

Chest Surgery

Chest surgery is a gender-affirming, masculinizing, top surgery that removes breast* tissue and forms remaining tissue into a shape that is typically considered to be more masculine.

What are the different techniques used for chest surgery?

There are many different techniques that can be used for chest surgery. The technique used depends on factors like cup size and skin elasticity, as well as the size and position of your nipples. The three most common techniques are described below. Your surgeon will recommend a technique suited to your body shape and goals.

Keyhole

This technique is recommended for people with an A cup-size and lots of chest skin elasticity.

1. A small incision is made along the bottom of the areola.
2. Breast* tissue is removed via a liposuction needle through the incision.
3. The incision is closed. The nipple is usually not resized or repositioned.

Outcome: A small scar on the lower part of the areola. Nipples with sensation.

Peri-areolar/Concentric Circle

This technique is recommended for people with a B-cup size or a C-cup size in someone with a moderate-to-great-deal-of chest skin elasticity.

1. An incision is made all around the outside of the areola.
2. A second circular incision is made a few centimetres away from the first.
3. The doughnut shaped skin between the two incisions is removed.
4. Breast* tissue is then removed with a scalpel, or with a combination of scalpel and liposuction.
5. Some trimming of the nipple areola complex may be done but the blood and nerve supply remain intact.
6. The skin is sutured together around the areola.
7. Drains (long thin tubing) may be placed in the chest to help drain off excess blood/fluid so that it will not build up under the skin.

Outcome: Scarring that goes around the nipple/areola complex. Nipples with sensation. There may be some puckering around the incision.

Double incision/Bilateral mastectomy

This technique is recommended for people with a C-cup size and reduced skin elasticity or a D-cup size.

1. Large incisions are made horizontally across the chest, usually beneath the nipple.
2. The skin is peeled back. Breast tissue are removed with a scalpel and liposuction.
3. Excess chest skin is trimmed.
4. Incisions are closed, leaving two scars below the pectoral muscle lines.
5. With the free nipple graft technique, the nipple/areola complex is removed completely, trimmed to a smaller size and grafted to the chest in a higher position.
 1. Two drains (long thin tubing) are placed long each incision to allow blood and fluid to escape.

Outcome: Prominent scars. (You may be able to grow chest hair to cover the scars. Building your pectoral muscles may make the scars less noticeable. Some people get tattoos over their scars.) Possible changes to the pigment or the areola. Sensory changes including complete loss of sensation in the nipples.

How long will my hospital stay be?

You will probably be sent home the day of your surgery.

What medications will I be prescribed after surgery?

You will likely receive painkillers and antibiotics to reduce the chance of infection.

What dressings and supportive garments will I need to wear?

You will wear a compression vest around your chest for a period of about 1 month. You'll also have surgical dressings and steri-strips along the incision lines. Your surgeon will give you instructions about when to remove the dressings and when it is okay shower. The steri-strips are usually left in place and will fall off on their own.

What should I expect during the healing process?

Your body will want to generate lots of fluid around the surgical site. To prevent this fluid from building up in your chest, it needs to be drained. The surgeon will insert drains for this purpose, and you will be taught how to monitor and empty them. The drains will be removed by the surgeon during a clinic visit 3-7 days following surgery.

It is normal for the incisions on your chest to be red, but this redness should not extend to more than 1 to 2 cm from the incision (if they extend beyond this, seek medical attention). It is also normal to see or feel the knot from the stitches at the end of the incision. These knots can be annoying, but they are nothing to worry about. If they work their way to the surface (usually around 3 weeks) they can be clipped free by a health care provider. Bruising and swelling is expected and is not a cause for concern unless there is an unusually large amount of swelling on one side.

What check-ups will be needed after my surgery?

The number of check-ups needed varies from person to person. Your surgeon will likely ask you to come in for a check-up around one week after your surgery, and again at 4-6 weeks. You can also see your primary care provider about any concerns in the post-operative period. When you visit your surgeon or primary care provider, they should check your surgical sites to make sure there are no infections or wound healing problems. They will ask questions about pain, bleeding, bowel movements, fever, and how you are feeling physically and emotionally.

How long after surgery will it take for me to get back to my usual activities?

Recovery time varies from person to person, so always follow the advice of your surgeon. Many people feel comfortable within two weeks following chest surgery. You'll need plenty of rest prior to this time. Expect to limit your arm movement for the first 2-3 weeks. It is common to gradually return to your daily activities over the 4-6 weeks following your surgery. Some activities, such as driving, heavy lifting, exercise, sex, and soaking in hot tubs, may be restricted in the post-operative period. Your surgeon will give you advice about when it is okay to resume these activities.

What are the complications associated with chest surgery?

All surgical procedures involve some risks, including negative reactions to anesthesia, blood loss, blood clots and artery blockages. These complications can, in extreme cases, result in death. It's important to discuss these risks in detail with your surgeon. Your surgical care team will take a wide variety of steps to prevent these problems, detect them if they arise, and respond to them appropriately. They will also inform you about what you can do to minimize your risks.

The list below includes some of the complications associated with chest surgery in particular. It does not replace a thorough consultation with your surgeon.

Hematoma

This is when blood collects in the surgical site, causing pain, swelling and redness. It is the most common complication. Drains and compression bandages are used to prevent hematomas. Smaller hematomas can be sucked out, but larger ones require removal through surgery.

Abscess formation

An abscess is a collection of pus. It's caused by a bacterial infection. It can be treated with antibiotics or drained by the surgeon.

Seroma

This is when clear fluid accumulates in the surgical site. Small seromas may need to be aspirated, or sucked out, once or more by the surgeon. Big seromas may need to be removed through surgery.

Nipple asymmetry

This is when the nipple on one side looks different from the nipple on other side, in terms of shape or location. Some asymmetry is common. Very noticeable asymmetry can be corrected through a surgical revision.

Contour irregularities (skin excess, bulges, puckering)

This is when the skin tissue isn't the expected shape. Major contour irregularities can be corrected through liposuction. This is necessary in about 5-25% of cases, depending on the surgeon and the technique.

Scarring

Some scarring is to be expected, and the degree varies by technique. Severe scarring may require surgical revision. You can take steps to prevent severe scarring by following your surgeon's advice about rest, sun avoidance, massage exercises, and ointments.

Decreased sensation in the nipples and chest

You may experience decreased sensation in your nipples and chest. Loss of sensation in your nipples is more common with a free nipple graft.

Nipple necrosis (partial or full)

This is when the nipple, or part of it, falls off. If it happens within hours after surgery, it may be possible to save it. Otherwise, it may need to be replaced as a free graft or reconstructed using nearby skin and tattooing techniques. This complication is rare.

What else do I need to know?

1. Denver Health cannot do elective surgery on patients using any form of nicotine as it increases healing complications. We will test for nicotine use in patients with a smoking history.
2. Use of stimulant drugs such as cocaine, amphetamines, meth, etc., can also cause wound healing problems and needs to be stopped prior to surgery. Again, we will test for those with a strong history. This is for patient safety.
3. Better results are achieved with BMI less than 30, but we can consider BMI up to 35 on a case by case basis.
4. While regular/heavy MJ use does not have known wound healing complications, it does create anesthesia issues, and should be minimized prior to surgery, and discussed with the anesthesia provider in detail to provide the safest experience.