

Your child's surgery to remove enlarged male breast tissue (gynaecomastia)

This leaflet is about your child's surgery to remove enlarged areas of male breast tissue (gynaecomastia removal). It explains what you should do before your child's procedure, on the day of the procedure and when you return home.

Your child's condition and procedure

Why does my child need to have their enlarged breast tissue (gynaecomastia) removed?

Gynaecomastia is a common condition that causes boys' breasts to swell and become larger than usual. It can happen in one or both breasts.

There are different possible causes of the condition, including:

- an imbalance between the sex hormones testosterone and oestrogen in your child's body
- an imbalance of hormone receptors, which are proteins in or on breast cells. Hormones attach to these proteins and encourage the breast cells to grow
- the side effects of some medicines
- being very overweight (obesity)

Sometimes, there is no obvious medical reason for gynaecomastia. It is important to make sure that your child does not have any cancerous changes in their breasts.

Most often, gynaecomastia affects teenage boys during puberty. This is because of hormone changes when they develop into adults. If their level of testosterone drops, oestrogen can make breast tissue grow.

Your child is having this surgery to remove the extra breast tissue. This may be:

- to improve how the affected area looks (for cosmetic reasons)
- to prevent the emotional (psychological) issues and loss of self-confidence that the condition can sometimes cause

The aim of the procedure is to remove the extra breast tissue and close the skin.

Are there any other treatment options to this procedure?

Most of the time, gynaecomastia disappears by itself and your child does not need any treatment. The condition can affect newborn baby boys, but usually disappears a few weeks after birth.

During puberty, there are changes to boys' hormone levels. This can make breast tissue grow. As boys get older and their hormone levels become more stable, the breasts may flatten out by themselves.

In some cases, your child's breast growth during puberty does not disappear completely. It may be possible to treat gynaecomastia with medicines to correct any hormone imbalance. Sometimes, however, we recommend surgery to remove the extra breast tissue.

We talk to you about the options and recommend the most suitable treatment for your child. This depends on:

- the cause of your child's condition
- if your child's symptoms are severe
- how the condition affects your child's body and emotions

Before your child's procedure

What needs to happen before my child's procedure?

We need to see your child at a pre-admission clinic. This clinic may take place face to face or online. We make sure that your child is ready for an anaesthetic, which is a medicine to make them sleep during the procedure, and surgery.

After the pre-admission clinic, our admissions team contacts you by letter, text message or phone. We offer you a date for your child's procedure.

Your child should not eat for 6 hours before the procedure. They can drink water until they arrive at the Evelina London children's day surgery unit. We give you more guidance about this (fasting instructions).

Do I need to get pain medicine ready for my child?

Please make sure that you have a week's supply of paracetamol (a painkiller) and ibuprofen (an anti-inflammatory medicine) at home before the procedure. We do not routinely give these medicines to take home for your child after day surgery.

You can buy paracetamol and ibuprofen from a pharmacy, supermarket or shop. Paracetamol for children may also be called Calpol[®]. Ibuprofen for children may also be called Calprofen[®] or Nurofen[®]. You need the type of medicine that you would give your child if they were unwell with a cold or ear ache. If your child cannot take paracetamol or ibuprofen for any reason, please speak to their healthcare team about other options.

On the day of the procedure

When you arrive at the children's day surgery unit

We give you a time to arrive at the Evelina London children's day surgery unit. It is important that you arrive at the correct time and have followed the fasting instructions for your child. If you arrive late or have not followed the fasting instructions, we may not be able to do the procedure.

You and your child meet the surgical and anaesthetic teams on the admission ward before the procedure. We confirm that you have given your permission (consent) for the procedure. You can ask us any questions that you may have.

During the procedure

We give your child a general anaesthetic. This is a medicine that makes your child sleep and stops them feeling any pain during the procedure. You can stay with your child until they are asleep. Please see our separate leaflet called "Your child's general anaesthetic" for details.

When your child is asleep, the surgeon makes a cut around the nipple. They then remove extra fatty tissue with a surgical knife (scalpel) or use liposuction to suck it out. Liposuction is a procedure to remove extra fat from the affected area. Sometimes, the surgeon combines both techniques. If a lot of breast tissue needs to be removed, they reposition the nipples.

Your child's exact surgery depends on how much extra breast tissue they have. The surgeon carefully chooses the most suitable option and explains the procedure to you before and afterwards. The aim is for your child to have a more typical male chest size.

Are there any risks to my child's procedure?

Every procedure has some risks of complications. To reduce these risks, we make sure that your child is well at the time of the procedure. We talk to you about the risks in the clinic and before the procedure when we confirm that we have your consent.

Infection or bleeding can happen after any type of surgery. If there is a collection of fluid under your child's skin, we may need to do another straightforward procedure to drain this.

There are small risks that your child may have:

- scarring
- unevenly shaped breasts
- loss of feeling in the nipples

As the procedure leaves some breast tissue, there is also a small chance that your child's gynaecomastia could return in future.

After your child's procedure

How will my child look and feel after their procedure?

Your child may feel drowsy after their surgery and sleep for a while. They may be restless (agitated) and upset for up to an hour after waking up from the procedure. Some children may have pain and feel or be sick (vomit), but this is not common.

During the procedure, we may give your child painkillers, fluids, anti-sickness medicines and a local anaesthetic. The local anaesthetic is medicine that makes the area around the wound numb.

After the procedure, your child will have dressings on their wounds and wear an elasticated compression vest. This vest helps to support their chest while it heals. Your child's breasts may feel bruised, numb and swollen after the procedure, but we manage their pain carefully. If there is any increased pain, swelling or bleeding, this will need medical attention.

Will my child be in pain after their procedure?

Your child usually has a local anaesthetic medicine during their procedure. This medicine gives them pain relief for several hours after they wake up.

When your child is awake, we may give them paracetamol, ibuprofen or both. You can continue to give your child these medicines as needed when they are at home. The nurses can guide you when the next amount (dose) of pain medicine is due.

When can my child eat and drink after their procedure?

Your child should be able to eat and drink as usual within 1 to 2 hours of the procedure.

Do we see the surgeon after my child's procedure?

Yes, the surgeon comes to check your child after their procedure. They update you about the surgery and answer any questions that you may have.

When can my child go home?

Your child can go home on the same day as their procedure when they:

- feel comfortable
- can manage (tolerate) their usual food and drink
- are not feeling sick (nausea) or being sick (vomiting)
- are behaving as they usually do

Please supervise your child carefully on the journey home. According to the sudden infant death syndrome (SIDS) guidelines, it is best to avoid long car journeys for babies under 1 year of age. If you travel home by car, it is important that:

- you stop for frequent breaks to feed your baby and change their position
- an adult sits with the baby in the back of the car

After you go home

How do I care for my child's wound after their procedure?

After the procedure, the surgeon or a member of their team gives you specific instructions about your child's wounds and dressings. They explain how to look after your child's wounds while they heal and what follow-up care you can expect.

Your child usually needs to wear dressings over the wound for 5 to 7 days. We then see them in the clinic for a wound check or you have a phone appointment. If the dressings fall off before then, please follow this guidance:

- Use the extra dressings that we have given you or call the plastic surgery team for advice. You can find the contact details at the end of this leaflet.
- If you cannot dress the wound again and it is outside working hours, you may need to contact a GP or go to your nearest emergency department (A&E). They can then replace your child's dressings.

It is important to keep the area around your child's wound clean and dry until their first wound check. When your child has a bath or shower, be careful not to get the dressings wet.

Your child can return to school when they feel comfortable. Their wound usually takes about 2 weeks to heal after the procedure. It is best for them not to go swimming until then. They also need to avoid contact sports for 3 months.

We explain if your child's stitches are dissolvable or need to be removed. Do not start gently massaging the scar area until we tell you that it is safe. This is usually 1 month after the procedure.

Your child's breasts may be sore, swollen and bruised for a temporary period. We recommend that they wear an elasticated compression vest every day for at least 6 weeks to support the chest.

Finally, you need to take extra care to protect your child's skin from the sun while the area heals. Try to avoid exposing the scar to the sun for at least 6 months after the procedure. You need to put a strong sunscreen on your child when they go outside. The label of the sunscreen should have:

- a sun protection factor (SPF) of at least 50 to protect against UVB
- at least 4-star UVA protection

UVB and UVA are types of ultraviolet rays from the sun that can damage the skin.

Will my child be in pain after their procedure?

If your child appears to be in any pain at home, we recommend giving them paracetamol and ibuprofen. Please remember to buy these medicines before the day of your child's procedure. It is also important to make sure that your child drinks plenty of fluids.

It is safe to give the 2 medicines at the same time, ideally with food. This is easier to plan and the medicines work in different ways. You can give your child:

- 1 recommended amount (dose) of paracetamol every 4 to 6 hours and no more than 4 doses in 24 hours
- 1 dose of ibuprofen every 6 to 8 hours and no more than 3 doses in 24 hours

You may find the following chart helpful to keep track of your child's medicines.

Home medicine chart for parents

Medicine	Time to give	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Paracetamol								
Ibuprofen								

Do I need to look for any symptoms after my child's procedure?

Contact a GP or the plastic surgery team if you feel that your child is unwell, or you notice:

- bleeding
- signs of infection, such as pain, severe swelling, hardening or thickening of the skin, redness that spreads on the skin, a bad smell from the wound and leaking yellow-green liquid called pus or watery fluid
- a high temperature (fever)
- your child is not eating or drinking well

On white skin, the area around the wound can appear red if it is infected. On brown or black skin, the area can appear red or purple but it may be more difficult to notice the redness. An infected wound site may feel warm or hot to touch on any skin colour.

If you are very concerned or notice these symptoms outside of working hours (Monday to Friday, 9am to 5pm), call 999 or go to A&E.

Do you see my child again after their procedure?

We may give you a date for a follow-up appointment while you are still in the children's day surgery unit. It is most likely that you will get a phone call from our team in the next few days.

Contact us

If you **cannot keep your appointment**, contact our admissions team, **phone** 020 7188 9098, **email** gst-tr.paediatricadmissions@nhs.net

If your child has a **cough, cold or high temperature** in the 2 weeks before the procedure, contact our pre-assessment team, **phone** 020 7188 7188 extension 58209

If you have any **concerns during working hours (Monday to Friday, 9am to 5pm)** about your child's surgery, call the paediatric plastic surgery clinical nurse specialist, **phone** 07747 204 489

If you have any **concerns outside working hours (Monday to Friday, 5pm to 9am or at the weekend)** about your child's surgery, contact the on-call plastic surgery doctor through the main switchboard, **phone** 020 7188 7188 and ask for bleep 0155

If you have any **concerns from 24 hours after surgery** about your child's health, contact your child's specialist surgical team or GP surgery, or **phone** NHS 111

If you are concerned that your child is **seriously unwell** at any time, go to your nearest A&E or **phone** 999

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit **web** www.evelinalondon.nhs.uk/leaflets



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