



Chest Reconstruction

Men with transsexualism require the surgical procedure of 'male chest reconstruction'. This is not the same as a mastectomy. A mastectomy by itself would result in a concave chest front, no nipples, and more obtrusive scars.

Mastectomy is a medical term used to describe drastic excision of skin, nipples, breast tissue, fat, and muscle in cancer patients. A total removal of the nipples, underlying muscle and fat is a *radical mastectomy*.

Removal of breast tissue, even in men who develop breast cancer, does not result in a masculine shaped chest. A male chest reconstruction will result with incisions and reconstruction intended to result in a contoured, male-looking chest.

The operation usually takes 3 to 4 hours and requires a general anaesthetic.

Excess skin and mammary glands are removed through incisions in the chest. Fat is also removed, leaving the right amounts in the right places for a male appearing chest.

Depending on the size and shape of your chest, your surgeon may also remove the nipples. They are sometimes sutured (sewn) back on individually. Drains are placed on either side of the chest and left in place for several days to a week to drain excess fluid from the surgical site. The sutures (or stitches) are removed about a week after the surgery.

Usually a binder is worn for a time after the surgery to keep fluid from collecting under the skin. This post-surgical compression also assists the skin to adhere to the new position against the chest wall on the ribcage. It will take your body 3-4 weeks or more to recover from the anaesthetic as well as the surgery itself.

The surgeon will usually advise you to not lift anything for a number of weeks. Ask your surgeon for advice.

Scarring usually looks the worst at about six weeks due to the formation of scar tissue. This may also be itchy, due to healing. From six weeks to six months, the scars gradually flatten and pale.

Your surgeon may need to make further modifications. Sometimes there are 'dog ears' (excess skin at the end of the incision), or one side of your chest may appear to have slightly more remaining tissue than the other side.

It can take up to nine-twelve months for the surgical results to settle down fully before you can really tell how it's going to be for the rest of your life. This all depends on your age and general state of health.

Types of Top Surgery

Procedure	Description
Keyhole	A half moon or 'keyhole' incision is made on the underside of the areola to remove the excess breast tissue. Leaves almost no scars. Usually used for patients with small to minimal breast development.
Purse-string or peri-areola	Same as keyhole except an incision is made all around the areola. Often used for patients who have large development or where there is excess skin or breast development. The nipple might be or might not be removed. The surgeon may reposition the nipple section and nerves after removing all excess tissue from the breast section.
Elliptical Incision	Used on those with larger chests or droopy breasts. Incisions are two large cuts across the chest to remove tissue and skin. Sometimes they meet in the centre of the chest. Nipples are sometimes re-positioned (usually higher on the chest); it is also common that nipples are entirely removed or grafted back on or remain attached to the nerves to facilitate the likelihood of sensation.
Inverted T (simple mastectomy)	This is the same method as used for breast reduction or mastectomy in women with breast cancer. Incision is an upside-down T shaped scar running downwards from each nipple.

Note on Smoking –

Smoking can significantly affect the outcome of your surgery and reduces the amount of oxygen available to the cells for healing.

Smoking shrinks small blood vessels (vasoconstriction), which then reduces the amount of haemoglobin (red blood cells) available to your body and interferes with the release of oxygen (fuel your cells need) to your cells.

The use of nicotine gum and patches interferes with healing in the same way as nicotine in cigarettes.

Smoking reduces the ability of your heart and lungs to recover quickly from the effects of surgery and it causes a further narrowing of blood vessels which can cause a decrease or obstruction in the blood supply (ischemia) of the tissue, poor healing, bad scars, or actual loss of tissue.

Questions to ask your surgeon –

- > Ask questions about scars, pleating, skin thickness, skin elasticity, and final shape.
- > Look for fine detail work in the suturing at the areola.
- > Look for consistency and some kind of artistry or pride in the work.

Boost your outcomes –

- > Aim to be in as fit condition as possible leading up to surgery.
- > Quit smoking.
- > Workout up until your surgery.
- > Getting your chest as developed as possible will assist your surgeon. It makes it easier for your surgeon with contouring, nipple placement, and scar placement.
- > Plan to leave at least four to five months before strenuous exercise such as lifting weights or hard physical exercise.

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The information contained in this FactSheet is not medical advice.

Please consult with a medical doctor who is qualified to interpret your signs, symptoms, blood tests, and development in the context of your personal medical history.