Male Breast Surgery Melbourne - Gynaecomastia - Me Clinic

Canonical: https://www.meclinic.com.au/body/male-breast-surgery/

Details:

Gynaecomastia surgery, also called male breast reduction, reduces enlarged breast tissue in men. The procedure removes excess fat, glandular tissue and sometimes skin to produce a flatter chest contour.

We have over 35 years of experience and have performed over a thousand gynaecomastia procedures. Consultations are conducted privately.

What gynaecomastia is

Gynaecomastia is enlargement of breast tissue in males. It ranges in severity from a small amount of extra tissue around the nipples (grade 1) to more significant enlargement (grade 4). It can affect one breast (unilateral), though bilateral gynaecomastia is more common.

Gynaecomastia itself is not medically dangerous, but it can be a symptom of an underlying health issue that requires attention. If you have not already had the cause investigated, see your GP.

True gynaecomastia and pseudogynaecomastia

The distinction matters because it determines which surgical technique is appropriate.

True gynaecomastia is glandular. The tissue is firm and fibrous, and grows in response to hormonal imbalance. Glandular tissue generally requires excision - liposuction alone will not remove it.

Pseudogynaecomastia is fatty. The tissue is softer and spread more widely across the chest. This responds to liposuction.

Many people have a mix of both, in which case a combination of techniques is used.

Causes

Gynaecomastia is primarily caused by an imbalance between testosterone and oestrogen. When oestrogen levels are relatively high compared with testosterone, breast tissue can develop. Contributing factors include:

Natural life stages - puberty and ageing shift hormone levels. Breast tissue sometimes reduces naturally after puberty as hormones rebalance (asymptomatic gynaecomastia), though in most cases the enlargement remains.

Medication - including anti-androgens used for prostate cancer, anabolic steroids, HIV medications and some treatments for heart conditions.

Substance use - alcohol, amphetamines, marijuana and heroin are known to affect hormone levels. Some herbal compounds found in over-the-counter products such as shampoos or lotions can also alter hormone balance.

Health conditions - hypogonadism, thyroid problems, and kidney or liver disease. Tumours involving the testes, adrenal glands or pituitary gland can also alter hormone levels.

Symptoms

Increased chest size, on one or both sides.

Tenderness or sensitivity to touch.

Breast tissue that is typically soft and moves slightly under the skin.

Nipple discharge from one or both nipples, in rare cases.

Consultation and diagnosis

The first step is a consultation with a plastic surgeon. The surgeon evaluates your medical history, examines the chest, and discusses your expectations and what the surgery can achieve.

Referrals for diagnostic tests such as ultrasound or mammography may be used to differentiate between fatty and glandular tissue, which determines the most effective surgical approach. This process also helps confirm whether there is an underlying cause for the gynaecomastia that should be addressed first.

The consultation establishes whether you are a candidate for surgical correction, the grade of your condition, and the most appropriate surgical option.

Questions worth asking at consultation:

What outcome can I expect from my surgery?

Which surgical technique will be used, and why?

What can I expect in terms of recovery and potential side effects?

How are complications handled?

Can I see before and after photos of previous patients with similar conditions?

What are the costs involved, and is there any coverage or financing available?

Surgical techniques

Which technique is used depends on the extent of excess tissue, whether it is glandular or fatty, and your overall body composition.

Liposuction

Used where the excess is primarily fat and skin elasticity is good. A cannula is inserted through small incisions to remove the fat. This technique leaves minimal scarring but will not remove glandular tissue.

Donut (periareolar) incision

Used for mild to moderate gynaecomastia. An incision is made around the edge of the areola, allowing removal of glandular tissue directly beneath the nipple. The scar blends with the natural contour and pigment change at the areolar edge, so it is generally well concealed.

Transverse incision

Used for severe gynaecomastia, particularly after massive weight loss where there is significant excess skin. The incision runs horizontally across the lower chest, sometimes extending from the underarm. It can be combined with a periareolar incision for comprehensive tissue removal and skin tightening, and allows the nipple to be repositioned.

Combined excision and liposuction

Used where both glandular and fatty tissue are present, which covers a wide range of cases. Fat is removed by liposuction and glandular tissue by excision through strategic incisions.

What the procedure involves

Surgery typically requires general anaesthetic, though local anaesthetic may be used in less severe cases. The surgeon makes small incisions - usually around the nipple or within the natural creases of the chest - with type and location depending on the extent of the gynaecomastia and the technique used.

After excess tissue is removed, the surgeon reshapes the remaining tissue to produce a smooth contour, repositioning or resizing the nipple and areola where necessary. Incisions are closed with sutures that either dissolve or are removed at a follow-up visit. A compression garment is generally applied to control swelling.

Most patients are discharged the same day.

Suitability

Gynaecomastia that has persisted and not resolved naturally or through other medical treatment.

A stable weight, as weight fluctuation affects the result.

Non-smokers, or people who can stop smoking well before and after surgery, as smoking affects healing.

Good general health, with no medical conditions that would complicate surgery.

Realistic expectations of what the surgery can achieve.

Outcomes vary depending on individual anatomy, tissue composition and skin quality. Individual results may vary.

Preparing for surgery

Complete any requested health screenings or tests to confirm you are fit for surgery.

Discuss your current medications with your surgeon, as some may need to be adjusted or stopped.

Stop smoking and drinking alcohol, as both affect recovery and the surgical result.

Follow the fasting instructions for the night before and morning of your procedure.

Arrange for someone to drive you home and help you during the first few days.

Set up a comfortable environment at home for your recovery.

Recovery

First 24 hours. You are monitored in the recovery area as the anaesthesia wears off. Mild discomfort is common and managed with prescribed medication. A compression garment is applied. Before discharge you are given instructions on caring for your incisions, pain relief, and warning signs to watch for. A responsible adult must drive you home and assist you on the first night.

First week. Rest with limited activity, wearing the compression garment. Pain generally subsides after the first week. Light activities can begin towards the end of the week.

Second to third week. Swelling and bruising reduce gradually and are significantly reduced by around three weeks. Most people return to work and light daily activities within one to two weeks.

Three to four weeks. Strenuous exercise is avoided until three to four weeks, or as your surgeon instructs.

One month. A follow-up visit assesses the surgical site and the progress of recovery.

Travel and swimming. Domestic flights are usually fine at around two weeks. Wait six to eight weeks before international or long-haul flights, and six to eight weeks before swimming.

Follow-up. Most patients are seen at seven to ten days, then at six to eight weeks, three months, six months and twelve months.

Wound care and signs of a problem

Clean your hands before touching the wound area. Clean gently with mild saline or as directed, pat rather than scrub, keep the area dry, and change dressings as advised. Do not apply ointments or creams unless prescribed.

Contact your medical team immediately if you notice increased redness or warmth around the wound, persistent or worsening pain, discharge or pus, a foul smell, or fever and chills.

Risks and complications

All surgical procedures carry risks and potential complications. Common side effects immediately after gynaecomastia surgery include bruising and swelling, which subside over time.

Further risks include infection, bleeding and haematoma, seroma, changes in nipple or chest sensation, asymmetry between the two sides, contour irregularity, delayed healing, and the possible need for further surgery. Where liposuction is used, contour irregularity at the treated area is possible, and liposuction can be traumatic for internal organs, with visceral perforation a rare but recognised risk.

General surgical risks include pain, scarring, nerve damage, anaesthesia complications, blood clots (DVT and pulmonary embolism), psychological impact, and unsatisfactory results.

Risks are discussed with you in detail during the consultation process, and you are given written information to take home. Please read our information on the risks and complications of cosmetic surgery before proceeding.

Wherever an incision is made there will be a scar. Incision lines are generally planned to sit around the nipple or in the creases of the chest to minimise visible scarring, and scars typically fade over time, but how a scar heals varies between individuals.

Any surgical or invasive procedure carries risks. Before proceeding you should seek a second opinion from an appropriately qualified health practitioner.

Referral and cooling-off period

Since 1 July 2023, all patients are required to have a GP referral before seeing a plastic surgeon or doctor about cosmetic surgery. A valid referral is also needed if you wish to claim a Medicare rebate on medically essential surgery.

For any cosmetic surgery there is a compulsory one-week cooling-off period after your second consultation before surgery can be booked or a deposit paid.

Costs

Gynaecomastia surgery ranges from $9,000 to $12,000. The variation reflects the amount of tissue to be removed, the time required, and whether the procedure is performed under local or general anaesthesia. See gynaecomastia surgery cost for a full breakdown of what the quote includes.

As at September 2024 and including GST, a consultation with a Specialist Plastic Surgeon is $350. Payment for major surgery is due four weeks before the procedure. Cash, EFTPOS, direct deposit and major credit cards are accepted, with surcharges applying to cards. Independent medical finance companies are available.

Medicare and health insurance

Gynaecomastia surgery is one of the procedures that can qualify for a Medicare rebate where it is medically necessary and meets the strict MBS criteria. The relevant Medicare Benefits Schedule item numbers are 31525 (unilateral) and 31526 (bilateral).

Item numbers are updated periodically, so confirm the current numbers and criteria with your surgeon and on MBS Online . A valid GP referral is required. Where an item number applies and you hold the right level of cover, your insurer may subsidise part of the cost. We are not a no-gap provider, so a significant out-of-pocket payment remains.

Where surgery is performed

Our surgeons operate at accredited private hospitals around Melbourne, including Masada Private Hospital (St Kilda East), Epworth Geelong (Waurn Ponds), St Vincent's Werribee, Sir John Monash Private Hospital (Clayton), Peninsula Private Hospital (Langwarrin) and Linacre Private Hospital (Hampton).

Common questions about male breast surgery

What is gynaecomastia?

It is enlargement of breast tissue in males. It ranges in severity from a small amount of extra tissue around the nipples (grade 1) to more significant enlargement (grade 4). It can affect one breast, though bilateral gynaecomastia is more common.

Is gynaecomastia dangerous?

Gynaecomastia itself is not medically dangerous, but it can be a symptom of an underlying health issue that requires attention. If you have not already had the cause investigated, see your GP.

What is the difference between true gynaecomastia and pseudogynaecomastia?

True gynaecomastia is glandular: the tissue is firm and fibrous, and grows in response to hormonal imbalance. Pseudogynaecomastia is fatty: the tissue is softer and spread more widely across the chest. The distinction matters because it determines which surgical technique is appropriate, and many people have a mix of both.

Can liposuction alone fix it?

Only where the excess is primarily fat and skin elasticity is good. Glandular tissue generally requires excision - liposuction will not remove it. This is the single most common reason a procedure turns out to need more than liposuction.

What causes gynaecomastia?

Primarily an imbalance between testosterone and oestrogen. Contributing factors include puberty and ageing, medications such as anti-androgens for prostate cancer, anabolic steroids, HIV medications and some heart treatments, substance use including alcohol, amphetamines, marijuana and heroin, and health conditions such as hypogonadism, thyroid problems, and kidney or liver disease. Tumours involving the testes, adrenal glands or pituitary gland can also alter hormone levels.

Can it resolve on its own?

Breast tissue sometimes reduces naturally after puberty as hormones rebalance, known as asymptomatic gynaecomastia. In most cases the enlargement remains.

Will I need a scan before surgery?

Referrals for diagnostic tests such as ultrasound or mammography may be used to differentiate between fatty and glandular tissue, which determines the most effective surgical approach. It also helps confirm whether there is an underlying cause that should be addressed first.

Where will the incisions be?

It depends on the technique. A donut (periareolar) incision runs around the edge of the areola and is used for mild to moderate cases; the scar blends with the natural contour and pigment change at the areolar edge. A transverse incision runs horizontally across the lower chest, sometimes extending from the underarm, and is used for severe cases, particularly after massive weight loss where there is significant excess skin.

Can the nipple be repositioned?

Yes. The surgeon reshapes the remaining tissue to produce a smooth contour, repositioning or resizing the nipple and areola where necessary. The transverse incision in particular allows the nipple to be repositioned.

Will I be asleep, and will I stay overnight?

Surgery typically requires a general anaesthetic, though a local anaesthetic may be used in less severe cases. Most patients are discharged the same day, and a responsible adult must drive you home and assist you on the first night.

Am I a suitable candidate?

Suitable candidates have gynaecomastia that has persisted and not resolved naturally or through other medical treatment, a stable weight, good general health with no conditions that would complicate surgery, and realistic expectations. Non-smokers, or people who can stop smoking well before and after surgery, are preferred, as smoking affects healing.

How long is the recovery?

Pain generally subsides after the first week. Most people return to work and light daily activities within one to two weeks, with swelling and bruising significantly reduced by around three weeks. Strenuous exercise is avoided until three to four weeks. Domestic flights are usually fine at around two weeks; wait six to eight weeks for international flights and before swimming.

When should I contact us after surgery?

Contact your medical team immediately if you notice increased redness or warmth around the wound, persistent or worsening pain, discharge or pus, a foul smell, or fever and chills.

What does it cost?

Gynaecomastia surgery ranges from $9,000 to $12,000. The variation reflects the amount of tissue to be removed, the time required, and whether the procedure is performed under local or general anaesthesia. As at September 2024 and including GST, a consultation with a Specialist Plastic Surgeon is $350. Payment for major surgery is due four weeks before the procedure.

Can I claim any of it on Medicare?

Gynaecomastia surgery can qualify for a Medicare rebate where it is medically necessary and meets the strict MBS criteria. The relevant item numbers are 31525 for unilateral and 31526 for bilateral. Item numbers are updated periodically, so confirm the current numbers and criteria with your surgeon and on MBS Online. A valid GP referral is required. We are not a no-gap provider, so a significant out-of-pocket payment remains even where cover applies.

Where is the surgery performed?

Our surgeons operate at accredited private hospitals around Melbourne, including Masada Private Hospital (St Kilda East), Epworth Geelong (Waurn Ponds), St Vincent's Werribee, Sir John Monash Private Hospital (Clayton), Peninsula Private Hospital (Langwarrin) and Linacre Private Hospital (Hampton).

Related pages

See gynaecomastia surgery for full procedure detail, gynaecomastia surgery cost , or liposuction for other body contouring options.