

WELCOME



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

We strongly suggest that you sign up for MyChart. This gives you direct online access to portions of your electronic medical record, including details of past or upcoming appointments and appointment reminders. You will also have the ability to connect with your care team to ask non urgent medical questions. Please visit mychart.bmc.org to create an account.

Sincerely,

The Center for Transgender Medicine and Surgery Team (CTMS)

Phone: 617.638.1833

Fax: 617.414.7158



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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 improve confidence and self-esteem. 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 documentation from your primary care provider and behavioral health provider.

- Please see page 4 and 5 for details.

Please submit clinical documentation including medical clearance from your endocrinologist (if applicable).

*Consultation for Breast Augmentation cannot be scheduled without all of the above mentioned documentation.

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 CTMS team 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 (should be for at least 12 months, unless this is medically contraindicated)
- Length of time of the PCP/patient relationship and date of most recent PCP visit (should be within 12 months)

Consult requests and patient information may be sent to us via email, fax or mail:

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
Preston Building, 3rd Floor, Room 3031
732 Harrison Avenue, Boston, MA 02118

EMAIL: transgender.center@bmc.org

You may also download a copy of this guideline from our website at: www.bmc.org/center-transgender-medicine-and-surgery.

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

Please don't hesitate to contact us with questions.

BEHAVIORAL HEALTH PROVIDERS

Patients need one support letter from a licensed Behavioral Health professional. The letter must meet the requirements of the health insurance carrier as well as those listed below. Where these requirements differ, the more stringent requirements must be followed and documented in the letter. For the most up-to-date requirements, patients should review their personal benefit plan or call their insurance company. The letter should include the following information:

- The patient's general identifying characteristics and information, including date of birth
- The BH clinician'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
- Identify support systems, any progress made in transition socially or medically
- Any BH diagnosis or concerns and how they are being managed
- Contact information for the BH provider and a statement that this provider is available for coordination of care

The support letter should be addressed to "Boston Medical Center Surgeon" and sent to us via one of the following ways:

Preferable, FAX to: 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
Preston Building, 3rd Floor, Room 3031
732 Harrison Avenue, Boston, MA 02118

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Please don't hesitate to contact us with questions.



CONTACT

For detailed information about services please email us at
transgender.center@bmc.org

Micha Martin LCSW, Project Manager.....	617-638-1833
Peer 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

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 care 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.

