AESTHETIC SURGERY

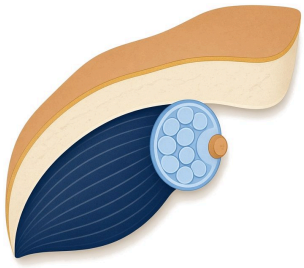
Gynecomastia: A Guide for Men

Why the male chest develops breast tissue, how gland is told apart from fat, what the operation involves, and what the first weeks look like



The male chest can enlarge for two different reasons: fat, which responds to weight loss, and glandular breast tissue, which does not. Most men with gynecomastia have some of both.

GLAND AND FAT, IN SECTION



A firm disc of glandular tissue sits directly behind the nipple; softer fat surrounds it. The two are treated differently.

WHY DIET AND TRAINING DO NOT FIX IT

- ✓ **Gland is not fat.** It is breast tissue, and no amount of exercise shrinks it.
- ✓ **Fat loss can make it more visible.** As the chest leans out, the firm disc behind the nipple stands out more.
- ✓ **Muscle does not hide it.** A developed pectoral pushes the tissue forward rather than concealing it.

COMMON CAUSES

Puberty
Common, and often resolves by the early twenties – but not always.

Hormonal
A shift in the balance between testosterone and oestrogen.

Medication
Several drugs and some supplements, including anabolic steroids.

Weight
Fat adds volume and also affects hormone balance.

Unknown
In many adult cases no single cause is found.

Why the first step is sometimes a test, not an operation

New or one-sided enlargement, pain, or a lump that feels irregular are assessed medically before any aesthetic plan. In most men nothing is found, but the check is part of doing this properly.

Ask for an assessment – the first question is what the tissue is, not how to remove it.

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Grades, and what each needs

The examination does two things: it tells gland from fat by feel, and it judges how much skin there is. Together these set the grade, and the grade sets the technique.

GRADES, SIMPLIFIED

GRADE	WHAT IT LOOKS LIKE	WHAT IT USUALLY NEEDS
I	A small, firm disc behind the nipple; no skin excess	Gland excision through a small incision at the areola edge
II	Larger enlargement, chest looks fuller; skin still tight	Liposuction plus gland excision
III	Marked enlargement with loose skin and a low nipple	Excision and liposuction, with skin removal
IV	Breast-like shape with significant skin excess	Skin reduction and nipple repositioning as well

A simplified version of the clinical grading. Your own plan follows the examination.

WHAT THE EXAMINATION SETTLES BY HAND

- ✓ **Gland or fat.** A firm, rubbery disc is gland; softer, diffuse tissue is fat.
- ✓ **Skin tone.** Whether the skin will retract after volume is removed, or needs removing.
- ✓ **Nipple position.** A nipple that sits low may need repositioning.
- ✓ **Symmetry.** One side is often larger; the plan corrects for it.

PSEUDOGYNECOMASTIA

- ✓ **Fat only, no gland.** Common with higher body weight.
- ✓ **Responds to weight loss.** Which is why weight is addressed before surgery is considered.
- ✓ **Liposuction alone may suffice.** If the skin is tight and the weight is stable.

ⓘ If what you have is mostly fat and your weight is still changing, the honest advice is to stabilise first. If there is a firm disc behind the nipple, no amount of waiting will change it.

Send a photograph and describe how the tissue feels; it tells us a lot.

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The operation

Gynecomastia surgery is short, usually a day-case or one night, and performed through incisions designed to disappear into the edge of the areola. The technique is matched to the grade.

THE THREE TOOLS, USED ALONE OR TOGETHER

FAT

Liposuction

Small access points at the side of the chest. Removes fat and blends the chest into the surrounding contour.

GLAND

Gland excision

A short incision along the lower edge of the areola. The firm disc is removed directly; the scar fades into the colour change.

SKIN

Skin reduction

Only when skin will not retract. Longer incisions, planned to sit where they are least visible.

ON THE DAY

1 **Markings**

The surgeon draws the plan with you standing.

2 **Anaesthesia**

General, or local with sedation for smaller cases.

3 **Surgery**

Usually one to two hours.

4 **Vest**

A compression vest is fitted before you wake fully.

ASKED IN ALMOST EVERY CONSULTATION

Will there be a visible scar?

The areola-edge incision fades into the border between skin tones. Liposuction marks are a few millimetres.

Can it come back?

Removed gland does not regrow. Weight gain or hormone changes can add fat; that is why stability matters.

Will the nipple look normal?

That is the whole aim: a flat chest with a nipple that sits in the right place and projects normally.

Ask which combination of the three the medical team would plan for you.

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Recovery with a compression vest

The vest is the single most important part of the aftercare. It controls swelling, helps the skin settle onto the new contour and reduces the risk of fluid collecting.

THE FIRST WEEKS

DAY 1
Home or one night
Vest on; mild discomfort, managed with tablets.

DAY 3–5
Moving about
Walking encouraged; arms kept below shoulder height.

WEEK 1–2
Back to desk work
Bruising fading; vest worn continuously.

WEEK 4
Light exercise
Lower body first; chest training waits.

WEEK 6
Vest comes off
Most activity resumes on your surgeon's say-so.

MONTH 3–6
Final contour
Swelling gone; skin fully settled.

THE VEST, SPECIFICALLY

- Worn day and night for the period your surgeon sets, usually four to six weeks
- Removed only to wash, then straight back on
- Firm but not painful; tell the team if it digs in or creases
- Bring a second one for the trip home if you can

WHAT IS NORMAL, AND WHAT IS NOT

- **Normal.** Bruising, numbness around the nipple, firmness under the skin that softens over weeks.
- **Common.** Slight asymmetry early on while swelling settles unevenly.
- **Call the team.** One side suddenly larger or tense, increasing pain, fever, or redness that spreads.

Judge the result at three months, not three days

Early swelling can make the chest look as full as before. Photograph it monthly in the same light and compare months, not days.

YOUR NEXT STEP

Talk to us before you decide anything

Free Consultation
A conversation with a coordinator, with no commitment.

Send Your Photos
Our medical team reviews them and replies with an assessment.

WhatsApp Us
Questions answered in your own language, usually the same day.

Free consultation · Free medical evaluation

WHATSAPP US

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This guide is for informational purposes.
Treatment suitability is determined after medical evaluation.