



SMITA R. RAMANADHAM, M.D.
PLASTIC SURGERY

Gynecomastia

Patient Care Instructions

General Information

Gynecomastia is the enlargement of the breast tissue, which can affect males. Male gynecomastia is a very common condition that usually affects adolescent males. This can be related to multiple different medical problems, a medication side effect, and most commonly an abnormal, but benign hormone balance. The treatment for male gynecomastia first involves identifying and correcting any reversible causes of the problem, which can involve medication changes and hormone therapy. A full workup and treatment will be performed by a primary care doctor or endocrinologist. In cases where there are no identifiable causes or enlargement has not improved for 1 year, surgical removal of breast tissue is the only effective modality of correction in combination with weight loss. Typically, an endocrinology evaluation is needed for identifying whether excision is medically necessary. Surgical options are tailored to the extent of gynecomastia but typically combine surgical excision and/or liposuction. Your treatment plan will be discussed with you during your consultation. Recovery is variable depending on the extent of surgery.

Things to handle prior to your surgery

Avoid all NSAIDs (motrin, aspirin, ibuprofen, etc) for 7-10 days prior to procedure unless otherwise directed by your doctor. Continued use may cause bleeding.

Avoid all herbal medicine or supplements for 3 weeks prior to procedure. Continued use may cause bleeding.

Arrange for someone to drive you home from the hospital and stay with you for at least 2 to 3 days.

Necessary medications will be called into your pharmacy or prescription given to you on the day of surgery.

Protein supplementation can be started one to two weeks before surgery and should include over 20 grams of additional protein daily.

Obtain an upper body compressive shirt.

Have electrolyte containing fluids such as Gatorade or electrolyte water on hand.

Have stool softeners/laxatives on hand, such as Colace, Biscodyl, Milk of Magnesia. These can be purchased at your local pharmacy.

Review the attached list of medications not to take during the perioperative period. If you have any further questions that were not addressed during your consultation then please call Dr. Ramanadham's office.

If you are unsure if you can stop medications then please call the prescribing provider to confirm if this is medically safe.

For your convenience, we have included a [Suggested Shopping List](#) in the addendum to these instructions



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Pre-Operative Guidelines

Smoking should be stopped a minimum of 4 weeks prior to surgery. Smoking should be avoided for at least 4 weeks after surgery as well. Smoking can greatly interfere with healing and lead to postoperative complications.

Do not eat or drink anything after midnight the night before surgery. This includes no water, gum, or hard candy.

Blood pressure and/or heart medications can be taken with a sip of water as directed by your prescribing physician.

If you take medication for diabetes then confirm with your prescribing physician how to manage these medications prior to surgery.

If you are prone to nausea or motion sickness let your anesthesiologist know on the day of surgery. Medications can be started prior to surgery or during surgery to help improve your postoperative experience.

Post-Operative Care

Take pain medication as prescribed. Often these medications are necessary for the first 2 to 3 days and then on an as needed basis. Do not drink alcohol with these medications.

Take a suggested stool softener/laxative until bowels begin to function normally after surgery. A combination of anesthesia and pain medications usually make this necessary for a few days.

Do not smoke or be around smoking as even second-hand smoke delays healing and increases the risk of complications.

Get plenty of rest.

Follow a well-balanced diet, which includes protein and is limited in salt intake. A high salt diet or meal, can lead to increased swelling and prolonged recovery. It is best to continue the protein supplementation for approximately 3 weeks after surgery.

Oral hydration should include the use of electrolyte containing fluids such as Gatorade or a low calorie substitute. Limit the amount of caffeinated beverages as they can promote dehydration; however, Dr. Ramanadham recommends you maintain your daily average of caffeine to avoid headaches.

If liposuction was performed, wear your compressive garment continuously for the first 6 weeks. You may take it off to shower or for breaks. Dr. Ramanadham encourages you to wear your garment for 3 months or more if extensive liposuction was performed to improve your overall cosmetic result. Following the first 6 weeks, it can be work at night.

Activity Restrictions

Walking is encouraged the day of the operation and can be increased over the first 2 weeks. This will help decrease your risks of blood clots. Light cardiovascular exercise can be resumed after 4 weeks with all activities to be resumed at 6 weeks.



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Do not lift anything heavier than 10 pounds for 4 weeks and no more than 30 pounds for 6 weeks.

Do not drive for 5 to 7 days or until you are no longer taking oral pain medications.

Do not run, lift weights, play tennis or golf for 4 weeks after surgery. It is important to keep your heart rate under 100 beats per minute for 4 weeks.

Heavy lifting/stretching (Yoga) can be resumed after 6 weeks.

Avoid baths, lakes, oceans, and pools for 6 weeks.

Incision Care

The incisions for liposuction are small (less than 1 cm) and usually placed in inconspicuous areas.

Dr. Ramanadham does close the liposuction incisions with one simple absorbable stitch in the skin. The incision is then covered with a butterfly bandage or band aid.

Drainage is to be expected from the incisions. This is normal and can seem abundant. This will improve after the first 48 hours.

You may shower 2 days after the operation. Make sure someone is with you at your first shower.

You may have clear plastic dressings over incisions. These or any dressings can be removed after you shower.

You may gently begin washing your incisions with mild soap and water. Merely let the soapy water run over them.

If you have persistent sutures, they will be removed in 7-14 days.

Drain Care

Dr. Ramanadham may place one small silicone tube under the skin in the area of surgery. These will be connected to a suction bulb. These drains help collect fluid, which can normally occur in the area of healing. They will each be removed when ready.

Care for the drains will be reviewed by the nurse on discharge.

Keep your drainage bulbs collapsed to create a mild suction. Record the time and amounts of drainage over a 24 hour period. It is very important to accurately record each individual drain output.

Generally, drains will remain until individual daily drainage is 30 cc or less for a 24 hour period over 2 consecutive days. A sheet is provided to you for recording these amounts.

Call the clinic to make an appointment to have these removed once they meet the above criteria if this is before your scheduled appointment. Typically one drain is removed at a time.

What to Expect after Gynecomastia Surgery



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Moderate swelling in the surgical area is expected. This will subside in 6 to 12 weeks but will take 1 year to achieve your final result. Liposuction may result in more pronounced swelling.

Bruising and swelling may spread to surrounding areas and region of dependence.

It is common to have discomfort and mild burning around the incisions after surgery. This is normal and will improve shortly after surgery.

Discomfort in the areas may worsen with increased activity. Deep muscle tightness may worsen.

You can expect some slight bloody oozing from the incisions. Gauze may be reapplied if it is bothersome.

However, you should call the clinic if you have continuous bleeding, significantly more swelling on one side of the face than the other, or any severe pain associated with swelling.

Tightness of the underlying muscles is a normal feeling after this surgery. This may worsen over the first 2 days.

This will relax with time and can be relieved with light activity, keeping compression on the area and utilizing medication for muscle spasms (Valium).

There may be a feeling of numbness of the areas that will subside with time.

Red discoloration of the incisions may occur if there is significant swelling, especially in the area of the sutures.

This will resolve when the stitches are removed and the incisions heal.

Constipation is common after any operation, and is secondary to the anesthetic, pain medication and dehydration.

Please stay well hydrated and use the recommended stool softener and/or laxative until bowels return to normal.

When to Call the Office

If you have increased swelling and bruising on one side significantly more than the other. Remove the garment to make this determination. This may represent a hematoma (collection of blood) or a seroma (collection of clear fluid).

If you have significantly increased drain output over an 8 hour period (greater than 150 cc).

If you have increasing redness or swelling around the incision.

If you have severe pain not relieved by pain medication.

If you have any side effects from the medication: rash, nausea, headache, vomiting.

If you have fever over 101.

If you have yellow or greenish drainage from an incision or notice a foul odor.



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If you notice some vaginal burning and itching or severe diarrhea as a result of the antibiotics used during and after surgery.

For medical questions, please call our office.

Follow-up Care and Appointments

Drains, if present, will remain until daily totals are 30 cc or less for 24 hours for 2 consecutive days. You will need to measure and record drainage amounts. Bring this sheet with you to clinic.

Incisions will be evaluated and persistent stitches will be removed if not dissolved at your second postoperative visit. Generally they are dissolvable and will fall out.

You should be seen by Dr. Ramanadham approximately 1 to 2 weeks after surgery.

You should schedule additional follow-up appointments with DR. Ramanadham at 6 weeks, 3 months, 6 months and 1 year. This may vary.

Suggested Shopping List

Items to have on hand prior to surgery

Gynecomastia Surgery

- Prescriptions will be called into your local pharmacy as ordered by Dr. Ramanadham or given you on the day of surgery. Typical medications are as follows but these will be tailored to your needs.
 - Norco or tramadol (pain medication)
 - Keflex (Antibiotic)
 - Zofran
- Gatorade or another low calorie alternative, such as water with electrolytes
- Protein Supplements
- Obtain a compressive shirt. These can be purchased at a department store or a sporting good store. One may be provided to you by Dr . Ramanadham.
- Stool softener / laxative (choose one):
 - Ducusate (Colace) 100 mg orally two to three times daily when taking pain medication
 - Milk of Magnesia 30cc/1 Tablespoon twice daily when taking pain medication

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- Prune juice or Sorbitol orally
- Biscodyl or Magnesium Citrate as needed for constipation