

## Surgical readiness assessment – breast construction

This document is intended to assist surgical assessors in discussing gender-affirming surgery with patients and to ensure patients receive adequate information about the specific surgery they are seeking.

The role of the surgical assessor includes:

- Confirming the patient meets WPATH criteria for this procedure
- Confirming the patient is ready for surgery from a psychosocial perspective
- Confirming the patient can consent to this procedure

Informed consent in this context involves a discussion of what the procedure involves, the benefits and risks and what to expect post-operatively. This process does not replace the surgeon's informed consent process.

One assessment is recommended for most patients undergoing breast construction although additional assessments may be requested at the discretion of the surgeon.

### The breast construction procedure

Some trans people have breast construction as a gender affirmation treatment. Breast construction creates larger breasts when breast growth from hormone therapy is insufficient or is medically contraindicated and may result in reduced gender dysphoria.

This procedure involves insertion of a temporary breast tissue expander through an incision made under the breast or around the areola. After a few months, the tissue expander is replaced with permanent, usually saline-filled, implants. The nipple and areola are then reconstructed. Other techniques such as fat transfer may be recommended by the plastic surgeon instead.

Additional information about breast construction can be found on the Transgender Health Information Program website: <http://transhealth.phsa.ca>.

### Location of surgery

Breast construction surgery is performed as a day procedure by a plastic surgeon in BC. Primary care providers will make the referral to a surgeon of their choice and include the assessment documents and any other relevant clinical information. Pre-operative consultation and post-operative care will be provided by the surgeon.

### Funding

Breast construction is only funded by MSP for treatment of gender dysphoria if the following criteria are met:

- Less than AA cup size development or at least one and a half cup size asymmetry after at least 18 months on hormone therapy
- Or, hormone therapy is medically contraindicated

A plastic surgeon must assess the patient to determine if they meet these criteria and if so, apply for MSP funding

## Preparation for surgery

Smoking cessation is strongly recommended six months prior to surgery and required by some surgeons. The need to discontinue hormone therapy prior to surgery is at the discretion of the surgeon.

## Travel costs (if patients must travel to obtain this surgery)

Hope Air is a charity that may be able to assist with travel costs and the Travel Assistance Program is another option to assist with travel costs within BC. Contact details can be found in the “Referring a Patient for Gender Affirming Surgery” document.

## Risks of surgery

Patients should check with their surgeon for more specifics, such as rates of each complication.

- Risk related to general anesthetic (including death)
- Excessive blood loss and need for transfusion
- Blood clots
- Damage to surrounding structures
- Nerve damage and loss of sensation
- Capsular contracture
- Hematomas, seromas
- Infection or abscess
- Wound dehiscence with delayed healing
- Hypertrophic or keloid scarring
- Asymmetry
- Dissatisfaction with appearance of the breasts
- Need for revisions
- Implant problems (e.g. rupture) needing removal and replacement of the implant
- Post-op regret

## What to expect during healing

- Pain, bruising, swelling, numbness and or shooting/burning pains, constipation (from pain medication)
- Need to wear a certain type of bra to promote healing
- Need to reduce activities & take time off from work for three to four weeks, or longer
- Need for a support person in the post-operative period to assist with daily activities such as grooming, meal preparation, laundry, etc.
- Need for one to two follow-up appointments with the surgeon

## Next steps for assessors

The primary care provider (GP, NP, or in some cases endocrinologist) is the person responsible for making the referral to the surgeon. In some cases the person doing the assessment is also the primary care provider, but if not, assessment documentation should be sent to the primary care provider (*not to Trans Care BC*).

Assessors can better ensure a smooth pathway for the patient by:

- Completing and forwarding your assessment documentation to the primary care provider
- Sending “Referring a Patient for Gender Affirming Surgery” document to the primary care provider along with your assessment
- Encouraging the patient to follow up with their primary care provider to ensure the referral has been made