

## Gender-Affirming Chest Surgeries



### Gender-affirming Surgery

Gender-affirming surgery refers to any surgical procedure which may be used to make someone feel more comfortable with their body in a way which affirms their gender identity.

Gender-affirming surgeries are not limited to the trans community, nor are they a requirement of transition. Many trans people do not seek surgery while others may undergo a number of gender-affirming surgeries over the course of their life. There is no one right way to use surgery in your gender transition.

When it comes to gender-affirming surgery, there are few limitations to what you can do and how you can do it. We will cover a few of the most common surgeries here, but please remember that there are so many more techniques that exist and even more that are currently in development or haven't even been invented yet! You may consider meeting with multiple experts and surgeons to find the right surgical plan for you.

Here are some important factors to consider before undergoing gender-affirming surgery:

1. **Consultation with a gender-affirming surgeon:** It is essential to schedule a consultation with a qualified gender-affirming surgeon to discuss the surgical options available, the risks and benefits of each procedure, and the potential outcomes. You may have to meet with multiple surgeons before finding the right fit for you. While this process may be frustrating, it is important to find a surgeon who you trust, feel comfortable around, and who understands and is capable of meeting your surgical goals.
2. **Precertification and mental soundness:** Most surgeons and insurance companies in California follow WPATH guidelines which require one letter from a certified mental health professional confirming that a potential candidate for gender-affirming surgery meets the diagnostic criteria for gender dysphoria and is able to consent to surgery. While this measure is based in slightly outdated medical beliefs, it remains a required step and is used by insurance companies and surgeons to confirm the medical necessity of gender-affirming surgeries. Proving "medical necessity" is what separates these surgeries from purely cosmetic procedures and makes it possible for insurance to cover them.
3. **Insurance coverage and payment:** Gender-affirming surgery can be costly, so it's important to understand your insurance coverage and what procedures are covered. Please check out your insurance's website or call the number on the back of your insurance card to explore your plan benefits. If insurance doesn't cover the surgery, you may need to explore other payment options.

4. **Time off work or school:** Depending on the type of surgery, you may need to take time off work/school to recover. It's important to inform the necessary parties and make a plan in advance so you can focus on recovery after your surgery. You may need to save additional money to make up for lost work hours. If you can, plan your surgery during a school break or holiday. If you can't, consider asking for remote work/school options or giving a time frame for when you can return. You may need a doctor's note to prove medical need which your primary care physician or surgeon's office should be able to provide.
5. **Transportation:** Most hospitals and surgery centers require you to have a designated driver before going through with surgery. This person will need to check you in, pick you up, and drive you home from surgery. Hospitals will refuse your operation if you do not have a designated care person and won't let you leave the hospital (post-surgery) without that person present. Public transportation or rideshare services will not fill this requirement.
6. **Aftercare:** The recovery process for surgery can be challenging and you may need assistance with basic activities such as cooking, cleaning, medication management, dressing, and transportation. It's important to have an aftercare person or system in place before surgery. You might want to consider if you have a safe place to recover, who can take care of you, what you will need to access the most, what you will eat, what you will wear, etc. Do you have family or friends who can sign up for care shifts or drop off meals? If you do not have anyone to take care of you after surgery, consider hiring a caregiver. [T4Tcaregiving.org](https://www.t4tcaregiving.org) offers live-in and local care services for those recovering from gender-affirming surgery. This will be an additional cost, so make sure to factor it into your budget.
7. **Hormone therapy:** Because hormone replacement therapy causes body fat redistribution, it often comes up when planning to undergo gender-affirming surgery. While most gender-affirming surgeries can be performed without hormone therapy, some surgeons will ask about any past or planned usage of hormones to inform their surgical approaches and achieve the patient's desired results.
8. **Emotional support:** Gender-affirming surgery can be emotionally challenging, and you may need emotional support from friends, family, or a therapist. Consider who might be there for you before and after surgery and how you will be able to access them?
9. **Physical health:** Any pre-existing health conditions should be discussed with your surgeon prior to scheduling any surgery. Many surgeons will require no smoking or drug usage for weeks to months before surgery to ensure ideal healing conditions.
10. **Realistic expectations:** It's important to have realistic expectations about the outcomes of surgery. The results of gender-affirming surgery can vary, and it's important to understand what is achievable. Make sure you talk to your surgeon about goals, options, methods, and possible complications before booking. You may ask your surgeon for pictures of results from similar surgeries they have performed. You may also check out [transbucket.com](https://www.transbucket.com) for surgery result pictures from trans people from all over (please

approach this site carefully as it contains pictures of genitalia and recently operated-on bodies which can be triggering).



## Double Mastectomy (“Top Surgery”)

Top surgery or a double mastectomy is the removal of breast tissue, and possibly some fat, to create a flatter or more masculine chest. This surgery is most commonly used by trans men, nonbinary individuals with chest tissue, and breast cancer survivors, but may be an option for anyone with excess chest tissue who wishes to lessen or alter it. Patients should expect to wear fluid drains and a surgical binder for up to 10 days after surgery. Once these are removed by the surgeon, the patient will likely need to redress their nipples (if applicable) regularly until stitches have dissolved and incisions have healed. A caretaker is recommended for this surgery as patients will have upper body weakness and limited mobility (T-rex arms) for many weeks following the procedure.

There are many different versions of top surgery, check out this list and speak to your surgeon to figure out which is right for you:

- **Keyhole**
  - A small incision is made under each nipple through which the breast tissue is removed. Nipples are never detached and nerve sensation will likely make a full return. Will not allow for nipple resizing.
  - Most suitable for small cup sizes (AA-B) and elastic skin
- **Periareolar**
  - Two circular incisions are made around each nipple, one larger than the other. The circle of skin around the nipple and breast tissue are removed and the remaining skin is pulled inwards to be reattached to the nipple. The nipple stalk remains intact; nerve sensation will partially return.
  - Most suitable for small cup sizes (B) and elastic skin
- **Lollipop**
  - Two circular incisions are made around each nipple, similar to periareolar, and an additional vertical incision extends down from the underside of the areola to the inframammary fold. Tissue and excess skin around the nipple and along the vertical incision are removed. The flaps are closed and reattached resulting in a small vertical scar under each nipple that resembles a lollipop stick. This technique is suitable for patients who don't need to lift the position of the nipple and might otherwise not be candidates for a periareolar incision due to extra skin tissue. This is a less common incision.
  - Most suitable for smallish cup sizes (B) and elastic skin
- **Double incision with nipple grafts**
  - Two large, horizontal incisions are made on each side: one under each breast in the inframammary fold (where the breast and chest meet) and one above the nipple that meets up with the other at each end. The nipple is removed separately and placed aside (free\* nipple grafts). The skin and tissue in between

the two incisions is removed and the remaining skin flap is reattached to the lower incisions. The nipple grafts are resized and reattached to the chest in a pre-designated location. Minimal nerve sensation will return since the nipple stock is typically severed. A version of this surgery sometimes called “buttonhole” maintains the nipple stock and may result in more sensation.

- *\*free refers to the fact that the nipple is completely detached from the body before being reattached, not the price of the procedure*

- Most suitable for medium to large cup sizes (C+)
- **Double incision without nipple grafts**
  - This is a version of the double incision mentioned above where nipples are not reattached. If nipples are desired, patients can purchase nipple prosthetics or get nipples medically tattooed after fully healing. This version may have a smoother healing process as there are no chances of the nipple grafts being rejected or becoming infected.
  - Most suitable for medium to large cup sizes (B+)
- **Inverted T**
  - One horizontal incision is made on each side in the inframammary fold. A circular incision is made around the nipple and a vertical incision is made from the areola to the bottom incision on each side. The areola and nipple stalk remain attached while surrounding skin and tissue are removed. This method preserves sensation in the nipple but can lead to more scarring due to the number of complex incisions. The “buttonhole” method may also be used instead of the inverted-T for patients with less tissue to remove.
  - Most suitable for large cup sizes and inelastic skin

### To nipple or not to nipple?

- When contemplating whether or not to keep your nipples, consider the following factors and what is most important to you
  - Procedure
    - Incision method
    - Eligibility
    - Length of procedure
  - Aftercare
    - Healing
    - Complications
    - Scarring
  - Results
    - Sensation
    - Aesthetic
    - Passability



## Breast Reduction

- Breast reductions can be used by anyone with extra chest tissue who wants less. This is a great option for those who may want to retain some tissue on their chest but not as much as they currently have. Often used by nonbinary, genderfluid, or transmasculine individuals who want the option of having boobs on some days but want an easier bind on others. If you pursue this option, make sure your surgeon understands your goals and is able to achieve those results. The precertification process is similar to other versions of top surgery, though some patients (who qualify) prefer to seek a breast reduction by citing size as their insurance reason rather than gender affirmation.



## Breast Augmentation/Mammoplasty (Breast Implants)

A breast augmentation is the surgical enhancement of the size, shape, or fullness of one's breasts. This procedure usually involves silicone or saline implants which are implanted over or under the chest wall muscle. This surgery may be used by anyone who wishes to increase or change the shape of their chest tissue, including cis women, trans women, trans-feminine individuals, and some nonbinary people.

Breast augmentation is a fairly common and safe surgery with a quick recovery time. The procedure takes around 1-2 hours and patients can expect to return home from an outpatient surgery center within the same day. Patients will likely be sent home with a compression garment or post-surgical bra. Patients can often return to work within 1-2 weeks, avoiding heavy lifting for up to 6 weeks or until the incisions are fully healed.

For a thorough explanation of breast augmentation, refer to [this video](#). While most trans individuals pursuing this procedure will not have mammary glands, the same procedural information is relevant.

The following sections will cover some important factors to consider when pursuing breast augmentation.

### **Communication:**

It is important to communicate post-surgical goals and desired look with the surgeon so they can help choose the best incision method and implant type. The surgeon may suggest the use of a tissue expander before the implant process. This device is inserted into the tissue pocket where the implant will eventually go and may be slowly inflated (with saline) over the course of multiple weeks to prepare the skin and surrounding tissues for the implant process.

### **Shape:**

Implants can be either round or contoured/teardrop in shape. Saline implants only come in a round shape. Silicone implants, however, come in either round or contoured shapes.

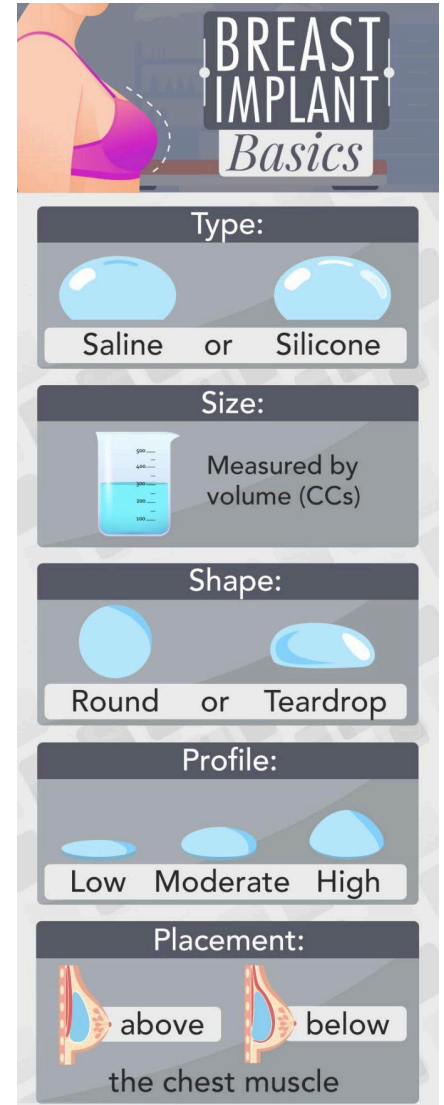
### Profile:

Profile describes the height of the implant and degree of breast projection. Low-profile implants will be flatter while high profile implants will be taller and perkier.

### Material:

All implants have an outer silicone shell, but the filling can be either silicone gel or saline. Both of these options are long-lasting and body safe.

- **Silicone** implants are filled with a silicone gel.
  - Pros:
    - Feel more natural, soft to touch
    - Can be round or contoured, potential for more realistic look
    - Do not ripple, wrinkle, or slosh
  - Cons:
    - Inserted at full size, require larger incisions
    - Harder to detect a rupture (“silent rupture”)
    - More expensive
    - Must be 22 or older
    - May require MRI after a few years to maintain health
  
- **Saline** Implants are filled with saline water (sterile salt water).
  - Pros:
    - Can be filled to desired size after insertion, allow for smaller incisions
    - Saline can safely absorb into the body if rupture occurs
    - Available for ages 18+
  - Cons:
    - Chance of rippling
    - Firmer
    - Round options only
    - Less realistic look and feel
    - Prone to drooping



### Texture:

Textured vs smooth

- Smooth implants have a smooth silicone surface which means they can move and droop naturally with your body, possibly resulting in a more realistic feel. Smooth implants are not available in a contoured/teardrop shape due to possible shifting or unevenness.

- Textured implants have a rough outer texture which allows for small tissue growth into the surface pockets. This means a more secure implant with little chance of moving or flipping within the muscular pocket. This may be ideal for those with contoured/teardrop implants.



**Size:**

Implant sizes are measured in cubic centimeters (cc) with every 150-200 ccs representing about one or one and a half cup sizes. Your surgeon will work with you to choose the right size for your ideal look. You may also consider the following questions when choosing the size of your implants:

- Do you want a natural or idealized look?
- How do you want your clothes to fit?
- Will you need to exercise, jump, or lift regularly?
- Do you have existing or potential back problems?
- Do you have elastic or inelastic skin?
- How will different sizes look over time?

**Placement:**

Implants can be placed over or under the pectoral muscle for different effects. Refer to [this video](#) to see the difference between these placements.

**Incision:**

Your incision type may be decided by your doctor and will depend on the type of implant you choose. If you are concerned about placement and/or scarring, talk to your surgeon about what options would work best for you. These are the most common incision methods.

- Inframammary - in the inframammary fold (the crease under the breast)
- Periareolar - around the nipple
- Transaxillary - under the armpit

