

Gender-Affirming Surgery: Breast Augmentation

Thank you for choosing the UCHealth Integrated Transgender Program - Anschutz Medical Campus at the University of Colorado Hospital. We are excited that you are taking these steps to affirm who you are. We want to help you as you move toward a physical appearance that fits with your gender identity.

This booklet gives you information to learn about gender-affirming surgeries and what to expect as a patient with our program. Please feel free to contact our office with questions or to talk with one of our providers at any time.

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What is gender-affirming surgery?

Gender-affirming surgery is a “standard of care” treatment to reduce gender dysphoria. Standard of care means that doctors and medical experts believe this is the best treatment for a medical condition.

Gender dysphoria can happen when a person’s gender identity is not the sex that was assigned to them at birth. The goal of gender-affirming surgery is to change the features of the body which often cause this dysphoria. The surgeries will create body features that match your gender identity. These surgeries cannot be reversed.

Many studies have shown that surgery, along with hormone therapy, can lessen gender dysphoria in many people. Patients who have had gender-affirming surgery say they are very satisfied and have a better quality of life because of their surgeries.

We know that many of you have had problems because you were not able to get treatment for gender dysphoria. You may have struggled with personal growth. You may have felt that your life is not as fulfilling as it should be. We know that gender dysphoria can hurt your:

- Mental health
- Emotional health
- Physical health

Who is a good candidate for gender-affirming surgery?

The World Professional Association for Transgender Health (WPATH) says that having surgery as a standard of care for gender dysphoria should be based on 2 things. First, each person's unique health care concerns and second, their level of dysphoria.

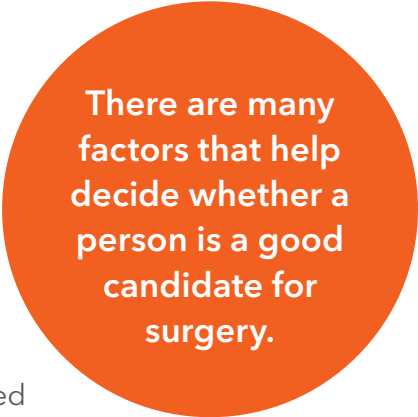
While surgery is a standard of care in transgender health, not every person is a good surgical candidate. Our surgeons must look at all of a person's risk factors and decide if surgery could be harmful to some people. There are many factors that help decide whether a person is a good candidate for surgery.

To be considered a good surgical candidate for breast augmentation surgery, you must meet these criteria (some of these are based on WPATH guidelines):

- Be at least the "age of majority." This is most often 18 years or older (with some exceptions) and be able to make informed decisions (decisions based on facts).
- A history of long-lasting gender dysphoria that is well-documented by a licensed mental health provider. A referral letter that supports this must be written by this provider.
- A history of taking feminizing hormones for at least 12 consecutive months, and a referral letter from your hormone provider giving details about this.
- If you have any major medical or mental health problems, they must be fairly well-controlled by a primary care doctor or mental health provider.
- Body mass index (BMI) of 35 or less. This is a measure of your body fat based on your height and weight.
- Have at least 1 support person who will be able to help you for at least 2 weeks after surgery.
- Have a stable living environment that is safe and lets you rest and heal after surgery.

A person would not be considered a good candidate for surgery for any of these reasons:

- Significant, active substance abuse such as:
 - IV drug use
 - Alcoholism
 - Tobacco use
- Unstable living environment such as:
 - Not having a home to live in.
 - Not able to get basic needs like water, food or electricity.
- Uncontrolled or untreated medical or mental health issues such as:
 - Diabetes (HgA1c greater than 7.5)
 - Severe mental health diagnoses including psychotic disorders.Sometimes, surgery can be considered if these issues are well-controlled with medicine and psychotherapy.



There are many factors that help decide whether a person is a good candidate for surgery.

Some patients have a higher risk of problems after surgery and problems healing after surgery.

People are at higher risk if they have certain medical issues, such as:

- Diabetes
- Autoimmune disease
- Bleeding or clotting disorders
- High BMI
- Heart failure
- Lung disease

Each person's surgery case is reviewed separately by our team. We will review your health records and evaluate your risk. If you are a good surgical candidate, you will need your primary care doctor to help you to get as healthy as possible before surgery.

Breast augmentation surgery.

Chest feminization surgery is done when a person wants to have a feminine chest appearance. Although feminizing hormone therapy can increase the amount of breast tissue and the size of breasts, there may not be enough increase in breast tissue to ease a person's dysphoria.

We can create a typical feminine chest with breast augmentation. This surgery can be done with:

- Breast implants.
- Autologous fat (fat from your own body).
- A combination of both of these.

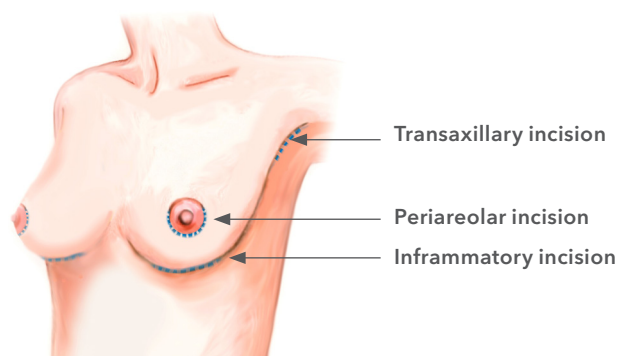
There are some differences in the shape and form of the body a cisgender male and cisgender female. In the chest, these differences can affect how the breasts look after augmentation. For example, a male chest is usually wider with stronger and larger pectoral muscles. The nipple-areolar complexes are smaller and in a more lateral location on a male chest. There are many different surgical technique options to choose from based on your current anatomy. The best option for your body will be decided by you and your surgeon during your appointment to give you the best aesthetic results.

Types of breast augmentation.

Breast implant surgery.

This surgery uses implants to give you a female chest. There are many types of incisions (surgical cuts) the surgeon may use. The names of these incisions come from where on your chest they are made:

- Inframammary incision
- Periareolar incision
- Transaxillary incision

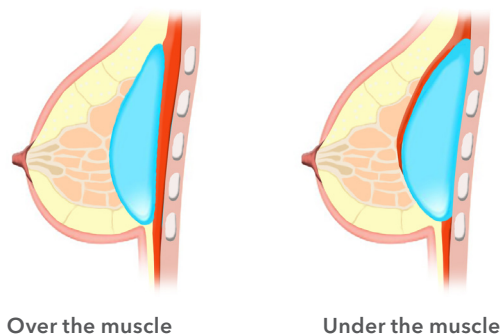


Your surgeon makes an incision and then makes a "pocket" for the implant to be placed in. Because the male pectoral muscles are often very strong, your surgeon may choose to place the implant above the muscle (subglandular/subfascial). This helps decrease the chance of movement deformities of your breasts when your chest muscles contract (squeeze) after surgery.

There are 2 different types of implants:

- Silicone-filled
- Saline-filled

There are benefits and risks to both of these types, but most often, smooth, round silicone implants are used. You may have heard of textured implants. We do not use these implants right now because they have been connected with a certain type of breast cancer (breast implant-associated anaplastic large cell lymphoma). You will talk with your surgeon about which implant, incision and placement are best for you and your anatomy to give you the safest and best aesthetic outcome.



The best option for your body will be decided by you and your surgeon during your appointment to give you the best aesthetic results.

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Autologous fat-grafting to breasts.

This surgery uses your own fat tissue to create a female chest. During this procedure, the surgeon takes fat from your body using liposuction and cleans it using a special technique. After this, the fat is injected under the skin to create natural breasts. The fat is taken from:

- Your belly (abdomen).
- Your flanks (sides of your body between the ribs and the hips).
- Your thighs.
- A combination of these areas.

This is a good option for those who already have some breast tissue from hormone therapy and have some excess tissue to use. This technique cannot give you the same breast volume as implants. This procedure can also be used together with implants to achieve better contouring in some cases. However, fat-grafting is not always covered by insurance companies.

Risks and complications of surgery.

Although most people have very good results, there are risks to any surgery such as possible complications and postoperative risks. We will be there with you through any complications that may happen. There are different risks for each surgery.

Both surgeries:	Implants:	Fat-grafting:
<ul style="list-style-type: none">• Bleeding• Infection• Fluid collection• Pain• Numbness• Scarring• Damage to nearby structures• Need for more procedures• Asymmetry• Not being satisfied with how the implants look.	Capsular contracture—the capsule that forms around the implant becomes hard and painful. You may need another surgery to remove the hardened capsule and replace the implant.	Fat necrosis—some of the fat that gets transferred may die and harden.
Galactorrhea (very rare)—milky discharge from the breast, thought to be caused by manipulation of the breasts.	Decreased nipple or breast sensation (feeling).	Fat resorption—about 20% to 40% of the fat that is transferred will get reabsorbed by your body.
	Implant rupture.	Need for many fat-grafting surgeries to get satisfactory volume.
		Irregularities and asymmetries in the areas where the fat tissue was taken.

Preparing for surgery.

With any kind of surgery, there are several steps to go through before you go to the operating room. Here is some information about what happens before your surgery.

Before your first appointment:

- You will need to get some referral letters from your health care providers for insurance approval. The letters must include:
 - The length of your dysphoria and previous treatment(s).
 - The length of your hormone therapy treatment.
 - A statement of medical necessity (why this surgery is required).
- Mental health providers must provide 1 or 2 of the letters.
- The provider who gave you hormone treatments must write 1 of the letters.
- If you are able to bring these letters with you to your first appointment and we feel that you are a good surgical candidate, we can ask for insurance approval right away. This will speed up the process of getting a surgery date set for you.
- We know that for some gender-affirming surgeries, WPATH only needs 1 letter from a mental health provider, but some insurance companies need 2 letters from mental health providers.

Please call your insurance company to find out how many letters they need. If they need 2 letters from mental health providers, you will need to get a second one.

Please remember, many insurance companies do not cover these surgeries. We will give you a quote for how much the surgery will cost if your insurance company does not cover these procedures.

Your first appointment.

You will meet with the surgeon and the physician assistant, as well as other members of the team. At this appointment:

- We will completely review your medical, surgical and social history.
- We will talk about your goals and any concerns. You will have plenty of time to ask any questions you may have.
- You will learn about:
 - The different kinds of surgery.
 - How long you will stay in the hospital (if needed).
 - Risks and benefits of surgery.
 - What to expect after surgery.
- You will be given a gown to change into for an exam. We will:
 - Do a physical exam of your chest.
 - Take measurements of your chest.
 - Decide if more imaging or lab tests must be done before surgery.
- We will also take photos of your chest at this visit to be used for insurance approval.
- If you use tobacco products, you will be told to stop. You will have a test for nicotine about 2 to 4 weeks before surgery and on the day of surgery. These must be negative for you to have surgery.
- Please review this booklet for the other reasons that could keep you from having surgery.

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After your first appointment:

- Our social worker will call you and will be there to help you before and after the surgery.
- If you did not give us the referral letters at your first appointment, you will need get them now. We need to send these letters to insurance company to get approval for the surgery. The letters need to include:
 - The length of your dysphoria and treatment(s) you have already had.
 - The length of your hormone therapy.
 - A statement of medical necessity (why this surgery is required).
- You must get a letter from:
 - Your mental health provider
 - Your hormone treatment provider

You will fax these to our office or send them through your My Health Connection account.

- You need 1 letter from your mental health provider and 1 letter from your hormone provider.
Remember to call your insurance company because some companies need 2 letters from mental health providers.
- Depending on your current and past medical history, we may need a letter from your primary care doctor approving you for surgery.
- You will need to choose a support person that will be able to drive you home from surgery and stay with you for the first 24 hours after surgery.
- We need to have the name of your support person before we can give you a surgery date.
- You may be told to get a mammogram before surgery. We will decide this at your first appointment.
- If you live outside the Metro Denver area (more than 2 hours from the hospital), you should make plans to stay in the Denver area for a few days after surgery.
 - It is important for you to be close to the hospital in case you have any early complications.
- Once all of these things are done, we will call you to schedule your surgery and also schedule a preoperative appointment.

Preoperative appointment:

- At this appointment we will:
 - Talk about the operation with you.
 - Make sure nothing has changed in your medical history.
 - Give you another physical exam.
- You will finish your paperwork and we will talk about your instructions, including:
 - What medicines to stop taking before surgery.
 - How to take care of your incisions after surgery.
 - Where to go on the morning of your surgery.

Before your surgery day:

- You need to stop using all tobacco and marijuana products 6 to 8 weeks before surgery. You will have a nicotine test about 2 to 4 weeks before surgery and again on the day of surgery. These tests must be negative for you to be able to have surgery.
- Please call the surgery check-in desk to confirm the time you should arrive. Call between 2 and 4 p.m. the day before your surgery: 720.848.6070.

What to expect after surgery and discharge from the hospital.

After surgery, you will spend a few hours in the recovery area. Here we will watch your vital signs to make sure you wake up well after having anesthesia. If you are recovering well and your vital signs stay stable, you will be able to go home from the recovery area.

What to expect after surgery:

- You will be excited about the change in how you look after surgery. But you may feel anxious as well. We are here to help you while you adjust to these changes.
- Please remember it is very important for you to come to all of your follow-up appointments. You will see your:
 - Surgeon
 - Provider who give you hormones
 - Mental health provider
- You will have some pain and discomfort of the chest. But you should be able to manage your pain with medicines.
- You will start taking medicines the day after surgery. Some medicines will be taken only as needed. They include:
 - Acetaminophen (Tylenol)
 - NSAIDs (Motrin, Aleve)
 - Muscle relaxants
 - Narcotic medicines
- It is normal to have some clear drainage from the liposuction incisions because we inject fluid into the area we liposuction. This will lessen over the first few days.
- You may shower 48 hours after surgery.
- You will not be able to soak in a tub or go in a swimming pool until you are told it is OK by your surgeon.
- You will have activity restrictions such as:
 - Do not lift anything that weighs more than 5 pounds.
 - No pushing or pulling more than 5 pounds.
 - Do not go to the gym or drive a car until your surgeon says it is OK.
- No direct pressure to the chest except the compression bra (for implants) that you wear at all times.
- You need to sleep on your back until you are told other positions are OK by your surgeon.
- You can eat your normal diet after surgery.
- You need to drink plenty of water each day. Try to drink 2 liters each day.
- Do not drink alcohol until your surgeon says it is OK.
- You will be given stool softeners at discharge to help with your bowel movements after surgery.
 - Take these medicines each day during the first 1 to 2 weeks after surgery.

Call our office right away during office hours at 720.848.0800 or go to the ER if you have any of these:

- Fever (more than 100.4 F)
- Nausea or vomiting
- Heart rate more than 100 beats a minute that does not slow down
- Incision sites that have:
 - Pain that is getting worse
 - Redness
 - Drainage
- Chest pain
- Shortness of breath
- Trouble breathing or swallowing
- Changes in vision
- Weakness or numbness in your arms or legs

You will be excited about the change in how you look after surgery.

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What to expect when you leave the hospital (discharge):

- If you have implants, you will be given a compression bra and have surgical dressings that you will wear home:
 - These stay on at all times except when you are in the shower.
 - Your surgeon should tell you to take these off about 4 to 6 weeks after surgery.
- If you have liposuction or fat-grafting, you will have surgical dressings over the small incisions:
 - You will need to wear an abdominal binder with foam or cushioning at all times except when you are in the shower.
- We will make sure you have the right amount of pain medicines to keep your pain under control after surgery.
- We will look at the medicines you take and tell you which ones to start taking again at home and when to start taking them.
- We will give you written instructions to help you with:
 - Taking care of your incision
 - Your diet
 - Activity restrictions

Checklist for surgery:

- 1 letter from your mental health provider.
- You must call your insurance company and ask how many letters they need. Some need 2 letters from mental health providers.
- 1 letter from the provider who gives you hormones.
- Approval from your primary doctor (if your surgeon decides you need this).
- Stop all smoking or using tobacco products at least 6 to 8 weeks before surgery. There is a nicotine test about 2 to 4 weeks before surgery.
- Choose a support person to drive you home and help you after surgery.
- A safe and stable living environment.

Follow-up appointments.

This is a general timeline. Your follow-up appointment schedule may look different.

First clinic follow-up: 7-10 days after surgery:	Second clinic follow-up: 4-6 weeks after surgery:	Third clinic follow-up: 3-4 months after surgery:	Fourth clinic follow-up: 10-12 months after surgery:
<ul style="list-style-type: none">• At this appointment we will:<ul style="list-style-type: none">- Take off your dressings (bandages) from surgery.- Check your incisions.- Make sure your pain is under control.	<ul style="list-style-type: none">• We will continue to watch how you are healing.• You will probably be able to increase your activity after this appointment.• Remember, you may see some asymmetries (looking uneven) or scarring on your chest. You may not be satisfied with the way your chest looks yet. But it takes months to fully heal.	<ul style="list-style-type: none">• We look at your scars and look for any deformities (flaws). We also make sure the implants are in the right position.• We take postoperative photos.	<ul style="list-style-type: none">• We will check to see if we need to fix any scars or make other corrections to your chest, so you have the best possible results.

Lifelong follow-up and preventative care.

The WPATH standards of care says it is important for you to have lifelong follow-up care with your primary care physician and transgender health providers. You need medical screening for breast cancer for the rest of your life. There is a very low risk for transgender women to develop breast cancer. You should follow up with your primary care doctor so you get the right screenings when you need them.