

gynaecomastia explained

Sydney plastic surgeon **Dr Kourosh Tavakoli** spoke with Lise Petersen about procedures to reduce the size of male breasts.

Gynaecomastia is a condition that affects a surprising number of men (up to 30%). It involves the development of breast tissue and according to Sydney plastic surgeon Dr Kourosh Tavakoli, gynaecomastia may be associated with obesity, hormonal metabolism imbalance, liver disease or medicinal abuse such as the excessive use of anabolic steroids. There are two options that are usually used to treat this condition, depending on what is actually causing the enlarged breasts – either liposuction or traditional surgical excision.

'In my consultation with patients I ask them to explain their goals and expectations of the surgery,' says Dr Tavakoli. 'Then I assess the nature of the patient's breasts and the elasticity of their skin to determine the cause of the breast enlargement. It may be caused by fatty tissue and/or glandular tissue.'

If the patient's gynaecomastia is primarily caused by fatty tissue, Dr Tavakoli says liposuction is usually the procedure of choice. 'Liposuction surgery is a procedure used to actually remove unwanted localised deposits of fat cells from the body,' he explains. 'A cannula is inserted through a tiny incision placed in an inconspicuous location on the skin. Using a vacuum system attached to the cannula, excess fat cells are sucked out. The result is a resculpting of bulging breasts into more attractive contours.'

If the patient's gynaecomastia is the result of a glandular disorder, he says liposuction alone is not likely to be adequate: 'Traditional surgical excision may be a better option in this case. The excision may be performed alone or in conjunction with liposuction. Typically, the incision is placed on the edge of the areola (coloured area of the nipple). These incisions are worked through to cut away the excess glandular tissue, fat and skin from the breast.'

Dr Tavakoli adds that if the patient's breast reduction requires the removal of significant amounts of tissue, larger incisions may be required, and if the gynaecomastia is extreme, and large amounts of fat

and/or glandular tissue have to be removed, excess skin may also have to be excised.

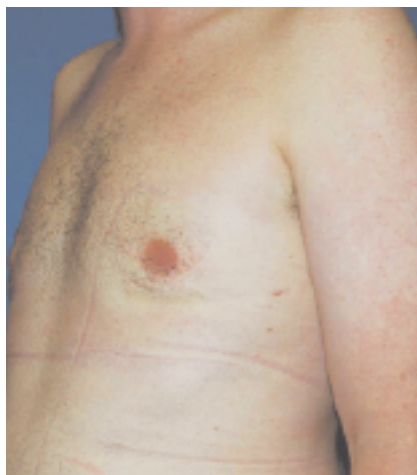
Prior to choosing a surgical solution to gynaecomastia, Dr Tavakoli recommends a period of diet and exercise. Should that fail, he says surgical intervention may be indicated.

Male breast reduction is performed on an outpatient basis using general anaesthesia. The procedure can last from one to three hours depending on the required extent of correction. Patients will experience some pain for several days afterwards but this can be controlled with oral medication. Antibiotics may also be prescribed. Bed rest is recommended for the first day after the procedure, and for the first few days following surgery, patients are required to wear surgical dressings, which will then be exchanged for a special compression garment. This will be worn for about two weeks. Most men experience some degree of swelling, bruising and minor tenderness but Dr Tavakoli says these symptoms usually subside in a short time. Most patients are back to work within the first week. Surgical risks may include infection, bleeding, asymmetry, scarring, and muscle and/or nerve damage. Recurrence is high amongst steroid users.

'Gynaecomastia patients tend to be some of the happiest cosmetic surgery patients that I have in my practise,' explains Dr Tavakoli. 'The improvement seen in their psyche and confidence level is quite remarkable.' **bmfm**



BEFORE



AFTER reduction of gynaecomastia by Dr Tavakoli

building up the pecs

According to Sydney plastic surgeon **Dr Kourosh Tavakoli**, chest or 'pec' implants are an ideal solution for men born with chest wall deformities or for those who simply want to have a better developed chest. Lise Petersen reports.

There are two major groups of men who seek pectoral implant surgery,' says Sydney plastic surgeon Dr Kourosh Tavakoli. 'The first group consists of men who are born with chest wall deformities such as pigeon chest or Poland's Syndrome (lack of one side of the pectoralis muscle). Most of these patients think correcting these problems is a huge operation that requires major rib reconstruction. However for these men, the deformity can be camouflaged well with pec implants.'

In these cases Dr Tavakoli says it is necessary to make a customised implant that fits the defect. 'The customised implant may not be put under the muscle, instead it is placed under the skin and it can give the chest a more aesthetic, masculine contour.'

The other group of men seeking pec implants consists of men who genetically don't have very developed muscles, or men who would like to have a better chest but don't have time to get to the gym. 'The critical issue for these men is to place the implant underneath the pectoralis

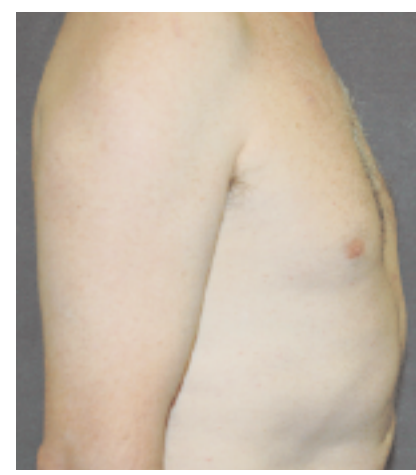
muscle – not under the skin,' Dr Tavakoli explains. 'To perform the procedure an incision is made under the armpit and the skin and muscle are carefully lifted up and the implant inserted.'

These implants are made from solid silicone and have been shown to be very safe. They come in four sizes and before surgery the chest wall is measured so the correct sized implant is chosen.

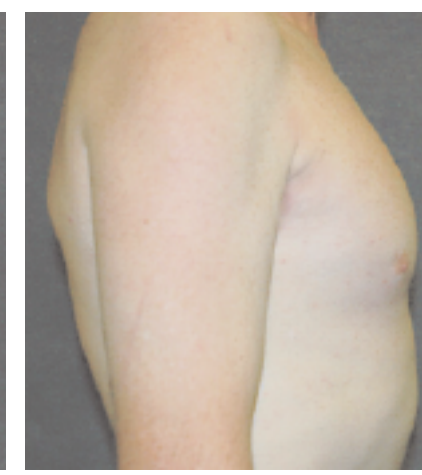
During the recovery period after surgery, patients are instructed not to lift their arms. When the dressings are removed, a gentle exercise program is recommended for the following few weeks to permit a full and comfortable range of motion of the arms. 'This allows the pec implants to settle into the submuscular pocket created by the surgeon,' he says. Generally within a week or two, physical use of the upper body muscles may be resumed and within six weeks, full pectoral muscular activity may be recommenced.

Dr Tavakoli adds that surgical risks may include infection, bleeding, asymmetry, scarring, and muscle or nerve damage but stresses these complications are uncommon.

'Pec implants are a viable solution for men who feel embarrassed about their chests, for whatever the reason,' says Dr Tavakoli. 'After having the procedure patients always comment on the positive change it has made to their lives.' He says after pec implant surgery patients can still work to build the pec muscles for an even greater result. **bmfm**



BEFORE



AFTER pec implants by Dr Tavakoli