

# Improvement in Quality of Life after Surgery, in Gynaecomastia Patients

Improvement in  
Quality of Life  
after Surgery in  
Gynaecomastia

Muhammad Hussain, Ijaz Hussain Shah, Naheed Ahmad Ch, Muhammad Aamir Adnan, Muhammad Bilal Saeed and Dur-e-Shahwar

## ABSTRACT

**Objective:** To evaluate the effects of surgery in gynaecomastia patients in context of physical and psychological improvement.

**Study Design:** Observational study.

**Place and Duration of Study:** This study was conducted at the Department of Pak Italian Modern Burn Centre, Nishtar Medical University & Hospital Multan from January 2017 to June 2018.

**Materials and Methods:** Total 40 male patients (mean age 25.5 years) were included in survey, all underwent surgery for gynaecomastia. 6 patients underwent only liposuction and 34 patients underwent fibrous tissue excision through periareolar incision and liposuction. We used a short questionnaire having 2 questions regarding their satisfaction before and after surgery.

**Results:** The change in the satisfaction was very significant after the surgery for gynaecomastia. They scored significantly higher than before surgery on 2 main scales, psychological and physical health.

**Conclusion:** Surgery for gynaecomastia markedly improved patient's life quality especially in physical and psychological health. This shows that adults with gynaecomastia issues are pretty satisfied with surgery and it improves their quality of life. It is also evident on score scale.

**Key Words:** Improvements In Life, After Surgery, Gynaecomastia Patients

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## INTRODUCTION

Enlarged breasts in the young male may be source of emotional distress, psychological problem and it can reduce selfconfidence. This condition can also result in decrease participation in sports and physical education activities due to embarrassment fear of pejorative peers' attitude.<sup>1-3</sup> These adolescents with gynecomastia can face difficulties in developing relations with women and suffer from a lack of social acceptance. So they try to hide their chest contour by wearing loose dresses. They also start using compression vests and adopt inappropriate postural position that leads to spinal issues. However, the literature concerning psychosociological problems of men with gynecomastia is rather scarce.<sup>2-3</sup> Once the etiology of the gynaecomastia has been ruled out, treatment includes the reassurance & follow-up physical examination (in case of physiological gynaecomastia), pharmacological

treatment, or surgical breast reduction. Surgical options are according to the type of excessive tissue. It may be in the form of excessive glandular, fibrous, fatty or excess skin tissue. Invasive techniques include removal of excessive glandular tissue, fatty tissue, and skin by subcutaneous mastectomy, breast reduction. Other less invasive techniques are liposuction and pull-through technique through smaller skin incision.<sup>4-5</sup> Excellent aesthetic results, in patients with small and moderate gynecomastia, can be achieved. But it is very challenging to obtain even a good aesthetic outcome in patients with high-grade gynecomastia. Ridha et al<sup>9</sup> concluded that a measure of treatment success in these patients should be patient's satisfaction. This suggests that apart from objective aesthetic outcomes evaluation, treatment results should also be analyzed in the context of patient subjective assessment.

So, the objective of our study was to evaluate the results of surgical treatment of gynecomastia in the context of improvement of patients' quality of life and satisfaction with the surgery.

## MATERIALS AND METHODS

Forty patients underwent surgery for gynecomastia in our unit during 2 years and completed both (preoperative and postoperative) stages of the study and they were included in the analysis. Inclusion criteria for the patients were; all males 18 years or above age, bilateral symmetrical or asymmetrical enlargement, no hormonal issues, regardless of etiology, all falling in 2a

<sup>1</sup>. Department of Pak Italian Modern Burn Centre, Nishtar Medical University & Hospital Multan.

Correspondence: Dr. Muhammad Hussain, Senior Registrar, Pak Italian Modern Burn Centre, Nishtar Medical University & Hospital Multan.

Contact No: 0321-7483936

Email: dr.hussain1216@gmail.com

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and 2b classification and do not need skin excision. Exclusion criteria were suspected breast tumor, having psychological disorder, falling in class 1 & 3 of gynecomastia, not yet completed hormonal therapy. The mean age of the men involved in the study was 25.5 years (SD 6 years). The mean age of gynecomastia onset was 15 years (SD 4.2 years). For surgery, all the patients received general anesthesia and infiltration of tumescent fluid. 34 patients underwent liposuction and fibrous tissue excision through 3 to 9 o'clock periareolar incision. Remaining 6 patients underwent only liposuction. Minimal skin excess in 2b patients got good contraction and there was no skin excess at 6 months follow up. Patients were sent home after 24 hours of surgery after dressing change and on compression dressing for 6 weeks. They were asked to come for follow-up visit after 3 and 6 months after sutures removal. A few patients noted ecchymosis but it settled in 10 days. Complications (perioperative and late postoperative) occurred in 3 patients. Two subjects reported prolonged hyposthesia of the nipple-areola complex. We used a short questionnaire including two questions about patient satisfaction with gynecomastia surgery.

It includes the following items:

–Before Surgery: “How would you define your personal Life before surgery regarding your concern of issue?

1- Highly satisfied 2-Satisfied 3-Neutral 4- Dissatisfied 5- Highly dissatisfied.

–After Surgery: “How would you would define your personal life after surgery?

1- Highly satisfied 2-Satisfied 3-Neutral 4- Dissatisfied 5- Highly dissatisfied.

## RESULTS

The results were transformed into 1 to 5 likert scale (LS), where lower values meant answer that is more positive.

**Table No.1: Age Group of Patients.**

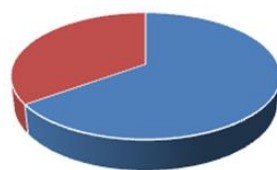
Age Group (Years)	20-30	30-40	40-50	Above 50
No. of Patients	30	8	2	0

**Table No.2: No of patients falling in Simon grade 2 a and 2 b.**

No of Simon grade 2a patients	No of Simon grade 2b patients
26	14

**Table No.3: No of patients according to intervention.**

Patients underwent only liposuction	Patients underwent liposuction & fibrous tissue excision through periareolar incision
6	34



■ Simon grade 2a patients  
■ Simon grade 2b patients

**Chart No.1: No. of patients.**

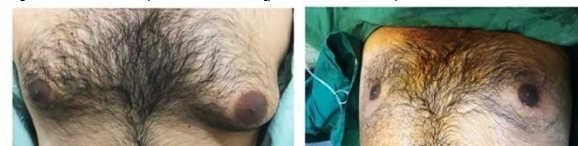
**Table No.4: Patient satisfaction level on likert scale before and after surgery.**

Level of satisfaction	Highly satisfied	satisfied	neutral	unsatisfied	Highly unsatisfied
Before Surgery	0	0	4	8	28

All the data is analyzed through SPSS version 18. Descriptive statistics like mean and standard deviation were found for the variables like age and responses obtained from patients before and after surgery to check their level of satisfaction and conclusions are drawn accordingly.



**Figure No.1: Simon Grade-2b before and after liposuction. (bilateral symmetrical).**



**Figure No.2: Simon grade 2 a unilateral.**



**Figure No.3: Simon Grade2a before and after liposuction.**

## DISCUSSION

Gynaecomastia is breast enlargement. It may be unilateral or bilateral. Simon classified gynecomastia in 3 classes.

Class I: mild visible breast enlargement, no skin excess.

Class IIA: moderate breast enlargement, no skin excess.  
Class IIB: moderate breast enlargement with mild skin excess.

Class III: Marked breast enlargement with significant extra skin.

Gynecomastia is a breast disease with a strong impact on men especially during the pubertal phase<sup>6</sup>. There are various options for treatment of Simon's grade 2a and 2b gynecomastia. Nuzzi et al., analyzed life quality of adolescents and young men with gynecomastia (aged 12–21 years) using SF 36v2. They found that subjects with gynecomastia scored significantly lower than the controls in the following domains: general health, vitality, social aspects, limitations due to emotional aspects and Psychical Health In 1996. Davanço et al, who used SF-36, found that after surgical treatment patients life quality improved significantly in the domains ;general health, vitality, social aspects, limitations due to physical aspects, and Psychical Health . Although gynecomastia does not cause any apparent serious health detriment, the patient considers it serious. In this article we are assessing patient's satisfaction level after surgery for Simon grade 2 gynecomastia. In 34 patients (Out of 40 patients), we have performed power assisted liposuction and fibrous tissue removal through periareolar incision . And 6 of our patients only needed liposuction due to more glandular tissue. Our results show that patients are very satisfied with their surgery. Only 1 patient was not satisfied with periareolar prominent scar. Although he was satisfied with overall change in breast size. These findings are very similar to the data presented by Fruhstorfer et al,<sup>7-8</sup> they found that more than 90% of men who underwent gynecomastia surgery were satisfied with their outcome. Ridha et al. observed that patients satisfaction with surgical breast reduction was not as high as described in earlier studies.<sup>9</sup> The authors noted the need for appropriate selection of patients eligible to surgery, with particular consideration of their expectations concerning the possible aesthetic effects . Although, it is single center study and may include smaller sample size, but we found that gynecomastia surgical treatment significantly improved men's life quality in all aspects and especially in the social aspect and psychical health. This indicates that adult men with gynecomastia are a specific group, in which surgery may result in life quality improvement.

## CONCLUSION

Gynecomastia in young men is very embarrassing and disturbing and it decreases their self-confidence. Surgical treatment for Simon grade 2a and 2b is very

beneficial. They are very satisfied from psychological and physical context after the surgery. So such patients should be encouraged to undergo surgery for gynecomastia.

### Author's Contribution:

Concept & Design of Study: Muhammad Hussain  
Drafting: Ijaz Hussain Shah,  
Naheed Ahmad Ch,  
Data Analysis: Muhammad Aamir  
Adnan, Muhammad Bilal  
Saeed, Dur-e-Shahwar  
Revisiting Critically: Muhammad Hussain, Ijaz  
Hussain Shah  
Final Approval of version: Muhammad Hussain

**Conflict of Interest:** The study has no conflict of interest to declare by any author.

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