Kumar will go through this information with you again and take your written consent. If anything in this booklet has raised a question, or if anything changes with your health, your weight or your medication before then, please let us know.

My questions

Note down anything you want to ask Mr Kumar and bring it to your next appointment.

Questions or worries?

Please contact the clinic during opening hours. Out of hours, your emergency contact number will be given by the treating hospital. In an emergency, call 999.

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