Top Surgery Guide
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Important background information

✔ What is top surgery?

Top surgery is a gender-affirming surgery that makes changes to the chest, allowing for a more masculine or feminine look. It is often called a chest masculinization or feminization procedure. Typically, all the breast tissue will be removed from both breasts (complete mastectomy) and can include nipple resizing or repositioning. Top surgery is part of many patients’ transitions.

✔ Why is it done?

- **Male to female** breast or chest surgery is also called “augmentation mammoplasty”. This is done to increase the size or shape of the breasts.
- **Female to male or female to non-binary** chest surgery is called “subcutaneous mastectomy”. This is done to decrease the size of the breast and sometimes remove the nipple.

✔ How much will surgery cost?

Before making the decision to have top surgery, it is important to consider how to pay for it. The cost of top surgery will depend on several factors including state, surgeon, fees, how the procedure is done, and your insurance coverage.

- **Paying out-of-pocket** is more expensive, but it can be a faster way to scheduling a surgery. It can also give you more choice in which doctor you use.
- **Down payments** are often required to schedule your surgery. It can be up to 50% of the total surgery cost.
- **If you plan to use insurance**, call your insurance company to see if top surgery is covered by your plan. The diagnostic code is F64.0 for Gender Dysphoria. You can then refer to your insurance provider portal or handbook to find surgeons who are in-network.

For more information on insurance coverage, see the Resources page at the end of this guide.

“[make] sure that there aren’t any loopholes anywhere and that all the providers that are going to be working with you in your surgery are in the insurance network... because you don’t want any surprise bills after.”

— a person in Maine who had top surgery

✔ Do I qualify for top surgery?

Your care team will work with you to decide if you meet the requirements for having top surgery. Most surgeons follow the World Professional Association for Transgender Health (WPATH) Standards of Care guidelines. Overall, these guidelines require that you:

- Have a well-documented and persistent diagnosis of gender dysphoria.
- Are at least 18 years old and can make your own healthcare decisions.
- Have medical and mental health conditions under control.

✔ Will I need referrals or letters of support?

Most surgeons and insurance companies will require at least one referral from a medical provider, like your primary care provider (PCP), and a letter of support from a qualified health care professional. The letter(s) of support should demonstrate that you meet the WPATH requirements.

Some surgeons and insurance companies also require a letter of support from your hormone therapy provider and 2 letters of support from mental health care professionals. The Gender Clinic at MaineHealth can help adult patients coordinate the letters required for your surgery.
What are the health requirements for surgery?

**Age**

Many surgeons require patients to be at least 18 years old. Some will perform surgery on patients younger than 18 with parental or guardian consent.

**Body Mass Index (BMI)**

Talk with your surgeon about their specific requirement for BMI. BMI is a number that shows the relationship between your height and weight.

- A BMI of more than 30 is considered obese.
- A higher BMI increases the risk of having issues after surgery.
- If your BMI is too high for surgery, work with your PCP for advice on safe weight loss programs.

**Smoking**

Not smoking or using nicotine products before surgery can improve your recovery.

Most surgeons will require patients to stop smoking for at least 2 weeks prior to surgery to ensure the best healing:

- Smoking increases your risk of blood clots in your legs, which can travel to and damage the lungs.
- Smoking can cause poor wound healing, and some surgeons will not perform surgery on patients who smoke.

We know that it is hard to quit but you don’t have to do it alone. Talk with your primary care physician or call the Maine QuitLink at 1-800-QUIT-NOW or visit MaineQuitLink.com. The Maine QuitLink offers free, confidential support in the form of counseling and nicotine replacement therapy medication, like the patch, gum, or lozenge.
Types of surgery

✔ How is male to female chest surgery done?

There are two different ways that surgeons can increase the size of your breasts:

• **Implants:** Surgeons can place silicone or saline implants under your breasts.

• **Fat grafting:** Surgeons take fat from one area of your body and transfer it to your breasts. They can do this along with placing implants.

Before either of these surgeries, there must be enough room in your breasts to be able to fit implants or fat transfer. If you did not take feminizing hormones, or if they did not make your breasts large enough, you may need to have tissue expanders placed below your breast skin weeks or months before your top surgery. These will slowly stretch out your breast skin.

✔ How is female to male or female to non-binary chest surgery done?

There are many ways that breast skin and tissue are removed, in addition to moving, decreasing the size, or removing the nipple.

**Double Incision**

This is an option for people with a medium to large chest.

• 1 incision is made under each breast to remove tissue.

• The nipple and area of dark skin surrounding the nipple (areola) are removed, thinned, and repositioned.

• This provides excellent chest shape, but you may lose some nipple sensation and you may have noticeable scars.

**Keyhole**

This is an option for people with a small chest.

• The surgeon makes an incision around the nipples and areola; they may remove tissue and make the nipples smaller.

• Scars are more hidden.

**Circumareolar or periareolar incision**

This is an option for people with a medium chest that have good skin elasticity (stretchiness).

• A circular incision is made all the way around the nipple and areola to remove extra tissue. Then a larger circle incision is made to remove excess skin.

• The skin around the edges of the larger incision is pulled tight and reattached to the nipple.

**Inverted T/ T-Anchor**

This is an option for people with a medium to large chest.

• Incisions are made around the nipple and areola and under the breasts.

• There is little-to-no risk of losing nipple sensation, but you will have noticeable scars.
Fish mouth incision
This is rarely used because it requires the areola to be in line with the scars much higher on the chest.
- There is lower risk of losing nipple sensation.
- Scars are across the nipple, rather than underneath the breast.
- May be able to achieve a flatter chest than other surgery procedures.

Areola excision
This option is newer and more popular among non-binary people.
- The nipple and areola are removed completely by making two round cuts around the nipple and areola.
- A horizontal scar will cover where the areola used to be.

Liposuction incision
For very small chests, liposuction is rarely performed alone or is more commonly done in combination with other incision types to remove extra tissue.

IMPORTANT: The amount of breast tissue that is left on your chest wall after surgery varies. Left over tissue, as well as hormone therapy, may affect your breast cancer risk. Talk to your surgeon about your personal family history of breast cancer.

✔ Top Surgery for non-binary people
If possible, it can be very helpful to find a surgeon who has worked with non-binary patients before. This can help to ensure that their practice is a gender-affirming environment.

Non-binary people who use insurance to pay for top surgery may face some hurdles. It’s important to be aware of these challenges.
- There are no requirements for hormone therapy, however, insurance companies may require you to take hormone therapy for a year before they will pay for top surgery.
- Insurance plans sometimes require patients to identify as male or female. The person who writes your letter of support may be able to use certain language to satisfy insurance requirements. For other insurance companies, you can receive coverage without being on hormones or identifying as a certain gender.

“I feel like so much of the information that I do read or experience are from trans people… with very binary transition experiences … it’s all about gender in such an intense way”
— a non-binary person in Maine who had top surgery

✔ What are the surgical options for a less binary appearance?
There are many options, but it depends on your surgeon’s recommendations for your specific body type and desired look. Some examples include:
- Rather than removing most of your breast tissue, the surgeon can leave some breast tissue so that the contour of your chest looks less masculine.
- Making the areolas larger than they typically are in female to male top surgery.
- Placing the nipples and areolas higher on the chest or tattooing them on after surgery.
- Different techniques that can change the size and shape of your nipples.
Choosing a surgeon

Discuss your goals and expectations with several surgeons and choose one who you trust and best fits your needs. A surgeon should discuss the following with you:

- Different surgical techniques and approaches (with referrals to other surgeons who use other techniques, if needed)
- The advantages and disadvantages of each technique
- The limitations of a procedure to achieve wanted results, including pre- and post-operative photos of their own patients with successful and unsuccessful outcomes
- Risks and complications of each technique

Your health insurance plan may not cover all hospitals and providers. If you plan on using health insurance, make sure to check with your health insurance company to make sure your surgeon is considered “in-network”. As gender-affirming care becomes more widely accepted, insurance coverage should also increase as will the number of providers offering top surgery as a service.

✔ What can I expect during a consultation?

During a consultation, your surgeon will:

- Discuss your medical history, goals and surgical options
- Examine your chest noting the size, shape, skin quality, and nipple location
- Take photographs

Some surgeons may also require patients to pause hormone therapy in the weeks before surgery since hormones can increase risks of surgical complications, such as blood clots. Ask about this during your consultation if you think this may apply to you.

TIP: Bring a friend, significant other, or family member to your consult! They can help you with asking questions in case you get overwhelmed and advocate for your needs.

For more information on consultation see the Resources page at the end of this guide.

“When possible, I always recommend [that] you have an ally, that you can go with [to the consult] ... somebody that can be there with you ... to express boundaries ... like what you need in terms of pronouns. It’s a lot of energy to fight for yourself.”

—a person in Maine who had top surgery
Frequently asked questions

✔ Will I have drain tubes after surgery?
It is possible you will have drains left in, depending on the type of procedure done. The drain tubes are placed in the area that you had surgery and they allow extra fluid to drain out of your body.

✔ How long will it take to heal after surgery?
Depending on your surgery, you may be able to get back to most of your normal activities after 3 weeks or so. It can take up to 6 months to completely heal.

✔ What should I expect after surgery?
You should have a support person that will be able to help you after surgery. Someone will need to drive you home on the day of surgery. You should also:
• Not shower for up to 2 weeks after surgery or once your bandages are removed.
• Not lift or strain your arms for at least the first week after surgery (depending on incision type).
• Be able to resume more normal activity at around 3 weeks after surgery.
• Have ice packs available to help with pain and swelling.
Please talk with your doctor for more information about recovering after surgery.

✔ Will I have scars?
It depends on the types of incisions that your surgeon makes and how well your body heals.

✔ Will I have changes to my sensation?
This will depend on the type of surgery you have. If you have nipple grafts (when the nipples are removed and reattached), it is more likely that you will have less sensation because the nerve endings and blood supply are affected during the grafting process.
To reduce the chances of this, it is important to talk with your doctor about all of your medical conditions. You may have a higher risk of wound healing issues if you have a history of diabetes, autoimmune diseases, or if you use tobacco or nicotine.

✔ Does top surgery eliminate my chances of developing breast cancer?
No, you can still develop breast cancer since top surgery does not remove all breast tissue. However, your chance of developing breast cancer may be much lower. Discuss this with your surgeon, especially if you have a family history or other risk factors for breast cancer.

✔ Is it possible to chestfeed a baby after top surgery?
Most of the chest tissue that produces milk is usually removed during top surgeries. It is very unlikely that the chest tissue left behind will grow or produce milk during pregnancy. Your surgeon can talk to you about procedures that may allow for chest feeding in the future.
Resources

Visit the websites below for more information and support about navigating the top surgery process.

New England Gender C.A.R.E Consortium
This is a website that includes a list of healthcare providers in the New England area that provide gender-affirming care.
newgendercare.org/gender-services/top-surgery

TopSurgery.net
This is a website that provides resources, help with finding a provider, and answers common questions about finding a provider.
topsurgery.net

Maine Queer Health
This is a searchable healthcare provider database of LGBTQ+ affirming care in Maine.
mainequeerhealth.org

MaineTransNet
This is a website that provides information about peer support groups, events, advocacy, and training for medical, mental health, and social service providers.
mainetrans.net

Notes