Top Surgery

(Chest Wall Surgery)

Process involved and after care

Gender Dysphoria National Referral Support Service
Information Leaflet

Top Surgery

Top surgery is also known as chest wall surgery, chest reconstruction, chest contouring surgery or mastectomy.

The aim of this surgery is to change the contour of the chest wall, with the intention of promoting increased comfort in clothing and removing the need for chest binding. It is intended to reduce gender dysphoria by achieving changes to your body that are consistent (congruent) with your identity expression goals. The surgical techniques that might be used will depend on the shape and size of the chest and will be guided by your personal preference. The surgery differs from individual to individual; however, the aims are to remove most of the glandular tissue, and to resize and reposition the nipples and areolae (the dark disc of skin that surrounds the nipple).

This surgery (mastectomy and related chest reconstruction) is provided as a core component of the NHS gender dysphoria care pathway for individuals assigned female at birth. Referral for surgery can only be made by a gender specialist working in an NHS England commissioned gender identity clinic and if you have had gender affirming assessments.

Pre-Surgery

Once you have decided where you would like your surgery to take place, you will meet with the surgical and nursing team. The surgeon will carry out a physical examination of your chest and discuss the various types of surgery available, the advantages and disadvantages of each technique, their potential risks or complications and what care you might require after your operation.

As part of your assessment, you may be required to undergo some or all the following investigations: chest X-ray, blood tests, ECG (a tracing of your heart rhythm), blood pressure, pulse, and temperature recording. You may also need to be screened for Covid-19 and MRSA. This will involve taking some swabs from your nose and skin to see if you need to have any treatment before you have your operation. MRSA is a type of bacteria that is resistant to many antibiotics and lives on your skin. It is normally harmless, but it can affect your ability to heal if you have an operation.

The clinical team will also discuss preoperative requirements such as weight loss, stopping smoking and your general health. We advise that you tell your surgeon of any specific physical work you regularly undertake so that they can give you the best advice possible about recovery times (i.e. heavy lifting, high impact sports)

You will be given information about what to take with you for both your assessment appointments and hospital admission.

Preparing yourself

When you are planning for surgery you will need to make some preparations. If you are employed, you should speak to your employer to arrange the time you will need to be off work. You will need time to recover and this will vary depending on the type of operation you have. You may not feel able to do things like lifting, shopping and cooking. You may want to arrange to have someone with you for a period of time after you are discharged from hospital, to stock up on prepared meals or arrange some help.

After your surgery you will be advised about activities that you should avoid such as certain types of exercise, driving and intimacy. It is generally advised that you avoid these activities for about 6 weeks after your operation. It is important to follow the specific advice your surgeon has given you to avoid complications.

Types of Surgery

The NHS currently funds mastectomy and related chest reconstruction for individuals assigned female at birth including the following procedures:

- Double Incision Technique (bi-pedicled). Most widely used technique, ideal for medium to large chests, involves surgical incisions and the removal of both glandular tissue and skin, the wound is closed with the aim of leaving as straight a scar as possible, the nipple and areola are then re-attached as a free graft.

- Peri-Areolar Technique. Ideal for smaller chests, this involves a small amount of skin being removed to reduce the size of the chest. An incision is made around the areola which can be reduced in size at this time. A stitch is placed around the areola to prevent future stretching. The benefit of this technique is that it can result in only a small scar around the areola. However, it may be difficult to remove the edges of the breast tissue. This can result in the illusion that there is still a circular shape on the chest wall.

- Liposuction. Is a process where fat cells are removed via suction, the remaining fat cells are damaged as a result and are then absorbed by the body. Liposuction does not remove glandular tissue and is only carried out as a part of the peri areolar technique or for additional chest contouring. Once the fatty tissue is removed the skin should contract and flatten against the chest wall. The benefit of this technique is that it results in small scars, around 5mm in length, and these can be on the side rather than the front of the chest. Drawbacks can include the need for more than one session of liposuction and residual loose skin resulting in further surgery. There is also the risk of significant bruising and the risk of damage to underlying structures such as the chest wall and lungs.

Your surgeon may use the term Pedicle Flap surgery. Pedicle flap means the flap of tissue from the back or belly is moved to the chest without cutting its original blood supply. The tissue is pulled under the skin up to the chest area and attached. Free flap means the tissue and blood vessels are cut.

Nipple Reconstruction.

As part of your surgery, it will be necessary to reposition and/or resize your nipple and areola. Before having your nipple(s) reconstructed, talk with your surgeon about the nipple size you want and make sure you understand how the reconstruction surgery will be done. There are several techniques your surgeon may use for nipple reconstruction:

- **Building a new nipple with surrounding skin.** This is the most common approach. To create the nipple, the surgeon uses skin from the area on the chest where the new nipple will be located. This involves making small incisions, forming the tissue into a nipple shape, and securing it with stitches. The areola may be created later by tattooing.

- **Building a new nipple with surrounding skin and an areola with a skin graft.** To create the nipple, the surgeon uses skin from the area on the chest where the new nipple will be located. To create areola, the surgeon uses skin from another part of the body, such as the edge of a healed mastectomy scar or from some loose skin on the lower belly.

- **Free, full-thickness nipple grafting:** The nipple-areolar complex is harvested as a full-thickness skin graft. It is resized and repositioned to look more masculine, less feminine and non-gendered.

- **Dermal Implants:** Another nipple reconstruction option is a dermal implant. A small dermal implant is inserted under the top layer of skin in the centre of the tattooed areola, leaving a tiny post extending above the surface of the skin. A silicone nipple, made to match an individuals skin tone, is then screwed into the post.

- **Nipple Tattooing /Areola Complex:** A new areola (the coloured disc surrounding the nipple) can be created using a technique called "intradermal micropigmentation" – nipple tattooing. A trained practitioner will carry out the procedure approximately 6-8 weeks after nipple reconstruction/your final surgery. Most people will need no anaesthetic at all, some a local anaesthetic cream or in the most sensitive of cases, an injection of local anaesthetic. The nipple tattooing procedure will take about an hour during which a semi-permanent pigment is injected under sterile conditions. You will be given aftercare instructions. Sometimes the procedure will need to be repeated and a couple of coatings will usually last up to 2 years.

Whichever technique is used, the surgeon will usually try to create a reconstructed nipple that is larger than the final desired size. This is to compensate for the fact that the reconstructed nipple will flatten over time.

After your surgery

There will be a slightly different approach to helping you recover after surgery depending on the type of operation you have, however, it is expected that the nursing staff will help you out of bed as soon as possible after your operation. Being out of bed and walking helps to improve your lung function and lessens the risk of chest infection. Getting up and about as soon as possible after your operation also helps to reduce tiredness and the risk of blood clots.

After your operation you may also have one or more drains in place near to the site of your wounds. The drain is a small tube that is situated under the skin and held in place with a stitch. Drains can be uncomfortable but are an important part of the recovery process. The drains will be in place for as long as required; it may be that you are discharged with them in place, if this is the case you may be referred to your district nursing team who will continue to monitor you. It is also important that you monitor the drains yourself paying attention to any leakage around the drains, the drain site becoming red and warm to the touch or no drainage at all. If you notice any of these consult your medical team for further advice.

Once the drains are removed, you may experience "fullness" around the drain site; this is due to a collection of fluid called a 'seroma'. This fluid is usually absorbed by the body; however, you may feel a degree of discomfort for a while. If the fluid is not absorbed by the body or it restricts movement, it may need to be drained with a syringe. It is not uncommon for seromas to refill, so you may need more than one appointment before the seroma goes.

Dressings will be in place and your clinical team will advise as to when you can safely remove them. It is likely that you will experience some degree of pain and discomfort following your operation, although people's experience varies. It may be that you will require pain relieving medication, over -the-counter pain relief will be sufficient to manage pain control. Bruising and swelling are also common after surgery, but these usually go around 6-8 weeks after surgery.

Follow up care

Following your surgery, you will be regularly reviewed by your surgical team. This will give your surgeon the opportunity to assess how well your wounds have healed and if any further surgery is required. The possible surgeries include, liposuction, removal of "dog ears" (small tags of excess skin, usually at the end of your scars), nipple reconstruction and nipple areola tattooing.

You will remain under your surgical team for one year, after which you will be discharged back to the care of your GP.

Regardless of where you elect to have your surgery, your medical team will provide a discharge plan, which will include what you should or shouldn't do following surgery, as well as expected recovery times, and clear instructions on what to do should you have any concerns.

Potential complications

As with all surgery that involves general anaesthetic there is risk of complications. Some people develop collections of blood that cause local discomfort and swelling and may also feel be hard to the touch. This called a 'haematoma', and you may have to return to your chosen surgical team to have it treated; this might involve taking it away with a syringe and needle, or further surgery.

It is also possible that as a result of the operation you may experience a blood clot within your vein (thrombosis; deep vein thrombosis or DVT; pulmonary embolism or PE). If you experience any of the following symptoms after your operation, contact 999 immediately –

- pain or swelling in your leg(s)
- your leg is hot and/or discoloured
- numbness/tingling in your feet;
- enlarged veins in your legs
- pain in your chest and back that is worse with deep breathing,
- coughing up blood.

It is very important that you keep an eye on your wound site, as it may become infected. Signs of infection include redness around the wound site, discharge, the wound becomes warm and/or tender, and/or swollen. If you feel unwell and have a temperature, this may also be a sign of infection. Your clinical team will discuss what to do if you have or suspect you have an infection as part of your discharge planning.

Post-surgery risks also include: -

- Loss of sensation in the chest wall and nipple but this is usually temporary
- Asymmetry of the chest and/or nipples
- Scarring
- Poor blood supply to the nipple causing a loss of the nipple
- Dog ears
- Bleeding
- Infection

If you have any concerns about your wound site, fever or any new symptoms or the symptoms mentioned above, you should contact your surgical team, GP or hospital for advice.

Health screening after surgery

The NHS offers breast screening to save lives from cancer and does this by finding cancers at an early stage and offering treatment. It is important that you remain vigilant and check your chest for lumps, pain and changes after your surgery and report any changes to your GP.

If you have registered with your GP as your identified gender, the NHS will not know your previously assigned gender and may miss screening that would benefit you and identify health risks associated with your previously assigned gender. You should discuss the benefits of health screening with your GP.

The NHS has produced a leaflet on screening for trans and non-binary people which you can find if you go to https://www.gov.uk/government/publications/nhs-population-screening-information-for-transgender-people/nhs-population-screening-information-for-trans-people

Contacting you

Your GIC will ask you if you prefer to be contacted by the GDNRSS team via email or letter and this will be recorded on your file.

We will email or write to you to let you know your referral has been received and how this has been processed using your preferred contact method.

We will not be aware of your personal circumstances, and correspondence from us will be sent to the name and address or email provided by you via your GIC.

Please ensure that your contact details are up to date with us and your GIC and contact us if you have a different way you would prefer us to make contact.

We value your views to help improve services and we may on occasion contact you to gather information about your experience and outcomes after surgery, this is known as patient reported outcome measures (PROMS). Please let us know if you do not want us to contact you to complete patient surveys.

How we use your information

Referrals are sent to us using a confidential electronic referral system. Once received, referrals are securely stored, and our referral system is governed by the General Data Protection Regulation (GDPR).

We take our responsibility to protect your data and confidentiality extremely seriously and the information we receive can only be used by trained staff who work under close supervision.

We do not share your information with anyone other than those involved in your care and treatment.

Feedback

If you would like to provide feedback, please email us at **agem.gdnrss@nhs.net**

If you require information in another language or format, please contact the team at **agem.gdnrss@nhs.net**

GD NRSS Support Line on **01522 857799**

Email and support line open
Monday to Friday
9am - 5pm (excluding UK bank holidays)

Arden&GEM

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