



CENTER
**BOSTON
MEDICAL**

The Center for Transgender
Medicine and Surgery

Information Packet

Chest Reconstruction



SCAN ME

Welcome!

Thank you for your interest in learning more about chest reconstruction surgery at Boston Medical Center (BMC).

We strongly suggest you sign up for **MyChart**. This gives you direct online access to your electronic medical record, including details of past or upcoming appointments and appointment reminders. You can also connect to your providers to ask non-urgent medical questions and update your name & pronouns. For an access code, contact (617) 638-3535 or **mychartaccess@bmc.org**

From,
The Center for Transgender Medicine and Surgery Team
(CTMS)

Contact us

www.bmc.org/ctms

Phone: 617.638.1833

Fax: 617.414.7158

transgender.center@bmc.org



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SURGICAL OVERVIEW

CHEST RECONSTRUCTION

The goal of chest reconstruction surgery is to decrease chest volume and improve overall contour of chest wall in order to alleviate gender dysphoria, match gender identity to presentation, and support the well-being of the person.

This surgery includes the removal of most of the breast tissue, removal of excess chest wall skin, elimination of the inframammary fold, reduction and repositioning of the nipple-areolar complex.

There are two main types of chest reconstruction procedures. These include the periareolar technique and the double incision with free nipple grafts. The appropriate method will be determined at the time of your consultation and depends mostly on chest size/volume and skin elasticity/redundancy.

Periareolar chest reconstruction refers to an incision only around the nipple-areolar complex. The advantages include less obvious scar and the possibility of retained nipple sensation. The disadvantages include possible remaining chest fullness and nipple spread and widening and need for revisions. It is important to note that not all patients will qualify for this technique.

Double incision chest reconstruction with free nipple grafts refers to the removal of tissue through a lower chest incision which allows tightening of excess skin, with repositioning of the nipple as a “skin graft.” The advantages of this method include: more predictable flat chest appearance, improved nipple-areolar size and positioning and overall better chest contour. The disadvantages include loss of nipple sensation and pigment, possible loss of the nipple-areola and more obvious scarring.

Chest reconstruction is done under general anesthesia, and takes approximately two to three hours. Your chest will be covered and wrapped in bandages. You will have two plastic tubes (drains) draining excess fluid. You will also be fitted into a compression vest during surgery that should remain in place until your follow up visit. You will be discharged home on the day of surgery.

Revision surgery may need to be done to address "dog ears", which refers to redundant skin, reduction and/or repositioning of nipple/areola, asymmetry, or unsightly scars. It is important to note that revisions may be considered cosmetic and may not be covered by insurance.

Note that insurance companies refer to this surgery as "mastectomy." Also, it is important to know that this type of surgery does not remove all breast tissue and it is still important to perform self-chest exams and get clinical chest exams with your primary care provider.

Reference:

Adapted from <https://www.ftmsurgery.net/top-surgery/>

THE STEPS

Due to the complexity and permanence of surgery, we have specific requirements in place to ensure your safety and that will allow us to provide the best possible care. Below is a list of the main requirements and steps a patient will need to complete prior to surgery.

1 REQUESTS & DOCUMENTATION

Prior to your consultation we will require the documents listed below.

- A request for services, with additional info, from your primary care provider.
 - Please see **page 3** for details.
- A support letters from a licensed behavioral health provider.
 - Please see **page 4** for details.

When all documents have been received, the plastic surgery department will reach out to you to schedule a consultation.

2 CONSULTATION

First-time consult appointment with our plastic surgery team.

- The purpose of this consult is to provide patients with an opportunity to clarify any questions regarding surgery, insurance coverage, etc.
- Any medical issues preventing surgery will be discussed and recommendations will be made.

3 PRIOR AUTHORIZATION

The plastic surgery department is responsible for submitting for prior authorization. Surgical dates are not finalized until insurance authorization is obtained.

PRIMARY CARE PROVIDERS

Primary Care Providers (PCP) should send in a request for a consultation. The request should include the following information in the form of a letter or as part of a clinical note:

- PCP's full support for patient to undergo this surgery
- Current medication list
- Current problem list
- Current allergy list
- Length of time the patient has taken supervised hormone therapy (if applicable)
- Length of time of the PCP/patient relationship and date of most recent PCP visit (should be within 12 months)
- Specify the exact surgery name

For internal requests/referrals, providers may use the Epic system and submit to department specialty: Ambulatory Referral to the Center for Transgender Medicine and Surgery.

Consult requests and patient information may be sent to us via one of the following ways:

Preferable, FAX: 617.414.7158

- Cover letter for fax should be addressed to: Center for Transgender Medicine and Surgery

MAIL: Boston Medical Center
Center for Transgender Medicine and Surgery
One Boston Medical Center Place, Boston, MA 02118

SECURE EMAIL: transgender.center@bmc.org

Please don't hesitate to contact us with questions.

BEHAVIORAL HEALTH PROVIDERS

Patients need one support letter from a licensed Behavioral Health (BH) provider. The letter must meet the requirements of the health insurance carrier as well as those listed below. The letter should include the following information:

- The patient's general identifying characteristics and information, including date of birth.
- The BH provider's experience with treating transgender patients.
- The duration of the BH provider's professional relationship with the patient, including the type and duration of evaluation and therapy or counseling to date.
- Results of any psychosocial assessment including any diagnoses.
- A description of how the criteria for surgery have been met.
- Specify the exact surgery procedure your patient is pursuing.
- Identify support systems, any progress made in transition socially or medically.
- Any BH diagnosis or concerns and how they are being managed.
- Provider's contact information/letterhead and a statement that this provider is available for coordination of care.
- Provider's signature and date.

Criteria for chest reconstruction surgery:

- Persistent, well-documented gender dysphoria/gender incongruence.
- Capacity to make a fully informed decision and to consent for treatment.
- 18 years of age or older.
- If significant medical or mental health concerns are present, they must be stable.

The criteria for surgery is based on the [WPATH Standards of Care](#).

BEHAVIORAL HEALTH PROVIDERS

Support letters should be addressed to "Boston Medical Center Surgeon" and sent to us via one of the following ways:

Preferable, FAX: 617.414.7158

- Cover letter for fax should be addressed to: Center for Transgender Medicine and Surgery

MAIL: Boston Medical Center
Center for Transgender Medicine and Surgery
One Boston Medical Center Place, Boston, MA 02118

SECURE EMAIL: transgender.center@bmc.org

Please don't hesitate to contact us with questions.

CHECKLIST

PLEASE USE THIS FORM TO
KEEP TRACK OF COMPLETED
AND PENDING TASKS.

DOCUMENTATION

- PRIMARY CARE REQUEST & INFO
- HORMONE PROVIDER DOCUMENTATION (IF NEEDED)
- BEHAVIORAL HEALTH LETTER #1

PLASTIC SURGERY CONSULTATION

- DATE _____

SURGERY APPOINTMENT

- DATE _____

CONTACT INFO

For detailed information about services please contact us at
transgender.center@bmc.org or (617) 638-1833

Micha Martin LCSW, Program Manager..... 617-638-1833

Jordan Bensley, Patient Navigator..... 617-638-1833

Pam Klein RN, Nurse Liaison..... 617-638-1827

Brenna Cyr LICSW, Behavioral Health Lead..... 617-638-8133

Urology..... 617-638-8485

Plastic Surgery..... 617-638-8419 Option #1

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INSURANCE

Insurance coverage and benefits are specific to each individual's benefit plan. Not all insurance coverage is the same even within the same insurance company (Blue Cross, Aetna, Tufts, etc.).

For information about your coverage benefits, call the member services phone number listed on your insurance card to ask about coverage for the specific services you need. You have the right to request a copy of your medical policy for any gender affirmation medical treatments.

If you have additional questions regarding insurance, call and ask for an appointment with Patient Financial Services at 617.414.5155.