Top Surgery

An Overview of Chest Reduction Surgeries

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Please share or quote only with credit. I can give a much more thorough presentation in person. Book me to come to your school, healthcare organization, social service provider, etc. I have equivalently detailed presentations on FFS, Vaginoplasty, Phalloplasty/Metoidioplasty, and Hysterectomy.

www.healthytrans.com
Gaines, Medical Case Manager (he/him/his)

“a welcoming, non-judgmental, confidential program designed specifically to meet the medical and mental health needs of lesbian, gay, bisexual, transgender, and questioning adolescents and young adults ages 13-24.”

I am not a doctor or lawyer! Consult a medical provider for medical advice!
Agenda

❖ On Pictures
❖ What are my procedure options?
  ➢ Periareolar Types
  ➢ Double Incision Types
❖ Which procedure is best for me?
❖ Outcomes, Complications, and Revisions
❖ Where do I find and research surgeons?
❖ What to expect from consultation, surgery day, and recovery
❖ Questions

❖ Insurance 101 and billing scams to watch out for (if time permits)
ON PICTURES

This presentation includes pictures of pre- and post-op chests and surgical drawings. No bloody operating room pictures.
More on pictures....

1) I have chosen to only include images from surgeons who take some form of insurance.

2) All surgical drawings in this presentation appear to be of white, thin people. I hope to rectify this as more drawings become available.

3) It's not useful to compare images from surgeons (here or online) when one picture is two months post op and another is 2 years post op.

4) Surgeons who work for big teaching hospitals often have no control over their own websites. Surgeons who work for themselves can more easily put post-op pictures on their websites.

5) People shown in pictures are being vulnerable for your benefit. Be respectful. Use I statements.
“Top Surgery”

General term for a collection of procedures that can be used to reduce the chest in a gender affirming way

Including:

- Removal of chest tissue
- Nipple reduction and repositioning
- Removal of extra skin
Anatomy Words

- Areola
- Inframammary Fold
Procedures

Double Incision

Dr. Scott Mosser (SF, CA)

Periareolar or Keyhole

Dr. Melissa Johnson (Springfield, MA) 7 months post op
### Procedures

#### Double Incision

Any procedure that results in long scars, usually under the pectoral line.

Includes:
- Free Nipple Graft
- T-anchor
- Pedicled Nipple Graft/ “Buttonhole”
- Fish mouth/Lollipop/J-incision

#### Periareolar or Keyhole

Any procedure that results in ‘keyhole’ scar and/or scar around (“peri”) the areola (“areolar.”)

Includes:
- “Minimal scar”
- Periareolar
- Circumareolar/ “purse string” “donut hole”
- Keyhole
Periareolar and Keyhole
Keyhole

Skin reduction is not possible

Small incisions = small scars

Most chance of retaining current nipple sensation

No repositioning or areola reduction
Nipple reduction is possible

More difficult for the surgeon, smallest “window” through which to work, more chance of bleeding-related complications

Takes long time to see full result. Excess skin will contract over a year or more

Monstrey et al, 2006

Keyhole with nipple (not areola) reduction
Dr. Mosser (SF, CA) Healing time unknown
Dr. Sherie (Charlotte, NC) healing time unknown
Periareolar:  
Donut, Concentric Circle, Circumareolar, Purse String  

Some skin reduction is possible  

Similar chance of retaining nipple sensation to keyhole  

Some ability to reposition nipple  

Scars all the way around the nipple  

More difficult for the surgeon, small “window” through which to work, more chance of bleeding related complications  

Takes long time to see full result- excess skin will contract over a year or more
Dr. King (Madison, WI) Periareolar surgery 90 days post op
In his notes on the picture, Dr. Bartlett says that this person was “borderline” for peri but really wanted it, and that the patient was happy with this outcome.
Double Incision
Double Incision w/o Nipple Graft (Fishmouth + Lollipop)

Combination of periareolar and Double Incision, allows for more skin removal than periareolar

Only slight change in nipple placement possible

Scarring possibility (but scars change over years)

Aside from scars, near immediate results
Double Incision with “Free” Nipple Grafts

Any size or skin elasticity is eligible

Most freedom of nipple placement (or no nipples)

Most scarring possibility (but scars change over years)

Aside from scars, near immediate results

Least chance of retaining nipple sensation
Dr. Gallagher (Indianapolis, IN)
Double Incision with Pedicled Nipple Graft

❖ Same as Double Incision, but nipples are never cut from the nerve and blood supply supply. This nipple “pedicle” is preserved, and nipples are moved to a higher place in the skin, like a button going through a buttonhole.

❖ More chance of retaining nipple sensation than with Double Incision w/ free grafts

❖ “Buttonhole” is name coined by one doctor, same technique is performed by many (Dr. Mosser, Dr. Weiss, Dr. Mclean, Dr. Sherie) including by those who don’t advertise with this specific word.

❖ If your nipples are very far away, pedicle is more difficult (Dr. Weiss has a cut off of 7cm distance from fold to nipple)

❖ Some surgeons state that it is harder to make your chest “completely flat” with this method
Double Incision w/Pedicled Nipple ("Buttonhole")

Dr. Hope Sherie (Charlotte, NC) both patients 3 months post op
Double Incision w/Pedicile Nipple Graft (T-Anchor)

Same as buttonhole, but with extra vertical scar.

Maybe able to accommodate pedicle graft in larger-chested people.
No Nipple Grafts
Which Procedure is Best?
Dr. Scott Mosser’s Algorithm

Angle greater than 135 degrees = keyhole

Angle greater than 110 degrees = circumareolar

Angle 90 or lower = double incision methods
Ideal Candidates for Periareolar Techniques

Fischer Grade 1:
“minimal glandular tissue, no skin laxity, and with the nippleareola complex above the inframammary fold.”

Fischer Grade 2A:
“moderate glandular tissue, little to no skin laxity, with the nippleareola complex above the inframammary fold.

Borderline Candidate for periareolar technique

“moderate glandular tissue, increased skin laxity, with the nipple-areola complex at or below inframammary fold.”

“there was a statistically significant difference in the rate of aesthetic revisions in the grade 2B circumareolar incision group (34 percent versus 8.8 percent).”
Ghent Algorithm

(Monstrey et al, 2006)
Outcomes, Complications, and Revisions
Outcomes - Sensation

<table>
<thead>
<tr>
<th></th>
<th>Overall collective</th>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
<th>Group 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient satisfaction</strong></td>
<td>n = 158</td>
<td>n = 22</td>
<td>n = 29</td>
<td>n = 81</td>
<td>n = 26</td>
</tr>
<tr>
<td>1 = very good</td>
<td>77 (48.7%)</td>
<td>12</td>
<td>14</td>
<td>39</td>
<td>12</td>
</tr>
<tr>
<td>2 = good</td>
<td>62 (39.3%)</td>
<td>8</td>
<td>11</td>
<td>32</td>
<td>11</td>
</tr>
<tr>
<td>3 = less satisfied</td>
<td>18 (11.4%)</td>
<td>2</td>
<td>4</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>4 = not satisfied</td>
<td>1 (0.6%)</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td><strong>NAC sensitivity</strong></td>
<td>n = 264</td>
<td>n = 44</td>
<td>n = 60</td>
<td>n = 160</td>
<td>-</td>
</tr>
<tr>
<td>1 = very good</td>
<td>110 (41.7%)</td>
<td>50%</td>
<td>53%</td>
<td>35%</td>
<td>-</td>
</tr>
<tr>
<td>2 = good</td>
<td>102 (38.6%)</td>
<td>16</td>
<td>18</td>
<td>68</td>
<td>-</td>
</tr>
<tr>
<td>3 = moderate</td>
<td>48 (18.2%)</td>
<td>6</td>
<td>8</td>
<td>34</td>
<td>-</td>
</tr>
<tr>
<td>4 = not sensitive</td>
<td>4 (1.5%)</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>-</td>
</tr>
</tbody>
</table>

Outcome parameters: "Patient satisfaction" and "NAC sensitivity" (NAC: nipple–areola complex).

Complications

❖ General Surgery Complications
  ➢ Infection
  ➢ Anesthesia problems

❖ Hematoma
  ➢ Blood pocket or uncontrolled bleeding under skin

❖ Seroma
  ➢ Fluid pocket, swelling

❖ Necrosis “losing a nipple”
  ➢ Tissue with inadequate blood supply that dies
Visual Concerns

❖ Scars
  ➢ Spitting Sutures
  ➢ Stretched scars
  ➢ Keloid and hypertrophic scarring

❖ Pigmentation of nipples and scars

❖ “Dog ears”

❖ Extra tissue and divots (often smooths out over time)

❖ Extra skin after Peri/Keyhole (may need revision)
## Complications

<table>
<thead>
<tr>
<th>Complications</th>
<th>Keyhole</th>
<th>Peri</th>
<th>DI w/pedicle</th>
<th>DI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall collective</td>
<td>41 (11.8%)</td>
<td>10%</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td>Minor</td>
<td>5 (1.4%)</td>
<td>–</td>
<td>–</td>
<td>2</td>
</tr>
<tr>
<td>Partial NAC necrosis</td>
<td>3 (0.9%)</td>
<td>–</td>
<td>–</td>
<td>2</td>
</tr>
<tr>
<td>Seroma</td>
<td>2 (0.6%)</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Major</td>
<td>36 (10.4%)</td>
<td>5</td>
<td>7</td>
<td>19</td>
</tr>
<tr>
<td>Full NAC necrosis</td>
<td>4 (1.2%)</td>
<td>–</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Hematoma with revision</td>
<td>32 (9.2%)</td>
<td>5</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>Secondary revisions</td>
<td>31 (9%)</td>
<td>4%</td>
<td>9%</td>
<td>11%</td>
</tr>
<tr>
<td>Scar revisions</td>
<td>5 (1.4%)</td>
<td>–</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Contour revisions</td>
<td>19 (5.5%)</td>
<td>–</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>NAC revisions</td>
<td>7 (2%)</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

Outcome parameters: “complications” and “secondary revisions” (NAC: nipple–areola complex).

## Complications

<table>
<thead>
<tr>
<th>Semicircular</th>
<th>Hematoma</th>
<th>Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wolter et al (2015)</td>
<td>48</td>
<td>122 (31–500)</td>
</tr>
<tr>
<td>Monstrey et al (2008)</td>
<td>30</td>
<td>170 (70–340)</td>
</tr>
<tr>
<td>Cregten-Escobar et al (2012)</td>
<td>38</td>
<td>87 (SD 38)</td>
</tr>
<tr>
<td>Transareolar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monstrey et al (2008)</td>
<td>10</td>
<td>85 (85–120)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>126</td>
<td>120</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Concentric circular</th>
<th>Hematoma</th>
<th>Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bluebond-Langner et al (2017)</td>
<td>218</td>
<td>N/A</td>
</tr>
<tr>
<td>Cregten-Escobar et al (2012)</td>
<td>86</td>
<td>156 (SD 127)</td>
</tr>
<tr>
<td>Monstrey et al (2008)</td>
<td>70</td>
<td>240 (55–600)</td>
</tr>
<tr>
<td>Wolter et al (2015)</td>
<td>66</td>
<td>130 (57–240)</td>
</tr>
<tr>
<td>Kääriäinen et al (2016)</td>
<td>58</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fishmouth (subcategory of peri)</th>
<th>Hematoma</th>
<th>Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monstrey et al (2008)</td>
<td>38</td>
<td>365 (80–880)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>498</td>
<td>203</td>
</tr>
</tbody>
</table>

346 of 498 | 203 | 144 (37.5%)

(Wilson et al., 2018)
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Hematoma</th>
<th>Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>DI w/Pedicle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inferior pedicle mammaplasty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cregten-Escobar et al (2012)'</td>
<td>5</td>
<td>46</td>
</tr>
<tr>
<td>Kääriäinen et al (2016)'</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>TOTAL</td>
<td>22</td>
<td>69</td>
</tr>
<tr>
<td>DI w/Free Graft</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IMF incision with FNG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bluebond-Langner et al (2017)'</td>
<td>20</td>
<td>23</td>
</tr>
<tr>
<td>TOTAL</td>
<td>32</td>
<td>73</td>
</tr>
</tbody>
</table>

(Wilson et al., 2018)
Peri, then Double Incision

- Had keyhole, had a hematoma
- Didn’t like result at one year (“before”)
- Had double incision to revise procedure

All procedures with Mclean Clinic in Toronto, Canada
Finding Surgeons and Resources
Online Forums

1. Topsurgery.net
   a. Featured surgeons are paying advertisers
   b. Great wide listing
   c. Information is accurate but also serves advertising function

2. Transbucket.com
   a. Community members only (make an account to see pictures)
   b. Read comments and narrative to hear about people’s experience beyond pictures

3. “Top Surgery Support (Reduction/Removal)” Facebook Group
   a. Use search function to look up surgeons you are interested in
Consultation, Surgery Day, and Recovery Expectations
What to expect

❖ This is an opportunity to establish trust and comfort
  ➢ Assert what language you like to use

❖ The surgeon will want to physically examine your chest to see what surgery is best for you
  ➢ You can put this off to another day
  ➢ You can show pictures instead, or
  ➢ do it at the beginning or end and get dressed again before discussing

❖ Might request that you take pictures for before/after pictures

❖ Bring a list of questions! (see hand out for prompts)
A general word of advice:

Do your research, but don’t believe the hype. Someone can be amazing, empathetic, kind, skilled, etc and still not the right surgeon for you.

Trust your gut in your consultation.

Is the surgeon listening to you? Willing to explain “no’s” and adjust for your specific needs?

Do they claim to have never had a complication ever? (red flag)

Is the office a madhouse and you see post-op people waiting forever to get called back into a room?
Day of surgery

What setting is the surgery performed in? Large hospital? Small outpatient surgery center?

- Check-in
  - Hospital co-pays
  - Possible misgendering by support staff
  - Nurses being confused, thinking paperwork error

- Check-in with surgeon + anesthesiologist before operation

- Wake up in recovery room
  - Sometimes you can leave the same day as surgery
  - Need a person to escort you home
Recovery

FOLLOW YOUR SURGEON'S INSTRUCTIONS

❖ Drains? Managing Drains? When do you get drains removed?

❖ You may be instructed to:
  ➢ Not raise your arms over a certain height
  ➢ Wear a surgical binder or wrap
  ➢ Dress your wounds/grafts in certain ways

❖ Can’t shower until your surgeon tells you
  ➢ Baby wipes!

❖ No exercise or lifting over ______ pounds until allowed to by surgeon

WHEN IN DOUBT- CALL YOUR SURGEON


Questions?

www.healthytrans.com