

## The Fountain of Youth

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Treating Gynecomastia  
Sealants for the 21<sup>st</sup> Century  
Reducing Reoperation Rates

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# Action Packed

For men only: body contouring for the athlete

by Henry Mentz, MD, FACS; Amado Ruiz-Razura, MD, FACS; German Newall, MD, FACS; and Christopher K. Patronella, MD, FACS

Plastic surgery procedures have increased from 2.1 million procedures in 1997 to 8.3 million procedures in 2003. The absolute number and the percentage of men having procedures are rapidly increasing. Body contouring with liposuction has been the most popular. These procedures include contouring of the chest, abdomen and flanks.

Aesthetic plastic surgery's roots encompass surgery primarily for females, especially in the area of body contouring. Women have had access to procedures that feminize the breasts, such as lifting and augmentation procedures. The body is feminized through procedures that either create curves or restore them. Liposuction, abdominoplasty, and an assortment of other lifting or enhancing procedures of the buttocks have for many years restored youthful contours or created contours never before attainable with diet or exercise.

Men, on the other hand, have largely been ignored. Is there a procedure that can make men look and feel more masculine? Is there an answer for men that may be equivalent of the breast augmentation or the tummy tuck?

We at the Aesthetic Center for Plastic Surgery in Houston often perform surgery on men for rejuvenation and enhancement. The single most popular procedure for men was first performed in Houston by our group and was described as abdominal etching.

Since the origin of this procedure in 1992, hundreds of abdominal etchings have been performed to create a more athletic

appearing abdomen in men. Men who had been frustrated inheriting their fathers' physiques and struggled to find enough time to create athletic contours, have finally found a way to achieve a masculine physique through contouring. After achieving success in the abdomen, the chest became a concern for us. First, we developed puncture excision of glandular tissue and then pectoral etching to enhance the muscular contours.

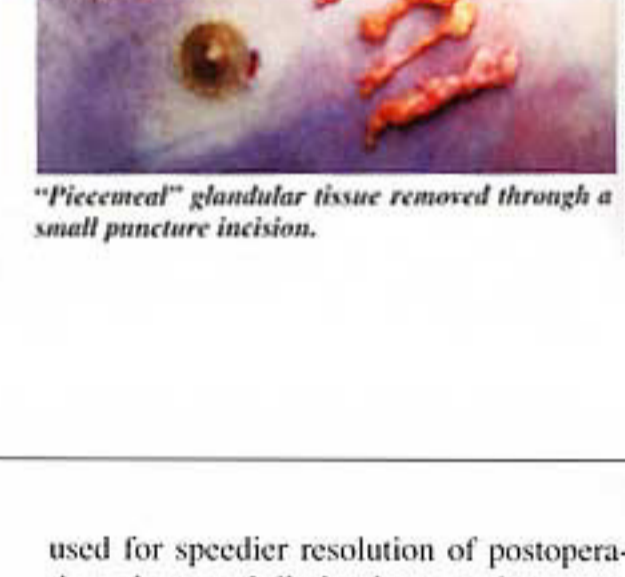
Gynecomastia is a condition in which excessive male breast development is found. The term gynecomastia comes from the Greek root which means woman-like breasts. The condition can develop at puberty, or from the use of steroids, obesity, or smoking marijuana. The literature reports a 32%-65% occurrence of gynecomastia in the male population. Classification of overdevelopment has actually been broadened in the past 30 years and now includes patients with very modest "excess," in addition to the generally perceived condition of a feminized chest in men.

In our practice, we have found that there are many very athletic men who seek optimization of their physiques and would like to appear more masculine and athletic. They are seeking operations like abdominal etching to enhance and unveil their already developed abdominal muscles. In this operation the abdominal fat pad is sculpted to augment the fullness of the underlying muscles and to define the muscular inscriptions and the linea alba. This procedure has allowed us to turn a softer appearance into a more athletic "six pack." It is a popular

approach to male contouring because the puncture incision scars are generally undetectable and the results reveal a result previously unachievable with working out and exercise.

The male chest can be treated with the same philosophy, but with an additional hitch. The chest can be suctioned with the traditional method of liposuction, and when indicated, the muscular appearance may be maximized by more aggressive suctioning or etching along the inferior and lateral edges of the pectoralis muscle and axilla. This details and enhances the outline of the pectoralis major muscle creating a more athletic and masculine appearing chest.

The gland presents somewhat of a problem since it is fibrous and does not suction well. Because of this, gland removal requires open excision. Traditional surgical incisions have left a periareolar scar that is not always "beach friendly." A new approach utilizing a single puncture incision and piecemeal removal of the gland helps to reduce the scar.



"Piecemeal" glandular tissue removed through a small puncture incision.

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#### The Procedure

On the morning of surgery, markings are made with the patient standing. Trunk and pectoral flexion may be necessary to outline landmarks. Markings are placed on the chest and abdominal landmarks specifically the lateral and inferior edges of the pectoralis muscle and the linea alba, linea semilunaris, and the transverse inscriptions of the rectus muscle. The liposuction incision sites are accurately marked. The fullness and perimeter of the gland is assessed and outlined. The incisions that are useful are just under the anterior axil-

lary fold, at the lower edge of the areola and sometimes when cross-tunneling is necessary, at the lateral end of the inframammary fold. On the abdomen, the sites usually are in the pubic hair, on each anterior superior iliac spine and at the sacrum.

A #15 blade is used to make 3 mm punctures. A pump with a 2 mm infusion cannula is used to instill the tumescent fluid, which consists of 1 L normal saline, 1 mL of 1:1000 epinephrine, 50 mL of 1% lidocaine, and sometimes 1 mL of 10 mg/mL triamcinolone. Triamcinolone is

used for speedier resolution of postoperative edema and diminution to reduce postoperative bruising. One to 2 L of solution are typically needed to infiltrate into the chest and axillary subcutaneous tissue.

#### Pectoral Etching and Puncture Glandular Removal

A 3, 4, or 5 mm cannula can be used for liposuction. "Cross-tunneling" is done in all areas. We prefer the three-hole basket cannula to suction the chest. Once the chest is suctioned to an appropriate thinness, then a more complete and aggressive suctioning is performed in the axilla and areas to be etched. The fat overlying the pectoralis muscle may be two to three times thicker than the axilla and etched perimeter.

At intervals, the pad thickness should be checked for symmetry and smoothness. The intraoperative results closely correlate with the final results. Superficial erythema, especially in the "etched" areas, is often seen intraoperatively. The incisions are left open.

Then the glandular portion must be reassessed. Occasionally, the liposuction can be adequately treated and no further gland removal is necessary. However, there is often persistent glandular tissue that is resistant to suction removal. Through the periareolar puncture incision a thin blunt-tipped scissor is used to perform subareolar dissection, cutting the gland ducts connecting the nipple to the gland. Then the scissors are used to dissect around the back of the gland to leave the resistant fibrous tissue nearly free floating. Strips of glandular tissue are then transected and removed in a "piecemeal" fashion for complete removal. The contour here should be only slightly overcorrected. One 4-0 catgut suture is placed to close the dermis.

#### Modified and Full Abdominal Etching

The surgeon begins wide liposuction of the deeper fatty tissues to thin the fat pad to 1-2 cm. After smoothness is achieved, etching is performed to thin the areas over the linea alba and semilunaris. Superficial liposuction is done at the marked areas until there is apparent furrowing or deepening of the natural crease on the table. In patients with less than 15% body fat, the transverse inscriptions of the rectus muscle are etched. This leaves a thicker fat pad in the islands overlying the muscular fullness where muscular enhancement was necessary. Also, there should be less subcutaneous fat over the muscular inscriptions to be enhanced (the etched areas).

The pinch technique can be used to check for thickness of the fat pad. A pinch test typically demonstrates less than 1 cm at the area of superficial liposuction and a

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### Patient Profile



This is a 21-year-old male who has suffered the stigma of having over developed "woman-like breasts." He developed mentally and emotionally over this deformity for many years. The patient's concern developed at puberty when he received a lot of teasing regarding his feminine chest. He hid his chest involving

multiple layers of clothing, holding his arms folded over his chest, carrying things high on his chest and, worst of all, as seen by these pictures, placing electrical tape on his chest. He researched gynecomastia on the Internet and found our Website. When the patient came into the office he expressed a strong desire to undergo surgery to finally

remove his deformity. Surgery was uneventful and on his postoperative visit he seemed like a completely changed person. He was happy and joyful. His esteem had greatly improved. The patient now wears whatever he desires. He enjoys outdoor activities without having to wear a shirt and has become one of our most grateful patients. ■

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## Before & After



Before and after puncture removal of gynecomastia and modified abdominal etching. The patient was 39 years old at the time of surgery. After photos were taken at 4 months postoperative. Notice that the 3-mm incision, at 6 o'clock on each areola, has healed well and is unnoticeable.

1-2 cm fatty pinch overlying the muscle bulk. Typically, there is an immediate enhancement of the abdominal contour. This technique often creates moderate erythema on the skin surface moderating the superficial liposuction that may last 24 hours. Liposuction is also performed lateral to the rectus muscles over the oblique muscle to the result.

Dressings consist of ABD or 4 x 4 gauzes, with adhesive foam cut into linear strips and an elastic vest with sleeves. This

type of vest provides better axillary compression. The foam remains in place for 1 week; the binder should also be worn for 1 week. Garments are usually changed to a tight Lycra T-shirt. Exercise is allowed 5 days after surgery.

#### Discussion

Generally, a smooth, even, fatty layer is most important in liposuction. Contour irregularities of the chest are easily created and remain readily visible. Problems with

skin excess and wrinkling make heavy breasts a difficult area for liposuction. Many surgeons leave a centimeter of fat under the skin and generally leave the original contours. This technique does not always accomplish the goals of many young, athletic patients. Furthermore, generalized liposuction can leave the chest too flat and with no appealing architecture.

This sculpting liposuction strategy is another approach to chest contouring. Leaving a thicker fat pad over the muscle

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bulk with etching at the edges can create a more athletic appearance and enhance the muscular appearance.

#### Conclusion

Puncture removal and pectoral etching was designed specifically to enhance the natural musculature for patients. Pectoral etching utilizes liposuction to create an athletic chest in weekend athletes. Puncture removal allows men to undergo breast gland removal for a more "beach-friendly" scar. The procedure has minimal risks and is easily performed. The surgeon selectively reduces chest fat, and removes excess glandular tissue based upon the patient's anatomy. The patient's athletic appearance is enhanced by refining the chest muscle bulk to approach the chiseled, linear anatomy seen in classic anatomical drawings of the chest. ■

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## The Brains Behind the Boy

For the younger patient, addressing the psyche is just as important as addressing the body by Frederick N. Lukash, MD

How many times have you heard that sticks and stones may break your bones but names will never harm you? Well, not if you are called a "girly man" because your masculine physique is not so masculine. Too many boys afflicted with gynecomastia will not take off their shirts in public for fear of derision. This means high anxiety at the beach, camp, in gym class, and certainly socially as boys become men and start to date.

Probably no other condition in males can generate such negative self-esteem and embarrassment as feminization of the male chest. This condition can be the result of a hormonal problem, certain medications and drugs, or just plain bad luck at puberty. However, assuming the individual is deemed medically healthy the problem can easily be corrected.

from straight excision to pure liposuction or a combination of liposuction modalities.

When treating a person with gynecomastia it is important to recognize that this individual is carrying "excess baggage" that is emotional as well as physical. It is important to be perceived as kind and understanding, especially with regard to adolescents. Here you may be dealing with a psychological dysfunction that transcends the entire family. A clear outline of the problem and the ease of treatment can relieve the stress of the affected individual and involved family members.

One final note of caution to surgeons who may undertake this procedure: understand the anatomy and the psychology of the individual you are treating. Be conservative because overcorrection can be worse than no correction at all and above all, especially with young boys be sensitive, considerate, and understanding. ■

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