Chest surgery information leaflet

This surgery (also known as 'bilateral mastectomy with masculinising chest reconstruction') is for people who have gender dysphoria who are also very unhappy about their chest. It is for people who have a male identity or a non-binary identity.

The surgery involves removing most of the breasts and some skin, but does not involve removing any muscle.

When can I be referred for chest surgery?

In order to have this surgery you need to be assessed by our clinicians. This can be one assessment, two assessments, or more depending on clinical need. These are psychological assessments to make sure that you understand the risks and benefits, and that the surgery is right for you. This is important because the surgery cannot be reversed.

Which surgeons can I choose?

All surgical referrals now go to a central NHS 'Surgical Hub'. The hub is separate to the GIC and the Tavistock and Portman NHS Foundation Trust. During an appointment, your clinician will guide you on which surgeons do this surgery on the NHS, and you can then make a decision about which you would prefer. Your choice is not guaranteed, but we will let the Surgical Hub know who you would prefer. You can also decide that you would be happy with any of them.

You can ask us for a list of surgeons in advance, but the list could change by the time you are seen at our GIC. The referral from us to the surgeon lasts for 12 months from the date we send it to the Surgical Hub. If more than 12 months is needed between when we send the referral and the surgery, we will usually see you again to see if anything has changed before re-sending the referral.

What happens next?

We write a referral letter to the surgeons at the Surgical Hub after the appointment. You will receive a copy of this letter. Once a referral has been made, you will receive an outpatient appointment to meet with the surgeon and discuss the surgery you wish to have. Before any surgery, you will also meet with the anaesthetist (the doctor who keeps you safe while you are unconscious having surgery) for an anaesthetic assessment.

What if I change my choice of surgeon?

You can contact the Surgical Hub directly if you want to change your surgeon. If you are already on waiting list with a surgeon, changing will not get you the same position on the waiting list with another surgeon.

Waiting lists

Unfortunately the time between us sending the referral and having the surgery changes a lot so we cannot tell you how long it will be. The Surgical Hub will have more up-to-date information.

Do I need to make a social role transition first?

Yes. We would need to see what the impact of living in your gender role has had on you before recommending irreversible surgical changes to your body. This also applies to hormone therapy. This is part of our 'lived-in experience' and 'reversible before irreversible' clinical approach.

Nearly every patient has done this before taking hormones or having surgery. They want to judge the impact of living in a different gender role has on them before experiencing irreversible hormonal or surgical changes to their body.

Do I need to take testosterone before chest surgery?

If you wish to have hormones (testosterone), we recommend that this is started at least 6 months before chest surgery to allow enough masculinising changes to occur to your body. These changes involve growing more muscles and the fat moving to places more common on men. This tends to produce a chest which looks better and gives a better chance of scars being in the right place. People with a non-binary gender identity can ask for chest surgery referral without hormone therapy, but this usually requires more assessment from different clinicians.

Do I have to be a certain weight?

Generally the fitter you are, the lower the risks of the surgery, and the better the chance of a good outcome. The limits of weight vary depending on the surgeon, the type of surgery, any other health problems you have, and several other things. You may be asked to lose weight before surgery if you are overweight. If you are unsure, it is best to ask the surgeon.

You can sometimes have chest surgery at a bit higher weight than genital surgery. However, it is best not to lose a lot of weight, or put on a lot of weight, after chest surgery. Losing or gaining a lot of weight alters the chest from the state in which it was operated on.

If you are considering genital surgery, it can be helpful to get to a good weight for genital surgery before you embark on chest surgery, so both go well.

Can I do anything to prepare myself for surgery?

Our advice is to stop smoking tobacco completely before hormone therapy and before having any surgery. The surgeons will also ask you about tobacco smoking and will expect you to have stopped, usually for at least 3 months. Some surgeons will also recommend that people stop all forms of nicotine inhalation including vaping nicotine. This is because smoking can reduce the blood supply to the tissues and is associated with a greater risk of complications, graft failure, and poor outcomes.

In addition, some surgeons will recommend that you build up the chest (pectoral) muscles by upper body exercises – this might include some form of weightlifting.

It can take some time to recover from the surgery – moving your arms may be extremely difficult for several weeks following the procedure. Make sure you have appropriate support around you so that you can cope after the surgery as you recover.

Specific procedures

Surgery is performed under general anaesthetic, where you go to sleep, and usually involves a one-night stay in hospital. Sometimes surgical drains are used, and/or a post-operative chest binder needs to be worn (for approximately two weeks, day and night). Your surgeon will explain all this to you in detail.

Periareolar technique: This can be used for a small B-cup or less and tends to have less scarring. Cuts are made around the nipple/areolae, which remain attached to the chest wall. Consequently sometimes, but not always, it is possible to preserve nipple sensation with this technique.

Transverse double incision technique: This is used for most breast sizes, particularly B-cup or larger. It involves the removal of excess skin and breast tissue with repositioning, and often resizing, of the nipple/areolae. Usually the nipple is removed and placed back in position on the flat chest wall as a graft. Sometimes a 'pedicle technique' can be used where the nipple remains attached to the chest wall by a pedicle or strand, but this still tends to be associated with loss of sensation or numbness in the nipple. Surgery results in scarring both around the nipple and around the position of the lower breast crease (inframammary fold).

Complications

Of any general anaesthetic:

- Chest infection
- Heart complications (arrhythmias or abnormal heart rhythms, heart attack)
- Stroke, deep vein thrombosis, pulmonary embolism (clots in the legs and/or lungs)

Of any surgery:

- Bleeding, may require return to theatre/blood transfusion
- Infection
- Wound breakdown with delayed healing
- Skin and or fat necrosis (tissue death)
- Scarring, keloid formation, poor scarring (lumpy, pink, stretched)
- Numbness around scar
- Seroma (collection of tissue fluid)
- Hypo/hyper-pigmentation

Of this specific surgery:

- Chest tightness due to scarring
- Chest/breast pain
- Excess lateral chest bulk, which may need surgical revision
- Asymmetry
- Numbness of and around nipple
- Graft failure

Checking the progress of your referral

You can contact the Gender Dysphoria National Referral Support Service by calling **01522 857799** or emailing **agem.gdnrss@nhs.net** to enquire the status of your referral.

Where can I find further information?

UK FTM Information: **ukftm.tumblr.com**

Trans Masculine Support and Advice UK: **facebook.com/TMSAUK**

Surgeons may also have their own websites.

If you need this information in a different language or format please contact our communications team: **communications@tavi-port.nhs.uk**

Ask for a large print version of this leaflet: **communications@tavi-port.nhs.uk**

Ask for an easy read version of this leaflet:
020 8938 2629
communications@tavi-port.nhs.uk

Nëse e do informacionin në Shqip ose në një format tjeter, ju lutem kontaktoni grupin e komunikimit, **communications@tavi-port.nhs.uk**

যদি আপনার 'বাংলা' অথবা অন্য ফরমটে এই তথ্যরে প্রয়োজন থাকে তাহলে অনুগ্রহ করে যোগাযোগ দলরে কমউিনকিশেন টমিরে সাথে যোগাযোগ করুন **communications@tavi-port.nhs.uk**

如果你需要本资料以其他形式写成或其 中文版本, 请跟我们的联络小组联系 **communications@tavi.port.nhs.uk**

Si vous avez besoin de ces informations en Français ou dans un autre format, veuillez contacter l'équipe de communication, **communications@tavi.port.nhs.uk**

Sollten Sie diese Informationen in Deutsch oder in einem anderen Format benötigen, dann kontaktieren Sie bitte das Kommunikationsteam, **communications@tavi-port.nhs.uk**

Se desidera queste informazioni in Italiano o in un formato diverso, per favore contatti lo staff comunicazione, **communications@tavi-port.nhs.uk**

Se precisar desta informação em Português ou num formato diferente, por favor contacte a equipa de comunicação, **communications@tavi-port.nhs.uk**

Si necesita esta información en Español o en un formato diferente, póngase en contacto con el equipo de comunicación, **communications@tavi-port.nhs.uk**

Haddii aad u baahan tahay macluumaadkan oo Soomaali ah ama qaab kala fadlan la soo xidhiidh kooxda isgaadhsiinta, **communications@tavi-port.nhs.uk**

NHS
The Tavistock and Portman
NHS Foundation Trust

Gateway number: 20_24. Last updated November 2021