

Information Packet

Breast Augmentation



SCAN ME

Welcome!

Thank you for your interest in learning more about breast augmentation 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 GenderCare Center Team (GCC)

Contact us

www.bmc.org/ctms

Phone: 617.638.1833

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SURGICAL OVERVIEW

BREAST AUGMENTATION

Breast augmentation is a procedure that can improve breast contour, shape and volume when hormone replacement therapy alone has proved insufficient for breast development. While hormone therapy can increase breast volume, many patients still seek to enhance the feminine shape and contour of their breasts to alleviate gender dysphoria, match gender identity to presentation, and support the well-being of the person.

Breast augmentation can take place at any point during your transition. However, it is the WPATH guideline as well as a requirement by most insurance carriers that patients will have been on hormone replacement therapy for at least one year prior to breast augmentation.

You will be evaluated by a plastic surgeon to determine if you qualify for this surgery. If you are a good candidate for surgery, you will try on breast implants to help you select the desired implant size. There are two types of implants: silicone gel-filled and saline-filled implants. Both types of implants have a silicone shell with the contents of the implant being silicone gel versus saline solution, respectively. Most patients select silicone gel implants, however both options are available. Breast implants come in many shapes and projections; you and your plastic surgeon will determine which type will be most appropriate for you at the time of the consultation.

It is important to bring an unpadded bra to your consultation to get a more accurate idea of the desired implant volume. It is important for there to be minimal padding as to not affect sizing. Please bring a tighter fitting shirt to see how the implant size looks in clothing.

Breast augmentation is done under general anesthesia. You will have one scar along the lower fold of each breast that will be about 2-3 inches long (infra-mammary fold). This scar will be covered in bandages when you wake up from surgery. You will also be fitted with a surgical bra during surgery that should remain in place until your follow up visit.

There are risks of breast augmentation surgery including but not limited to: infection, bleeding, delayed wound healing, need for further procedures/revisions that may not be covered by insurance, unfavorable scarring, pain, asymmetry, implant-related risks including leakage, implant rupture, rippling of implant, poor positioning of implant, capsular contracture, implant-associated lymphoma and others. The risks will be further explained in detail at the time of the consultation.

The current FDA recommendation is that all women with silicone breast implants get a screening MRI 3 years after initial placement of implants and every 2 years thereafter. Screening MRI's can detect silicone implant rupture. This breast imaging does NOT serve as a replacement for your annual mammogram; annual mammograms should be discussed with your primary care provider.

Any additional questions or concerns can be addressed at your consultation visit.

Reference

Adapted from: <https://www.mtfsurgery.net/mtf-breast-augmentation.htm>

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 referral for a consultation. The referral 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
- Specify the exact surgery name

For internal referrals, providers may use the Epic system and submit to department specialty: Ambulatory Referral to the GenderCare Center.

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

FAX (preferred): 617.414.7158

- Cover letter for fax should be addressed to: GenderCare Center

SECURE EMAIL: transgender.center@bmc.org

Visit our website at: www.bmc.org/gendercare
Please contact us with any questions.

BEHAVIORAL HEALTH PROVIDERS

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

- Patient's identifying information (Name, DOB, pronouns, etc.).
- Clear naming of exact surgical procedure Patient is seeking.
- BH provider's experience with treating transgender patients.
- BH provider's professional relationship with the patient, including the type and duration of evaluation and therapy or counseling to date.
- Results of any biopsychosocial assessment, including any diagnoses as well as how they are being managed.
- Explanation of how the criteria for surgery have been met as well as brief description of the clinical rationale for supporting patient's request for surgery.
- Brief overview of timeline including important dates re: gender understanding/expression.
- Identify support systems, aftercare/recovery plans.
- If substance use concerns are present, information re: how patient will manage prior to procedure/post-operatively (specifically, patients cannot use nicotine 6 weeks prior to any procedure/6 weeks post any procedure as it impacts recovery/surgical outcomes).
- Statement that patient is capable of / has provided informed consent.
- Provider's contact information/letterhead and a statement that this provider is available for coordination of care.
- Provider's signature and the date.

Criteria for breast augmentation surgery:

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

The GenderCare Center's criteria for surgery are based on the WPATH Standards of Care 8, insurance requirements, and our surgical team.

BEHAVIORAL HEALTH PROVIDERS

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

FAX (preferred): 617.414.7158

- Cover letter for fax should be addressed to: GenderCare Center

SECURE EMAIL: transgender.center@bmc.org

Visit our website at: www.bmc.org/gendercare

Please contact us with any questions.

CHECKLIST

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

DOCUMENTATION

☐ PRIMARY CARE REFERRAL & INFO

☐ BEHAVIORAL HEALTH LETTER

PLASTIC SURGERY CONSULTATION

☐ DATE _____

SURGERY APPOINTMENT

☐ DATE _____

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.