ISAPS® PATIENT SAFETY

INFORMED CONSENT OF THE INTERNATIONAL SOCIETY OF AESTHETIC PLASTIC SURGERY

INFORMED CONSENT FOR GYNECOMASTIA SURGERY (REDUCTION MAMMAPLASTY / MALE CHEST CONTOURING)

July 17, 2026

PATIENT INFORMATION

Patient Full Name: _____

Date of Birth: _____

Medical Record No.: _____

Procedure: _____

Operating Surgeon: _____

Planned Date of Surgery: _____

1. NATURE OF THE PROCEDURE

Gynecomastia is the enlargement of male breast tissue due to hormonal imbalance, medications, certain health conditions or unknown causes. Surgery aims to reduce excess glandular tissue, fat and skin to achieve a flatter and firmer chest contour.

The procedure may involve one or a combination of the following techniques:

- Liposuction – to remove excess fatty tissue through small incisions;
- Excision (glandular resection) – to remove excess glandular tissue and/or skin;
- Combination of liposuction and excision;
- Repositioning or reduction of the areola/nipple complex, if required.

The specific technique will be determined by the surgeon based on the degree of gynecomastia, skin elasticity and individual anatomy. Surgery is typically performed under general anesthesia or sedation.

2. CLASSIFICATION OF GYNECOMASTIA

Gynecomastia is classified into grades based on the amount of tissue enlargement, excess skin and degree of ptosis (drooping). Understanding the classification helps determine the most appropriate surgical technique and sets realistic expectations regarding scars and recovery.

Simon / Webster Classification (Most Widely Used)

GRADE	DESCRIPTION	CLINICAL FEATURES	TYPICAL SURGICAL APPROACH
Grade I	Minor enlargement	Small increase in breast tissue; no skin excess; no ptosis.	Liposuction alone or with minimal glandular excision.
Grade IIa	Moderate enlargement	Moderate breast tissue increase; no skin excess.	Liposuction + periareolar glandular excision.
Grade IIb	Moderate enlargement with skin excess	Moderate breast enlargement; mild skin laxity beginning.	Liposuction + excision ± periareolar skin removal.
Grade III	Marked enlargement with ptosis	Significant tissue; marked skin excess; nipple-areola ptosis similar to female breast.	Excision with skin reduction; may require nipple repositioning; longer scars expected.

Composition-Based Classification

In addition to grade, gynecomastia is further classified by the predominant tissue type:

- Glandular gynecomastia – Firm, dense breast tissue beneath the nipple-areola complex. Requires direct excision; does not respond to liposuction alone. More common in adolescents and in cases related to hormonal stimulation;
- Fatty gynecomastia (known as **Pseudogynecomastia**) – Excess adipose (fat) tissue with minimal glandular component. Responds well to liposuction alone. Often associated with obesity or weight gain;
- Mixed gynecomastia – Combination of glandular tissue and fat. Most common presentation in adults. Requires both liposuction and glandular excision for optimal results.

The predominant tissue type directly influences the surgical approach, the extent of incisions and the expected contour outcome.

Etiology (Cause-Based Classification)

Identifying the underlying cause is important, as some forms of gynecomastia may recur if the root cause is not addressed:

- Physiological gynecomastia – Occurs in newborns, adolescents (puberty) and older men (aging-related hormonal changes). Often resolves spontaneously in adolescents;
- Drug-induced gynecomastia – Associated with anabolic steroids, anti-androgens, certain antidepressants, antihypertensives, proton pump inhibitors or recreational drug use (e.g., marijuana, alcohol). Discontinuation of the causative agent is recommended before surgery;
- Pathological gynecomastia – Secondary to conditions such as hypogonadism, hyperthyroidism, liver disease, renal failure or tumors (testicular, adrenal, pituitary). A full medical workup is required prior to surgical planning;
- Idiopathic gynecomastia – No identifiable cause found despite thorough investigation. Surgery may be indicated when significant cosmetic or psychological impact is present.

3. GOALS AND EXPECTED OUTCOMES BY GRADE

The goal of this surgery is to improve the shape and appearance of the male chest. Expected outcomes differ according to the gynecomastia grade, tissue composition and individual patient characteristics. While the surgeon will make every effort to achieve the best possible result, a perfect or symmetrical outcome cannot be guaranteed.

Grade I – Expected Outcomes

- High likelihood of flat, well-contoured chest with minimal visible scarring.
- Incisions limited to small access ports (2–4 mm) for liposuction, or a short periareolar incision.
- Rapid recovery; most patients return to light activities within 1–2 weeks.
- Skin retraction is generally good given the absence of excess skin.
- Risk of contour irregularities is low when performed by a board-certified plastic surgeon.

Grade IIa – Expected Outcomes

- Good to excellent chest contour achievable with combined liposuction and glandular excision.
- Periareolar scar (around the lower edge of the areola) typically fades well over 6–12 months.
- Mild residual skin laxity may be present initially but usually improves as swelling resolves.
- Nipple sensation changes are possible but most often temporary.
- Revision rate is low in properly selected patients.

Grade IIb – Expected Outcomes

- Good contour improvement expected; some residual skin laxity may require staged correction.
- Periareolar or short horizontal scars; scar quality is variable and depends on skin type and healing.
- Compression garment use is critical to minimize swelling and support skin retraction.
- Second-stage skin tightening procedure may occasionally be necessary.
- Longer recovery compared to lower grades; swelling may persist for 3–4 months.

Grade III – Expected Outcomes

- Significant improvement in chest contour and profile is expected; however, longer and more visible scars are an inherent trade-off.
- Scars may extend around the areola and horizontally or vertically on the chest wall depending on technique.
- Nipple-areola repositioning may be required and carries additional risks including partial nipple loss. In certain patients it will be necessary a nipple-areola graft.
- Skin excess may not fully resolve in a single procedure; staged surgery may be planned.
- Recovery is more prolonged, with final results becoming visible at 6–12 months postoperatively.
- Patients with significant skin excess should have realistic expectations regarding scar location and length.

General Factors Influencing Outcomes

- Skin elasticity and residual skin laxity after tissue removal.
- Predominant tissue type (glandular vs. fatty vs. mixed).
- Patient age – younger patients generally have better skin retraction.
- BMI and weight stability – significant weight fluctuation after surgery can alter results.
- Smoking history – impairs healing and increases complication risk.
- Adherence to postoperative instructions including compression garment use.
- Underlying cause of gynecomastia – if not resolved, recurrence is possible.

4. RISKS AND COMPLICATIONS

As with any surgical procedure, gynecomastia surgery carries risks. These include but are not limited to:

General Surgical Risks

- Bleeding (hematoma) or seroma (fluid accumulation);
- Infection requiring antibiotics or additional treatment;
- Adverse reaction to anesthesia;
- Blood clots (deep vein thrombosis/pulmonary embolism);
- Delayed wound healing.

Procedure-Specific Risks

- Asymmetry between the two sides of the chest;
- Contour irregularities or uneven appearance;
- Changes in nipple or breast skin sensation (temporary or permanent);
- Visible or hypertrophic scarring at incision sites;
- Nipple necrosis (rare) due to compromised blood supply;
- Recurrence of gynecomastia if underlying cause is not addressed;
- Need for revision surgery to correct unsatisfactory results;
- Under-correction or over-correction;
- Skin discoloration or prolonged swelling.

Serious complications are uncommon but may require hospitalization, additional procedures or medical intervention.

5. ALTERNATIVES TO SURGERY

The following non-surgical alternatives may be considered:

- Observation – if gynecomastia is mild and causes no significant discomfort;
- Medication adjustment – if gynecomastia is drug-induced;
- Hormonal therapy – in selected cases under endocrinological evaluation;
- Compression garments – for symptomatic relief without correcting the underlying condition.

These alternatives may not provide the same aesthetic or long-term results as surgery. The risks and benefits of each option should be discussed with your physician.

6. PREOPERATIVE INSTRUCTIONS

Before surgery, the patient must:

- Complete all required preoperative medical evaluations and laboratory tests;
- Disclose all current medications, supplements and herbal remedies;
- Stop taking aspirin, anti-inflammatory drugs and blood thinners as directed;
- Refrain from smoking and alcohol consumption for at least 4 weeks before surgery;
- Fast (no food or liquids) for at least 8 hours prior to surgery;
- Arrange for a responsible adult to drive home and assist for the first 24 hours;
- Inform the surgeon of any recent illness, cold or change in health status.

7. POSTOPERATIVE CARE AND RECOVERY

After surgery, the patient agrees to:

- Wear a compression vest or garment as instructed (usually 4–6 weeks);
- Limit physical activity and avoid strenuous exercise for 4–6 weeks;
- Keep incision sites clean and dry; follow wound care instructions;
- Attend all follow-up appointments as scheduled;
- Avoid direct sun exposure to incision areas for at least 6–12 months;
- Report promptly any signs of infection, unusual swelling or severe pain;
- Abstain from smoking throughout the recovery period.

Swelling and bruising are expected and typically resolve within a few weeks. Final results may take 3–6 months to fully appear.

8. ANESTHESIA

This procedure will be performed under:

☐ General Anesthesia ☐ IV Sedation / Local ☐ Local Anesthesia Only

The risks of anesthesia include, but are not limited to, nausea, allergic reactions, respiratory complications and, in rare cases, serious adverse events. These risks will be further explained by the anesthesiologist.

9. PHOTOGRAPHY AND DOCUMENTATION

Pre- and postoperative photographs are routinely taken for medical documentation. By signing this consent, the patient:

- Authorizes photographs for medical records;
☐ Grants permission for anonymized use in medical education or publications;
☐ Declines use for educational or publication purposes.

10. FINANCIAL RESPONSIBILITY

The patient acknowledges that:

- Fees for the surgical procedure, anesthesia and facility have been disclosed and agreed upon;
- Revision surgery, if required, may involve additional costs;
- Insurance coverage for gynecomastia surgery varies; it is the patient's responsibility to verify coverage;
- Costs related to complications, extended recovery or additional treatments may not be included in the original surgical fee.

11. DECLARATION OF INFORMED CONSENT

I, the undersigned, confirm that:

- I have read and understood the information contained in this document;
- I have had the opportunity to ask questions and all my questions have been answered to my satisfaction;
- I understand the nature, risks, benefits and alternatives of the proposed procedure;
- I understand that no guarantee of results has been made;
- I freely and voluntarily consent to the performance of gynecomastia surgery;
- I understand I may withdraw consent at any time prior to the procedure;
- I have not been coerced or pressured to sign this consent.

If any aspect of this consent is unclear, please ask your surgeon before signing.

INTERNATIONAL DISCLAIMER (UNIVERSAL USE)

This document is intended as an **international reference template** and **does not replace local legal requirements**. It must be adapted to applicable **local laws**, **regulations**, **institutional policies** and **clinical context**. If any section conflicts with local requirements or standards, local requirements or standards prevail.

Patient Signature: _____ Date: ___/ ___/ ___

Printed Name: _____

Surgeon Signature: _____ Date: ___/ ___/ ___

Printed Name: _____

Legal Guardian/Witness
Signature (optional/local policy): _____ Date: ___/ ___/ ___

Printed Name: _____

Interpreter Signature (if applicable): _____ Date: ___/ ___/ ___

Printed Name / ID: _____