

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 GenderCare Center Team (GCC)

Contact us

www.bmc.org/ctms

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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 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 chest reconstruction 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.