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Cosmetic Plastic Surgeon

Gynaecomastia

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All men have some breast tissue and, as with women, some men have more breast tissue than others. In extreme cases, some young adolescents grow the equivalent of a C cup. Sometimes this can be due to a hormone imbalance, but usually there is no such abnormality. Little point is served in debating the embarrassment caused to men by this problem, many of whom confirm that they will not be seen without their shirts and who cannot go swimming or sun-bathing whilst on holiday. Problems caused to older children at school are such as to cause many to play truant sooner than attend physical education classes where it is necessary to shower following the lesson. No amount of diet or exercise will assist in establishing a normal breast and the only option available is surgery.

During consultations, patients are asked a general medical history and the surgeon will request information relating to any previous surgery. The surgeon will also be looking for good levels of fitness and wish to be assured that you are well motivated and fully understand the procedure you are asking him to perform. The method he uses to utilise will be fully explained as will the position of any scars he feels the procedure will leave. For seven days prior to your admission to the hospital you should not take Aspirin or any product containing Aspirin. Gynaecomastia correction is a permanent solution to an otherwise permanent problem.

The Operation

The surgery is carried out under general anaesthesia and you will be required to stay in hospital for one night. Your surgeon will advise you at your consultation. Two methods are available for this procedure and sometimes a combination is used.

- 1 By making a half moon incision around or below the areola and cutting away the unwanted breast tissue.
- 2 With the advancement of surgical techniques and the introduction of specifically designed lipoplasty equipment, the surgeon is able to break up and draw off excess breast tissue through a fine cannula. The breast tissue is approached from a tiny stab wound towards the armpit or under the nipple. The small incision heals well and is difficult to see. Carefully working the cannula back and forth the surgeon is able to draw off the excess breast tissue under a high vacuum. Only when the area is flat and normal in appearance will the operation come to an end.

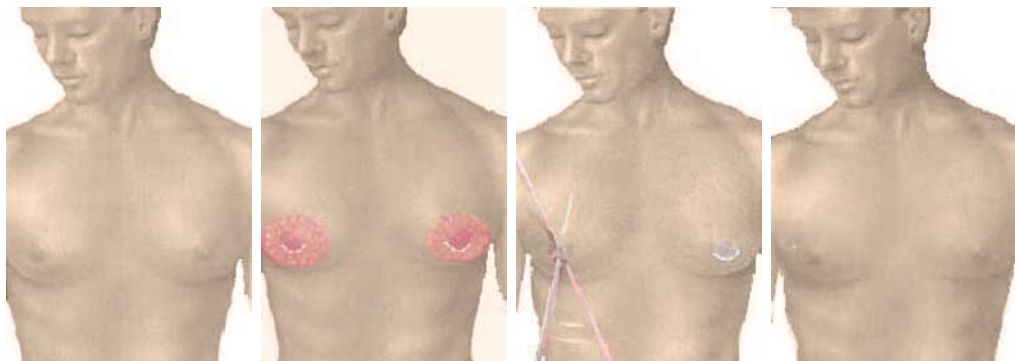
After the Operation

Problems following gynaecomastia correction are not common but occasionally they do arise. Bruising is a natural result of the surgery and may persist for a week or so. Hardness or lumpiness within the tissues due to swelling can persist for a month or so. Bleeding post operatively is rare but a drainage tube is usually used as a precaution and then removed the next morning. Infection is uncommon but if it did occur it would be necessary for a course of antibiotics to be taken. Very occasionally, following the liposuction method a further operation is required to remove tissue, which could not be removed by lipoplasty.

Unfortunately, this may not manifest itself until such time as all the swelling of the area has gone down. Dependent upon your occupation and the method used, you may return to work between one and two weeks. Lifting should be avoided for about 14 days. Sport, particularly contact sport, should be avoided for at least one month. This includes swimming. Gentle exercise such as walking is recommended.

Summary

The operation is quite successful in as much as it restores confidence and relieves a major cause for distress and embarrassment. Following treatment the breast tissue does not grow back but the swelling takes six to nine months to settle completely.





Ms Angelica Kavouni FRCS EBOPRAS Cosmetic Plastic Surgeon graduated from the medical school of Thessaloniki, Greece and continued her postgraduate studies at the University of Bristol Medical School on a scholarship from the Erasmus European Institute.

She trained in Plastic Surgery in London NHS Hospitals; following her certification by the European Board of Plastic, Reconstructive and Aesthetic Surgery she specialised in Cosmetic Surgery as a fellow at London's Institute of Aesthetic Plastic Surgery and then spent two more years working as an associate cosmetic surgeon to Mr Jan Stanek, a busy cosmetic surgeon. She completed her doctoral thesis (MD) on growth hormone and wound healing for the University of Thessaloniki.

On the General Medical Council specialist register in Plastic Surgery her qualifications include:

- Fellowship of the Royal College of Surgeons of England FRCS
- European Board of Plastic, Reconstructive and Aesthetic Surgery EBOPRAS
- Fellowship of the European Boards in Plastic, Reconstructive and Aesthetic Surgery
- Membership of the Hellenic and International Federation of Plastic, Reconstructive and Aesthetic Surgery IPRAS

Personal: Ms Kavouni is married to a fellow Plastic Surgeon, is the busy mother of two small boys, but manages to find the time to enjoy tennis, winter skiing and actively supports the WRVS amongst other charities.



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