

Surgical readiness assessment – chest 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

This process does not replace the surgeon's informed consent process.

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

The chest construction procedure

Some trans people have chest surgery as a gender affirmation treatment. Chest surgery may decrease dysphoria related to the chest and eliminate the need to bind the chest.

This procedure involves: bilateral mastectomy and chest contouring. There are typically three types of chest surgeries done in BC and the type recommended by the surgeon will depend on your body size and shape, as well as other factors. In all cases, some of the original breast tissue will remain and ongoing monitoring for breast cancer is recommended.

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

Location of surgery

Chest construction is performed in BC as a day procedure by a small number of plastic surgeons. Primary care providers will make the referral (centralized list via Dr. C. Bowman's office) 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

Chest construction is fully funded by MSP for treatment of gender dysphoria.

Preparation for surgery

Smoking cessation is strongly recommended 6 months prior to surgery and is required by some surgeons. Surgeons will recommend weight loss for patients with BMI over 35 prior to surgery and may not book surgery until weight loss is achieved. 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 (death)
- Excessive blood loss and need for transfusion
- Blood clots
- Damage to surrounding structures
- Nerve damage and loss of sensation
- Hematomas, seromas
- Infection or abscess
- Partial or total failure of the nipple/areola graft
- Wound dehiscence with delayed healing
- Hypertrophic or keloid scarring
- Asymmetry
- Contour irregularities
- Dissatisfaction with appearance of the chest
- Need for revisions
- Post-op regret

What to expect during healing

- Pain, bruising, swelling, numbness and/or shooting/burning pains, constipation (from pain meds)
- Need to monitor drains x one week
- Need to wear a compression vest x one month
- Need to reduce activities & take time off from work x four to six 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 regular follow-up with surgeon at one week and one month post-op

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