



Call us to book a confidential consultation from our nurse specialist.

Subcutaneous Mastectomy Male (Gynaecomastia)

Introduction

Gynaecomastia is a common disorder of the male breast where there is a benign glandular enlargement of that breast at some time in a man's life.

Gynaecomastia affects an estimated 40 to 60 percent of men. It usually consists of the appearance of a flat pod of glandular tissue behind the nipple that becomes tender at the same time.

The development of gynaecomastia can occur in one or both breasts.

Ordinarily the growth is of brief duration and is not permanent. Rarely, the breast tissue continues to grow. Though certain drugs and medical problems may be linked with male breast overdevelopment, there is no known cause in the vast majority of cases.

For men who feel self conscious about their appearance, surgery to remove breast tissue can help. The procedure involves removing fat or glandular tissue from the breasts, and in extreme cases removes excess skin, resulting in a chest that is flatter, firmer, and better contoured.

The best candidates for surgery have firm, elastic skin that will reshape to the body's new contours. Surgery may be discouraged for obese men, or for overweight men who have not first attempted to correct the problem with exercise or weight loss.

The use of marijuana and anabolic steroids, may cause gynaecomastia. Therefore all drug use needs to be ceased prior to treatment of this condition. If the drugs are recommenced after surgery there is a high chance of the same condition occurring.

Gynaecomastia surgery can enhance your appearance and self-confidence. Before you decide to have surgery discuss all the options with your surgeon and make sure that your expectations are realistic. The results of the procedure are significant and permanent. If your expectations are realistic, chances are that you will be very satisfied with your new look.

The procedure

The removal of breast tissue is called a subcutaneous mastectomy (removal of breast tissue under the skin).

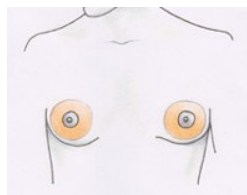
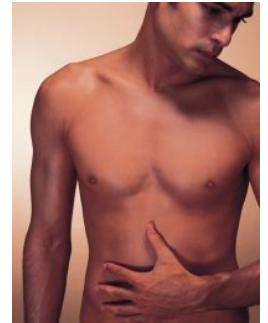
The surgery is performed under general anaesthetic and takes between 1 and 2 hours to complete. The incision is usually made around the areola (pigmented part of the breast around the nipple).

An overnight stay in hospital is usually required. Drains are normally inserted at the time of surgery, along with a compression bandage to reduce the chances of bleeding into the breast tissue.

If excess glandular tissue is the primary cause of the breast enlargement, it will be excised, or cut out with a scalpel. The excision may be performed alone or in conjunction with liposuction.

Breast tissue in orange is normally removed to flatten the breast.

If the gynaecomastia is due to an excess of fatty tissue, this may be removed by liposuction. An incision for liposuction is made at the edge of the areola. A cannula attached to a vacuum pump, is then inserted into the incision and moved through the different layers beneath the skin to break up the fat and suction it out.



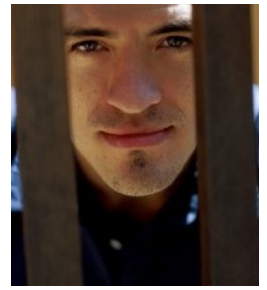
Breast tissue in orange is normally removed to flatten the breast.

In some cases large volumes of fat or glandular tissue are removed and the skin may not contract back around the smaller breast. In this case excess skin may need to be removed in order to re contour the breast. As a result a vertical scar runs from the areola to the base of the breast to meet a horizontal scar

- Bruising and swelling is quite normal after this type of surgery.
- Strenuous activities should be avoided for 3 weeks after surgery.
- Scars may take up to 12 months to fade.

The chest area can sometimes appear depressed and asymmetrical. This will take several weeks to return to a more natural looking breast. It may take several months before the final results become apparent.

At the time of surgery any tissue removed may be sent to pathology for testing. Costs incurred for this service will be the responsibility of the patient.



Alternative treatment

Male breast reduction (gynaecomastia) surgery is an elective surgical operation and alternative treatment would consist of not undergoing the surgical procedure.

In selected patients, liposuction alone has been used to reduce the size of large breasts.

Non surgical options include physiotherapy to treat any pain and wearing undergarments to support large breasts.

Risks of Surgery

All surgery is associated with some risk

It is important that you understand that there are risks involved with any surgery.

Whilst the majority of individuals undergoing surgery do not experience any complications, a minority do and there cannot be any guarantees in surgery.

With every type of surgery the best possible outcome is sought. The importance of having a highly qualified surgeon and professional surgical team and facility cannot be overestimated.

Risk to benefit

The choice to undergo a surgical procedure should be based on the comparison of the risk to the potential benefit to you. Make sure that you take time to read and understand how each potential complication can impact on your life and try to make the risk to benefit comparison specifically for yourself.



Informed consent process

Before any surgery, your surgeon should explain to you the risks of the procedure and the possible complications that could happen. The informed surgical consent web site will help you to understand the risks that your surgeon has already discussed. It may also bring up other issues that will require a second surgical consultation to clarify. You should not feel that you are being an inconvenience by seeking another consultation and clarification of any questions that you may have.

You should take the opportunity to read this informed surgical consent website carefully and at your own pace. The questionnaire at the end will help to clarify your understanding. There is also opportunity to make note of specific concerns and issues that may be relevant to you so that you can discuss these concerns with your surgeon.

Impact of complications

The risks of surgery involve possible inconvenience if a complication occurs. It may result in an extension of your recovery period and in some cases may need further surgery. Infrequently, complications may have a permanent effect on your final result.

Financial risks

Financial risks are involved with any surgery. Private health insurance is strongly recommended. If you do not have private health insurance then a complication or further surgery will add to the overall cost of your surgery.

Risks related to general health

Your general health will impact on the possible risks of surgery. Many of the risks associated with surgery can be predicted. However, your general health plays a vital role to the outcome of your surgery. Age carries a greater risk with any surgery. Being overweight carries a greater surgical risk. Other medical conditions such as high blood pressure, high cholesterol, diabetes, heart and lung disease may also increase your surgical risk. Smoking greatly increases all risks and complications of surgery.

What else?

Finally other factors, that may not be obvious, can influence the outcome of your surgery and the risks are beyond anyone's control.

Patient Photographs

Examples of patients who have undergone gynaecomastia surgery.

Patient One



A patient before and after gynaecomastia surgery.

Patient Two



A patient before and after gynaecomastia surgery.

Specific Risks of Gynaecomastia

Swelling and bruising

Swelling and bruising are common following gynaecomastia surgery. Severe swelling and bruising may indicate bleeding or possible infection.

If the same breast is also red and hot compared to the other breast, an infection is likely to be present. Both conditions require immediate attention and further surgery and antibiotics.

Discolouration of the skin from bruising may take several weeks to resolve.

Swelling may persist for several months and it may take this long for the breasts and chest to assume their final shape.

One swollen, firm and painful breast compared to the other one may suggest that a haematoma (collection of blood in the breast) is present.

Haematoma

Postoperative bleeding and haematoma formation is a common complication of gynaecomastia surgery. Suction drains are placed in the breasts for 24 to 48 hours to minimise the chance of haematoma formation.

Small collections of blood under the skin are usually allowed to absorb spontaneously or are aspirated with a needle.

Larger haematomas will require surgical drainage under anaesthetic in hospital to evacuate the accumulated blood and help prevent infection and contour irregularities.

Heavy exercise should be avoided for at least 2 weeks after surgery to prevent bleeding.

Infection

Even with proper sterile surgical techniques, a post-operative infection. A superficial wound infection may require antibiotic ointment only. Deeper infections may present as a swollen, painful, hot and red breast associated with fever and sweats.

These infections are treated with antibiotics. Development of an abscess under the skin will require surgical drainage under anaesthetic.

Delayed healing

Wound disruption or delayed wound healing is possible. Some areas of the breast skin or nipple region may not heal normally and may take a long time to heal. It is even possible to have loss of skin or nipple tissue. Delayed healing requires frequent dressing changes or further surgery to remove the non-healed tissue.

Increased risk for smokers

Smokers have a greater chance of skin loss, nipple/areola loss, infection and poor healing because of decreased skin circulation. Bleeding and haematoma are more common in smokers than non-smokers. Smoking should cease for 4 weeks prior to and 4 weeks after surgery.

Hypertrophic scars

Thick (hypertrophic or keloid), wide or depressed scars, are abnormal scars that may occur even though the most modern plastic surgery techniques have been used. Some areas on the body scar more than others, and some people scar more than others. Your own history of scarring should give you some indication of what you can expect. Surgical incisions confined to the pigmented areola rarely become thick. There is a chance that surgical incisions that extend onto the breast because skin excision is needed can scar abnormally.

Injection of steroids into the scars, placement of silicone sheeting onto the scars, or further surgery to correct the scars is occasionally necessary.

Change in nipple and skin sensation

Some men may experience a loss of sensation or altered sensation in the nipple and areola following gynaecomastia surgery.

The sensation in those areas gradually returns within 3 months as the nerve endings heal spontaneously.

Return of sensation may sometimes take up to 18 months.

In some cases, despite the nipple and areola remaining attached to their nerve supply throughout the procedure, the loss of sensation may be permanent.

If your surgery involves removal of the nipple and areola and grafting into their new position, the loss of sensation is always permanent.

Loss of nipple and areola tissue

In rare cases, the nipple and areola tissue can lose its blood supply and die. This is a serious complication but fortunately rare, occurring in less than 1% of cases. This risk is higher in smokers.

If this does occur, reconstruction of the nipple areola complex would need to be done after the breasts have fully healed.

Firmness

Excessive firmness of the breast can occur after surgery due to internal scarring or fat necrosis. The occurrence of this is not predictable. If an area of fat necrosis or scarring appears, this may require biopsy or additional surgical treatment.

Skin excess

In larger gynaecomastia where skin excision is not performed, the skin may not retract satisfactorily after removal of underlying breast tissue. Further surgery involving excision of excess skin may be required to correct the problem.

Wound healing

Occasionally a delay in wound healing may occur at the T-junction of scars under the breast. This usually resolved with dressings. It is more common in people who smoke and people with diabetes.

Asymmetry

Some breast asymmetry naturally occurs in all men. Although the surgical aim of gynaecomastia surgery is to make the breasts smaller and symmetrical, perfect symmetry of the nipples, areolae, breasts (size) and chest cannot always be achieved. Additional surgery may be necessary to revise asymmetry after gynaecomastia surgery.

Contour irregularity

The skin and underlying residual fat may be irregular in appearance following surgery. Contour irregularities result from internal scarring and fat necrosis. This complication occurs more frequently after infection or haematoma.

Saucer deformity

A small amount of breast tissue is left behind the nipple to prevent a hollow or saucer appearance to the central breast. An indentation in the initial appearance of the breast will tend to fill out with time. Rarely the indentation under and around the nipple may remain permanently.

Distortion of the areola

The pigmented skin around the nipple (the areola) may not be exactly circular after gynaecomastia surgery. This is related to scar formation at the incision site at the edge of the areola. Distortion of the areola can be corrected with further surgery or with tattooing.

Undesirable result

The most common undesirable result of gynaecomastia surgery is inadequate resection of breast tissue or re-growth of the residual breast tissue.

Your expectations of the surgery may leave you feeling disappointed with the size and shape of your breasts, or with the final scarring.

In these circumstances where an undesirable result has been attained, revisional surgery may be necessary.

Recurrent gynaecomastia

Rarely breast tissue can re-grow. The re-growth is from a small amount of breast tissue that is normally left behind the areola to maintain blood supply and shape to the nipple areola area. Most gynaecomastia recurs without a known cause.

If breast growth is due to steroid intake or other medication, re-growth of breast tissue (recurrent gynaecomastia) may occur with re-commencement of these medications.

Pain

Abnormal scarring in skin and the deeper tissues of the breast may produce pain. The pain is of unknown cause and is difficult to treat. Pain following surgery may be ongoing or chronic.

Thrombosed veins

Thrombosed (clotted) veins, which resemble cords, occasionally develop in the area of the breast, on the abdomen or arm and resolve without medical or surgical treatment. This is also known as Mondors disease.

Breast disease

Although rare in males, breast disease and breast cancer can occur independently of breast reduction surgery.

Risks Common to All Operations

Discomfort and pain

The severity and duration of post-operative pain varies with each individual. Mild to moderate discomfort or pain is normal after any surgery.

If the pain becomes severe and is not relieved by pain medication you may have a complication.

Nausea and vomiting

Nausea and vomiting typically relate to the anaesthetic and settle quickly. Persisting nausea and vomiting may relate to pain relieving medication or other medications like antibiotics.

Swelling and bruising

Moderate swelling and bruising are normal after any surgery. Severe swelling and bruising may indicate bleeding or possible infection. Discolouration from bruising may take several weeks to resolve.

Bleeding and haematoma

Bleeding is always possible after any operation. Some bleeding will result in bruising. Continued bleeding may result in continuous ooze or a collection of blood under the skin. Small collections of blood under the skin usually absorb spontaneously. A large collection of blood (haematoma) may produce pressure and complications to healing of the skin. Most haematomas occur in the first 24 hours and may require aspiration or surgical drainage in an operating room and a general anaesthetic to drain the accumulated blood.

The presence of a haematoma, even if evacuated, may predispose to infection and antibiotics are often recommended.

Infrequently haemorrhage can happen up to 10 days following operation. Possible factors for late bleeding include infection, extreme physical exertion, aspirin ingestion or an unrecognised bleeding disorder. Aspirin, anti-inflammatory tablets and mega doses of certain vitamins (vitamin E) can influence blood clotting and cause excessive bleeding. Do not take any aspirin, similar drugs like cartia, astrix or non-steroidal anti-inflammatory medications for ten days before surgery, as this contributes to a greater risk of bleeding, bruising, swelling and infection. A single tablet is enough to increase the risk of bleeding. If you take an anticoagulant like heparin or warfarin, you will need to discuss these medications with your surgeon prior to your surgery. Hypertension (high blood pressure) that is not under good medical control may also cause bleeding during or after surgery.

Inflammation and infection

Infection may occur after any surgery. Most infections occur within 3 to 5 days after surgery and cause swelling, redness and tenderness in the skin around the suture lines. A surface infection may only require antibiotic ointment. Deeper infections will require treatment with antibiotics. Some deep infections and development of an abscess (collection of pus) will require additional surgery under anaesthetic to drain the abscess and remove dead tissue in an operating room. Infection may cause wound breakdown or skin slough (loss). Both wound breakdown and skin slough will result in delayed healing. Additional surgery to deal with wound breakdown and skin slough will be required. More scarring and further surgery can be expected in the long term. Some surgeons will prescribe prophylactic (preventative) antibiotics to be used around the time of the surgery.

Crusting along incision lines

This should be prevented with frequent and regular washing of your suture lines and application of antibiotic ointment if required.

Numbness

Small sensory nerves to the skin surface are occasionally cut when the incision is made, or interrupted by undermining of the skin during surgery. The sensation to those areas gradually returns - usually within 3 months as the nerve endings heal spontaneously. Return of sensation may sometimes take up to 2 years.

Itching

Itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. Ice, skin moisturisers and massages are frequently helpful. These symptoms are common during the recovery period and may persist for several weeks after surgery.

Wound separation or delayed healing

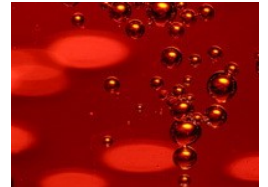
Any surgical wound, during the healing phase may separate or heal unusually slowly. This can occur as a result of inflammation, infection, wound tension, excess external pressure and decreased circulation. Some people may experience slow healing due to unrelated medical problems. Smokers have a greater risk of skin loss and wound healing complications. Wound separation may also occur after suture removal. Wound separation will require frequent wound dressings and healing will be delayed. If delayed healing occurs, recovery time will be prolonged, (weeks to months), and the final outcome of surgery may be affected. More scarring can be expected. Further surgery may be required to remove any non-healed tissue and to obtain wound closure. Skin grafting may also be required to achieve wound closure.

Increased risk for smokers

Smokers have a greater chance of infection, skin slough (loss), underlying fat loss (necrosis), and poor wound healing, because of decreased skin circulation. Bleeding and haematoma formation are more common in smokers than non-smokers. Smoking also predisposes to life threatening complications like deep vein thrombosis (DVT), pulmonary embolism, pneumonia or massive infection. Smoking should cease 4 weeks prior to and 4 weeks after your surgery.

Sensitivity or allergy to dressings and tape

Skin or localised allergies may occur to topical antiseptic solutions, suture materials, soaps, ointments, tapes or dressings used during or after surgery. Such problems are unusual and are usually mild and easily treated. Please advise your surgeon of any skin irritation, itch or redness that may develop beneath your tapes. Allergic reactions may require additional treatment.



Suture complications

Suture reaction or local infection may occur when subcutaneous sutures (sutures under the skin) are used. Exposed sutures will require suture removal for local healing to progress. Skin sutures may become buried under the skin during healing and subcutaneous sutures may not dissolve (stitch granuloma). Additional surgery may be necessary to remove buried sutures or granulomas. Suture marks in the skin can occur if skin sutures or staples are used to close a surgical wound.

Skin scarring

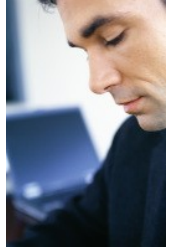
All surgical incisions produce scarring and although scars are inevitable, some are worse than others, and the quality of the final scars is unpredictable and not entirely under the control of the surgeon. Some areas on the body scar more than other areas, and some people scar more than others. Your own history of scarring should give you some indication of what you can expect. Please ask your surgeon about scar management.

Red and discoloured scars

While the scar at the end of surgery is a fine line, its subsequent appearance alters during the various stages of wound healing.

Scars become more red and somewhat raised and excessive between six weeks and three months. After six months the scar will start to fade and this process is usually complete between twelve to eighteen months after surgery.

Scars on the breast or body may take up to 2 years to fade completely. A brown discolouration in a scar usually settles with time. White scars are permanent and there is no known satisfactory treatment. Please ask your surgeon about scar management.



Abnormal scars

Abnormal scars may occur even though careful surgical techniques are used and uncomplicated wound healing occurs after surgery. Scars may be unattractive because they are raised, thick (hypertrophic or keloid), stretched, depressed, or of a different colour to the surrounding skin. An abnormal scar may have visible suture marks. Abnormal scars may occur both within the skin and the deeper tissues.

Abnormal scars occur more commonly in some skin types, in the younger patient or if there has been a delay in healing due to infection or wound breakdown. Most scars improve with time but some may require additional treatment. Thick scars may respond to taping, placement of silicone sheeting onto the scars, serial injection of steroid into the scars or surgical scar revision. Wide scars may require scar revision surgery to improve their appearance. Surgical scar revision may be disappointing especially in the younger patient.

Please ask your surgeon about scar management.

Asymmetry

The human body is normally asymmetrical. Despite surgical allowance for correction, the normal variation from one side of the body to the other will be reflected in the results obtained from your surgery and perfect symmetry may not be attainable.

Injury to deeper structures

Blood vessels, nerves and muscles may be injured during surgery. The incidence of such injuries is rare.

Post-operative fatigue and depression

It is normal for people to occasionally experience feelings of depression for a few days after surgery, especially when the early postoperative suture line, swelling and bruising is seen.

The post-operative emotional low improves with time. Physical recovery from an operation and anaesthetic is gradual.

Undesirable result

The undesirable result occurs because of limitations of the human tissues and skin. Your expectations may leave you dissatisfied with the results of surgery, despite having an adequate surgical result. Additional surgery may or may not improve the results of surgery.

Unfavourable result

The unfavourable result may relate to under correction, asymmetry, recurrence or scar related problems. Additional surgery may be required to improve your results.

Need for revisional surgery

Every surgery has associated risks and complications that you need to be aware of. Should a complication occur, additional surgery or other treatment might be necessary. Revisional procedures are less predictable and involve more risks. You must consider any revisional surgery carefully after discussion with your surgeon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.

If revisional surgery is required, you may incur further surgical, anaesthetic, pathology and hospital fees. These fees may be covered if you have private health insurance, depending on your level of cover. These fees will be YOUR responsibility, so careful financial planning is required before you embark on any form of surgery.

Private Health Insurance is strongly advised for any surgery. Please speak to your surgeon regarding the costs of treating complications.

Chronic pain

Following surgery, abnormal scarring in the skin and deeper tissues may trap nerves and produce pain. Uncommonly, persistent or chronic pain that is of an unknown or ambiguous cause may develop and may be difficult or impossible to correct.

Long term effects

There are many variable conditions that may influence the long-term result of your surgery. Subsequent alterations to your body contour may occur as the result



of aging, sun exposure, weight gain or weight loss, pregnancy, illness or other circumstances not related to your surgery. Additional surgery or other treatments in some cases may be required to maintain or improve the results of your operation.

Deep Venous Thrombosis

A deep venous thrombosis is a blood clot occurring in the deep veins of the legs/calves. It causes pain and swelling in the affected leg and is potentially life threatening.

Treatment for deep vein thrombosis is essential and involves blood-thinning agents. Complications of a deep venous thrombosis includes clots spreading from the legs to the lungs or heart which may cause shortness of breath, chest pain or death.

Your risk of DVT will be automatically calculated by this web site, and shall be presented to you later in this presentation.

Anaesthetic related risks

Anaesthetic complications, although uncommon, do occur and should be discussed thoroughly with your anaesthetist prior to your surgery.

Life threatening (or fatal, in some circumstances) complications like pulmonary embolism, cardiac arrhythmia, heart attack, stroke or massive infection are rare. These complications will require additional treatment.



Pulmonary (lung) complications

Pulmonary complications may occur secondary to either a blood clot starting in the legs (pulmonary embolism), aspiration of stomach secretions or partial collapse of the lungs after general anaesthesia.

After Your Operation

On waking

When surgery is finished you will wake up with firm bandages around your chest. Drain tubes will be coming out from beneath the bandages. A moderate amount of pain is to be expected after gynaecomastia surgery.

Pain relief

Avoid aspirin or aspirin based products, as they will promote bruising and bleeding. The usual medications given in the postoperative period consist of panadol, panadeine, panadeine forte, panmax, digesic, and endone.

These medications may be combined with anti-inflammatory medications such as vioxx, celebrex, or brufen. Make sure that you understand what the medications that you have been given at the time of your discharge are designed to do for you.



Bleeding

Bleeding may continue after surgery. If a collection of blood occurs in the breast (haematoma) further treatment will be required. There may be ooze of blood from any of the suture lines or from the drain tube holes. Any ooze usually resolves after 24 to 48 hours. Persistent or offensive ooze should be reported to your surgeon.

Swelling

Swelling occurs after gynaecomastia. It usually resolves in 3 to 4 weeks. Intermittent swelling may persist for some months after surgery and may take up to 12 months to settle. Please ask your surgeon how long your swelling should take to resolve. Swelling lasting longer than this time may be due to a complication, and should be reported to your surgeon.

Bruising

Bruising of the body after surgery is usually maximal approximately 48 hours after surgery. Most bruises will resolve by 2 weeks. Gentle massage with a moisturising lotion (sorbolene) or arnica cream may help to dissipate bruising.

Ice packs

At home a mouldable cold pack or a small bag of frozen peas wrapped in a tea towel can be applied to the area of surgery (for 20 minutes every 1 to 2 hours) in the first 48 hours after surgery to help minimise swelling and bruising.

Dressings

Dressings may be removed after 24 to 48 hours after surgery. You may be fitted with a chest binder or garment to maintain pressure on the breasts after the dressings are removed. Pressure will help to resolve swelling and bruising.

Sleeping tablets

One or two sleeping tablets (normison, temazepam, ativan) may be taken at night, if necessary, to help with sleeping in the first few days after surgery.

Other medications

A course of prophylactic (preventative) antibiotics may also be prescribed.



Readmission to hospital

Rarely you may need to be re-admitted unexpectedly to hospital. The risk of this is very low. The most common cause is nausea and vomiting, anxiety, the need for unexpected additional pain relief or for treatment of unexpected complications of surgery such as bleeding or infection.

Nausea and vomiting

Nausea and vomiting may be due to the anaesthetic or post-operative medication (like pain killers or antibiotics). Apart from being unpleasant, vomiting will cause pain and may disrupt your surgery. Medication to prevent nausea and vomiting may be required. If prolonged, it may be related to a complication like infection. You need to inform the surgeon of prolonged nausea and vomiting.

Travel

If you are going home after day surgery, a family member or friend must drive you because you have had an anaesthetic. When at home, someone should stay with you overnight.

If you have any questions about these matters, please speak to the nursing staff.



Anaesthetic effects

The effects of an anaesthetic may still be present 24 hours after your procedure, even if you do not feel them. Your reflexes will be slower and you are at risk of injury. It is illegal to drive while under the influence of a drug (even a prescribed one) and you could be charged.

Do not make important decisions or sign legal documents for 24 hours after an anaesthetic. Medications and alcohol may interact with the residual anaesthetic. Discuss your normal medications with the anaesthetist.

Sutures

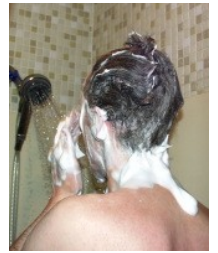
Sutures may be beneath the skin and will absorb with time. The aim of absorbable sutures beneath the skin is to provide wound support for a longer time than skin sutures, so that scar stretch can be minimised. Occasionally the body will want to extrude the sutures. A sore or a pimple on the suture line may indicate an underlying suture trying to break through the skin. This suture can be removed as soon as it breaks through the skin. Antibiotic ointment or betadine may be required along with a small dressing until the area heals. Infrequently a lump forms related to a suture that has not dissolved (a stitch granuloma). This may need to be excised.

Sutures or staples may be present in the skin. These sutures or staples will require removal at some stage after your surgery. The normal time frame is anywhere between 5 days to 14 days depending on the surgery and the location on the body. Suture removal is usually arranged with the doctor.

Cleaning

Having a shower and getting your sutures wet may be permitted by your surgeon after the dressings (and drains) have been removed. An antibacterial soap (sapoderm, gamophen) may be recommended. You will need to pay attention to washing the suture line and drying it. If your suture line has steristrips or tape, wash over the tape and dry it. Occasionally the suture line may become red and ooze. If this occurs tapes are usually removed and antibiotic ointment or betadine may be required. Your surgeon may prescribe antibiotics as well.

Some surgeons will prefer you to keep your wounds dry. Please check with your surgeon.



Activity

Too much activity too soon, will risk delays in healing and increase the risk of complications. Try to avoid any straining or rushing around. Balance your activity with the size of your operation. As a general rule, "if it hurts, don't do it".

Vitamins

Although not proven, there is some suggestion that multivitamins prior to and after surgery may aid in wound healing. Avoid mega dosing on vitamins prior to surgery.



Sun exposure

If fresh scars are exposed to the sun, they will tend to become darker and take longer to fade. Sunscreen can help.

Take extra care and precautions if you are planning to tan as some areas of your body may be temporarily numb after surgery and you will not "feel" a sunburn developing.

Alcohol

Medications and alcohol may interact with the residual anaesthetic. Avoid alcohol for the first three days after surgery and restrict your alcohol intake for the first month.

Diet

You will be able to commence your normal diet as soon as any nausea or vomiting has settled.

Sport

Your body will dictate whether you are able to safely recommence your exercise program. Localised sore areas in the operated site are common. Walking for exercise or gentle swimming are often good exercise choices in the early post operative period. Please ask your surgeon when you can start exercising.



Smoking

Smoking reduces capillary blood flow to the skin and can result in delayed wound healing and wound breakdown. Smoking also increases the risk of bleeding, wound infections and chest infections. Smoking also increases the risk of developing a clot in the legs that can travel to the lungs. We advise you not to smoke at all 4 weeks prior to your surgery and 4 weeks after.

Driving

It is recommended that you do not drive for a certain period of time after your surgery depending on the type of surgery that you have had. You must have full use

of your reflexes to drive, and any post-operative discomfort will inhibit your reflexes. In the interest of safety whilst driving, and legally, you must wear a seat belt across the chest. You may resume driving when you feel you are able, but it is advisable to check with your doctor or road traffic authority first.

Recovery time

You must allow yourself adequate recovery time. It would be wise to ensure you have adequate time off work. You will have restriction to mobility after your surgery.

Too much activity too soon, will increase the risk of complications such as haematoma (collection of blood), infection and delayed healing. You must also allow time for your body to recover.



Healing

Everyone heals at a different rate. The ability to heal is variable and depends upon a number of factors such as your genetic background, your weight, and your overall state of health and lifestyle (exercise, diet, smoking, drinking, etc.). Your attention to preparing yourself for surgery will be manifest in your post operative recovery.

Following instructions

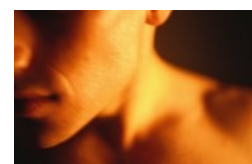
It is important to follow the instructions given by your surgeon and the nurses. Such guidelines are designed to promote the healing process and to prevent the occurrence of anything that may interfere with your recovery. It is imperative that you recognise that you are a partner in this process and have a responsibility to follow instructions carefully. The instructions, based on broad experience, are designed to give you the best opportunity for healing without delay or surprise.

Depression

Depression is a normal reaction to surgery. The third day following your surgery may be the worst. You may be teary.

It is not uncommon to experience a brief period of "let-down" or depression after any surgery. You may subconsciously have expected to look and feel better "instantly," even though you rationally understood that this would not be the case.

As the healing occurs, these thoughts usually disappear quickly. If you feel depressed, understanding that this is a "natural" phase of the healing process may help you to cope with this emotional state.



Complications

Complications fortunately are infrequent. You will be assisted in every way possible if a complication occurs. Should the unexpected occur, please understand that it is important to follow the advice of your surgeon and nursing staff in order to treat it as effectively as possible.

Appointments

It is very important that you follow the schedule of appointments established for you after surgery. Appointments to see the nurse or doctor should be made before or immediately after discharge from hospital. If no appointment has been made, you must ensure that you contact your surgeon and make a follow up appointment. If you have any concerns, please let the surgeon or staff know. If need be, you can be seen prior to any arranged review appointment to sort out any concerns.

Support from family and friends

Support from family and friends can be very helpful, but because they may not understand what constitutes a normal postoperative course, their comments may unintentionally create emotional turmoil for you. The staff at the surgery and your surgeon will tell you honestly how you are doing and what to expect.

Please trust in your surgeon's knowledge and experience when your progress is discussed with you.

Revisional surgery

Surgical procedures are not magic. They are specific detailed procedures designed to improve specific aspects of your health. They can do no more than that.

Whether you are happy with the results of your surgery will depend largely on how well you communicate to your surgeon, and how well the surgeon communicates to you what a surgical procedure can and cannot do toward alleviating the problem.

The results of any surgery may never be totally perfect. Some of the factors involved in producing the result (such as your healing characteristics) are not within the control of your surgeon and therefore, it is impossible to warrant or guarantee the results of your surgery.

How predictable the result of your surgery will be depends on a number of factors such as the condition of your body and general health, the nature of the surgery required, as well as hereditary influences.

Occasionally the result of your surgery may not be totally perfect. If you feel that you can focus on the overall degree of improvement instead of any small lack of perfection, then you will reap the benefits of the results of your operation. If small imperfections will prevent you focusing on the degree of improvement after your surgery you probably should not have had an operation.

Your surgeon will use their expertise and experience in their surgical techniques to achieve the best results and ensure their patients receive the most advanced surgical techniques available. They keep updated by attending, national and international aesthetic conferences and seminars regularly. The surgery performed may not necessarily relate to the methods that are sometimes promoted, or advertised in popular magazines, newspaper articles or on television.

