MALE TABOO(B)S

CYNTHIA HAMASAKI TALKS TO SINGAPOREAN PLASTIC SURGEON DR. WOFFLES WU ABOUT GYNAECOMASTIA AND WHY MOST MEN FIND IT A DIFFICULT ISSUE TO GET OFF THEIR CHEST.

SINGAPOREAN PLASTIC SURGEON DR. WOFFLES WU.

John "Ian" has a secret – he cannot swim. This is nothing unusual, but 29-year-old John cannot swim because as a teenager, he did not dare remove his shirt so that he could learn. It was during this time that he started to notice that he was developing female-like breasts, which were getting larger, resembling more of a young girl's chest.

Paralysed by shame, he resorted to wearing baggy shirts in order to "hide" his chest.

He had a terrible time while he was enrolled in the National Service and was constantly teased by his army mates. He never dated and remained single because he did not have the confidence that a girl would find him desirable due to his bouncy chest. He vowed that as soon as he got a job he would save enough money to have his "manboobs" removed – and that is what he did.

"I had absolutely no self-esteem. If a girl even approached me, I would start to sweat profusely. I even thought of seeing a psychiatrist because I was so disturbed," he admits, while looking down at his feet, "but my life changed completely after I had my operation. I still can't swim, but at least I can take off my shirt and lie by the poolside. I feel so much better!"

Vickram* is 47 and a successful businessman, but he, too, suffered from a lack of confidence and low self-esteem when he started noticing some changes in his body that were taking place. He started developing "breasts" during his 20s after getting married and having children. These breasts became more noticeable in his mid-50s.

He would good-naturedly accept ribbing from his friends as it did not bother him at first, but as the shape of his chest started getting less manly and more feminine, he

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started to get shy.

"I was okay at first, but as the years passed, even my wife started passing comments. My younger children also started teasing me about my 'boobs'. I just had to do something about it," he says.

The straw that broke the camel's back was when his two younger sons, aged 15 and 17, also developed gynaecomastia, and confided in him that they wanted to have this problem addressed. All three ended up having gynaecomastia reduction.

"My boys are so happy and full of confidence now. I am really pleased that they were the catalyst to get me to do something about my gynaecomastia. I, too, am so pleased with my chest now," he adds.

Thirty-three-year-old banker David Chan*'s story is similar, but his motivation was to look good. "I am a fervent body-builder and I go to the gym three times a week. My 'boobs' looked ridiculous and spoiled all the effort I put in to building up my body. I had to have them removed earlier this year!"

These are just three of the examples Dr. Woffles Wu revealed when I caught up with him last month. According to Dr. Wu, gynaecomastia has been the bane of men for decades, but most have just kept it to themselves – either for fear of ridicule, or because they were unaware that gynaecomastia can be safely removed.

Recently, Dr. Wu has noticed an increase in the number of men suffering from gynaecomastia – either because of a change in dietary habits or an improvement in patient awareness. "Today, you can look up almost anything on the Internet and even be directed to who can fix or correct it for you," he says matter-of-factly.

Dr. Wu sees four to five patients a month for consultation and translates three to four of those to surgery. "There was a time when removal of gynaecomastia was less than ideal. I have seen some patients who had their 'boobs' removed through an incision placed at the bottom of the breast. That's not a good choice as the scar is extremely visible and it defeats the purpose of the operation, because the whole idea is to let the man take off his shirt!

"The huge crescent-shaped scars at the bottom of his chest will just draw unwanted attention to his predicament," says Dr. Wu, gesticulating with his hands. "With carefully thought out surgery, the entire gynaecomastia and the surrounding fat can be removed through a small incision at the base of the areola, and nobody needs know that the man has had an operation."

"THIS IS A LIFE-CHANGING OPERATION FOR MEN. THE CONFIDENCE THEY GAIN, THE RELIEF THEY HAVE, IS IMMEASURABLE. ALL MY PATIENTS HAVE SHARED WITH ME THEIR JOY AT HAVING A NEW FLAT CHEST. THEY CAN NOW ENJOY THE SIMPLE PLEASURE OF TAKING OFF THEIR SHIRT AT THE GYM OR HAVING A SWIM WITH THEIR KIDS AND FAMILY WITHOUT HAVING PEOPLE LAUGH OR POKE FUN AT THEM." – SINGAPOREAN PLASTIC SURGEON DR. WOFFLES WU.

WHO GETS "MALE BOOBS"?

There are three phases in a man's life when he can be afflicted by gynaecomastia. The first is at the time of puberty, when a sudden growth spurt of the male breast can be seen. The enlarged breasts are usually made up of glandular tissue. This growth continues through to the teenage years and stops before the age of 20. However, by then, the psychological damage may have already been done.

The next phase is during the 20s and 30s, and this is usually a result of environmental or dietary influences here, breast enlargement tends to be more fatty in nature.

The third phase can occur when a man is in his late 40s to 50s, as male menopause sets in and the testosterone level begins to fall. Oestrogen produced by the adrenal glands exerts its effects on the breasts, and they consequently enlarge. Here, the breasts tend to be a mixture of fat and glandular tissue, and they may take on a deflated, droopy appearance.

Whatever the cause, and whatever the age group afflicted, the development of gynaecomastia is distressing and disturbing to most males.

Previously, many men were not aware of whom to approach to insist in the removal of their unwanted "assets". But with the increasing popularity of plastic surgery and the explosion of information through the internet, male patients now have all the information they need at their fingertips.

GYNAECOMASTIA REMOVAL

There are currently three methods for gynaecomastia removal.

The first is via a cut made at the bottom of the areola, where the skin is lifted off the male breast gland. Dissection is continued under the gland until it is completely freed and delivered through the small opening. Only a small portion of the gland is retained beneath the nipple areola complex to prevent the nipple from sinking in.

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Occasionally, retraction of the skin can be seen, and the nipple areola can become puckered. With this operation, it is difficult to get a smooth contour with the rest of the chest wall and armpit folds, which may be fatty and floppy.

The second technique involves liposuction, which leaves only small unnoticeable puncture wounds at the breast crease. This technique is ideal for those whose breasts are predominantly made up of fatty tissue and not glandular tissue. This is because breast glandular tissue is very hard and gritty and difficult to break up with the liposuction cannula.

The third technique is a combination of the two previously mentioned techniques. Dr. Wu has further modified this technique by adding his famed "WW Stealth Incision" to gain access to the breast tissue.

Dr. Wu first starts by assessing the fatiness of the breast tissue and of the surrounding chest wall and armpit folds. He then commences the operation with extensive liposuction of the entire breast and chest wall area using the tumescent technique (which involves the infusion of saline and adrenaline to loosen fat cells and constrict blood vessels). This prevents any irregular contour deformities that can sometimes arise after traditional removal of the breast by surgery alone. It also elicits a degree of skin retraction that helps the skin bed down smoothly on the newly contoured chest wall.

Dr. Wu then makes a continuous "WW Stealth Incision" at the inferior areolar border, similar to the incision he pioneered for female breast augmentation. These multiple Ws follow the natural waviness of the areola, which helps the scar blend in nicely with the general areola shape, as opposed to a linear incision, which often can be seen against the irregular areolar border. This "WW Stealth Incision" also decreases the incidence of keloid (raised scar) formation.

The remaining breast tissue, which is by then very small after the extensive liposuction, is easily removed with minimal blood loss. Care is taken to leave a small button of tissue under the nipple and areola to prevent this from coming in. Dr. Wu routinely sends any specimens for microscopic examination to ensure malignancies are not missed.

With this combined modified technique, Dr. Wu has significantly reduced the complication rate of gynaecomastia removal.

He adds, "No consultation is complete without a full disclosure of potential complications, and I always tell my patients that in addition to anaesthetic accidents, deep vein thrombosis and fat embolism can also occur. Very real complications are bleeding, seroma (pocket of fluid), infections, collapse of the nipple, tethered scars and keloids. When I performed the surgical excision before I used the 'WW Stealth Incision', puckering and visible scars were common, and before I combined this with liposuction, at least 30 percent of my patients had either bleeding or seromas. Very distressing!"

Since he has used the combined technique with the "WW Stealth Incision", Dr. Wu has noticed a significant reduction in bleeding and seromas, the nipples and areolae look normal, and puckered tethered scars have been eliminated.

"This is a life-changing operation for men. The confidence they gain, the relief they have, is immeasurable. All my patients have shared with me their joy at having a new flat chest. They can now enjoy the simple pleasure of taking off their shirt at the gym or having a swim with their kids and family without having people laugh or poke fun at them. These patients are more grateful than the male patients that I have performed blepharoplasties (eyebag removal) or rhinoplasties (nose augmentation) on. They are really very satisfied," Dr. Wu concludes.

**Names have been changed to protect patient's identity.*

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