Consultation and Preparation

Q: I'm interested in a quick breakdown of the top surgery consult itself. Is it just one meeting or multiple?
A: Most consultations involve an intake of your medical history, a discussion of your goals, some sort of in-person or virtual examination of your chest and body and discussion of what procedures may be recommended to proceed with based on your candidacy and your personal desires. This is usually completed in one visit, and then after this point in time, insurance approval can be sought out and financial obligations and other components of surgical planning may take place.

Q: if someone has a history of self-harm due to dysphoria, Can they still be eligible for top surgery?
A: History of self-harm is not a barrier to receiving necessary gender care. Before surgery, if there were any recent or active concerns, we would want you to establish a good support system with mental health professionals to ensure that surgery is safe to proceed with and that you have access to mental health support in the perioperative period.

Q: Do you have to have any bloodwork or tests done by a PCP before top surgery? If so, how long before surgery should you get those done?
A: This again varies by practice and surgical facility. An individualized analyis of your health status should take place before surgery, which oftentimes involves things such as labs, EKGs or other heart tests and clearance visits with other doctors or specialists. We recommend establishing care with a PCP (primary care provider) prior to pursuing top surgery so that if you require testing, oftentimes needed within 30 days of your surgery date, you have a trusted place you can go to.

Q: What tips would you give for patients towards creating realistic and clear top surgery goals?
A: I recommend looking through before/after photos or other chest photos to find a body type similar to yours to help your surgeon visualize your goals. Be

prepared to discuss goals around the presence of nipples, nipple sensation, overall flatness desired, and any recovery concerns you may have specific to your own health and needs. Be honest and open during your consultation and do not allow anyone but yourself to make these decisions for you.

Q: What is your advice on ways to reduce smoking cannabis before surgery?
A: Smoking will likely need to be stopped for at least 3-4 weeks prior to surgery at most centers. I recommend planning at least 3 months in advance to start tapering down on cannabis usage. Finding a healthy alternative to smoking, such as drinking fluids, exercising, or other distracting habits may be helpful. Additionally, avoiding social situations where smoking may be present is recommended. Many centers may allow non-smoked or vaped forms of THC and CBD such as gummies, edibles or tinctures that may be an alternative to switch to during the pre-op and post-op period.

Q: Will I need to remove all of my ear piercings for the surgery?
A: Yes, in general, all body jewelry and piercings should be removed before surgery. Plastic spacers may be used in place of metal, if necessary.

Binding

Q: Does long term binding, especially with large chests, cause breast tissue to migrate?
A: No, this is not one of the known risks of chest binding.

Q: How can binding in an unsafe way cause issues for future top surgery?
A: Generally speaking, binding will not cause problems with your surgical plan. Binding over a long period of time can alter your skin's natural elasticity, which may have some minor effects on your final cosmetic results. Any open sores or skin irritation caused from excessive binding (too tight or <8hrs a day) should be healed prior to proceeding with surgery.

Surgery-Specific Results and Process

Q: What is tissue deflation?
A: Tissue deflation is a phenomenon sometimes seen with liposuction where surrounding tissues may see some loss of volume.

Q: if someone decided no nipples for healing reasons, could they later add nipples if it became dysphoric for them?
A: Unfortunately, grafting of nipples and the surrounding areola skin can only be done at the time of initial top surgery. However, if a patient wished to add the appearance of nipples after a "no nipples" top surgery, a skin graft could be taken from another part of the body, which may give an overall acceptable appearance. Medical tattooing of nipples is also a great option, and can even be realistic and almost 3-D in appearance.

Q: Will we permanently lose sensation in our nipples?
A: Not all procedures result in a loss of nipple sensation. Nipple sparing/preserving techniques and nerve grafting (also called neurotization) are options intended to allow for preserved nipple sensation.

Q: How is the anesthesia administered? Could local anesthesia be an option?
A: For top surgery, you can plan on general anesthesia being utilized. Local anesthesia can sometimes be an option for smaller revision procedures.

Q: If you’ve had a large reduction before, can you have another procedure to get mostly flat (a little fullness to match a larger body size) with a pedicle sparing procedure?
A: Yes, this is a possibility.

Q: If you have a surgery type that preserves the ability to produce milk, will the chest/nipple size also change during pregnancy?
A: A reduction procedure that spares enough milk-producing tissue could be possible. Pregnancy could temporarily or permanently alter the shape and size of the chest and nipples due to the influence of hormone fluctuations.

Q: If you have a larger chest is it possible to get top surgery with minimal scarring? Or is there a way to treat scarring?
A: Patients who have more chest tissue are oftentimes not ideal candidates for minimal scarring approaches due to the fact that larger incisions are needed to remove the accompanying excess skin. There are many approaches to treat scarring post-operatively such as silicone tapes or topical creams, injections, laser treatments and when needed, revision surgeries.

Q: How small does your chest have to be in your order to get key hole surgery?
A: With the keyhole incision, no skin is removed, so minimal to no overhang of skin and tissue should be present pre-operatively. This procedure does not allow for removal of excess skin or repositionining of asymmetrical nipples from baseline. Your surgeon will be able to assess your candidacy using in-person or virtual examination methods.

Q: What does the clinic do with the tissue that has been removed after surgery?
A: Tissue removed from the body gets weighed, mixed with preservative fluid and then sent to a pathology lab for testing of abnormalities, tumors and any other medically important findings.

Travel

Q: Is it common to travel far in order to get top surgery? Is there any restrictions when traveling back? What's that like?
A: It is not uncommon to travel for gender-affirming care. In general, patients may need to come into town a couple days before the procedure for a pre-op appointment, then stay local until the first post-op appointment (approxixmately 1 week from surgery) is complete. Patients can generally fly on a plane or sit in a car as needed to travel back home - barring any complications. Check with your surgeon and resources they may have for patients necessitating travel, such as this resource for the Gender

Confirmation Center in San Francisco, CA:
https://www.genderconfirmation.com/travel-tips/

Q: If someone traveled about two hours to a surgeon for top surgery, would they be able to travel home(with someone else driving) or would they have to stay in town?
A: This is ultimately up to you and your surgeon, but oftentimes is a possibility.

Q: In your opinion, would it be considered drastic to leave the States for a procedure?
A: There are many qualified, board-certified providers able to perform gender affirming surgery here in the US, across many states. While patients are free to seek care wherever they choose, you should be mindful of the risks of complications that may not be as easily managed across different countries and time-zones.

Hormones

Q: Where do I go for the hormone treatments? Where can I get prescriptions for this?
A: Certain primary care providers or endocrinologists who are trans-competent can prescribe hormone therapy. Check out Plume, a trusted local primary care provider or browse a LGBTQ+ provider database such as outcarehealth.org or lgbtqhealthcaredirectory.org to search in your area.

Q: I am nonbinary and do not want to take testosterone, however, I want top surgery. Will not taking T cause my breasts to grow again?
A: No, your naturally occurring hormones should not cause any significant tissue re-growth.

Q: If I don't take T after chest surgery, could I still build up my chest muscles through exercise?
A: Yes, muscle growth with adequate nutrition and exercise is possible for anyone regardless of hormone status.

Recovery

Q: What are some parts of the post-op healing process that might seem concerning but are normal?
A: Patients can expect findings such as chest muscle pain and tightness, numbness, swelling, and fatigue after top surgery. Other findings, like small openings in the incision that expel suture material or leak fluid, can also be common findings that are generally considered to be only minor concerns. Your medical team will be able to advise you further on supportive care.

Q: Can you have nipple piercings during surgery? How long after surgery should you wait if you want to get them pierced?
A: Yes. To get nipples pierced after surgery, please check with your surgeons' recommendations. Typically, patients will be instructed to wait at 6-12 months before pursuing piercing after surgery.

Q: What's your recommendation for recovering fencers/martial artists? I teach and practice stage combat and historical fencing and want to set up a recovery/retraining plan well. Do I need to be in PT or supervised recovery?
A: Physical therapy is not required for return to athletics for most people, however, this resource by Cirque Physio and GCC is a great one to follow along as you tailor it to your own recovery
https://www.genderconfirmation.com/wp-content/uploads/2023/12/Dec-2023-Top-Surgery-Rehab-Protocol-Cirque-Physio-x-GCC.pdf

Q: I'm a truck driver, what kind of recovery time before I can perform normal duties again?
A: While returning to work can vary based on surgeon recommendation, we typically tell patients to plan on about 3 weeks for a "normal" duty job and up to 6 weeks off work for a "heavy" duty job requiring weight lifting.

Weight

Q: In your professional opinion would be the best technique for someone considered morbidly obese? I've been struggling with losing weight but don't feel like I can take working out fully seriously until my body dysphoria is gone; which will be once top surgery can be achieved.
A: We understand the profound impact gender dysphoria and body dysmorphia can have on a patient's ability to exercise to their fullest potential to maximize weight loss. Medications for weight loss such as GLP-1 agonists are shown to be a useful tool for the right candidate preoperatively. Patients' health, for which weight can be a component, should be optimized to more confidently reduce surgical risks, while still prioritizing gender dysphoria and mental health concerns.

Q: if a person is has a very high BMI (80+ BMI) and gets bariatric to help lose weight, will that disqualify them for masculinizing top surgery?
A: No, on the contrary. Patients are encouraged to undergo medical or surgical bariatric treatments to stabilize their weight prior to undergoing top surgery.

Q: How low does your BMI have to be to get top surgery? I was told my BMI was too high and that's why I couldn't get top surgery.
A: Every practice may have different BMI cutoffs for various reasons. The Gender Confirmation Center where Dr. Facque works does not have a BMI cutoff, but certain considerations will be made for high BMI patients to see if they are safe candidates to proceed. More information can be found here: https://www.genderconfirmation.com/blog/body-mass-index/

Q: Is there a weight limit/capacity when getting top surgery? I've been struggling with my weight all my life and I'm worried my journey will be forever paused if there's a restriction in that regard.
A: Patients should go through a thorough medical evaluation prior to surgery to ensure they are medically optimized to proceed. This may include testing and discussions with primary care providers, cardiologists or other medical specialists. For top surgery, weight limits may be imposed depending on each

practice. At the Gender Confirmation Center, there is no BMI cutoff, although, for approval with hospitals and their anesthesiologists, BMI (body mass index) may factor into getting approval to proceed with surgery. More information can be found here:
https://www.genderconfirmation.com/blog/body-mass-index/

Q: Does losing or gaining weight change the cost?
A: Weight can be a factor that ties into the overall duration of surgery, which can alter out-of-pocket costs.

Q: If i elect to not include fullness in my results despite having genetics that make me heavyset, will natural aging and fat distribution result in weight gain in my chest later in life?
A: Fat can still deposit into the subcutaneous layer of fat under the skin, which is left behind after top surgery, still allowing for weight gain in this area.

Q: Kinda a silly question but if asked would a surgeon be able to weigh what is removed?
A: Typically all specimens that are removed do get weighed before being sent for pathology testing.

Insurance

Q: How common is having torso masculinization (removing hip fat) during the top surgery procedure itself? How would I go about getting insurance to be willing to cover?
A: While possible to combine masculinization procedures such as top surgery alongside body contouring using liposuction, insurance coverage is highly variable for liposuction procedures. You can typically find out more about projected costs and coverages after a surgical consultation appointment.

Q: How hard is it to get top surgery covered when you are disabled/on Medicaid?
A: Our practice has successfully gotten approval for Medicaid patients.

Q: What terminology should we use when asking our insurance/Medicaid if the surgery is covered? I've been struggling to find a doctor in my state who does top surgery because my Medicaid doesn't know the proper terminology to look for doctors who specialize in that field.
A:
1. Identify the Surgery by Its Medical Term
Start by using the formal, medical name for the surgery. Insurance companies often deal with medical procedures based on their technical terminology. For example, for Gender Confirmation Surgery, instead of saying "top surgery", "bottom surgery," use "Gender Reassignment Surgery"", "Sex Reassignment Surgery."

Example: "I'm inquiring about coverage for (e.g., "Gender Reassignment Surgery," or "Sex Reassignment Surgery,".

2. Specific Questions to Ask the Insurance/Medicaid Representative
If getting conflicting or unclear answers, here are some targeted questions they can ask:
- "Does my Medicaid plan cover Gender Reassignment Surgery?"
- "Can you verify if the procedure is approved under my current plan?"
- "Can you help me find a provider or surgeon in my area who specializes in Gender Reassignment Surgery?"
- "If I need prior authorization for this surgery, what is the process?"

If the patient is still having trouble finding the right provider, they may want to ask their insurance if they can recommend any referral or case management services that might assist in finding a doctor. Most insurance plans have specialists who can help with complex care coordination.

Breast Cancer

Q: For reducing top surgery, are there any extra proceedings or things to be cautious about if the patient has a family history of breast cancer?
A: Before top surgery, patients at an increased risk for breast cancer should possibly still pursue genetic testing and mammograms or other imaging, if

indicated by their medical provider or surgeon. Patients should still have routine breast exams to feel for lumps and bumps, and depending on the volume of tissue left over, may be a candidate for ongoing mammogram screenings.

Q: Would it be best to get breast cancer screening before consultation for top surgery; if there is some family history of breast cancer?
A: Yes this is recommended if you meet criteria for testing, which can be discussed with a primary care provider to go along with most current testing guidelines. If a first-degree relative was diagnosed within 10 years of your current age, you have high-risk genetic mutations or you are currently above the age 40, you should consider pursuing testing pre-operatively.

Q: Both my grandmothers had breast cancer. will surgery Remove all or just most of my breast tissue? Can you give some quick advice on talking to my surgeon/PCP about how this surgery will reduce my risk of cancer?
A: Depending on the type of procedure planned (such as mastectomy versus chest reduction), minimal breast tissue is likely to be left behind, greatly reducing cancer risks. For a more comprehensive discussion taking into account family history, personal risks, and top surgery goals and procedure type, a board-certified surgeon will be able to guide you further.