WHEN TO REFER GYNECOMASTIAS, BREAST ASYMMETRIES AND BREAST REDUCTIONS

Carmen Torre Beltrami
Plastic and Reconstructive surgeon
St James´s Hospital and Beacon Hospital

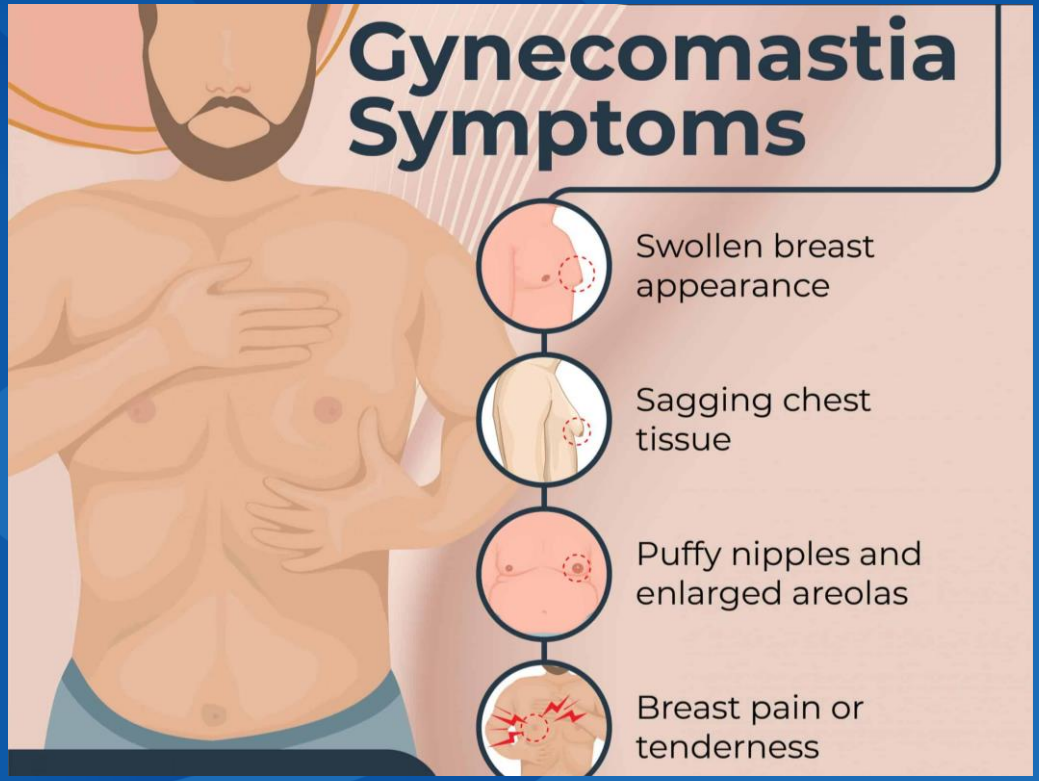
05-04-2025

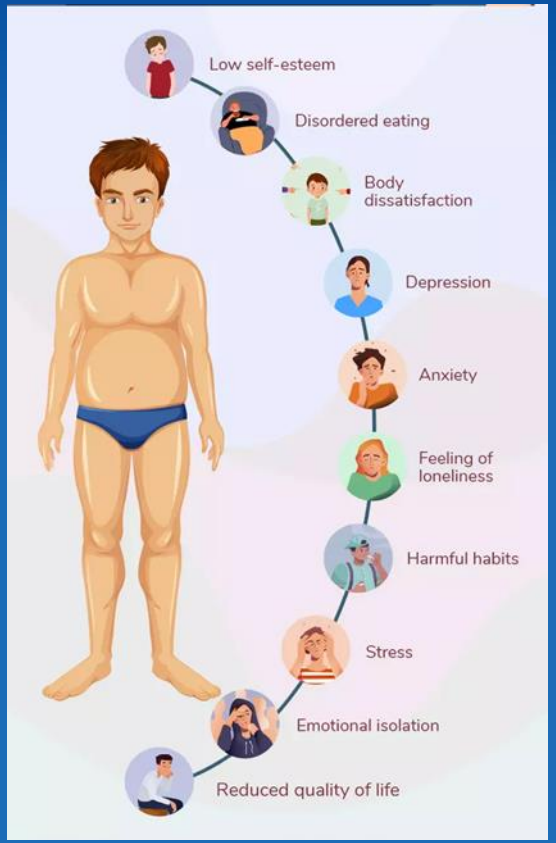
Internal use only by approved personnel. Unpublished Work © Beacon Hospital. All rights Reserved. In Strict Confidence.

Beacon Hospital
THIS IS MODERN MEDICINE

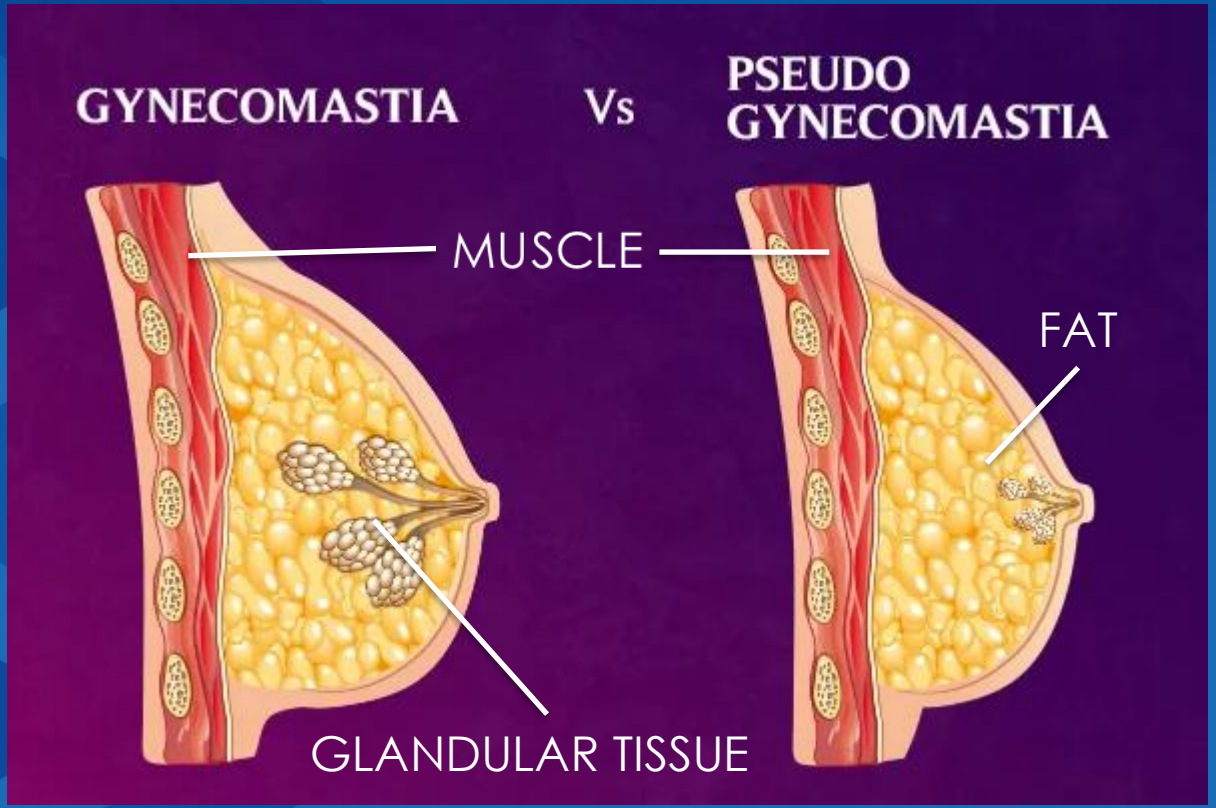
GYNECOMASTIA

Beacon Hospital

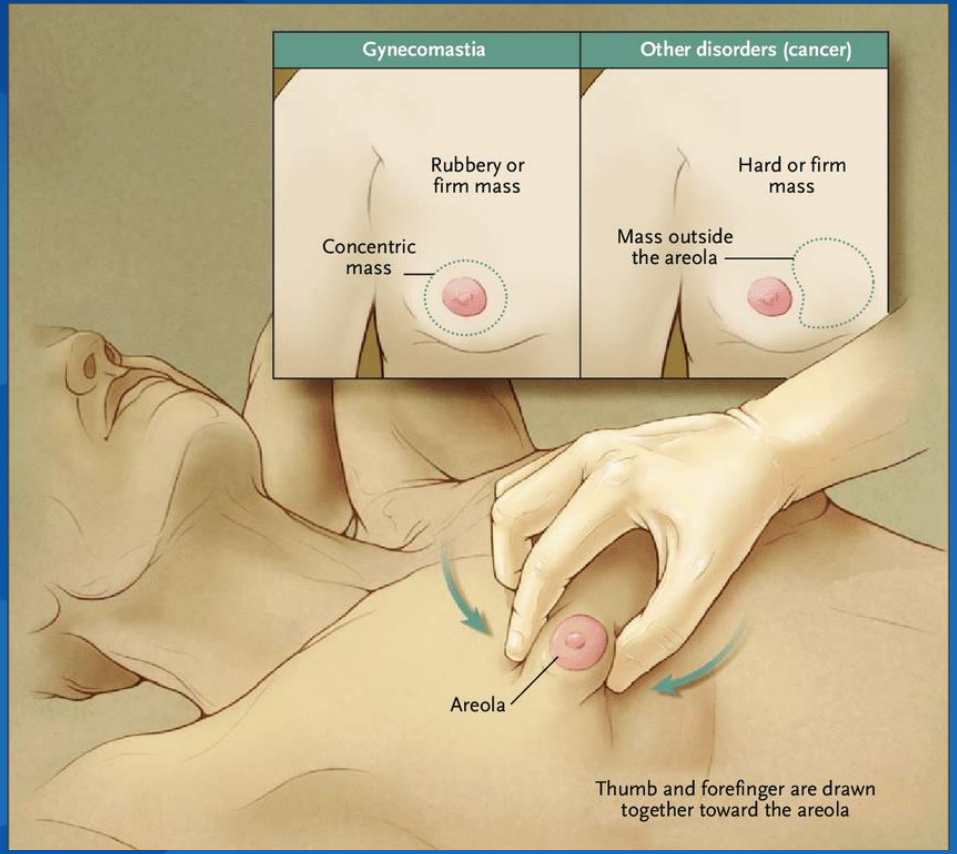




Beacon Hospital



Beacon Hospital



Beacon Hospital

PRIVATE INSURERS

Beningn **glandular** enlargement due to ductal proliferation, stromal proliferation or both. Confirmation of **diagnosis must be made on both** physical examination that confirms that the gynecomastia is true gynecomastia and not pseudogynecomastia and either mammography or tissue pathology and laboratory/ on medical management to date to correct any reversible causes.

WHEN TO REFER GYNECOMASTIAS, BREAST ASYMMETRIES AND BREAST REDUCTIONS

CAUSES OF GYNECOMASTIA:

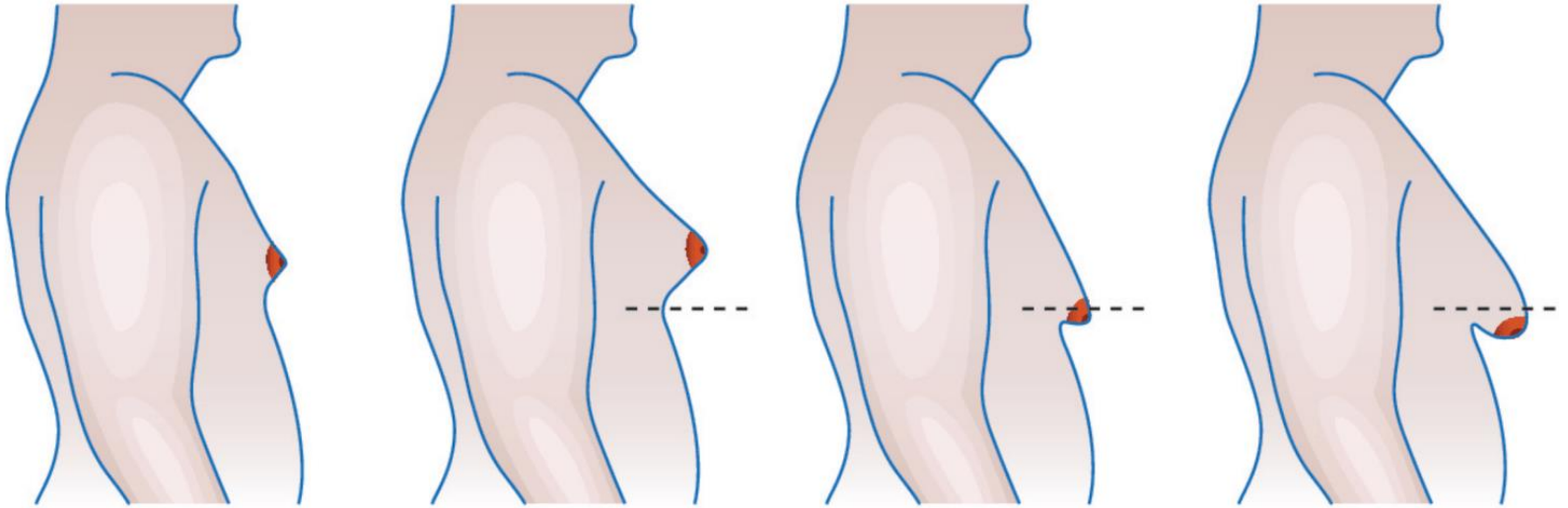
- HORMONAL PROBLEMS
    - HYPERPROLACTINEMIA (9%)
    - HYPOGONADISM (20%)
    - KLINEFELTER´S SYNDROME

- MALIGNANCIES (ESPECIALLY UNILATERAL) (<1%)
- SECONDARY EFFECT FROM SOME MEDICATIONS /DRUGS (4%)
- CHRONIC LIVER DISEASE (4%)
- **IDIOPATHIC (58%)**
- HYPERTHYROIDSM
- CHRONIC RENAL FAILURE

MEDICATIONS THAT MAY CAUSE GYNECOMASTIA

- Finasteride
- Cimetidine
- Spironolactone
- Digoxin
- Ketoconazol
- Thiazides
- Phenothiazides
- Methotrexate
- Imatinib
- PrednisonE, Dexamethasone
- Phenytoin
- Substances including amphetamines, marijuana, heroin
- **Misusing anabolic steroids**

Simon classification for gynaecomastia



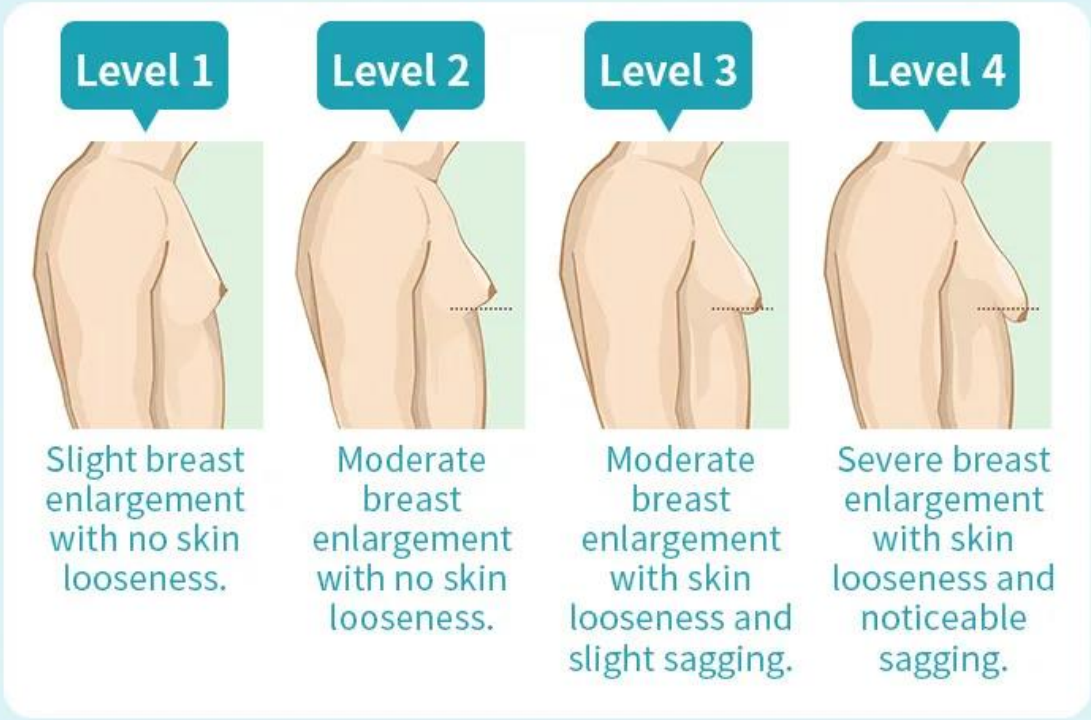
Grade 1
Small enlargement, no skin excess

Grade 2a
Moderate enlargement, no excess skin

Grade 2b
Moderate enlargement, with extra skin

Grade 3
Marked enlargement, with extra skin

Classification of Gynecomastia



WHEN TO REFER GYNECOMASTIAS, BREAST ASYMMETRIES AND BREAST REDUCTIONS

PRIVATE INSURERS : Subject to pre-certification.

Beningn **glandular** enlargement due to ductal proliferation, stromal proliferation or both. Confirmation of **diagnosis must be made on both** physical examination that confirms that the gynecomastia is true gynecomastia and not pseudogynecomastia and either mammography or tissue pathology and laboratory/ on medical management to date to correct any reversible causes.

The following conditions must be satisfied in full and relevant documentation and detail supporting the criteria must be submitted:

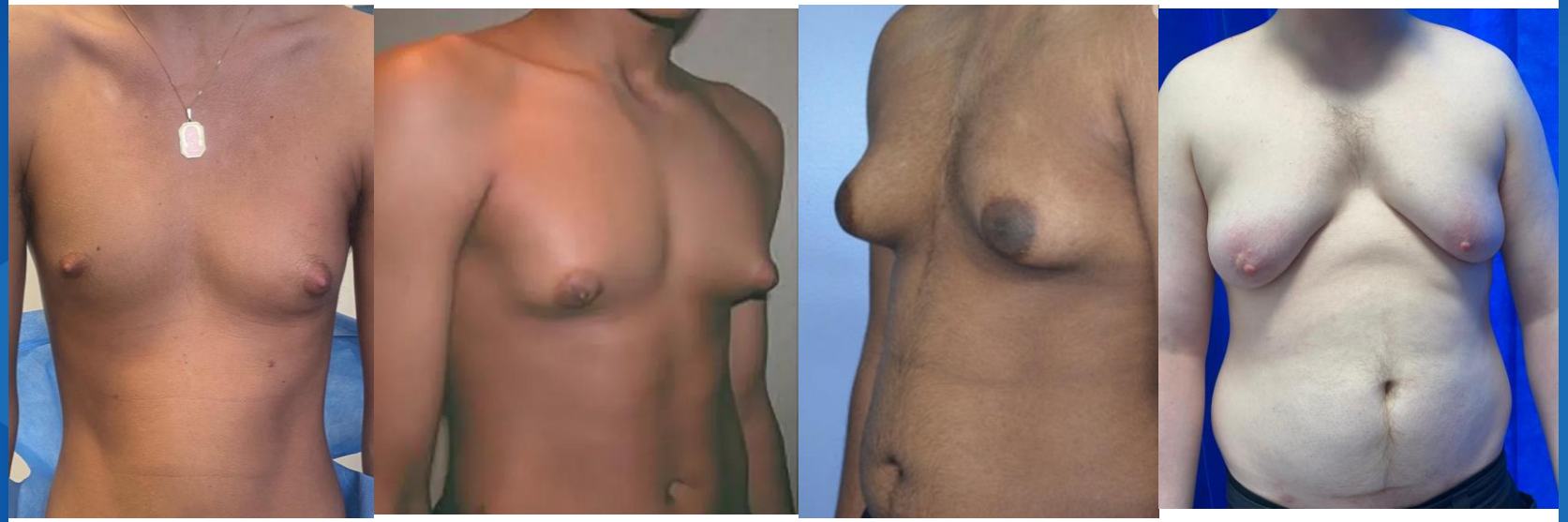
WHEN TO REFER GYNECOMASTIAS, BREAST ASYMMETRIES AND BREAST REDUCTIONS

GYNECOMASTIAS: PRIVATE INSURERS : Subject to pre-certification.

- Male >/=18 (**Laya** and **VHI**)
- Postpuberal
- BMI < 25 **(Laya)** /27.5 **(VHI)** /30 **(Irish Life)**
- Gynecomastia that has been present for at least 1 year and has persisted despite treatment for at least 4 months
- Unilateral or bilateral Gynecomastia grade III or IV:
- Grade III Gynecomastia bring moderate breast enlargement exceeding the areola boundaries with edges that are distinct from the chest with skin redundancy
- Grade IV Gynecomastia bring marked breast enlargement with skin redundancy and feminisation of the breast

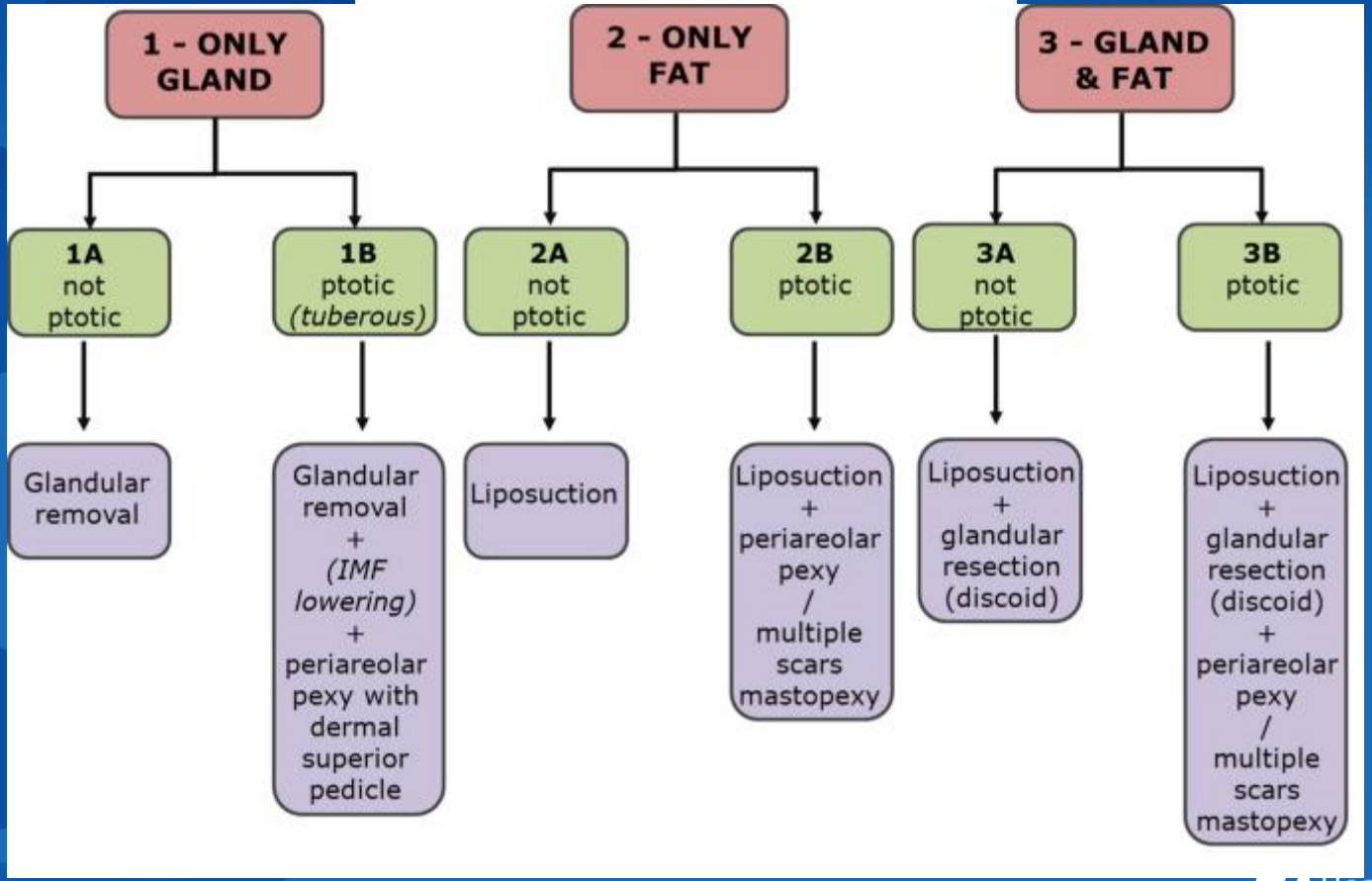
- >/= 6 months of pain or disconfort, directly attributable to breast hypertrophy, that is unresolved despite the continous use ofprecription analgesia for at least 4 weeks and significant impact on activities of daily living

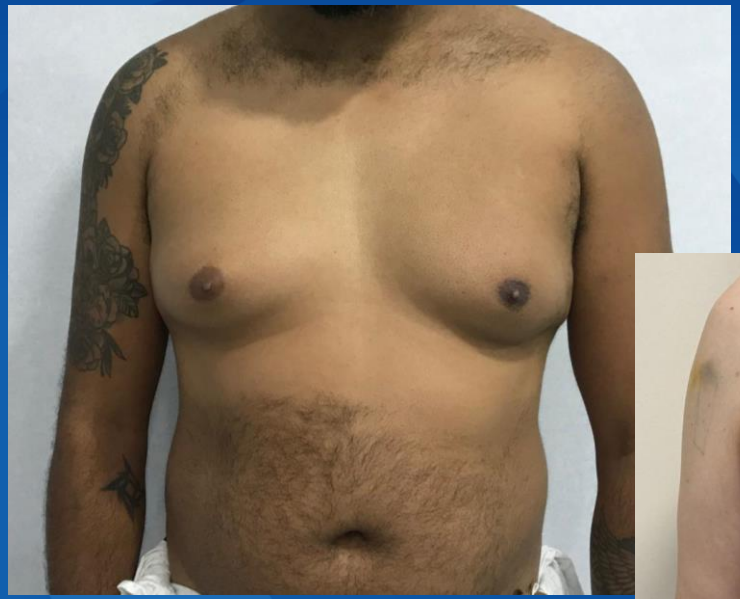
Simon classification for gynaecomastia

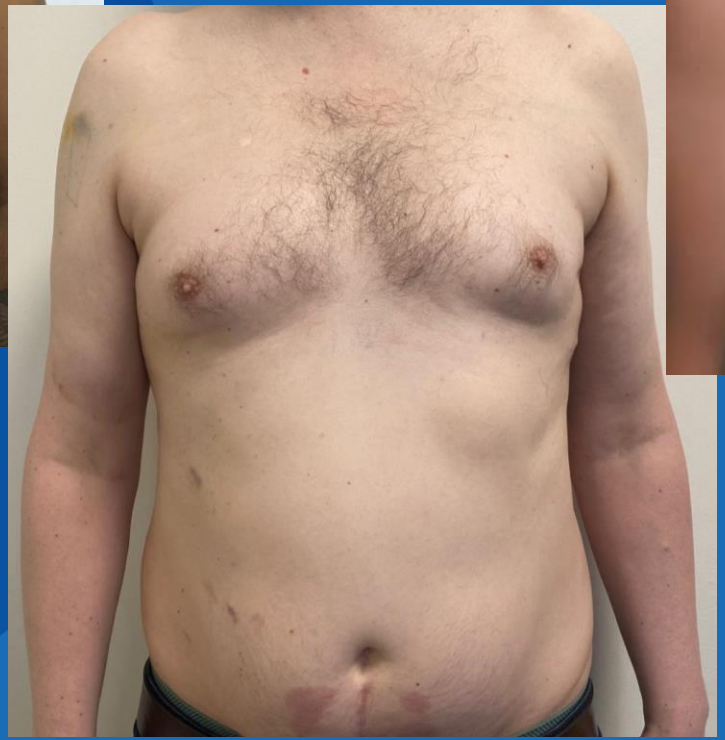


Grade 1	Grade 2a	Grade 2b	Grade 3
Small enlargement, no skin excess	Moderate enlargement, no excess skin	Moderate enlargement, with extra skin	Marked enlargement, with extra skin

SURGICAL TECHNIQUE







Beacon Hospital

FEMALE BREAST CORRECTION

How is the shape?

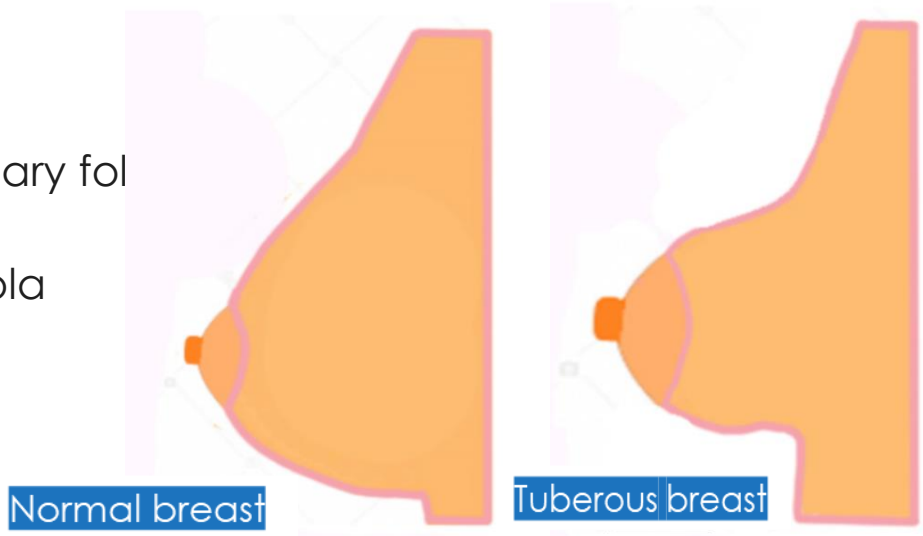
Normal

Tuberous breast

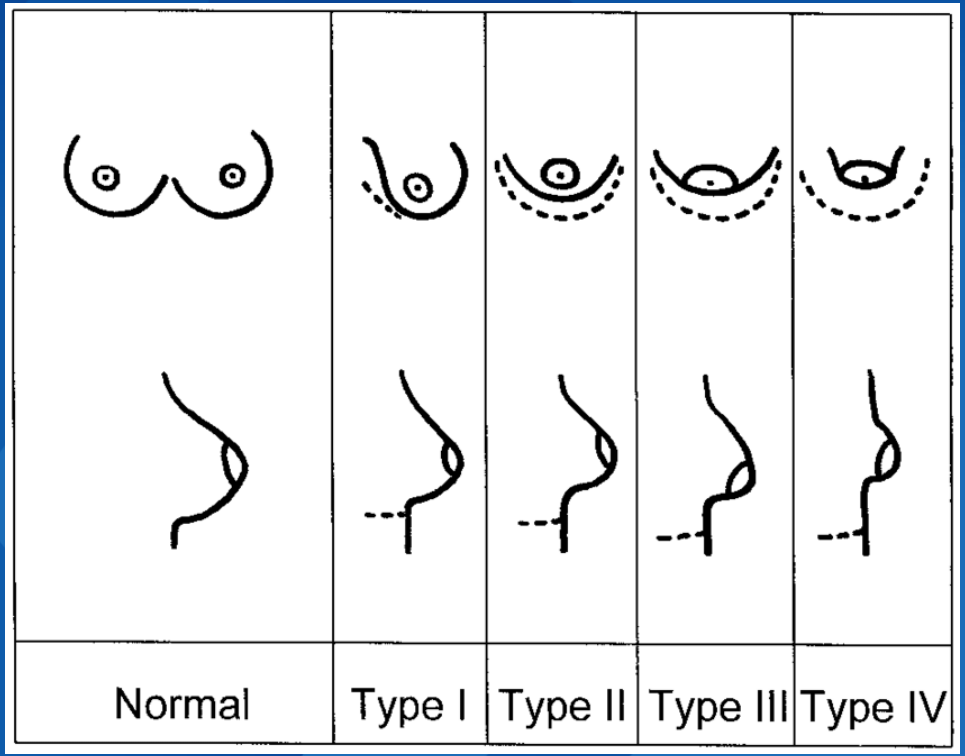
WHEN TO REFER GYNECOMASTIAS, BREAST ASYMMETRIES AND BREAST REDUCTIONS

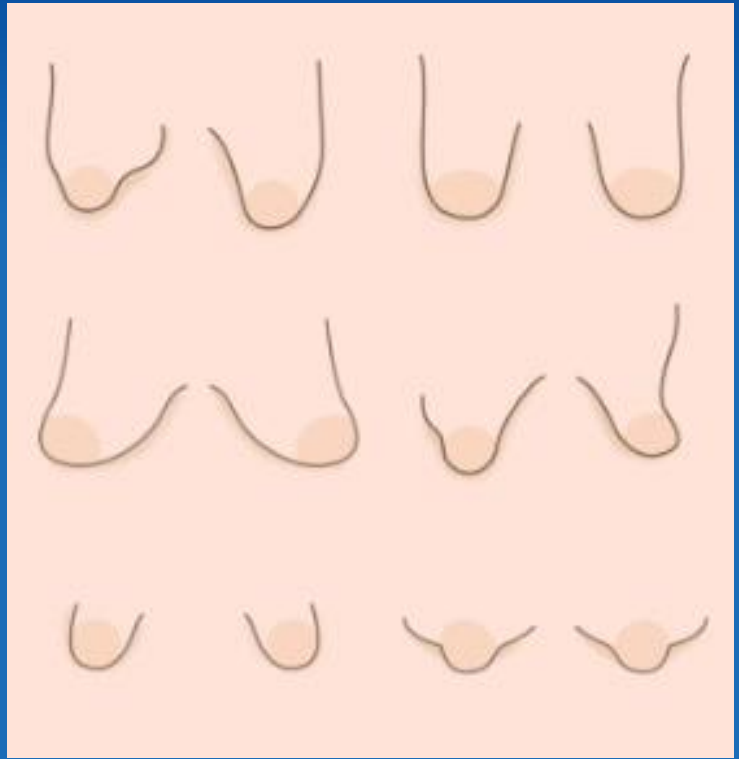
Tuberous breast deformity is a congenital breast anomaly that emerges during puberty and is characterized by:

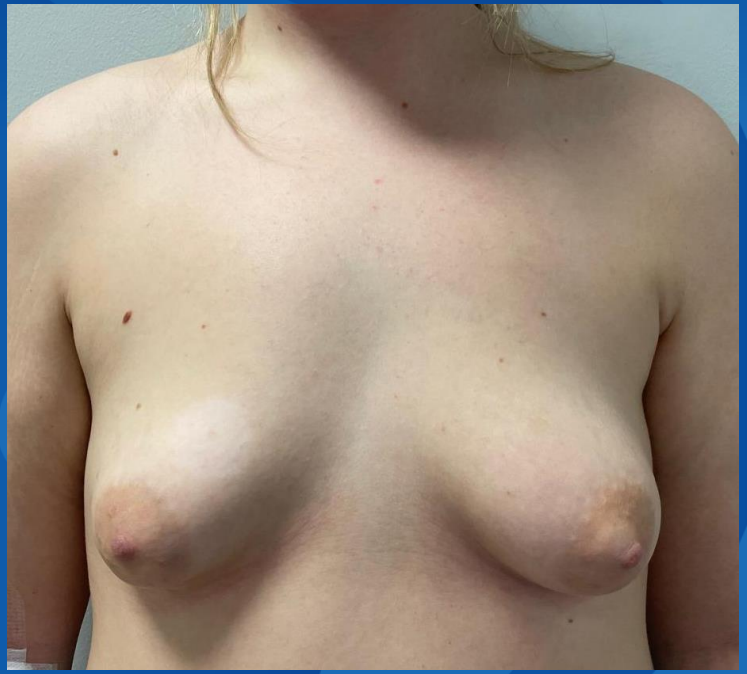
- breast base constriction
- breast hypoplasia
- superior malposition of the inframammary fol
- enlarged areola
- herniation of breast tissue into the areola
- breast asymmetry.

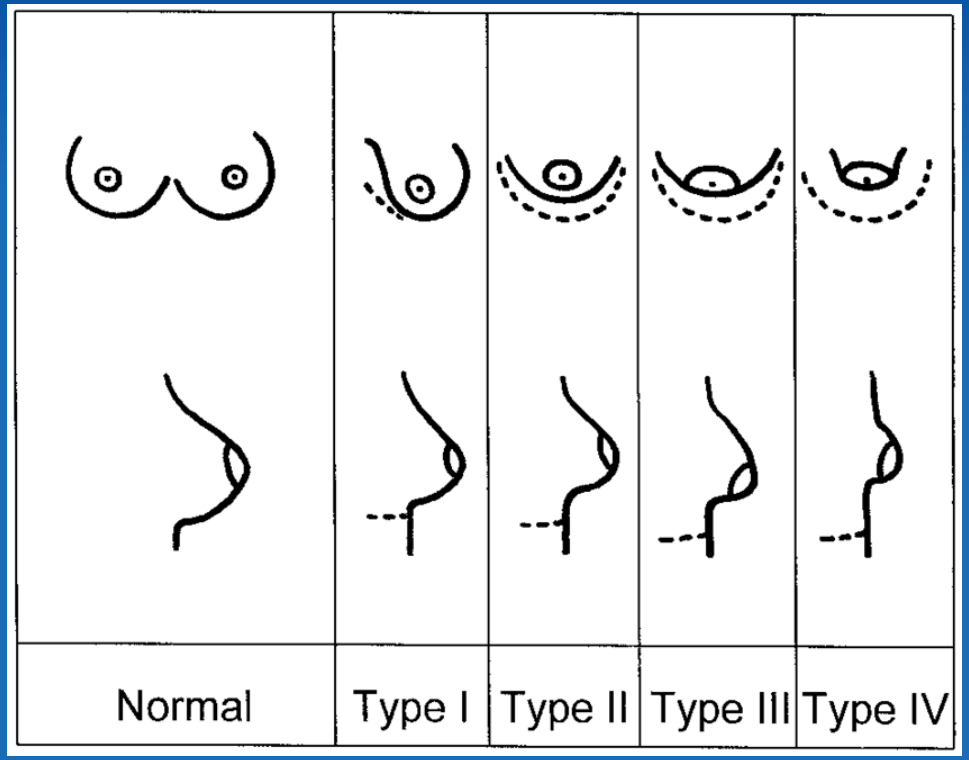


Patients may exhibit one, several or all of these characteristics in their unilateral or bilateral deformity presentation.

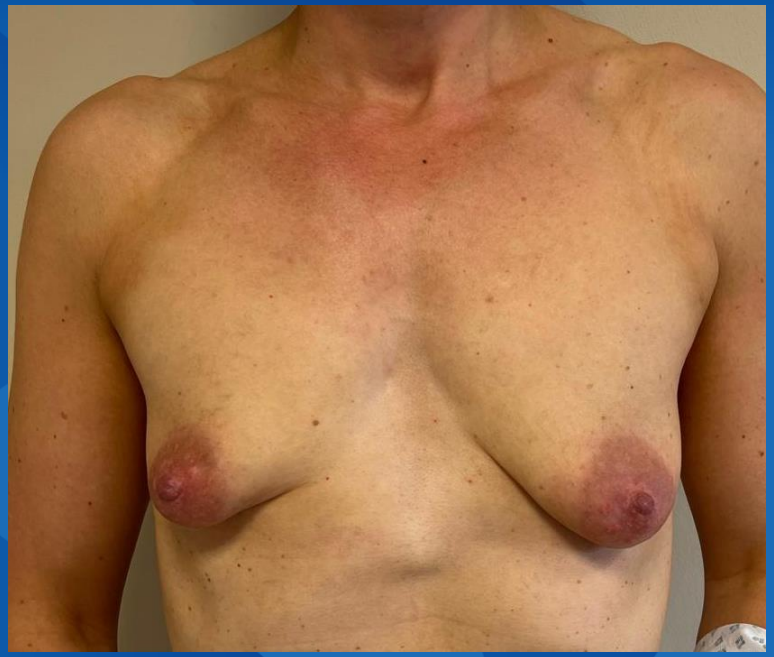

Normal
Type I
Type II
Type III
Type IV

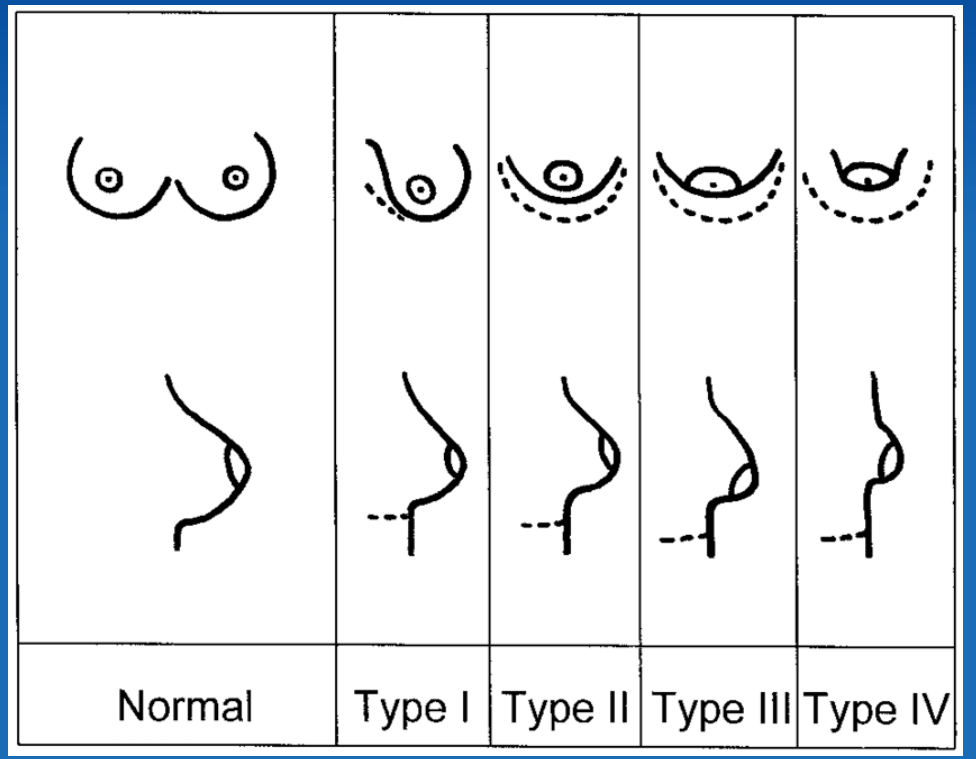






Beacon Hospital





Beacon Hospital

Most tuberous tuberous deformities are mild and are considered cosmetic surgery

Severe Tuberous deformitiy should ideally be referred to a Plastic Surgeon. They might be treated in the public System. There´s no code from the insurers covering the surgery.

Bilateral Hypoplasia is considered Cosmetic surgery, except for Poland Syndrome (complete absence of breast development inluding absence of Pectoral Major).

How is the shape?

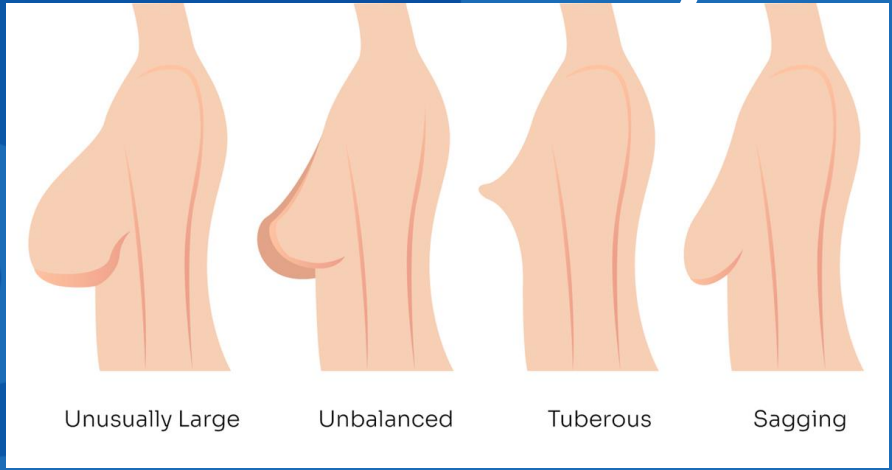
Normal

Tuberous breast

How is the shape?

Normal

- Hypertrophy
- Ptosis
- Asymmetry



Beacon Hospital

PTOTIC BREASTS

HOW TO DIFFERENTIATE HYPERTROPHY AND PTOSIS: Clinical examination

HYPERTROPHY

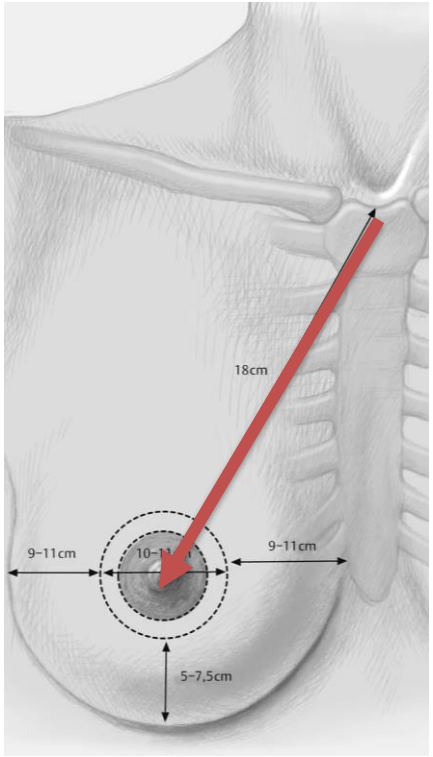
DENSE
HEAVY
FULLNES
BRA SIZE : at least F

VOLUME TO REMOVE
AT LEAST 500 GR (EACH)

BOTH

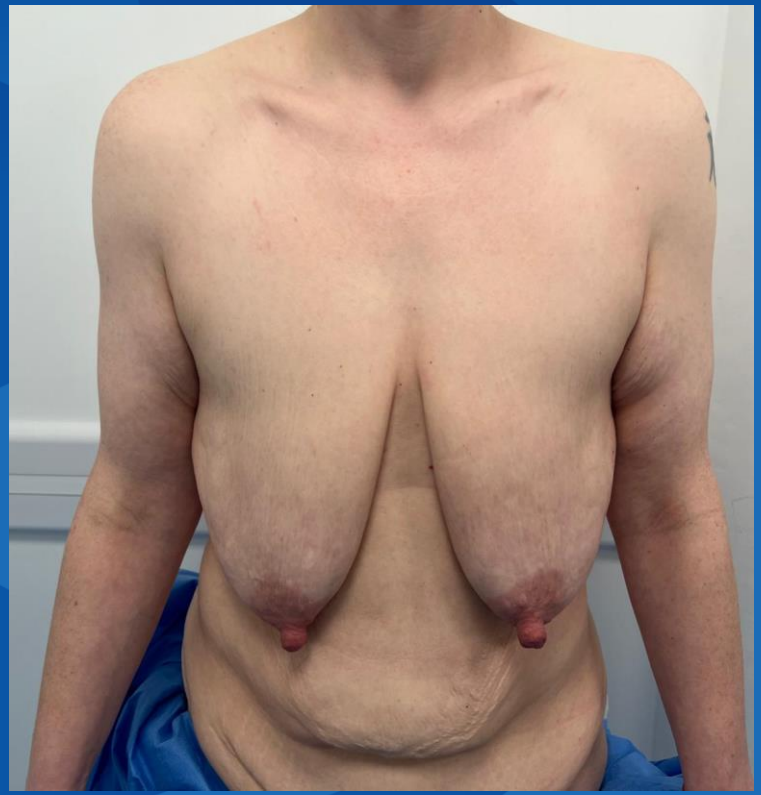
SHOULDER GROOVES
from the bra
DISTANCE FROM NOTCH
TO THE NIPPLE:
30 cm

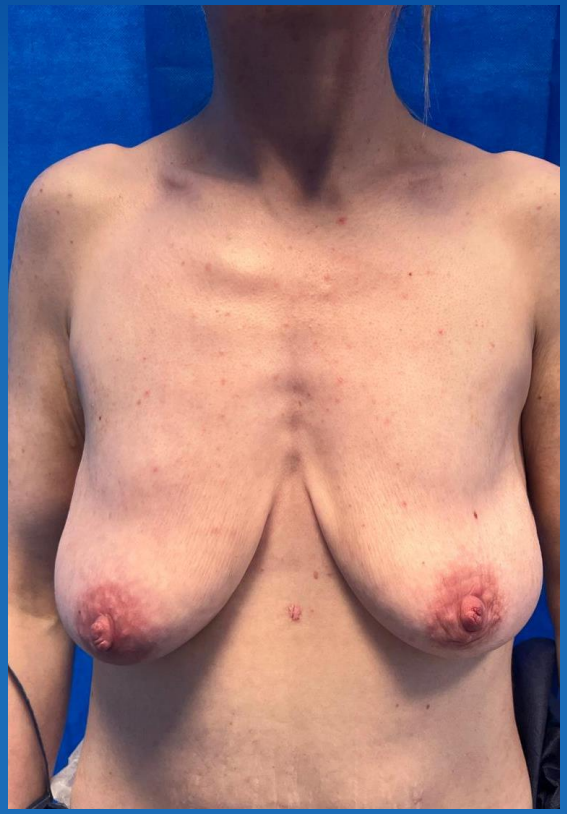
Pain symtpons, posture,
Frequent rash in IMF

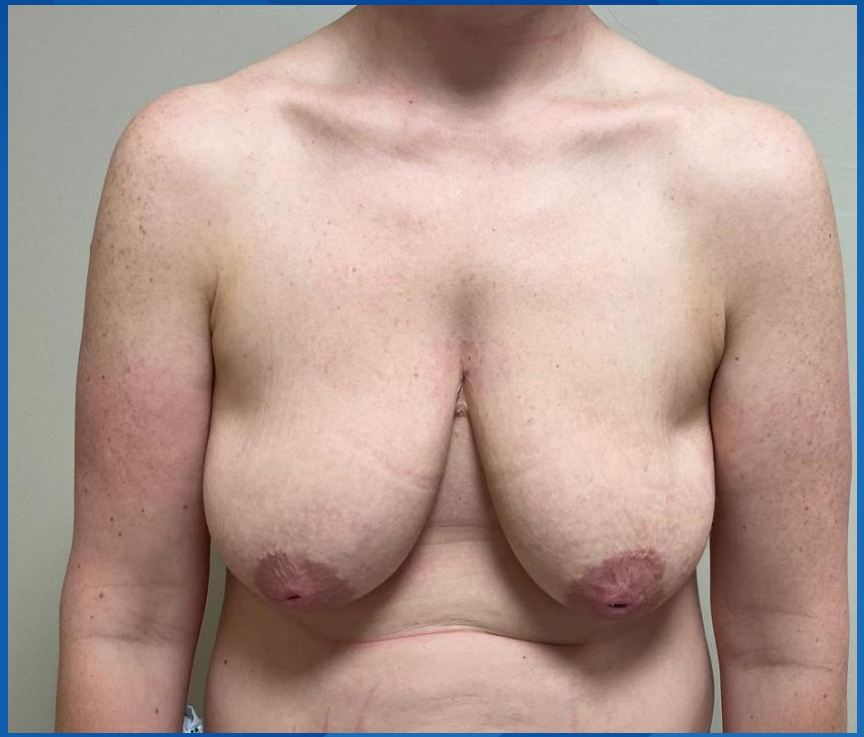


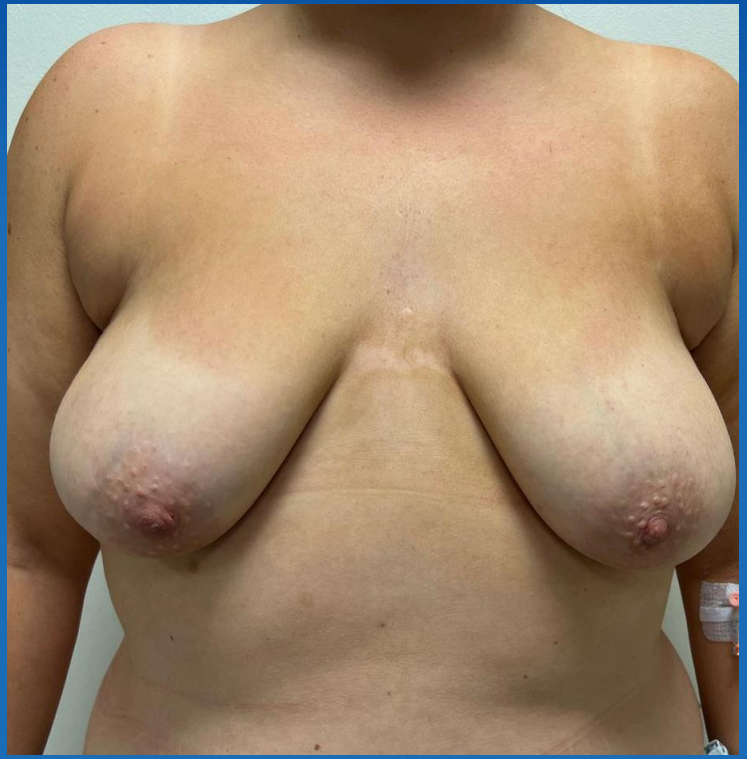
PTOSIS

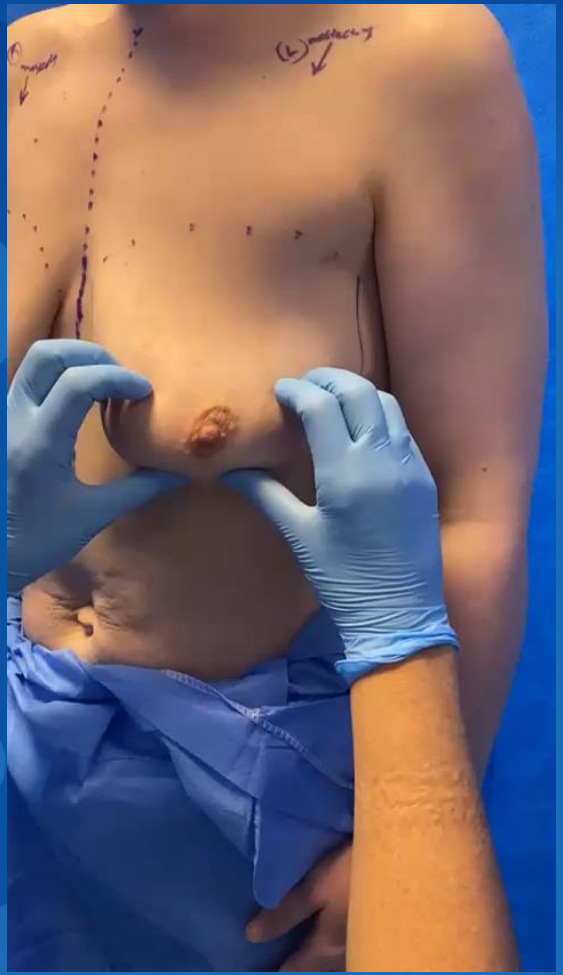
EMPTY, especially
in the UPPER POLE
GREAT SKIN EXCESS
IF WE SIMULATE A
PEXY THE VOLUME
WILL BE NORMAL











Beacon Hospital

Ptotic breasts are considered Cosmetic surgery

Small Breast Reductions are considered Cosmetic surgery

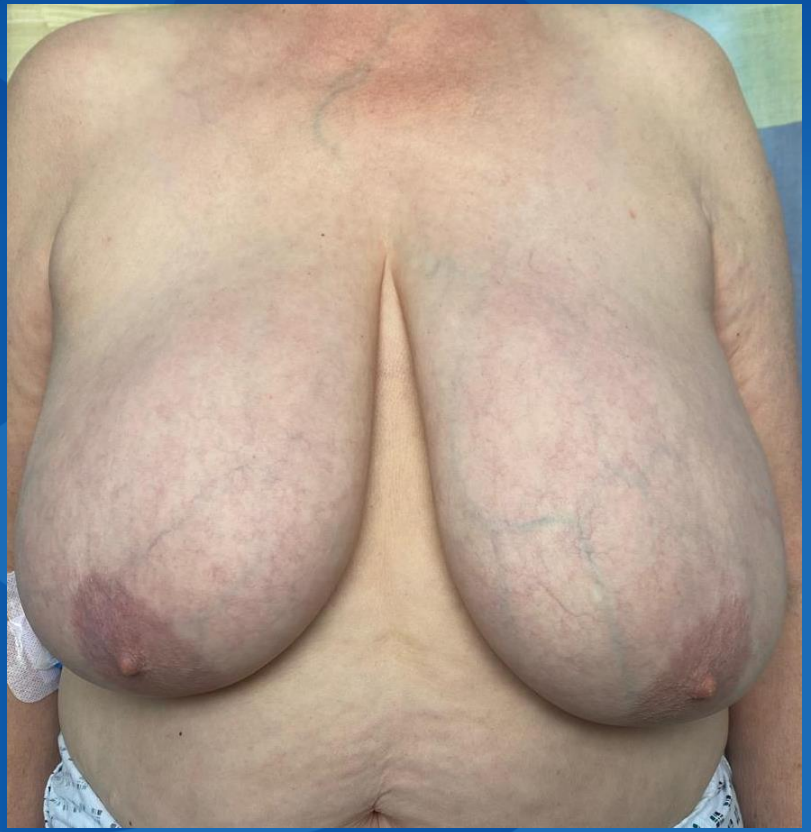
They won´t be accepted in the public system

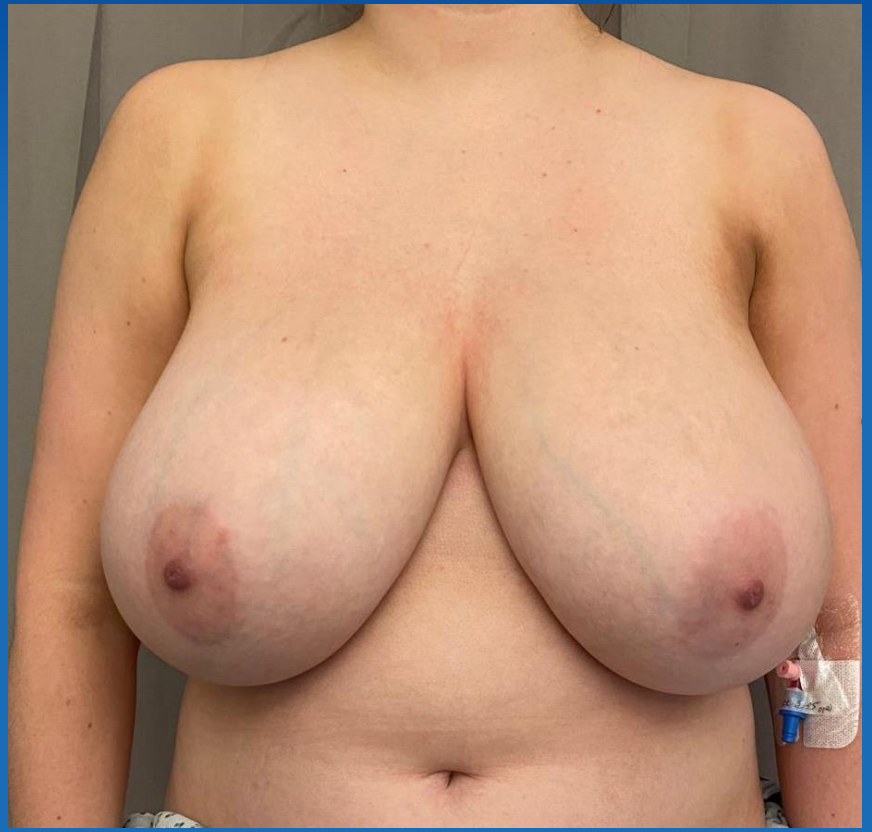
The insures won´t cover them

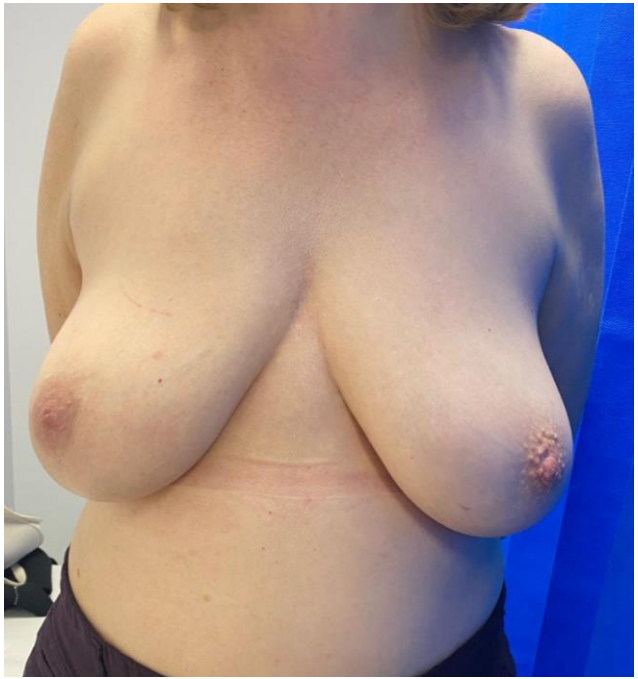
If considering cosmetic surgery, they could benefit from Mastopexy +/- Augmentation as self-pay patients.

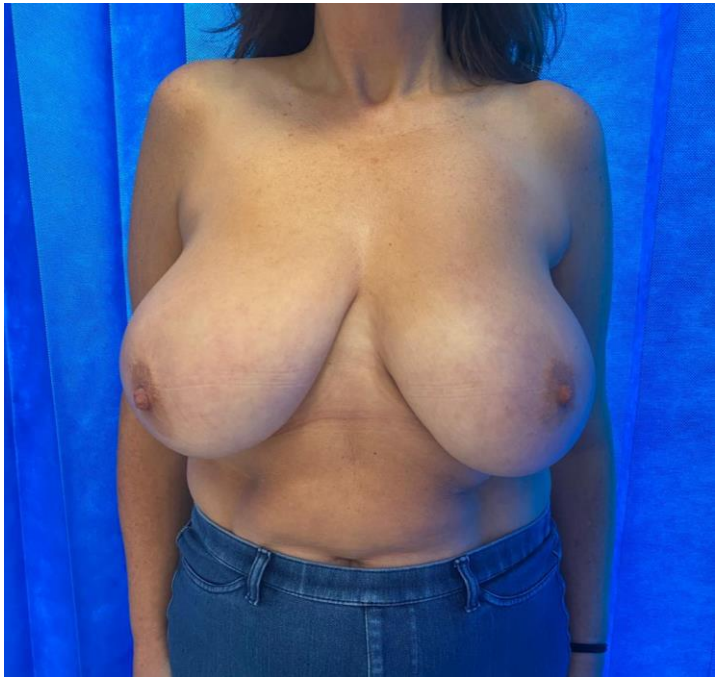
BREAST HYPERTROPHY

Beacon Hospital









BREAST REDUCTION. PRIVATE INSURERS : Subject to pre-certification.

(VHI)

- BMI < **27.5**
- Bra cup size >= F
- Thoracic or cervical back pain that has persisted for at least a continous three month period and has been sever enpough to require daily use of prescription analgesia for at least four weeks
- Acromio-clavicular syndrome

BREAST REDUCTION. PRIVATE INSURERS : Subject to pre-certification.

(Laya)

- BMI < **25**
- Bra cup size >= F
- Thoracic or cervical back pain that has persisted for at least a continous three month period and has been sever enough to require daily use of prescription analgesia for at least four weeks
- Acromio-clavicular síndrome
- Colour photograph is held to document the pathology
- Surgery Will be considered medically necessary for women meeting the symptomatic criteria specified above, regardless of BMI, when more than 1 kg of breast tissue is to be removed per breast (detail of expected tissue removal in each breast by surgeonto be included in the preauthorisationrequest and confirmation of same with operative note evidence (circled and highlighted) of tissue weight to be submitted on submission of the claim

BREAST REDUCTION. PRIVATE INSURERS : Subject to pre-certification.

(Irish Life)

- BMI < **25**
- Bra cup size >= F
- Thoracic or cervical back pain that has persisted for at least a continous three month period and has been sever enough to require daily use of prescription analgesia for at least four weeks
- Acromio-clavicular síndrome
- Skin fold rash, intertrigio

HSE. PUBLIC SYSTEM:

There´s no clear criteria. It depends on the Hospital. BMI very important (not above 25-27.5). The rest of the exploration is important too.

Other important considerations:

- They must be NON smokers.
- They must be healthy enough to go through a 3 hours GA surgery
- Ideally not planning to have children in the next few years.
- Risk of breast cancer: important to assess if they have family history of breast cancer. They might benefit from a previous visit to a Breast Surgeon or a mammogram.
- They should be aware of the scars

BREAST AYMMMETRY

- Small asymmetries are normal and don´t require surgery.

- Breast asymmetry is not considered independently and there´s no specific code for it. There are procedure codes that might apply.

- If the larger breast meets the criteria for breast reduction, it would be covered.

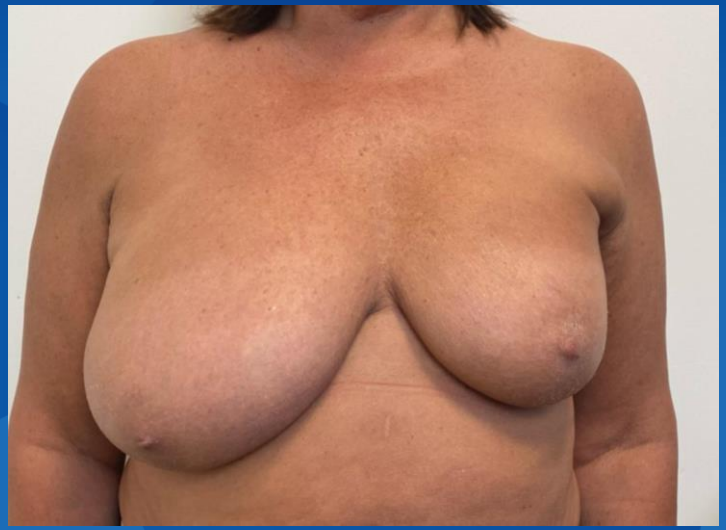
- If one of the breast has a **severe** malformation (tuberous breast, Poland Syndrome, etc), the patient should be referred.

BAPRAS GUIDELINES:

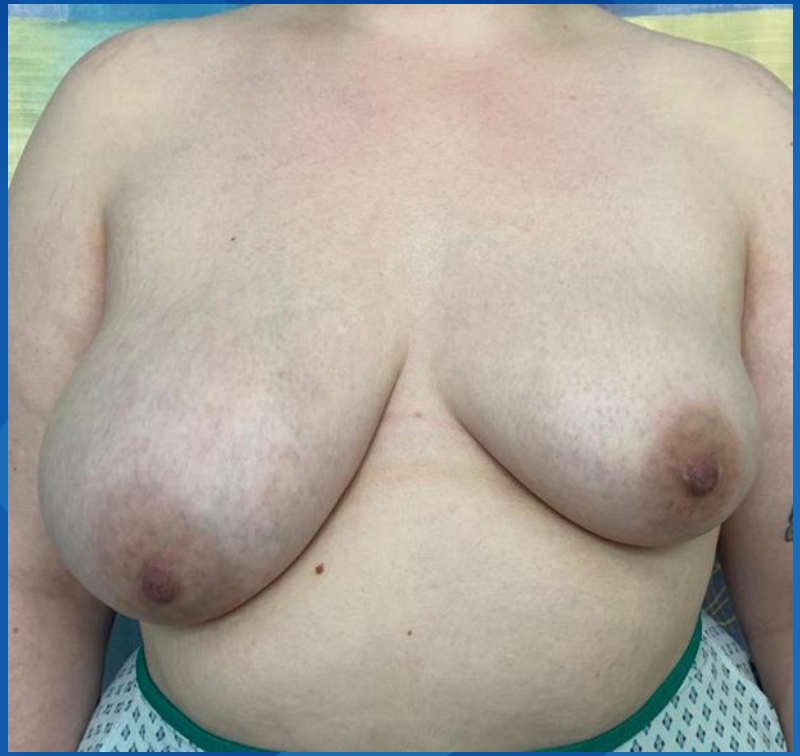
Breast enlargement (Augmentation mammoplasty) will only be performed by the NHS on an exceptional basis and should not be carried out for "small" but normal breasts or for breast tissue involution (including postpartum changes).

Exception should be made for women with an absence of breast tissue unilaterally or bilaterally, or in women with of a significant degree of asymmetry of breast shape and/or volume. Such situations may arise as a result of:

- Previous mastectomy or other excisional breast surgery
- Trauma to the breast during or after development
- Congenital amastia (total failure of breast development)
- Endocrine abnormalities
- Developmental asymmetry

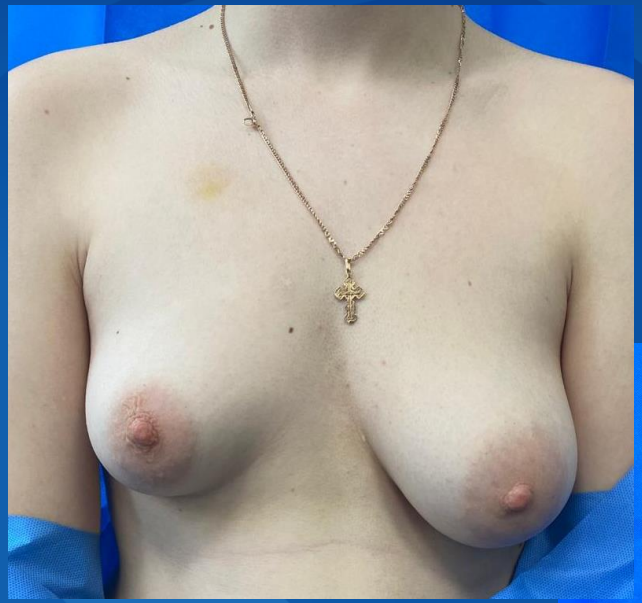


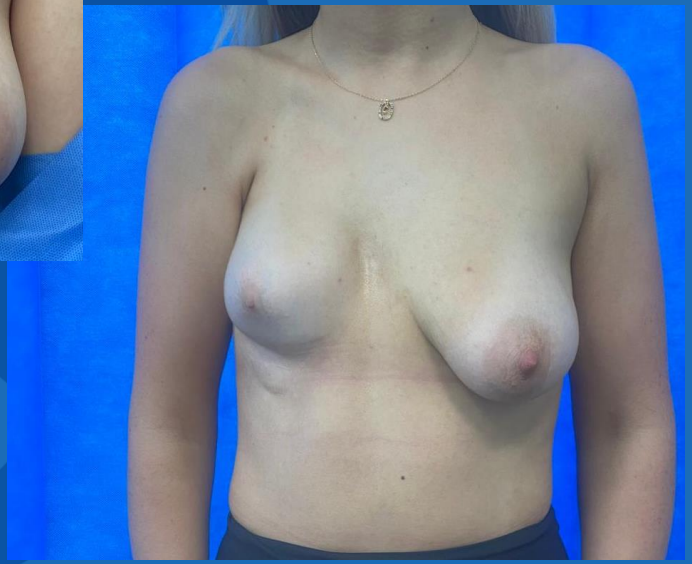
If the asymmetry is significant and as result of cancer surgery, it´d be covered in the Public System and by the private insurers.

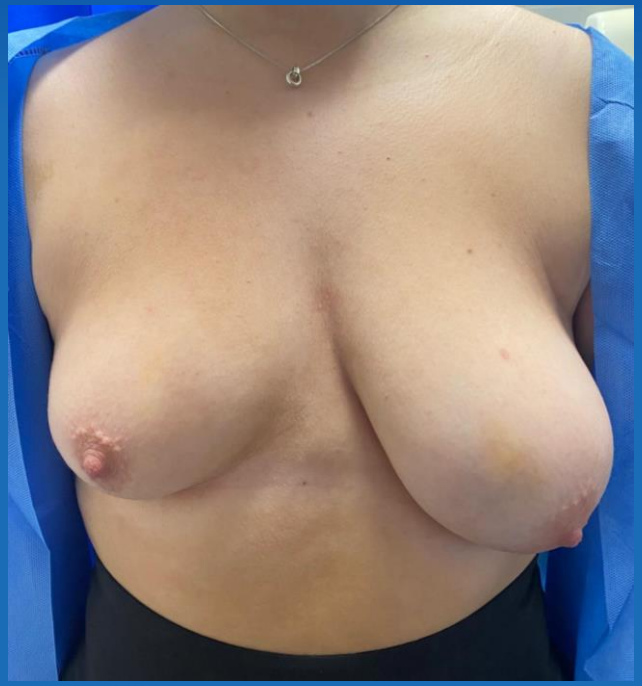


If the difference in volumen is more than 50 % of the volumen, or the position is more than 2 cm difference (distance from sternal notch to the nipple), it´s reasonable to refer them.

The BMI is still important.







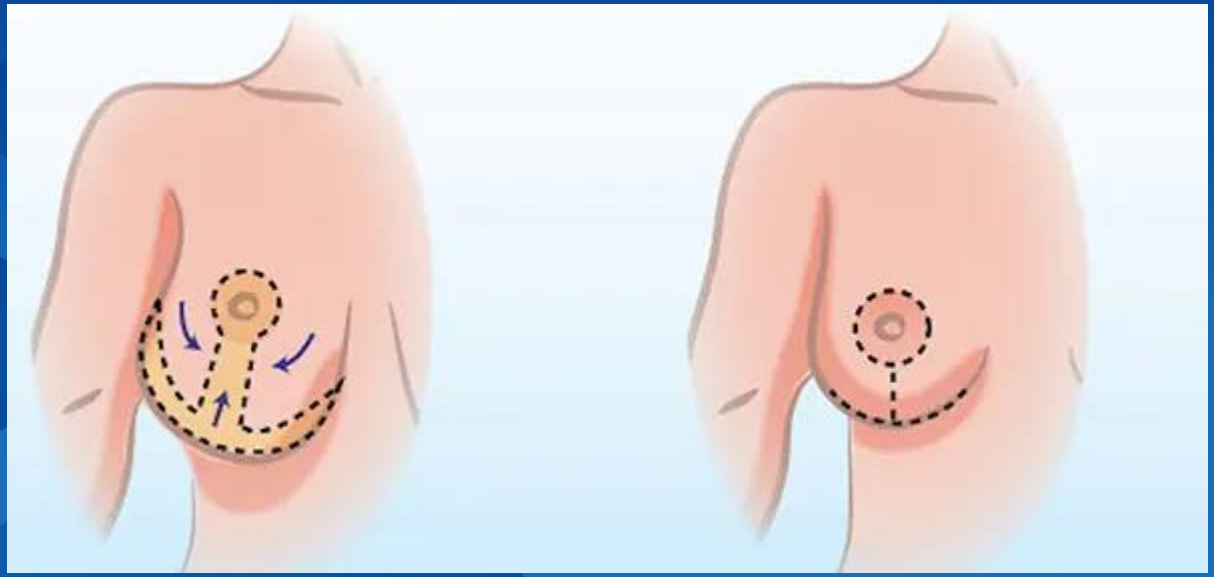
Beacon Hospital

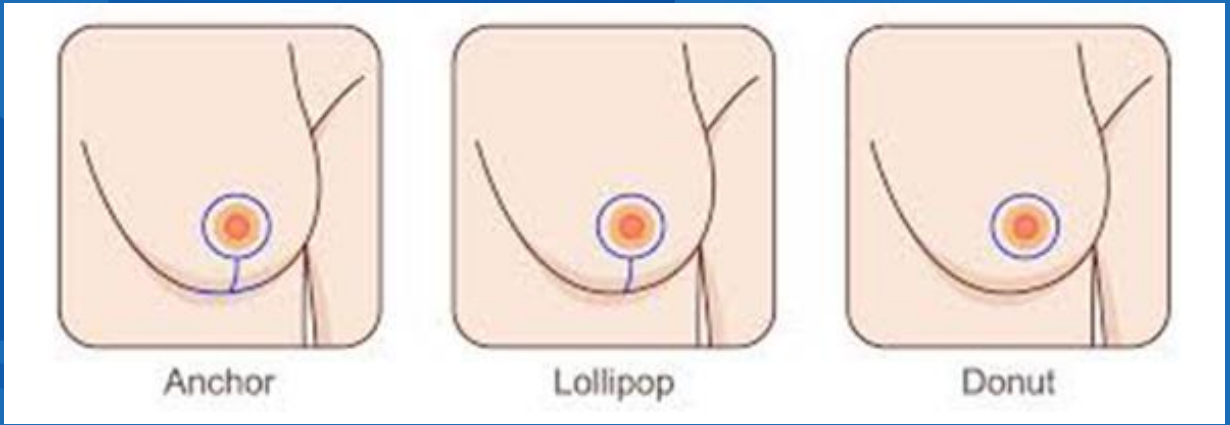
WHAT TO EXPECT FROM THE SURGERY

WHEN TO REFER GYNECOMASTIAS, BREAST ASYMMETRIES AND BREAST REDUCTIONS

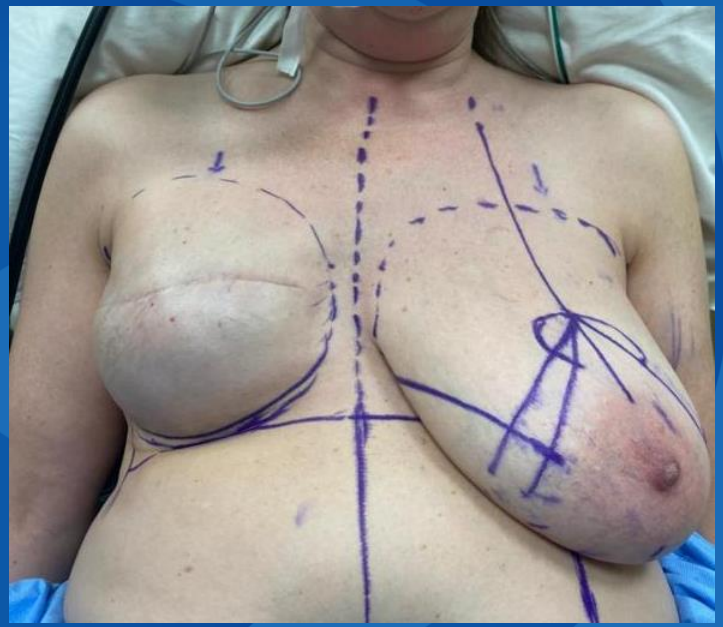
They should be aware of:

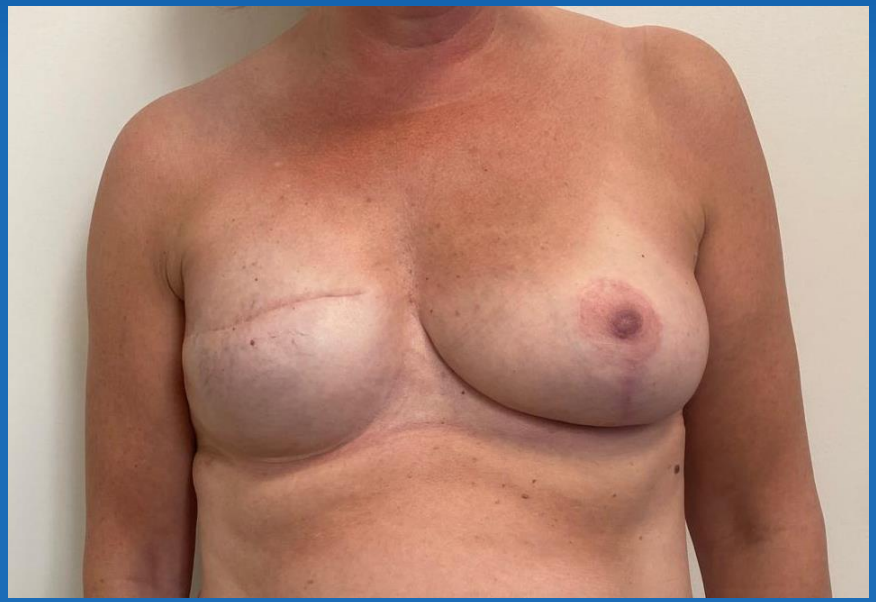
- It´s a long GA surgery
- The scar will be large and visible. It usually gets better over time but it depends on the patient. They might even develop Keloids (not common)
- It will drop again (usually less than before) after time, especially if there are weight changes or preganancies.
- The volumen might change, especially if they gain/lose weight.
- The mammogram will show some changes from surgery, but breast cancer can safely be diagnosed.
- There might be complications: bleeding, fat necrosis, nipple-areola complex necrosis, wound problems…
- The back/neck pain might not dissapear.
- There will be some degree of asymmetry.

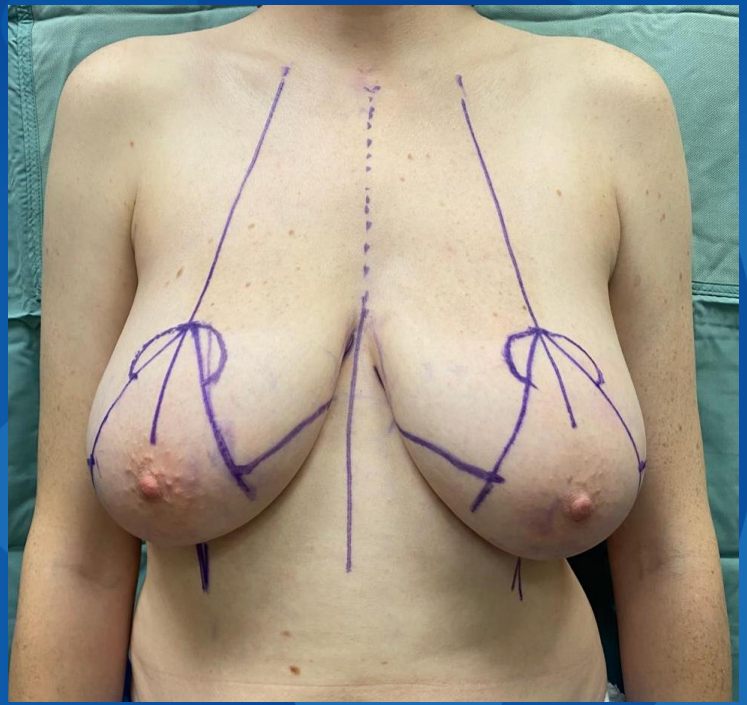


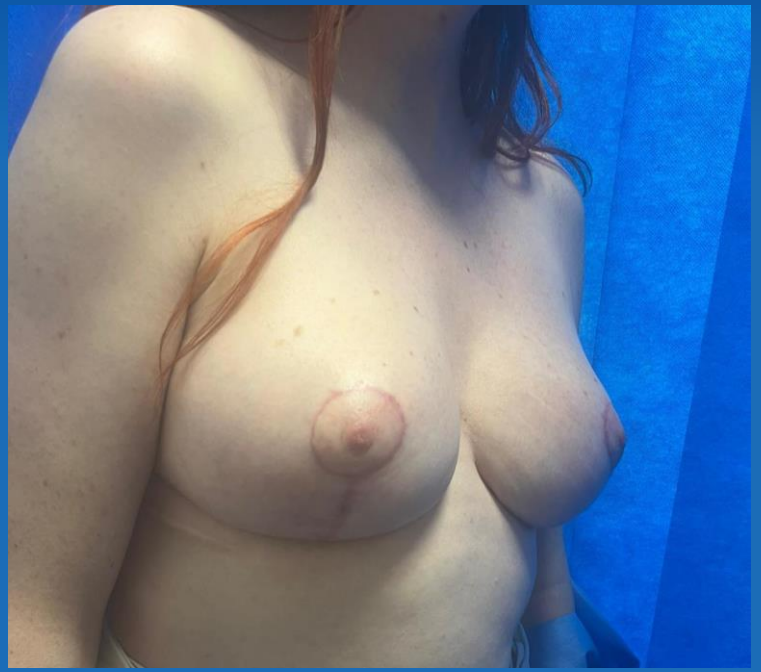


Beacon Hospital

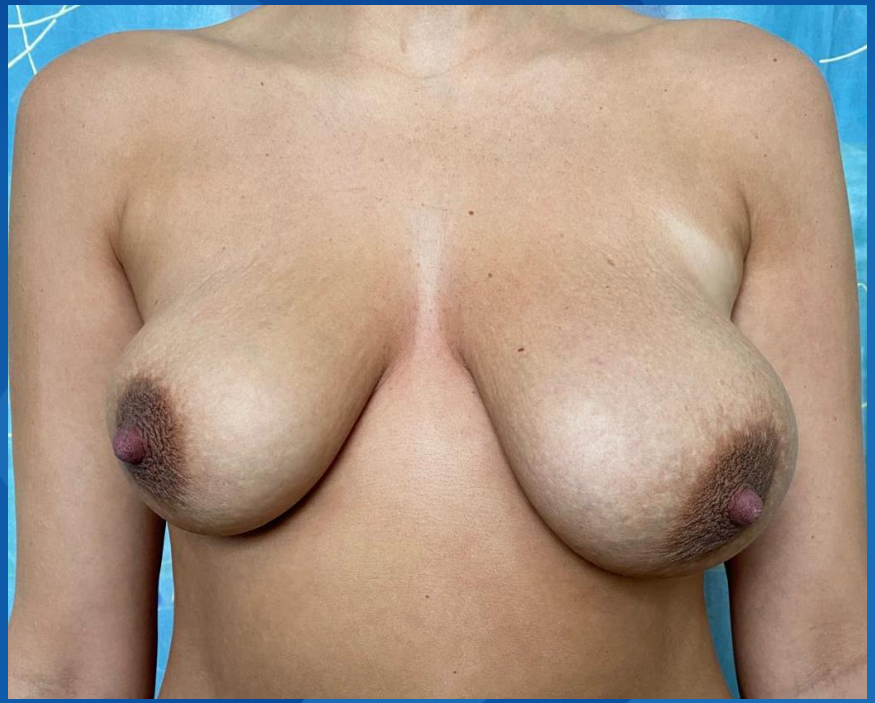


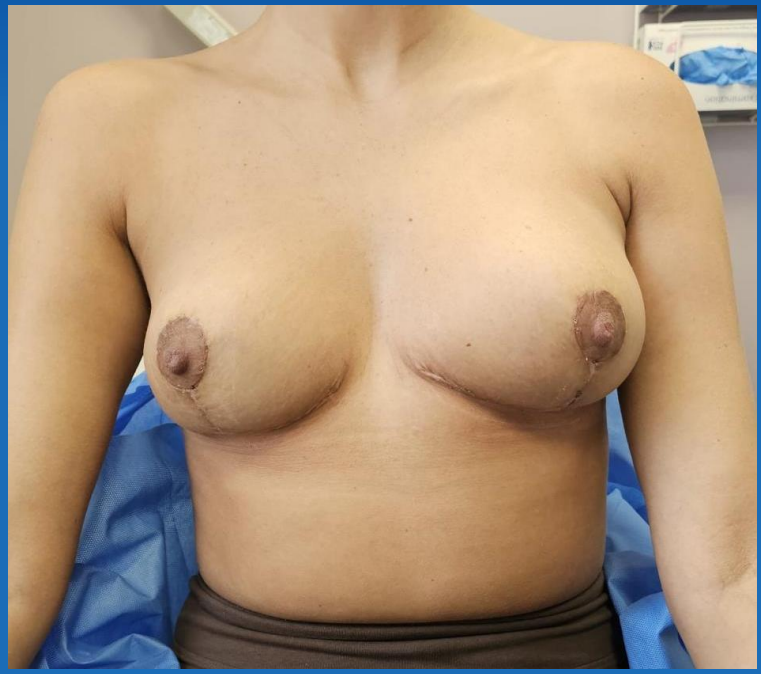




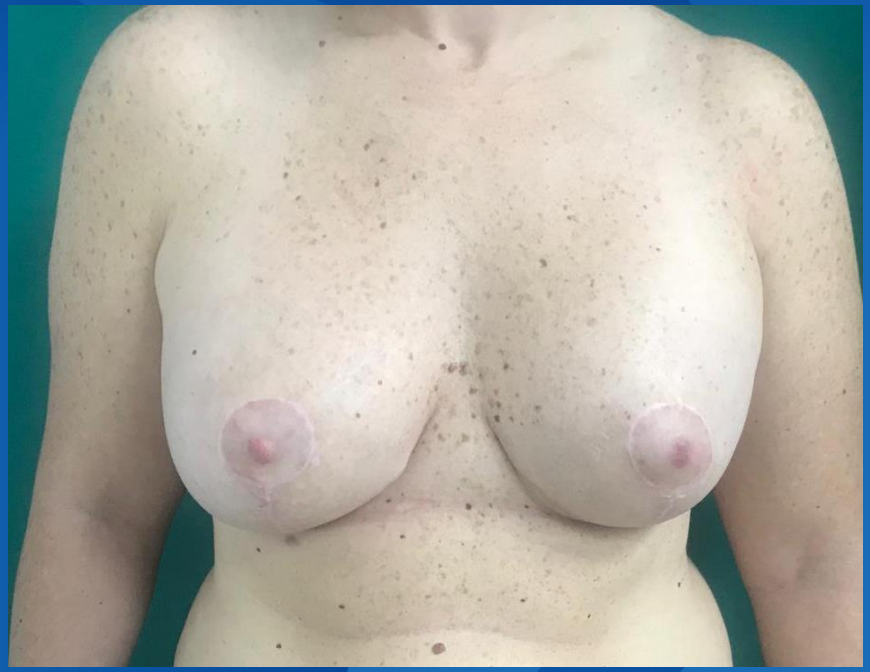


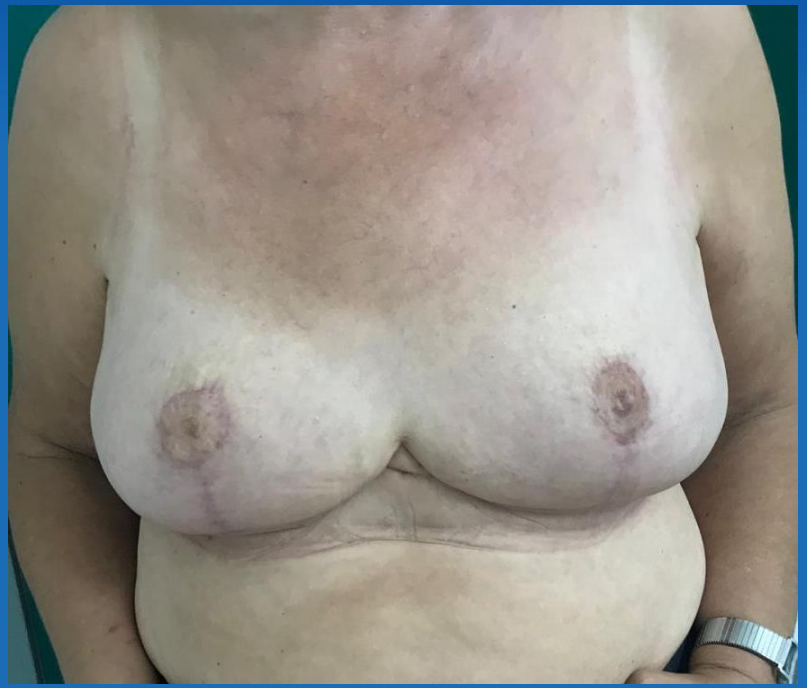
Beacon Hospital

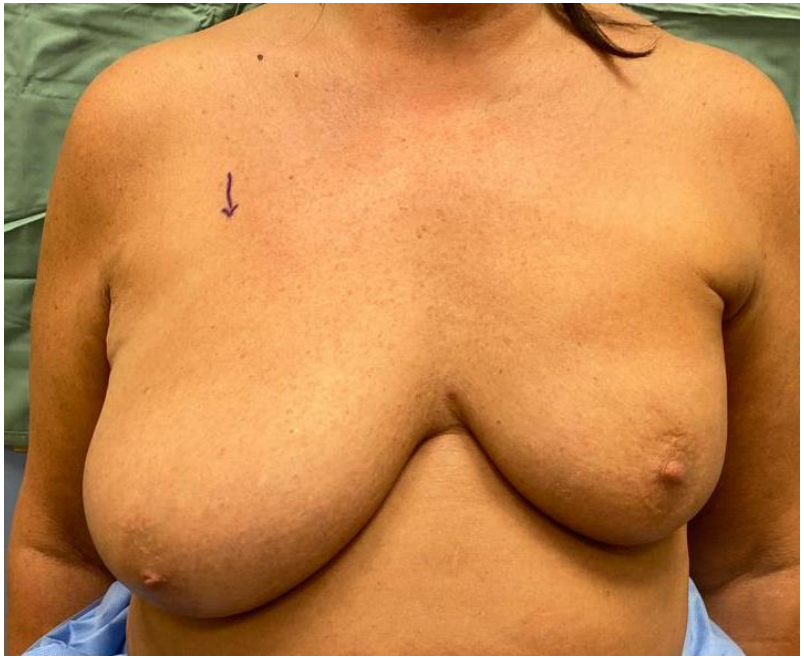


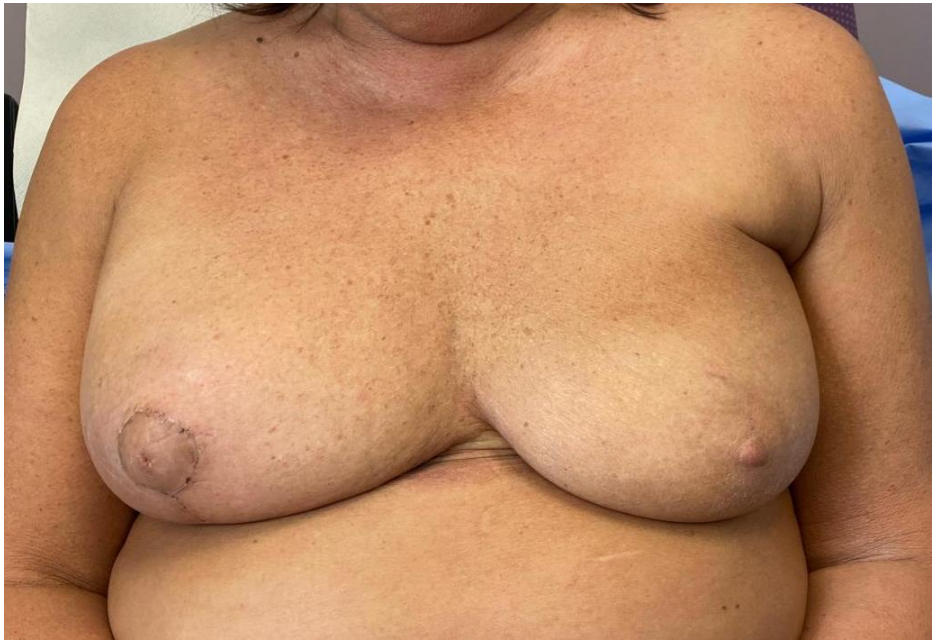


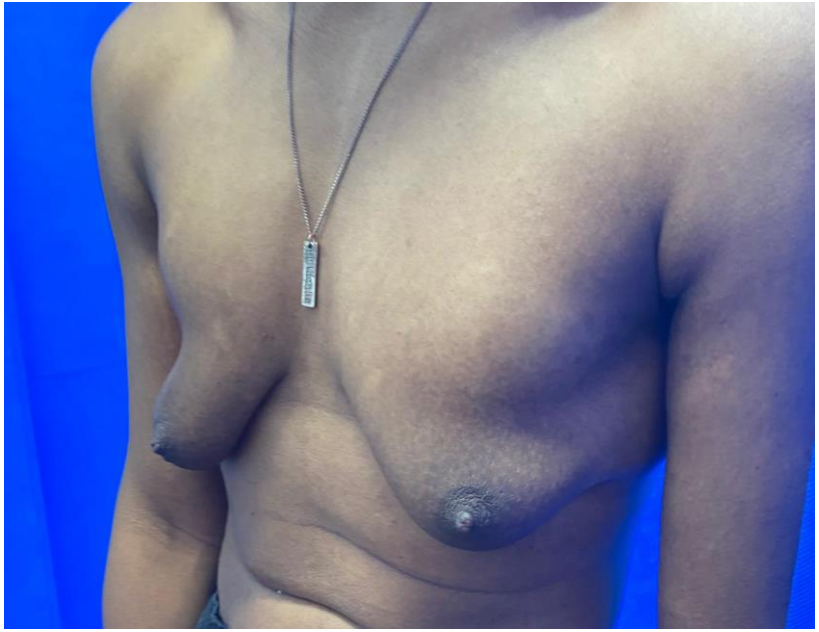
Beacon Hospital

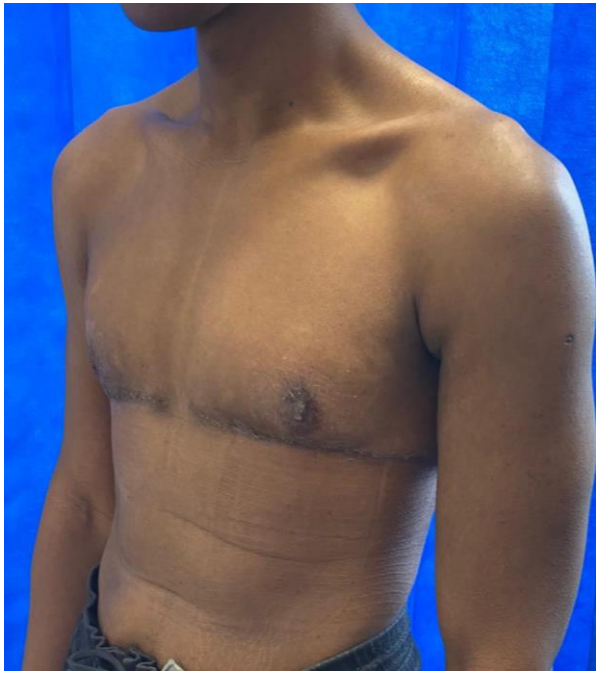


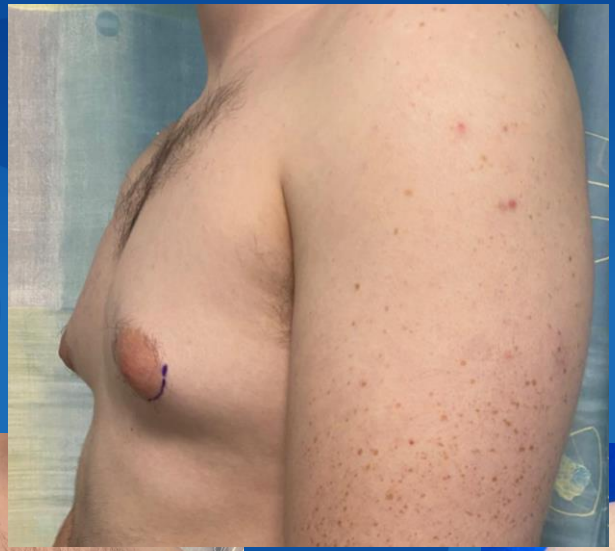


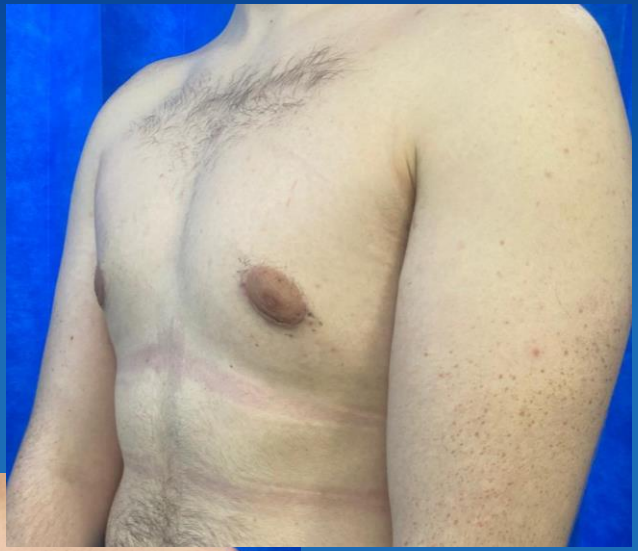


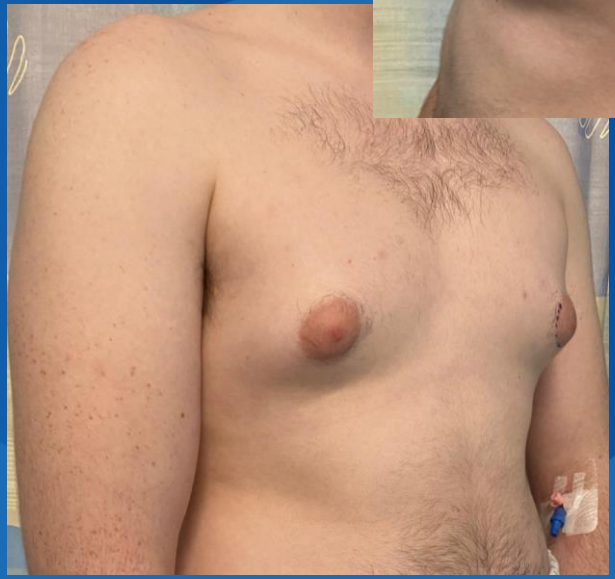


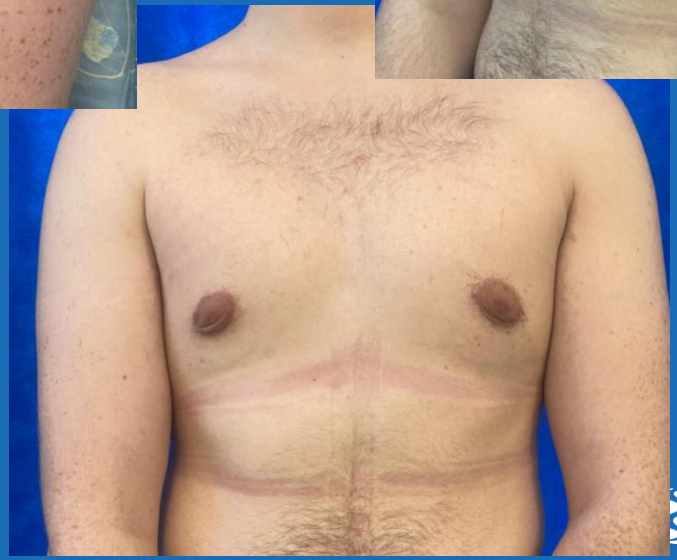












Beacon Hospital

IMPLANT RUPTURE

- If an implant rupture is suspected, it should be confirmed by US or MRI.

- If the implants were placed for Breast reconstruction after cancer surgery (or trauma or congenital abnormality), the HSE and the private insurance will cover the complete surgery: removal and replacement if deemed appropriate.

- If the implants were placed for cosmetic augmentation, the HSE will assume the explantation, but without implant replacement. The resulting breast will be smaller and more saggy. A capsulectomy might be needed, wich is a longer surgery that might need drains or bleed.

- Any sudden swelling in a Patient with implants require an US guided citology (including CD 30) to rule out BIA-ALCL.

Thank you

Beacon Hospital