Re: A novel method to insert drain atraumatically after liposuction in gynecomastia

Sir,

We read with great interest the article titled, 'A novel method to insert drain atraumatically after liposuction in gynecomastia' by Sunil Gaba, and we congratulate the authors.

We agree with the authors that, also liposuction, even when combined with glandular resection, has an important role in the surgical treatment of gynecomastia, for flattening the thorax, eliminating fat residuals and creating a controlled shrinking of the cutaneous flat to recontour the male chest area. Seromas is one of the most common complications when liposuction is included in gynecomastia surgical correction.

In our practice, with more than 600 patients undergoing gynecomastia surgical correction and long-term evaluation for complications and recurrences, mainly based on direct excision of the gland, the inferior periareolar access, allowing a direct view of the surgical field, ensures a valid control of haemostasis, reducing the incidence of haematomas significantly.

Furthermore, we retain that quilting stitches, firmly connecting the adipo-cutaneous thoracic flap to the fascial plane, with a compressive medical dressing, effectively contributes in reducing seromas and haematomas. Moreover, the compression is maintained, for at least 1 month postoperatively, using a compressive jersey.

The use of drains should be suggested only in patients with the removal of large amount of breast gland or with a personal history of coagulation disorder, although the final choice for their insertions should be made directly in the operation room and last for not longer than 48 h. In fact, we do not retain the use of drains mandatorily for this type of surgery, even because the use of suction drains themselves could be responsible for complications such as surgical-site infections and pathological scarring which might be the cause of patients’ complaints, especially in aesthetic surgery.

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Conflicts of interest
There are no conflicts of interest.

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