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Unity of treatments makes for better gynecomastia reductions

San Diego surgeon prefers combined reduction techniques

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Philadelphia—A combination of male breast reduction techniques, including hypertumescent liposuction and power-assisted liposculpture, provides a safe and effective treatment for true gynecomastia, said Jeffrey Schafer, M.D.

"Breast tissue is very firm and dense and does not respond well to traditional liposuction techniques, which are designed to remove fatty tissue," said Dr. Schafer, who presented anecdotal data on 600 cases here in a session at the recent American Academy of Cosmetic Surgery Symposium on Body Augmentation and Contouring.

Patients ranged in age from 15 to 82 years, and were treated for various severities of gynecomastia at his private practice clinic in Coronado, Calif., over the past four years.

"It was because I couldn't get through (using established infiltration) that I tried different instruments and techniques," he said. "Other techniques have been showing the breast tissue is smaller and doesn't look as bad, but it still doesn't look normal. By doing power sculpting, I am able to either take the nipple and areola complex down or remove the areola without visible scarring."

Dr. Schafer uses a local anesthetic combined with a mild intravenous sedative before making an incision a few millimeters long under each arm. Hypertumescent may take up to a liter to thin out the tissue enough.

"I especially concentrate on those areas where it is really dense and fibrous to allow total removal of the undesired tissue in the subareolar bud area with one lateral incision site in the anterior axillary line," he said.

One incision, much removal

"Sometimes with liposuction you have to make several incisions and have cross dissection to remove the material. This way I found I could make one incision and remove as much tissue as I want," he said. The process takes 15 to 20 minutes per side. His patients also experienced less scarring than with traditional techniques and none reported nipple necrosis or loss of sensation.

"The worst thing to do is to be so aggressive as to interfere with the blood supply and the nipple falls off. But we have not had any cases of that, so I am pretty confident that this works fairly well," he said, because a rotary power cannula allows enough motion to remove the tissue without need for additional incisions.

He suggests mapping out how much tis-

sue to remove by consulting with patients prior to surgery. "If they want some pectoral definition, I can sculpt it to whatever I want through preoperative discussions," Dr. Schafer said.

Post-op recovery time is brief and may include soreness through the breast area as well as at the incision site. Patients can return to normal activities within two days.

Dr. Schafer credited fewer incisions for the positive responses in healing time, as well as the Rapid Recovery system, which includes administration of vitamin K (Mephyton) for improved coagulation, thereby reducing bleeding, bruising and tenderness.

Fine tuning the technique

"It was a learning process along the way to find right tools," Dr. Schafer said. "I tried different types of units, including manual, ultrasonic, and power cannulas until I found that in my hands, the KMI STARS Rotary Power cannula tended to allow me to remove the breast tissue aggressively yet was still gentle on the nipple areola complex," he said.

"Ultrasound-assisted liposuction includes an added step and tends to be twice the cost (of the hypertumescent power sculpting), but may provide a smoother result

demanding more by female patients," he said. Dr. Schafer supports more research into low-level laser lipoplasty, which may also be beneficial for gynecomastia.

He said non-surgical, hormonal therapy might not be as effective as these procedures. However, researchers at St. Peters Hospital, Surrey, U.K., found gynecomastia may resolve on its own and many patients fail to follow up with physicians. They also support steroids, such as danocrine, to manage the condition and that surgery should be reserved for the most resistant cases.

Dr. Schafer said he received no financial assistance from manufacturers while comparing gynecomastia treatment techniques. **CST**

FYI

► Rohrich RJ, Ha RV, Kenkel JM, et al. Classification and management of gynecomastia: defining the role of ultrasound-assisted liposuction. *Plast Reconstr Surg* 2003 Feb;111(2):909-23 and 924-5.

► Daniels IR, Leyer GT. How should gynecomastia be managed? *ANZ J Surg* 2003 Apr;73(4):213-6.

Dr. Schafer's Web site at www.sandiegolipo.com



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