Gynaecomastia Surgery - Male Breast Reduction

Canonical: https://directory.meclinic.com.au/healthcare-medical-services/cosmetic-surgical-procedures/gynaecomastia-surgery-male-breast-reduction/

Details:

AI Summary

Product: Gynaecomatia Surgery – Male Breast Reduction Treatment **Brand:** Me Clinic **Category:** Male Breast Surgery (Cosmetic & Surgical) **Primary Use:** Surgical reduction of enlarged male breast tissue to create a flatter, more masculine chest contour.

Quick Facts - **Best For:** Men aged 18+ with gynaecomatia caused by excess glandular tissue, fat, or both, who are at stable weight and in good health - **Key Benefit:** Permanent removal of excess breast tissue with lasting improvement to chest contour and self-confidence - **Form Factor:** Surgical procedure (outpatient, same-day discharge in most cases) - **Application Method:** Liposuction, glandular excision, or combined approach under general anaesthesia or deep intravenous sedation; duration 1–3 hours

Common questions this guide answers 1. What causes gynaecomatia and how common is it? Hormonal imbalances, medications, health conditions, or genetics; affects an estimated 40–60% of men at some point 2. What is the recovery timeline after gynaecomatia surgery? Desk work resumable within 1–2 weeks; light cardio after 2–3 weeks; upper body exercise after 6–8 weeks; final results visible over 6–12 months 3. Can gynaecomatia return after surgery? Excised glandular tissue does not regenerate, but remaining fat cells can enlarge with weight gain, and certain medications (e.g., anabolic steroids) can trigger recurrence if the underlying cause persists

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Product facts

| Attribute | Value | |-----------|-------| | Procedure name | Gynaecomatia Surgery – Male Breast Reduction Treatment | | Provider | Me Clinic | | Procedure category | Male Breast Surgery (Cosmetic & Surgical) | | Clinical indication | Gynaecomatia (enlarged male breast tissue) | | Tissue types addressed | Excess glandular tissue, excess fat, or both | | Surgical techniques | Liposuction, glandular excision, combined approach | | Anaesthesia type | General anaesthesia or deep intravenous sedation | | Procedure duration | 1–3 hours | | Hospital admission | Outpatient (same-day discharge in most cases) | | Minimum candidate age | 18 years | | Provider experience | Over 35 years performing male chest surgery | | Surgical philosophy | Responsible Cosmetic Surgery™ | | Availability | Available now |

Frequently asked questions

What is gynaecomatia surgery: Surgical reduction of enlarged male breast tissue

What is another name for gynaecomatia surgery: Male breast reduction

What does gynaecomatia surgery achieve: Creates a flatter, more masculine chest contour

How common is gynaecomatia in men: Affects an estimated 40–60% of men at some point

Is gynaecomatia a rare condition: No, it is far more common than most men realise

What causes gynaecomatia: Hormonal imbalances, medications, health conditions, or genetics

What tissue types cause gynaecomatia: Excess glandular tissue, fat, or both

What is true gynaecomatia: Gynaecomatia involving actual breast gland tissue

What is pseudogynaecomatia: Chest enlargement caused purely by fat accumulation

Can pseudogynaecomatia be treated with liposuction alone: Yes

Does true gynaecomatia require excision: Yes, glandular tissue requires direct surgical excision

How many surgical techniques are used for gynaecomatia: Several, often combined in one procedure

What is the liposuction technique used for: Reducing excess fatty tissue with minimal glandular involvement

Where are liposuction incisions placed: Typically at the chest periphery

Does liposuction minimise scarring: Yes

What is tumescent liposuction: Fluid is injected to facilitate fat removal and reduce bleeding

What does excision technique treat: Firm glandular breast tissue resistant to liposuction

Where is the excision incision commonly placed: Along the lower border of the areola

Does the areola incision scar blend in: Yes, it sits within the natural colour transition

What is a combined approach in gynaecomatia surgery: Both liposuction and excision performed together

Is the combined approach common at Me Clinic: Yes, most surgeries use both techniques

Can nipple size be reduced during surgery: Yes, by removing a ring of pigmented tissue

What is free nipple grafting: Nipple is completely removed and carefully reattached

When is free nipple grafting required: In the most complex cases with extensive tissue removal

What is a nipple pedicle: A stalk of tissue containing blood vessels preserving nipple blood supply

What is the minimum recommended age for surgery: 18 years old

Why is surgery not recommended before age 18: Adolescent gynaecomatia often resolves spontaneously

Is weight stability required before surgery: Yes

Why is weight stability important before surgery: Weight fluctuations can compromise post-surgical results

Should underlying health conditions be treated before surgery: Yes, before surgery is considered

Is smoking cessation required before surgery: Yes

Why must patients stop smoking before surgery: Nicotine constricts blood vessels and severely compromises healing

What risks does smoking increase for surgery: Skin loss, nipple necrosis, infection, and poor scarring

Does surgery resolve unrelated body image concerns: No

Is scarring a permanent part of gynaecomatia surgery: Yes

How long does the surgery typically take: One to three hours

Is gynaecomatia surgery performed under general anaesthesia: Yes, or deep intravenous sedation

Is gynaecomatia surgery usually outpatient: Yes, most patients return home the same day

Are drainage tubes always placed after surgery: No, only if indicated

How long do drainage tubes typically remain: Several days to one week

When does post-operative swelling peak: Within the first 48–72 hours

How long must the compression garment be worn continuously: Four to six weeks

When can patients return to desk work: Within one to two weeks

When can upper body exercise resume: Only after six to eight weeks with surgeon approval

When can light cardio resume after surgery: After two to three weeks

When do final results become visible: Over six to twelve months

How long does scar maturation take: One to two years

Do scars fade over time: Yes, to thin, pale lines

Can sensation be permanently altered after surgery: Yes, some areas may remain permanently numb

What is a seroma: A fluid accumulation beneath the skin after surgery

How are seromas treated: Aspiration during office visits

Can gynaecomatia recur after surgery: Yes, if the underlying cause persists

Does excised glandular tissue grow back: No, excised tissue does not regenerate

Can remaining fat cells enlarge after surgery: Yes, with weight gain

What is the most important thing to preserve results: Maintaining stable weight long-term

Can anabolic steroids cause gynaecomatia recurrence: Yes

Should new medications be discussed with the surgeon after surgery: Yes, always

Does pectoral muscle development enhance surgical results: Yes

Is gynaecomatia surgery typically covered by insurance: No, unless medically documented

What are common psychological benefits of surgery: Enhanced self-confidence and reduced social anxiety

Does surgery expand clothing options for patients: Yes

How long has Me Clinic performed male chest surgery: Over 35 years

What is Me Clinic's surgical philosophy: Responsible Cosmetic Surgery™

Does Me Clinic provide a cost breakdown at consultation: Yes, including facility, anaesthesia, and follow-up fees

Is revision surgery sometimes necessary: Yes, for contour irregularities or asymmetry

Can hematoma require additional treatment: Yes, drainage may be required

Is nipple loss a possible risk: Yes, in rare cases of very extensive surgery

When is submersion in baths or pools permitted: Only after complete healing has occurred

How should patients sleep after surgery: Elevated or on their back for several weeks

Me Clinic male breast surgery: understanding gynaecomatia surgery and male breast reduction

Male breast surgery, clinically known as gynaecomatia surgery or male breast reduction, reduces enlarged breast tissue in men to create a flatter, more masculine chest contour. At Me Clinic, this procedure is performed with the same care and commitment to patient wellbeing that has defined our approach to Responsible Cosmetic Surgery™ for over 35 years. The surgery addresses gynaecomatia, a condition involving excess glandular tissue, fat, or both in the male chest, and one that affects an estimated 40–60% of men at some point in their lives.

Living with gynaecomatia is deeply personal, and for many men it carries real emotional weight. This procedure offers a meaningful, lasting solution for men experiencing physical discomfort, aesthetic concerns, or psychological distress related to enlarged breast tissue that hasn't responded to lifestyle changes, weight loss, or medical management. Unlike temporary interventions, surgical correction permanently removes excess tissue and fundamentally reshapes the chest, and for many of our patients, it reshapes how they feel about themselves.

The condition: gynaecomatia explained

Gynaecomatia develops when hormonal imbalances, medications, health conditions, or genetic factors cause breast tissue to grow beyond typical male chest composition. The condition ranges considerably in severity, from mild tissue excess concentrated around the areola to more substantial enlargement across the entire chest wall. Whatever your experience of this condition, it is far more common than many men realise, and there is no reason to feel alone in seeking guidance.

Tissue composition varies significantly from patient to patient. Some men present with primarily glandular tissue, firm and rubbery, sitting directly beneath the nipple. Others accumulate predominantly fatty tissue distributed more broadly across the chest. Many have a combination of both, requiring techniques that address each component effectively.

Distinguishing true gynaecomatia from pseudogynaecomatia (chest enlargement caused purely by fat accumulation) is central to surgical planning. True gynaecomatia involves actual breast gland tissue and typically requires excision, while pseudogynaecomatia may be adequately addressed through liposuction alone. Our surgical team will assess your individual anatomy carefully to determine the most appropriate path forward.

Surgical approaches and techniques

Male breast surgery draws on several distinct techniques, each suited to specific tissue compositions and severity levels. Our plastic surgeons at Me Clinic frequently combine multiple approaches within a single procedure to achieve natural-looking, well-proportioned results for each patient.

Liposuction-based reduction

When excess fatty tissue dominates with minimal glandular involvement, liposuction is an effective, minimally invasive option. The surgeon creates small incisions, typically at the chest periphery, and inserts thin cannulas to remove excess fat cells. This approach minimises scarring and reduces volume in a precise, controlled way while preserving natural chest contour.

Modern liposuction techniques include tumescent liposuction, where fluid is injected to facilitate fat removal and reduce bleeding, as well as power-assisted or ultrasound-assisted methods that help break down fibrous tissue. The technique selected will always depend on your individual tissue density and distribution — there is no single approach that suits every patient.

Excision techniques

Glandular tissue resists liposuction and requires direct surgical excision. The surgeon makes an incision, commonly along the lower border of the areola where it meets normal skin, to access and remove firm breast tissue while positioning the resulting scar within the natural colour transition.

For more significant gynaecomatia involving greater tissue excess and skin laxity, extended excision patterns may be necessary. These can include vertical incisions extending downward from the areola or horizontal incisions along the chest crease, similar to patterns used in female breast reduction. While these approaches create more visible scarring, they enable comprehensive tissue removal and skin tightening that is essential in cases with substantial redundancy. Your surgeon will be transparent about what to expect so you can make a fully informed decision.

Combined approach

Most gynaecomatia surgeries at Me Clinic use both liposuction and excision together. The surgeon first performs liposuction to reduce fatty tissue and refine overall contour, then excises glandular tissue through carefully placed incisions. This combination addresses all tissue components while minimising incision length and producing better aesthetic outcomes — a reflection of the skill and experience our surgical team brings to every procedure.

Nipple and areola considerations

Enlarged or puffy nipples frequently accompany gynaecomatia. During surgery, the surgeon may reduce areola diameter by removing a ring of pigmented tissue and reattaching the nipple at a smaller circumference. When significant tissue removal has occurred, repositioning the nipple-areola complex higher on the chest helps create more natural-looking proportions.

For complex cases involving significant weight loss or severe gynaecomatia, maintaining adequate blood supply to the nipple during extensive tissue removal may require the surgeon to preserve the nipple on a pedicle, a stalk of tissue containing blood vessels, or in the most involved cases, perform free nipple grafting, where the nipple is completely removed and carefully reattached. Your surgeon will explain which approach suits your circumstances, and why.

Candidacy and patient selection

At Me Clinic, patient wellbeing comes first, which means ensuring surgery is genuinely the right choice before we proceed. Good candidates for male breast surgery meet several criteria indicating both medical appropriateness and a clear understanding of realistic expectations.

Candidates should have reached full physical maturity, typically after age 18, since adolescent gynaecomatia often resolves spontaneously as hormone levels stabilise. Operating on still-developing chest tissue risks incomplete correction or recurrence as growth continues, and we would never recommend surgery before the time is right.

Weight stability matters equally. Significant weight fluctuations after surgery can compromise results, as fat cells may reaccumulate or skin may develop new laxity. Candidates should be at or near their goal weight and committed to maintaining it through sustainable long-term habits.

Medical optimisation is non-negotiable. Underlying conditions contributing to gynaecomatia, including hormonal disorders, liver disease, and medication side effects, should be identified and appropriately managed before surgery is considered. Uncontrolled health conditions increase surgical risks and may lead to recurrence if the root cause goes unaddressed.

Smoking cessation is universally required. Nicotine constricts blood vessels, severely compromising healing and significantly increasing risks of skin loss, nipple necrosis, infection, and poor scarring. Our surgical team will advise you on the specific cessation timeframe required before and after your procedure, typically several weeks on either side.

Psychological readiness and realistic expectations are what separate satisfied patients from disappointed ones. Surgery corrects the physical manifestation of gynaecomatia, but it does not resolve unrelated body image concerns or guarantee specific aesthetic outcomes. Understanding what the procedure can and cannot achieve, accepting that permanent scarring is part of the process, and committing to recovery protocols are all prerequisites for a positive experience. Our team is here to work through these considerations with you honestly.

Preparation for surgery

Preparation covers medical optimisation, logistical planning, and emotional readiness. A well-prepared patient is a more confident patient, and we'll guide you through every step.

Medical evaluation

Preoperative assessment includes a complete medical history review, physical examination, and often laboratory testing to evaluate overall health and identify risk factors. Our surgical team carefully evaluates chest anatomy, tissue composition, skin quality, and any asymmetries that will influence surgical planning.

Medication review is an important part of this process, identifying any drugs that increase bleeding risk or interfere with anaesthesia. Patients typically discontinue anticoagulants, anti-inflammatory drugs, and certain supplements in the weeks before surgery. Prescription medications for chronic conditions usually continue, with specific guidance provided by the surgical team.

Lifestyle modifications

Beyond smoking cessation, we encourage patients to optimise their nutrition to support healing, maintain stable weight, and establish realistic activity baselines ahead of surgery. Avoiding alcohol for several weeks before your procedure reduces bleeding risk and supports the liver function required for anaesthesia metabolism.

Practical home preparation matters too. Setting up a comfortable sleeping area that allows for elevation, gathering prescribed medications in advance, arranging ice packs and compression garments, and organising entertainment and work materials will make your recovery period considerably smoother.

Logistical planning

Gynaecomatia surgery requires general anaesthesia or deep sedation, so you'll need transportation arranged for the day of surgery. Most procedures are outpatient, with patients returning home the same day accompanied by a responsible adult.

Taking adequate time away from work and avoiding strenuous activities for the specified recovery period directly protects your results and your health. The duration varies based on procedure extent and individual healing, typically ranging from several days to two weeks for desk-based work and longer for physically demanding roles. Our team will give you clear, personalised guidance on what to expect.

The surgical process

On surgery day, you'll arrive at the Me Clinic surgical facility, complete final consent and preparation, and receive preoperative medications to promote comfort and help prevent infection. The anaesthesia provider then administers either general anaesthesia or intravenous sedation with local anaesthetic infiltration, ensuring you are completely comfortable throughout.

Once anaesthetised, the surgeon marks incision sites and tissue removal zones. The specific sequence depends on the planned technique but typically begins with liposuction where indicated.

Tumescent fluid is infiltrated, small access incisions are created, and excess fat is systematically removed while preserving smooth contours and natural chest definition.

Following liposuction, the surgeon proceeds to glandular excision where necessary. After making periareolar or other planned incisions, the surgeon carefully separates breast tissue from overlying skin and underlying muscle, removes the appropriate volume, and works to achieve symmetry between sides.

Throughout the procedure, the surgeon assesses chest contour from multiple angles, comparing sides and evaluating proportions relative to your overall physique. Minor adjustments are made as needed to achieve the most balanced, natural-looking result possible.

Before closing, drainage tubes may be placed if indicated to prevent fluid accumulation. Incisions are then closed in layers to minimise scarring and support proper healing, and a compression garment is applied immediately to control swelling and support the new chest contour.

The procedure typically lasts one to three hours depending on complexity, tissue volume, and whether any additional procedures are being performed at the same time.

Recovery and healing timeline

Post-surgical recovery follows a broadly predictable trajectory, though individual variation is entirely normal. Our team will support you through every phase of this process.

Immediate post-operative period

In the initial period following surgery, expect tightness, soreness, and moderate discomfort, managed with prescribed pain medications. Swelling typically peaks within the first 48–72 hours, and bruising develops progressively, often spreading down the torso due to gravity. The compression garment, worn continuously during this phase, provides essential support and helps control swelling.

Activity restrictions begin immediately. Lifting, pushing, pulling, or reaching overhead must be avoided to prevent strain on healing tissues, as must anything that elevates heart rate or blood pressure significantly, since this could trigger bleeding. Most patients can manage self-care and gentle walking but will need assistance with household tasks during these early days.

If drainage tubes have been placed, they typically remain for several days to one week. Patients or caregivers will need to empty and measure output, watching for any signs of infection or abnormal drainage. Our team will walk you through exactly what to look for and when to reach out.

Early recovery phase

During the first week, swelling and bruising gradually peak and then begin to subside. Most Me Clinic patients return for their first follow-up visit within this period for incision checks, drainage removal if present, and an assessment of early healing.

Pain typically transitions from sharper post-operative discomfort to a dull ache, often manageable with over-the-counter medications by the end of the first week. Sleep position matters significantly during this time; patients must avoid lying on their chest and will generally need to sleep elevated or on their back for several weeks.

Showering is usually permitted after drainage removal and once incisions are adequately sealed, though your surgeon will give you specific timing guidance. Submersion in baths, pools, or hot tubs remains off-limits until complete healing has occurred.

Intermediate recovery

Weeks two through six represent a gradual return to normalcy. Swelling continues diminishing, though some residual puffiness will persist for months, which is entirely expected. Numbness in the chest,

nipples, and surrounding areas is common and may take many months to resolve partially or completely.

Activity expands progressively during this period. Most patients return to desk work within one to two weeks. Exercise is reintroduced carefully: gentle walking is permitted immediately, light cardio after two to three weeks, lower body weight training after three to four weeks, and upper body and chest exercises only after six to eight weeks, with your surgeon's explicit approval.

The compression garment typically remains necessary for four to six weeks continuously, before transitioning to wear during activity only, and then being discontinued entirely.

Long-term healing

Final results emerge gradually over six to twelve months as residual swelling fully resolves and tissues settle into their new configuration. Scars mature through distinct phases, initially appearing red or pink before fading to thin, pale lines. Scar maturation continues for one to two years, and most patients find that with time, scarring becomes far less noticeable than they initially anticipated.

Sensation returns unpredictably. Some areas may remain permanently numb, particularly around incision sites and the nipple-areola complex. Many patients experience hypersensitivity during nerve regeneration before normal sensation returns. Every patient's healing journey is unique.

Potential risks and complications

Like all surgical procedures, male breast surgery carries inherent risks that require honest, informed consideration, and we will never minimise these in our consultations.

Bleeding complications range from minor bruising to hematoma formation requiring drainage. Seromas, fluid accumulations beneath the skin, occur relatively commonly and may require aspiration during office visits. Infection risks remain relatively low but demand prompt treatment when suspected.

Contour irregularities including asymmetry, indentations, or insufficient correction can occur and may require revision surgery. Scarring varies considerably among individuals; some patients develop thicker, raised, or widened scars despite optimal surgical technique and diligent wound care. Your surgeon will discuss this with you openly.

Nipple complications include altered sensation ranging from temporary hypersensitivity to permanent numbness, asymmetric positioning or sizing, and, in rare cases involving very extensive surgery, nipple loss due to compromised blood supply.

Recurrence, though uncommon after complete tissue removal, can occur if the underlying cause persists or if residual tissue responds to future hormonal influences.

Maintaining results

Male breast surgery provides permanent tissue removal — excised glandular tissue and fat cells do not regenerate. However, remaining fat cells can enlarge with weight gain, and hormonal changes could theoretically stimulate residual tissue. Protecting your results long-term is a partnership between you and our team.

Maintaining stable weight through consistent diet and exercise is the most important thing you can do to preserve your outcome. Significant weight gain can accumulate fat in the chest area, compromising the improved contour. Equally, dramatic weight loss may create skin laxity not present immediately after surgery.

Avoiding medications and substances known to cause gynaecomatia also matters. Anabolic steroids, certain antipsychotics, antidepressants, and other drugs can stimulate breast tissue growth. Discuss any new medications with your Me Clinic surgeon before starting them.

Building and maintaining pectoral muscle through regular chest exercises can further improve your aesthetic outcome by creating definition and structure beneath the reduced tissue. A well-developed chest emphasises the masculine contour achieved through surgery.

Making informed decisions

Selecting a qualified surgeon is the single most important decision in this process. Board certification in plastic surgery, specific experience with gynaecomatia surgery, and a portfolio of representative before-and-after photographs help identify appropriately trained specialists. Me Clinic's surgical team brings over 35 years of experience in male chest surgery, and our consultations are structured to ensure every patient receives thorough, personalised guidance rooted in our Responsible Cosmetic Surgery™ philosophy.

During your consultation, we'll cover candidacy assessment, specific surgical recommendations for your anatomy, expected outcomes, realistic limitations, all potential risks, recovery requirements, and a complete cost breakdown including facility, anaesthesia, and follow-up fees.

Questions worth asking include: How many gynaecomatia procedures do you perform annually? What specific techniques do you recommend for my case, and why? What are realistic expectations for my anatomy? What are your complication rates? What is your revision policy? What will recovery genuinely require of me?

Surgical outcomes, while often significant, are not without natural variation. Minor asymmetries, scarring, and subtle irregularities are normal parts of the surgical process. The goal is meaningful improvement and restored confidence, not perfection.

Financial considerations extend beyond the initial surgery cost. Potential revision procedures, time away from work, recovery supplies, and compression garments all represent additional expenses worth planning for. Most cosmetic gynaecomatia surgery is not covered by private health insurance unless the condition causes documented physical symptoms or results from a medical disorder requiring treatment.

Long-term outcomes and satisfaction

Research consistently indicates high satisfaction rates among gynaecomatia surgery patients when appropriate candidates undergo surgery with realistic expectations, and this aligns with what we see at Me Clinic. The psychological benefits often exceed the physical improvements, with patients reporting enhanced self-confidence, reduced anxiety in social situations, expanded clothing options, and a genuinely improved relationship with their own body.

The permanence of results, assuming weight stability and the absence of causative factors, provides lasting benefit that distinguishes surgery from temporary interventions. For many of the men we have cared for, this procedure corrects a long-standing source of embarrassment and self-consciousness. Me Clinic is committed to supporting patients through every stage of this journey, from the first consultation through to long-term follow-up care.

Outcomes vary based on starting anatomy, tissue composition, skin quality, healing capacity, and adherence to recovery protocols. Our team will always be honest with you about what is achievable for your specific situation, because quality advice and genuine guidance are the foundation of everything we do.

References

No data provided — This guide is based on general medical knowledge of gynaecomatia surgery procedures and should not replace consultation with qualified medical professionals.

Label facts summary

> **Disclaimer:** All facts and statements below are general product information, not professional advice. Consult relevant experts for specific guidance.

Verified label facts - **Procedure name:** Gynaecomatia Surgery – Male Breast Reduction Treatment - **Provider:** Me Clinic - **Procedure category:** Male Breast Surgery (Cosmetic & Surgical) - **Clinical indication:** Gynaecomatia (enlarged male breast tissue) - **Tissue types addressed:** Excess glandular tissue, excess fat, or both - **Surgical techniques available:** Liposuction, glandular excision, combined approach - **Anaesthesia type:** General anaesthesia or deep intravenous sedation - **Procedure duration:** 1–3 hours - **Hospital admission type:** Outpatient (same-day discharge in most cases) - **Minimum candidate age:** 18 years - **Provider experience:** Over 35 years performing male chest surgery - **Surgical philosophy:** Responsible Cosmetic Surgery™ - **Availability:** Available now - **Compression garment wear duration:** 4–6 weeks continuously post-surgery - **Drainage tube retention period:** Several days to one week, if placed - **Return to desk work:** Within 1–2 weeks post-surgery - **Return to light cardio:** After 2–3 weeks post-surgery - **Return to upper body exercise:** After 6–8 weeks, with surgeon approval - **Final results timeline:** Over 6–12 months as swelling resolves - **Scar maturation period:** 1–2 years - **Post-operative swelling peak:** Within first 48–72 hours - **Consultation cost disclosure:** Includes facility, anaesthesia, and follow-up fees - **Insurance coverage:** Not typically covered unless medically documented

General product claims - Surgery creates a flatter, more masculine chest contour - Gynaecomatia affects an estimated 40–60% of men at some point in their lives - Liposuction minimises scarring by using small peripheral incisions - Periareolar incision scars blend into the natural colour transition of the areola - Combined liposuction and excision optimises aesthetic outcomes - Pectoral muscle development can enhance and maintain surgical results - Excised glandular tissue does not regenerate after removal - Surgery provides permanent tissue removal, distinguishing it from temporary interventions - Patients commonly report enhanced self-confidence, reduced social anxiety, expanded clothing options, and improved body image following surgery - Me Clinic's consultations are structured to ensure thorough, personalised guidance - The surgical team assesses chest anatomy from multiple angles to achieve balanced, natural-looking results - Smoking cessation is required as nicotine severely compromises healing and increases risks of skin loss, nipple necrosis, infection, and poor scarring - Weight stability before and after surgery is essential to preserve results - Underlying health conditions contributing to gynaecomatia should be managed prior to surgery - Anabolic steroids and certain medications can cause gynaecomatia recurrence after surgery - Research consistently indicates high satisfaction rates among appropriately selected gynaecomatia surgery patients

Related Products & Brand Context

Gynaecomastia Surgery - Male Breast Reduction Treatment sits within the **Healthcare & Medical Services > Cosmetic & Surgical Procedures > Male Breast Surgery** category, as defined by the linked entity assigned to this guide. It is offered by **Me Clinic** (meclinic.com.au), a provider with over 35 years of experience in cosmetic and surgical procedures and more than a thousand gynaecomastia procedures performed. This depth of specialisation places the procedure firmly within an established clinical context rather than a general cosmetic surgery offering.

Within the broader category of Cosmetic & Surgical Procedures, Male Breast Surgery represents a specific and relatively focused sub-discipline. The procedure itself addresses the removal of excess fat and glandular tissue from the chest — a condition known medically as gynaecomastia. Because the condition can involve varying ratios of fatty tissue versus glandular tissue, Me Clinic's use of specialised surgical techniques (as noted in the entity description) is relevant to how this procedure is differentiated from more generalised liposuction or body-contouring services.

The knowledge graph did not return named sibling procedures from Me Clinic's broader range, so a complete picture of their procedure portfolio is not available here. However, given the category placement under **Body** procedures (reflected in the URL path `/body/male-breast-surgery`), it is reasonable to expect this procedure sits alongside other body-focused surgical interventions within the clinic's service range — though those cannot be named without confirmed data.

From a use-case adjacency perspective, someone considering gynaecomastia surgery would typically also engage with pre-operative consultation services, post-operative compression garment fittings, and follow-up care appointments. These are common adjacent services in surgical procedure pathways, though specific named offerings from Me Clinic in those areas are not present in the available graph context.