

Mabroor Bhatty, J Univer Surg 2019, Volume:7 DOI: 10.21767/2254-6758-C1-004

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3<sup>rd</sup> European Conference on

Surgery, Plastic Reconstructive & Aesthetic Surgery March 25-26, 2019 | Budapest, Hungary

## LARGE GYNAECOMASTIA CORRECTION: MY APPROACH TO THE PATIENT

Gynaecomastia is the development of benign breast tissue in male which Gcan be very distressing especially to the younger individuals. It is a fairly common condition both in young adult and middle aged men. It has been generally classified into 3 grades depending on size and position of the breast and nipple. The treatment for grade 1 and 2 is pretty standard and give good results in most hands. Grade 3 gynaecomastia however, can often be tricky and challenging for many surgeons and not always give consistently good result. With the advent of widely available bariatric surgery, there has been a surge of massive weight loss in patients. These patients present with very ptotic, empty and inelastic breast tissues producing a significant aesthetic deformity. This becomes a major source of embarrassment affecting their confidence, social and personal life. The treatment therefore becomes important for cosmetic and psychological reasons. There are various surgical treatments for this condition. In this talk, we will describe the procedure of reducing the bulk of the breast tissue and excessive ptotic skin based on superior pedicle technique. The liposuction of the entire breast and chest was done first in most cases. This helps to reduce the bulk of the breast tissue and the pedicle, particularly where patients present with full big breasts. It gives smooth contour to the chest wall and helps to mobilize and close the wound with almost no residual bulge. The procedure has the flexibility of placing the nipple in a better position and gives a neat horizontal scar where it needs to incorporate lateral skin fold or upper body lift in the same procedure. It is a simple procedure with no incidence of nipple loss and minimal wound complications. It probably deals with most grade 3 gynaecomastia and give consistently satisfactory result.



## **Biography**

Mabroor Bhatty is Plastic surgeon. He did his FRCS in 1990 and is a Hand Fellow from Pulvertaft Hand Centre Derby (1998). Currently, he is working in the private sector doing predominantly Cosmetic surgery in the UK. He has a wide exposure to weight loss patients being affiliated to his hospital's Bariatric Unit. He is a Member of BAPRAS, ISAPS, ISHRS, ISBPS (International Society of Bariatric Plastic Surgeons).

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