FTM/N TOP SURGERY FREQUENTLY ASKED QUESTIONS

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you concerning female-to-male and nonbinary (FTM/N) top surgery, its risks, as well as alternative treatment(s). It is also intended to inform you about the pre- and post-surgical process and to answer frequently asked questions. There are a variety of different surgical techniques used to remove breast tissue and to contour the chest wall. There are both risks and complications associated with this surgery. The best candidates for surgery are those who are mature enough to understand the procedure and have realistic expectations about the results.

It is important that you read this information carefully and completely BEFORE your consultation. Please initial each page, indicating that you have read the page and sign at the end of the document to indicate that you have read and understand the information, including the risks of surgery. You will have the opportunity to ask any and all questions at the time of your consultation.

WHAT ARE THE INSURANCE REQUIREMENTS FOR UNDERGOING TOP SURGERY?

Insurance companies who cover top surgery generally follow WPATH guidelines, which are as follows:

1. Living as your identified gender for at least one year
2. You are able to make informed decisions and consent for treatment
3. Your other medical and mental health conditions, if present, are well-controlled
4. Age >18 years old OR >15 years old with one year of hormone therapy (for age 15-18 this is recommended but may not be required depending on the individual case)

DO I NEED TO SEE A THERAPIST BEFORE SURGERY?

It is not necessary to have an established therapist, because not every patient seeking top surgery has a need for ongoing therapy. We request a one-time evaluation by a therapist, psychiatrist or other mental health professional, who MUST have an official mental health license (ex. LPC, LCSW), and this letter is usually required by your insurance company. If you do not have an established therapist, we can recommend someone who we work with. If you have a therapist, they do not need to be well-versed or specialize in gender-related therapy. In your paperwork, you will receive a template that you can provide to your therapist, with a check-box format that will allow them to fill out all the information we need. If you are going through insurance, it is important that you ask your therapist to use our template rather than to write their own letter, because insurance companies are looking for very specific wording and using our template will ensure that all the required information is included in the letter. If you would like to obtain more than one letter, that is also fine but not necessary.

WHAT ARE THE MOST COMMON TYPES OF FTM/N TOP SURGERY THAT YOU PERFORM?

The three most common surgical techniques we employ are the double incision, the periareolar approach and the keyhole approach. These incision patterns are explained below. There are

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many other types of incision patterns that we perform, including the fishmouth technique, the buttonhole technique, the inverted-T incision and the inframammary incision. The buttonhole and inverted-T are attempts to increase hope of preserving some nipple sensation, but will not guarantee nipple sensation and will result in a chest wall that is not as flat as possible. The fishmouth is unique in that it produces a scar that is nonanatomic in location. The inframammary incision involves an inferior horizontal incision that appears similar to the double-incision technique, but involves preservation of the nipple and is only indicated for patients with no extra skin (similar to the periareolar or keyhole, for patients that have a slightly larger amount of breast tissue).

WHAT IS DOUBLE INCISION TOP SURGERY?

Double incision top surgery means that breast tissue is removed along with skin in a horizontal elliptical incision pattern, leaving a scar along the inferior chest border. Double incision surgery is the most effective technique that will give you the flattest possible chest wall, but requires that the nipples be treated as **"free nipple grafts"** (explained below). There are various options that are customizable in terms of the scar placement and shape. Some patients prefer to have the straightest possible scar, while others prefer a more curved or contoured scar appearance.

"Free nipple grafts" means that the nipple areolas are removed, thinned out, reshaped and resized, and placed back on the chest wall as a free nipple graft, similar to a skin graft procedure. The areolas will become smaller and can be reshaped into an oval or a circle depending on your preference. The nipple areolas can be placed slightly lateral on the chest wall for a more masculine appearance or can be placed centrally on the chest wall for a more gender fluid appearance. The shape and location of the nipple areolas is fully customizable, and we can discuss your preferences at your consultation.

As free nipple grafts, the nipple areolas will be 100% numb right after surgery and will require extra care with ointment and moisturization until they adapt to be like the rest of your skin. The grafts go through a special healing process that involves a yellow bolster dressing that is sutured over the nipples for one week after surgery. The purpose of this dressing is to provide an environment of "no friction" so that the grafts can heal without being disturbed. Over the first 2-3 days after surgery, the grafts survive by absorbing oxygen and nutrients from the surrounding skin of your chest wall. During this time, small blood vessels from your chest wall will align themselves with empty vessels in the graft, and these vessels will start to grow into each other, allowing the graft to survive without absorbing fluid. It is important that the vessels are allowed to grow into each other without friction, so they don't get disrupted in the healing process. The bolster dressings are very securely sutured over the grafts and it is very unlikely for anything to disrupt this healing process with the dressings in place. For this reason, you should not remove your dressing at all in the first week after surgery.

WILL THE NIPPLES ALWAYS BE NUMB AFTER DOUBLE INCISION TOP SURGERY?

In the majority of patients with free nipple grafts, "protective sensation" will return after many months. Nerve regeneration takes a very long time, but over a long time it is likely that nerves will grow into your grafts and allow you to feel the grafts. However, you will never regain

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"erotic sensation" to the nipples. Instead, they will likely feel like the skin of your neck or your shoulder. This is not a guarantee, and there is still a chance of complete numbness, however, some sensation is likely to return.

WHAT IS PERIAREOLAR AND KEYHOLE TOP SURGERY?

Periareolar and Keyhole top surgery means that breast tissue is removed through a small scar that is located along the border of the colored areolar skin. In Periareolar top surgery, the scar goes all the way around the areola and the areola is reduced in size and/or shape. In Keyhole top surgery, the scar goes only along the inferior 180 degrees of this colored areolar border and the breast tissue is all removed through this scar. The only difference between these two procedures is that in keyhole top surgery, the areola does not change at all in size or shape and simply retracts as is against the chest wall. These minimal-scar approaches may only be performed in patients with no extra skin, because only a very minimal amount of skin is able to be removed to without causing unnatural pleating on the chest wall. The amount of breast tissue should also be relatively small. These procedures will result in a flat chest, but do not allow customizability of nipple position. The nipple areolas will retract where they are on the chest wall and cannot be moved laterally.

WHAT HAPPENS TO NIPPLE SENSATION AFTER PERI/KEYHOLE TOP SURGERY?

Unfortunately, even though the nipples are left attached, there is not a better chance of retaining erotic nipple sensation after periareolar or keyhole top surgery compared to double incision, because many of the nerve endings to the nipple areolas are coming up through the breast tissue that is required to be removed. It is almost a guarantee that your nipple areolas will be numb after surgery. However, the same rules apply to nerve regeneration over time. It is likely that you will regain protective (not erotic) nipple sensation over many months after surgery, although this is not a guarantee.

WILL I NEED TO HAVE MAMMOGRAMS LATER ON AFTER TOP SURGERY?

It is important to note that top surgery is different from a "prophylactic mastectomy". Top surgery will remove about 95% of breast tissue, but about 5% of breast tissue will remain on the chest wall, and this is done on purpose. The reason we purposely leave this tissue behind is that if we were to remove every cell of breast tissue, you would be left with a skeletonized, deformed appearance to the chest wall. Our goal is to provide you with a flat, uniform, aesthetic appearing chest wall. Because the pectoralis major muscle ends in an oblique fashion laterally on your chest, there needs to be some additional tissue left lateral to where this muscle ends in order to prevent a concavity or depression in this area.

What this means is that you are not 100% out of the woods in terms of breast cancer screening. What we know is that top surgery will significantly reduce your risk of breast cancer, because breast reduction surgery significantly reduces this risk, but we do not have guidelines at this point as to what type of screening you should undergo. When it is time for you to consider this (~age 40 or older), you should have a conversation with your doctor about what, if any, screening you may need. You will probably NOT be able to have traditional mammograms because you won't have enough tissue to compress. If you discover later in life that you have a

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higher risk of breast cancer than you originally thought, you may need MRIs or more thorough clinical screening with a breast cancer specialist.

If you would like to explore your candidacy for a prophylactic mastectomy procedure, which would be done by a breast surgeon, it is possible to have this procedure and to have top surgery at the same time. We can recommend a breast surgeon and a genetics counselor so that you can be evaluated prior to top surgery. If you end up being a candidate for this procedure, we can potentially perform fat grafting to help fill in any contour deficiencies that would result. It is likely that you would require several stages of fat grafting in order to achieve a flat, uniform chest wall similar to a top surgery result.

WHAT ARE THE RISKS INVOLVED IN FTM/N TOP SURGERY? (IMPORTANT):

- **Bleeding** - bleeding is really referring to what is called a "hematoma", which means that blood collects under the skin and requires another operation to drain the blood on an urgent basis, and can sometimes require a blood transfusion. This is very rare, but if it happened it would usually happen within 24-48 hours after surgery and would require a return trip to the operating room. This would be temporarily annoying but ultimately should not affect long term results. The risk of hematoma is about 5%. It is possible that you may be taking supplements, vitamins or medications that you may not know increase risk of bleeding. Please be sure to inform us of everything that goes into your body on a regular basis, because many off-label supplements can have ingredients that increase risk of bleeding, for example fish oil, acai berries, garlic, ginseng, ginger, vitamin E (which exists in some almond milks), and MANY others. We will ask that you stop any vitamins and supplements that are not absolutely required for 2-4 weeks prior to surgery and for 2 weeks after. You should also avoid aspirin, NSAIDs/ibuprofen or other anti-inflammatory medications. Blood thinning supplements may be beneficial for long-term health, but they are terrible to take just before or after surgery.
- **Infection** - this is extremely rare but you could potentially develop an infection of the skin or nipples requiring antibiotics, drainage, additional surgery or hospitalization. Patients undergoing double incision top surgery will have antibiotics for one week, and patients without free nipple grafts (peri/keyhole) will have antibiotics for only a few days.
- **Seroma** - this means a fluid collection under the skin of the chest that infrequently develops. This could lead to infection or poor contour and may require additional procedures for drainage of fluid. To avoid seromas we use one drain on each side, and the drains remain in place for one week. The nurses at the hospital will show you how to care for the drains after surgery. You can also go on YouTube and search for "JP drain stripping", "JP drain care" and "how to empty a JP drain" and you will find many helpful videos on the subject that will make you feel much more comfortable dealing with drains after surgery. The drains should be emptied about twice a day for a few days after surgery and then once a day after that, and stripped twice a day. Stripping the

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drains is important to keep the fluid moving through the drains so they don't get clogged.

- **Contour Abnormality** - this means that you could develop a depression or asymmetry of the contour along the chest wall. While this is unusual, you may notice small contour asymmetries when you compare both sides closely.
- **Dog Ears** - these refer to areas of pinpoint fullness at the lateral aspect of your scars. The scars end laterally under your armpit on the lateral chest wall. This is very uncommon, however if dog ears do occur, they may improve with time as swelling resolved. If they don't resolve, they can usually be easily corrected with a small procedure under local anesthesia. If you have fullness of your lateral chest wall prior to surgery (excess fatty tissue or skin folds lateral to where the breast tissue ends), this will not necessarily change after top surgery and treatment of these areas may benefit from liposuction. These areas may become more obvious in appearance after top surgery if untreated.
- **Asymmetry of Scars or Nipples** - it is possible that one scar or nipple areola may end up slightly asymmetric compared to the other side. Some chest asymmetry naturally occurs in most individuals. Differences in terms of chest and nipple shape, size, or symmetry may also occur after surgery. Additional surgery may be necessary to revise asymmetry after a top surgery.
- **Delayed Healing** - wound disruption or delayed wound healing is possible. Some areas of the chest skin or nipple region may not heal normally and may take a long time to heal. Areas of poor healing may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to chest tissue from past surgery or radiation therapy may be at increased risk for delayed wound healing and poor surgical outcome. **Smokers have a greater risk of skin loss and wound healing complications.**
- **Poor Scarring** - poor scarring refers to hypertrophic or keloid scarring, which is usually related to genetics, or widened scarring. Widened scars can be prevented by limiting the amount that you raise your elbow over the level of your shoulder. You should try to keep your elbow at or below the level of your shoulder for 6 months after surgery (e.g. raising your hand, reaching up high). You may need to adjust things in your house, and lower items down if you have items up high on shelves where you can't reach them easily. You are allowed to touch your head and wash your hair, but try to limit raising any higher than this as much as possible.
- **Unsatisfactory Result** - Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. You may be disappointed with the results of top surgery. Asymmetry in nipple location, unanticipated chest shape, wound disruption, poor healing, and loss of sensation may occur after surgery. Unsatisfactory surgical scar location or visible deformities at the ends of the incisions (dog ears) may occur. Liposuction may be necessary to thin tissue that is outside of the normal surgical location for top surgery. It may be necessary to perform additional surgery to attempt to improve your results.
- **Need for Revision Surgery** - there are many variable conditions that may influence the long-term result of top surgery. Should complications occur, additional surgery or other

treatments may be necessary. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. Often insurance will not cover revision surgery. If you request a revision that is reasonable and within one year of your surgery date, there will be no charge to you for the surgeon's fee involved in that revision. You would be responsible for the anesthesia and facility fees involved in that revision procedure, if necessary.

- **Irreversibility of Surgery** – in all cases, this surgery is considered irreversible. It is not possible to perform a reversal or modification after surgery is complete.
- **Allergic Reactions** - In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. While extremely unlikely, serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.
- **Blood clot (DVT/PE)** - this refers to a blood clot in your leg that could travel to your lung and could be very serious and even life-threatening. This is extremely rare but there is some risk to this when you are under anesthesia, because the blood flow in your legs slows down. To prevent this, it is VERY IMPORTANT TO WALK AFTER SURGERY (see the "What needs to be done after surgery" section).
- **Anesthesia Risks** - complications of anesthesia are extremely rare, but there are risks of undergoing anesthesia including death that the Anesthesiologist will go over with you on the morning of surgery. The anesthesiologists we work with are very experienced and we have never had one of our patients have a complication from anesthesia before.

Risks specific to free nipple grafts (involved in double incision top surgery):

- **Nipple hypopigmentation** - this means that one area of the areola may become discolored in relation to the rest of the areola. This is the MOST common risk involved in free nipple grafts. However, if it does happen, you can get a tattoo performed to fill in any color deficiency at a later date once you are completely healed (this would be done by a tattoo artist), which makes this very easy to correct.
- **Nipple graft scabbing/peeling and discoloration** - this is all normal and part of normal nipple graft healing. The grafts will look funny to you at first, but after a few weeks will start to look pinker and more normal. The grafts will be dry for a few months so it is important to moisturize them daily (usually with Bacitracin ointment at first for a couple weeks then switch to Aquaphor, both which are over the counter at the pharmacy).
- **Nipple numbness** - the nipple grafts will be completely numb immediately after surgery. This may become permanent numbness. But often over time the nerves will regenerate into the graft. This process is extremely slow and can take 6 months to a year after surgery.
- **Nipple graft loss** - It is possible that part or all of the nipple grafts could be lost. This is extremely unlikely because the nipple grafts are very securely sutured in place with a dressing that is sutured over the grafts. It is important that the grafts heal with no friction so the nipple dressings must stay on for the entire week after surgery with no disturbances. You should try to sleep on your back if possible and make sure nothing

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bumps your chest or rubs against the areas near your nipples. You should shower below the waist and can wash your hair in a sink during this time, but the entire chest dressing should remain clean and dry. In the event of partial or total nipple graft loss, these areas would need to heal with local wound care and ultimately may require a tattoo to fill in color deficiencies once you are completely healed.

- **Nipple Infection/Ingrown Hair/Cyst/Wound** – Nipple graft ingrown hairs can create a raised red bump (a cyst) due to a clogged hair follicle in the scar tissue of the nipple graft. Prolonged inflammation or an open wound may lead to a widened or thickened scar. Nipple infections/ingrown hairs/cysts or wounds may require antibiotics or a procedure to relieve the infection or to remove the cyst.
- **Inability to Breastfeed/Nonfunctioning Nipples** – the nipples after top surgery are considered to be non-functional.

***Please note that NICOTINE increases complications of infection, poor healing, poor scarring, and fluid collections by over 50% and you should avoid smoking for 4 weeks prior to surgery and for 4 weeks after surgery

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)- Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications of skin dying, infections, fluid collections, delayed healing, and additional scarring. Exposure to second-hand smoke also increases your risk for complications attributable to nicotine exposure. Smoking can also have a negative effect on anesthesia and recovery from anesthesia.

WHY DOES NICOTINE INCREASE RISK OF HEALING COMPLICATIONS?
Nicotine in any form gets into the bloodstream and its biproducts displace oxygen on the oxygen-carrying molecules in your blood. This prevents oxygen from being delivered to the areas of your body that are healing. Those healing tissues are working overtime and need all the oxygen they can get in order to perform normal healing functions. It is said that one cigarette prevents oxygen from being delivered for one hour, which could severely disrupt the healing process. In addition, nicotine has a direct effect on narrowing the blood vessels ("vasoconstriction") and platelet clumping which can lead to an increased risk of blood clots, both of which can additionally prevent blood from being carried to your healing tissues.

Please indicate your current status regarding these items below:

_____I am a non-smoker and do not use nicotine products. I understand the risk of second-hand smoke exposure causing surgical complications.

_____I am a smoker or use tobacco / nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products and I plan to STOP SMOKING at least

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4 weeks prior to surgery. If I am unable to stop smoking, I will contact my surgeon to delay my surgery date until I am able to stop smoking.

DETAILS ABOUT SURGERY DAY

WHERE DO WE PERFORM TOP SURGERY?
We perform top surgery at Norwalk Hospital in Norwalk and the Tully Center in Stamford. Depending on the surgery schedule, your procedure may be located at one or the other. If you prefer one hospital over the other you can request it.

WHAT SHOULD I KNOW ABOUT THE DAY OF SURGERY?

- The surgery is outpatient surgery, so you go home the same day.
- You should plan to arrive at the hospital 2 hours before your scheduled surgery time.
- You should leave all valuables at home on the morning of surgery, but bring a photo ID and insurance card.
- You will report to the main lobby patient registration desk at the facility where your surgery is scheduled.
- The facility will call you usually one business day before surgery to go over these details and to verify the time that you should plan to arrive.
- One visitor is permitted to be with you in the preoperative area and in second stage recovery (about one hour after you are finished with surgery).
- You will need someone to drive you home after surgery (Uber or cab are not allowed).

WHO IS THERE DURING MY PROCEDURE IN THE OPERATING ROOM?
In the operating room, generally there will be a Scrub Nurse (the one who is in charge of the sterile instruments and assists in passing instruments to Dr. Chandler), a Circulating Nurse (who is in charge of providing materials within the room that are needed for the case), a Physician's Assistant (who will help assist Dr. Chandler during surgery), and the Anesthesiologist. There may also be other staff such as a medical student or physician's assistant student who observe surgery and are there to learn.

WHEN IS MY FIRST POSTOP VISIT?
Your first postop visit will be one week after surgery. The following visit schedule will depend on your healing process, but usually occurs two weeks after the first visit followed by another visit in one month, three months, six months and one year.

WHAT NEEDS TO BE DONE BEFORE SURGERY?

- If you are older than 40 years old, we require a mammogram within 1 year. Please have a copy faxed to us at 203-423-0124. If you are younger than 40 years old you do not need a mammogram.

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- Therapist or other mental health provider note of support – please have your therapist use our template to write their letter. If you do not have a therapist, we can recommend one that we use frequently. See page 1 of this FAQ sheet for more details.
- No smoking nicotine or marijuana x 4 weeks and stay away from second-hand smoke or other nicotine products (see previous page)
- Appointment with your primary care physician for preoperative clearance and blood work within 60 days of surgery. They will also do any other indicated testing they feel is indicated. We ask for the blood work to detect for any undiagnosed bleeding disorders, which we do pick up on occasion. Please let us know **WHEN AND WHERE** your appointment is so that we can send your doctor a note with the blood work and preoperative clearance that we need. We prefer to do this close to your appointment date so the paperwork doesn't get lost.
- COVID vaccination card copy or COVID test. You do NOT need to provide your COVID vaccination card prior to surgery. If you develop COVID symptoms near your surgery date, you will need to get a COVID test prior to surgery. If you are asymptomatic you do not need a preop COVID test.
- No aspirin/ibuprofen/NSAIDs or other blood thinners x 2-4 weeks prior to surgery
- No vitamins other than a standard multivitamin, and NO herbal supplements (especially fish oil and vitamin E). We will provide you with a full list of medications to avoid before surgery and will discuss with you if there are any specific medications or vitamins in your regimen that you should avoid.
- Nothing to eat or drink after midnight the night prior to surgery. Small sips of water with medications are ok. Stay hydrated before surgery and eat a big dinner the night before your surgery.
- From the pharmacy, you should purchase **Bacitracin Ointment**, **Aquaphor and Tylenol.** Optional pharmacy items include Chapstick (for dry lips), throat lozenges (for sore throat after anesthesia), tums or Maalox (for a sensitive stomach0, Colace and Senna (for constipation). **Provide us with your pharmacy information** so we may call in your prescription medications before your surgery date.

WHAT NEEDS TO BE DONE AFTER SURGERY?

ACTIVITY LEVEL

- No strenuous activity or heavy lifting (nothing greater than 5 lbs) for 4 weeks after surgery. It is important that the surgical incisions are not subjected to excessive force, swelling or friction while they are healing. This includes exercising, fast-paced or power-walking, heavy stairs, hills, or mile long walking because you do NOT want to do anything that may increase your heart rate. When your heart rate goes up, your blood pressure goes up and blood flow increases to the areas that are healing, which can cause excess swelling and increase risk of fluid collections. Your healing tissues are especially prone to this excess fluid production.
- If you perform strenuous activity or heavy lifting at work, this should be limited for 4 weeks after surgery. You may return to light duty or to an office job or school at 1.5 weeks after surgery. If you are not able to perform light duty at your workplace, we recommend taking the full 4 weeks off after surgery.

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- You should not engage in intimate relations (sex) after surgery for 4 weeks. Increased activity of any kind can cause bleeding or swelling.
- To prevent blood clots (DVT/PE), it is **VERY IMPORTANT TO WALK AFTER SURGERY**. This is REQUIRED at least one time on the same night as your surgery AND at least three times a day thereafter**.** What I mean is leisurely walking, like walking around your living room or taking a few laps around your bedroom at a very slow pace, just something to get your legs moving**.** Having someone give you a leg massage also helps. When you are resting in bed or on the couch during recovery, you should move and fidget your knees and ankles around – anything that promotes blood flow through your legs and improves circulation is good. It is important to note that this does NOT mean you should do any strenuous walking as mentioned above. There is a BALANCE – slow, leisurely paced walking is important but avoid anything that could break a sweat or make your heart race.
- Stay hydrated and well nourished.

MEDICATIONS

- You will take antibiotics for 3-7 days after surgery, depending on if you have free nipple grafts (7 days) or not (3 days). The first dose should be taken on the night of surgery.
- You will take pain medication as needed (oxycodone or Tylenol). Try to avoid Motrin or ibuprofen, because these medications can cause bleeding. Some patients do not take any of the oxycodone, some take it for a few days, some take it only at night before bed for a few nights. Everyone is different. You can break the pill in half if it makes you feel loopy. You can take the oxycodone WITH Tylenol and that is called Percocet. Tylenol and oxycodone together have a synergistic action so they work better together. You may take 1 gram of Tylenol at a time, but no more than 3 grams per day (follow the instructions on the label). Sometimes Tylenol comes in 500 mg, so you can take two of those at a time. Sometimes they come in 1 gram, so you would only take one of those. You should only take the pain medication if you are in pain. Do not take it before you have pain. The oxycodone can make you constipated if you take too much of it.
- If you are constipated, you can take an over-the-counter stool softener (Colace 100 mg twice daily and Senna 17.2 mg at night).
- You may have a scopolamine patch behind one ear (it looks like a circular band aid). This is sometimes placed before surgery to reduce nausea and is usually left in place when you go home. DO NOT LEAVE THIS PATCH IN PLACE. Take it off as soon as possible after you get home and are starting to eat without nausea. DO NOT leave it on for longer than 24 hours after surgery. After you remove it, throw it in the garbage and wash your hands thoroughly because you don't want to get the medication in the patch in your eyes.

DRESSINGS AND SHOWERING

- You will wake up with a compression wrap around your chest and two drains. This wrap should stay on for **3 weeks.** If you had double incision surgery, NO ONE TOUCHES THE DRESSING IN THE FIRST WEEK except Dr. Chandler at your first postoperative visit. Try to sleep on your back and make sure nothing bumps your chest or rubs near your nipples. Shower only below the waist and wash your hair in a sink. The entire chest dressing should remain clean and dry. If you had periareolar or keyhole surgery, you may shower

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at 48 hours and replace the compression wrap (you will need a second pair of hands to do this).

- After 7-10 days, all patients will be allowed to shower. When you shower, turn your back to the water and let the water and soap run over you from behind. If you have nipple grafts, know that they are still very fragile and should not be rubbed at all. They should be gently patted dry after the shower. You will then perform your nipple graft dressings with bacitracin ointment and a nonstick dressing that will be provided to you. Most patients at this point should replace the compression wrap. Occasionally in patients with a large BMI we may elect not to continue the compression wrap after your first postoperative visit because the wrap may slip which can cause friction on the fragile grafts. If you feel that your compression wrap is shifting or slipping, notify Dr. Chandler immediately and we may remove the compression wrap altogether.
- If you would like to purchase your own compression wrap, you can buy one for about $70 on Amazon (search LIPOELASTIC MTmS Comfort – Medical Post OP Gynecomastia Compression Vest). This can easily be taken on and off by yourself with a zipper in the front. Most patients elect not to do this because it is only required for a short period of time.
- After 3 weeks, nipple grafts will require moisturization with Aquaphor once a day to once every other day (usually done at night before bed so the ointment doesn't get on your clothes during the day). Over time, you will notice this is required less frequently until one day it is not required at all as the grafts will stay moist on their own like normal skin. You do not need any dressing after this point.

DRAIN CARE

- The drains should be emptied 2x/day for a few days then 1x/day after that and stripped 2x/day. Usually, you will have both drains removed at your first postoperative visit. If you have nipple grafts, the dressings over the nipple grafts will also be removed. Where the drains were removed, bacitracin and a band aid will be placed. You can change this daily with new bacitracin and a new band aid until the drain holes have closed up. This usually takes 2-3 days.

LONG TERM SCAR CARE

- After 4 weeks post-surgery, you do not need to do anything to your scars. If you choose to, silicone therapy (scar away or another brand) is a good way to care for your scars – follow the instructions on the box. Scar away can be purchased at CVS or Amazon. Silicone tape is the best form of Scar away. The tape is placed on the scars for 12 hour per day for 3 months. This helps the scars stay flat.
- If you had double incision top surgery, for 6 months after surgery, you should try to avoid raising your arms above your head ("raised hand") – you should try to keep your elbow at or below the level of your shoulder to prevent your scars from widening. You can wash your hair and touch everywhere on your body. It is really about trying not to raise your arm up high. This is recommended but not required.

ACKNOWLEDGEMENT OF ABOVE INFORMATION

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I hereby affirm that I have read the above document, "FTM/N TOP SURGERY FREQUENTLY ASKED QUESTIONS" in its entirety and I understand the surgical risks involved in surgery as described above. I understand my compliance is an essential component of my postoperative care. I understand that not having the operation is an option.

_____

Patient or Person Authorized to Sign for Patient Printed Name and Relationship

Date _____

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