

His & Hers

While breast augmentation remains the top plastic surgery in the U.S., more women—and men, too—are opting for liberating breast reduction procedures.

BY BETSY BOYD

I'm so excited for the surgery," the beaming blond teen tells Baltimore plastic surgeon Dr. Michele Shermak as they wrap up consultation for the girl's upcoming breast reduction procedure that will, in theory, enable her to play a meaner game of high school field hockey as well as improve any back and neck pain related to her chest size.

"This beautiful girl, she's so comfortable with the idea," Shermak says later of the same patient, "that even post-op she says to me, 'I can't wait to see it.'"

The anonymous athlete, a young woman in her late teens, seems like one perfect poster child for female breast reduction surgery, whose recipients report satisfaction rates of roughly 95 percent, according to Shermak.

In Shermak's Lutherville practice, such late-teen female athletes represent a growing clientele. "The word Amazon means without breast," Shermak says, "and those ancient [mythic] female archers had breast removal so they could play better."

While augmentation is still the much more popular surgery—286,694 women opted for expansion in the U.S. in 2014, while 114,470 women downsized—the rate of breast reduction surgery has grown 140 percent since 1997.

Right now, the average age of the reduction patient in the U.S. is about 40, as many doctors encourage women wait until after their childbearing years, due to potential, extremely low-risk complications with nursing and (such a drag) due to the very real effects of gravity—but also likely due to various bureaucratic, insurance-related hoops the boob owner may have to jump through.

For an average woman who stands 5 feet 5, and weighs 135 pounds, a doctor must remove at least 400 grams total tissue or .88 pound for insurance to cover costs. Incidentally, an A cup weighs about .43 pound; add .44 pound for each additional cup.

"Some insurance programs demand 1,000 grams," Shermak says. When a teen requests the surgery, her biological maturity may need to be assessed because a girl still in puberty may see regrowth.

"There's no typical starting size where female breast reduction is concerned," Shermak says. "D, double D, up to H cups plus." Shermak, who also provides augmentation surgery, performs quite a few procedures to correct asymmetry of the female breasts as well.



Other advantages to the super satisfying reduction surgery are increased confidence/sense of well-being, fewer headaches (literal, based on posture and circulation, and figurative, based on creepy catcalls), diminished nerve pain, and, well, the ability to buy tops at just about any store. For those few women who deal with macromastia—or medically large breasts, in which the chest accounts for 3 percent of total body weight—the transformation equals a completely different quality of life.

“I feel like it’s a net zero day when I do a reduction and an augmentation,” Shermak says, laughing.

Experts debate the reason for the booming rate of reductions. Certainly, obesity plays a role in the increase in the nation’s average boob size, but so may an increase in “environmental estrogens” (certain chemicals found in pesticides, plastics and hormone-injected meats). More Americans are reaching puberty earlier; of course, more Americans are fatter, too.

The big big-breast picture aside, make no mistake: Shermak’s typical patient isn’t significantly overweight. (For safety and effectiveness, insurance providers encourage obese patients to lose weight pre-reduction- surgery application.) She is looking to reduce her bra size and create more comfortable proportions. And, after the fact, she’s overwhelmingly glad she did. (The outpatient procedure has most women back in regular, if less bouncy, action after two weeks’ time. Usually, the surgeon cuts around the areola and under the breast, creating an anchor pattern, to remove tissue and extra skin. Scarring can be significant depending on a number of factors, but can also fade over time.)

PECKING ORDER

Interestingly enough, he’s glad he got a reduction, too. That’s right, the number of men opting for breast reduction also is on the rise.

Last year, 26,000 men got boob jobs, the reductive kind—that’s 29 percent more than in 2000, according to the U.S. National Library of Medicine.

“I think the Internet has a lot to do with it,” says Dr. Ronald H. Schuster, a Baltimore-based plastic surgeon who performs a great number of male reduction surgeries to remedy the condition officially known as gynecomastia, a swelling of the breast tissue in boys or men, caused by an imbalance of the hormones estrogen and testosterone.

“Girls talk to girls about everything and guys don’t talk to guys about anything [that might embarrass them]. But the gynecomastia bothers them. It has bothered them since high school—it really causes tremendous psychosocial issues. They will not go anywhere they are seen bare-chested, like the beach. They feel self-conscious working out.”

Schuster’s largest male patient got a C cup reduction. In this case—or cup—as well, our thoughts may go to the obesity epidemic. But Schuster says that’s not the culprit.

“It’s not that they’re overweight,” he says. “It’s abnormal breast tissue—it’s like a white rubbery gland. In fact, sometimes what happens is guys lose a lot of fat, then it becomes more apparent.”

Gynecomastia isn’t genetic either, for the most part—it’s 85 percent idiopathic, meaning it just happens. Does that mean insurance covers it? Not often—that’s a bust, boys.

After all the psychic stress and aggravation their unwanted breasts can cause these guys, the 90-minute procedure itself seems like a cakewalk.

Schuster employs a lateral pull-through technique.

“The advantages are that there is only one small scar off to the side of the chest—the approach avoids the scar along the lower areola,” he says. “This procedure includes the use of liposuction...and can be used in about 80 percent of patients.”

Shermak also performs the male-centric surgery—typically using liposuction paired with what she calls a “3 to 9 o’clock incision” in order to eliminate a palpable bud of breast tissue.

Some men in the U.S. do get peck implants, though Schuster and Shermak don’t see many in their practices. Shermak figures it’s more of a West Coast thing.

“Then there are men getting breasts,” Schuster adds. “That’s a growing area. [Caitlyn] Jenner highlighted it. Those patients gravitate toward surgeons who [specialize] in that.

“Hopefully, guys will read this article and know they have an option for reduction,” Schuster adds. “It’s life-changing for them. With men, they live with this misery but the solution is extremely successful and recovery very fast.”

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