

**Top Surgery with Dr Megan Hassall  
September 2010**

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## Introduction

In September 2010 I had Bilateral Subcutaneous Mastectomy and had my nipples resized and moved upwards. Due to binding for 4.5years and the size (medium-large) and placement of my chest, I wasn't eligible for the peri-areola/keyhole or purse string techniques.

## Organising Surgery

When I initially met with the psychiatrist to get assessed for a referral to an endocrinologist for testosterone, he advised me that after I had been on testosterone for three months he would be happy for me to return to see him and he would write me a referral for chest surgery with whichever surgeon I chose. Be aware you will need a referral from a psychiatrist in order to undergo chest surgery with Dr Hassall.

It is not a pre requisite with Dr Hassall for you to be on Testosterone prior to top surgery. Dr Hassall has informed me that she has performed this surgery on gender diverse people who have not been on Testosterone and in her opinion it is not her role to assess your psychological preparedness or appropriateness for this type of surgery; she relies on the psychiatrist to conduct this assessment. However, if you want to have top surgery with Dr Hassall and do not intend on beginning Testosterone prior to surgery then you will *still* require a psychiatric assessment and supporting letter from a psychiatrist, who may require you to be on Testosterone for a certain period of time before writing you a support letter for surgery. Wait time to get an initial consult with Dr Hassall can be around three months.

Knowing that I was intending to have surgery in 2010 and being aware of the general health fund waiting period of 12months, I had already joined a health fund in 2009 prior to starting testosterone. By the time my surgery date came

along, I had been in the fund more than 12months and was fully covered for my chest surgery.

During my initial consult, Dr Hassall asked me a few questions, about where I was up to in my transition process, what I did for employment/study, did I have support from my family/friends for transition etc. She took the referral from my psychiatrist, then looked at my chest and we discussed surgical options. At the end of the initial consult Dr Hassall asked me when I wanted to undergo surgery and I suggested four months from that date. Directly after this consult, I booked in for surgery with Barbara, her very friendly and helpful secretary. I felt four months would be an adequate time frame to build my chest muscles and improve my general fitness in preparation for surgery.

## **Preparing for Surgery**

In the four months leading up to surgery I went on a stringent exercise and healthy eating regime. I rode my bike to work and back each day (12km). I went to the gym 4-5 days a week and did a mixture of cardio and weights training with a focus on chest exercises. I altered my diet so I cut out fatty foods, ate fish at least three times per week, increased my protein intake and also used protein powder before and after work outs to assist with building muscle mass. If you are significantly overweight, Dr Hassall may ask you to lose weight prior to surgery to reduce the risk of complications and improve your chances of getting a good result.

I stopped drinking alcohol for two months prior to surgery to best prepare my liver for the toxins and overproduction it would have to endure from the anesthetic and medication I would be on during and after surgery. I had given up smoking six months prior to surgery – smoking is very bad for healing!!!

I took the following vitamins up until one week prior to surgery: Vitamin C 1000mg twice daily; Vitamin E; silicon compound; Multi B; Vita Greens and a Liver Tonic. It is helpful to take vitamins to assist with skin healing. Please

note: It is important to stop taking Vitamin E and C and Aspirin one week prior to surgery as it can affect your blood's coagulation ability and can impact on the possibility of experiencing a haematoma during or after surgery.

I organised to take four weeks leave from work for surgery and recovery. If you are in a job that requires heavy lifting or stretching it is strongly advisable to ask your employer to put you on light duties when you return to work. A doctor's certificate stating your post-surgical restrictions will suffice to support your request if your employer asks. If you work full time or part time an employer cannot legally terminate your employment due to your post-operative surgical restrictions, they are obliged to find alternative work options for you. Dr Hassall recommended that I not lift more than 10kg for at least one month post op. Lifting heavy weights after surgery can cause the scars to stretch and can have very undesirable results. Even after four months my ability to reach objects high above my head or lift heavy weights above my head is restricted.

## **Techniques**

Dr Hassall adapts her techniques to suit your specific chest type. During the first consultation, she will assess the skin elasticity of your chest, which can be affected by prolonged binding. She will look at any ptosis that you may have developed (often caused by binding) and she will look at your current nipple size and placement and general body weight and chest muscle. From this assessment she will recommend a surgery technique for you.

Commonly she performs three main techniques:

**Peri-Areola/Keyhole or Pursestring** - is generally only able to be performed on men with very small chests (within the A-B cup range), no significant ptosis and good skin elasticity. I was not eligible for this surgery due to the size of my chest and the fact that I had significant ptosis from 4.5 yrs of binding and equally poor skin elasticity.

The main advantage of this surgery technique is it results in very minimal scarring. The only scars visible are very small scars beside/around the nipple. This technique involves cutting a small hole behind the nipple and using liposuction to remove fat and tissue. The nipple is then either removed entirely or reattached. I believe retaining or having the nipple removed is a choice of the patient. It may be more difficult with this surgery to resize the nipple's areola, so men who choose to retain their nipples with this procedure may be more likely do so if their nipples are naturally of a smaller, more masculine appearance. If nipples are removed then the patient has the option of having a second procedure later on to have the central nipple section constructed out of their own chest skin and an areola tattooed afterwards by a cosmetic tattooist.

### **Double Incision- Nipple Removal/ Nipple Tattoo**

Dr Hassall initially suggested my nipples be entirely removed and a further procedure conducted at some point after the initial surgery to build a central nipple shape from existing skin on my chest and then have the areola section surrounding the central nipple shape cosmetically tattooed. It is my understanding that some men prefer to have this type of surgery because they do not want any reminder of their former chest.

I understand the cosmetic nipple tattoos need to be redone every four years or so.

Another advantage of this surgery is the nipple placement is generally very accurate and realistic in appearance, because Dr Hassall is not as restricted by the original nipples location as she is with the nipple retention technique. Scars will be underneath the nipple and not across the nipple as with the Nipple Retention technique. Personally I was interested in keeping my nipples (albeit resized to male appearance), with the hope of retaining some sensation.

## **Double Incision-Nipple Retention**

I asked Dr Hassall if she would be able to retain and resize my nipples and she said that she did not commonly perform this surgery as it would be more complex but that she would be happy to attempt it. It is my understanding that Dr Hassall is one of the only surgeons in the world performing this type of chest surgery for men like us. It is unique in that it maintains the integrity of the original nipple and has a higher likelihood of retaining sensation.

She said she would cut a flap of skin around the nipples and try to keep them alive on a pedicle with blood flow going to them. She would then trim the areola down and move the nipple up to a more male appearing placement. Due to the complexity of this type of surgery, she said if there was a complication and the pedicle wasn't providing good blood flow to the nipples and they looked like they might not survive, she would need to remove the nerve tissue behind the nipple (as they commonly do with the simplified nipple graft technique performed by other surgeons such as Dr Charles Garramone in Sunrise, Florida) then resize it and move it to the correct position and stitch it onto the skin. Obviously with the simplified nipple graft technique, the removal of nerve tissue from behind the nipple means that retaining sensation or hot/cold response is very unlikely.

Luckily in my case, blood flow to the nipples was good and they survived the pedicle. My nipples were a little pale after surgery initially but they quickly retained their color and are a perfect nipple shape! The placement of the nipples is good and the scars from the reattachment stitching are practically invisible.

From the little electric shocks I was getting after surgery from the nerves firing off in an effort to find new pathways, it feels like I may retain some sensation in them as well. I currently cannot feel my nipples, though they are able to become erect in a response to cold. In terms of retaining erotic sensation, it

was not a major consideration for me as I had no previous erotic sensation in my nipples due in most part I think, to my feelings of disconnection to that area of my body. Four months after surgery I still do not have any erotic response in my nipples, though I think nipple sensitivity is a very individual thing and retaining sensation is dependent on any number of variables. I have heard from other of Dr Hassall's patients that have had this surgery technique that they do eventually regain some feeling in their nipples.

One thing to note about Dr Hassall's double incision technique that I wasn't totally aware of before surgery was, unlike most surgeons doing these procedures, the way she performs the incision means that you end up with your scars in straight lines on either side of the nipples. Most other surgeons performing top surgery today seem to make the two incisions below the nipple, in the original shadow of the breast line. Personally for me, I am a big fan Dr Hassall's technique. Having the two incisions a little higher and straight across instead of breast-like semi circles, gives a more ambiguous scar impression and does not immediately conjure to mind the original breast shape.

Something else to keep in mind, is that I think Dr Hassall's incision technique is particularly good for those guys that *have not* for whatever reason had the opportunity to build up considerable pectoral muscle definition prior to surgery or for those guys who may be overweight. In my case, I had been binding for 4.5 years and did not want to experience another summer of binding. So while I had only been on Testosterone and doing weight training for four months prior to surgery, I was very keen to get surgery as soon as possible. I had some chest muscle definition but it wasn't extensive.

I think that in men who *have* developed considerable pectoral definition prior to surgery through weight training and exercise, the result of the semi-circular incisions with nipple grafts can be just as good if not better than Dr Hassall's technique as the semi circular scars sit in the shadow of a defined pectoral line and thus the scars are mostly obscured from view as they form the outline definition of two handsome pecs!

## **Double Incision- w/ Nipple Graft**

As mentioned above, Dr Hassall suggested to me that she would perform the simplified nipple graft technique if her normal nipple retention technique didn't work. From what she explained to me, when performing a nipple graft the breasts are removed and the nerve endings are then removed from behind the nipple. She resizes the areola around the nipple, shaves down the central part of the nipple if necessary and then reattaches the sheath of the nipple to the usual male position.

It is my understanding that nipples that have undergone nipple graft technique are unable to become erect in response to heat or cold and are unlikely to retain sensation.

The main advantage to the nipple graft technique appears to be that there is no restriction (as there is with the nipple retention technique) in terms of placement on the chest.

I am unsure if Dr Hassall offers this technique only as a surgical response to a failure of her nipple retention technique or as a stand alone option. My suggestion would be to discuss this option with Dr Hassall if you are interested in it.

## **Complications**

Complications are reasonably common with chest reconstructive surgery. It is good to be mentally prepared for the possibility that you may develop a complication either during surgery or post operatively, so if it does occur you will not be too alarmed. Several guys I know who have had this surgery and have had complications of some description, all have survived and gone on to have successful results.

I had the complication of a haematoma occurring in my left pec an hour after the initial surgery. Dr Hassall came down to examine my chest after I had come out of recovery and was back in my room. She discovered that my left pec was filling up with blood and said that I would need to go back into theatre immediately. The analgesics given to me during surgery prevented the surgical team from seeing the haematoma had developed until after the analgesics had worn off and I was back in my room. I had eaten some dinner because I was feeling so fine after surgery and because the nurses said it was ok. Given I had eaten and had to have another anesthetic to go into surgery again, there was a risk that I would vomit into my lungs whilst being under anesthetic. So, they had to pump my stomach (all while unconscious). I woke up after two anesthetics in a 5hr period feeling pretty out of it and with a really sore throat from the stomach pump tube.

Dr Hassall informed me that they had accidentally nicked a blood vessel during the initial surgery and this was what had caused the bleeding. The analgesics prevented the bleeding from becoming apparent during surgery. The second surgery involved draining the excess blood and zapping the burst blood vessel closed.

## **Post Surgery Blues**

Honestly, by day two I was in a heck of a lot of pain and after the scare of the haematoma, I was pretty anxious that something else might go wrong. The anesthetic can also commonly make you feel a little down after surgery.

Dr David Goodie was my anesthetist and he works with Dr Hassall regularly. He was very reassuring and seemed like a totally lovely, capable guy who was happy to adapt the drugs on offer, to suit my individual needs and issues. After two anesthetics, I didn't have any nausea which is pretty remarkable! I hate taking strong pain killers and generally avoid any kind of mood/mind altering drugs and had thus asked Dr Goodie if he could provide an alternative to Endone, the morphine based pain killer. He prescribed Digesic.

The pain ended up being quite significant, I felt rushes of fire across my chest, and decided to take the Endone tablet after all. If you stay in hospital they will also offer you a morphine injection, which is stronger than Endone but very effective at controlling pain. I was on Endone for three days. It did make me feel quite groggy and out of it, but it effectively controlled the pain. It is important to maintain a steady flow of pain killers in order to avoid pain. If you are in hospital, then the nurses will bring your medication at regular intervals (even during the night) and can adjust the medication at your say so and with the doctor's agreement. After three days on Endone, I switched to Digesic because the pain had diminished somewhat and the Digesic makes you much less groggy and still manages the pain well.

It is really important to walk around after surgery. The blood flow will assist with recovery as it helps rid your body of anesthetic, prevents blood clots that might form in your legs from lying down for too long and I noted that after each walk I took around the hospital corridors, I felt steadily improved and the pain was much less. You will be very tired and weakened though so don't overdo it and exhaust yourself!

## **Drains**

During surgery they will insert drains on the side of each pec. The drains are attached to a bottle that is designed to measure and collect blood and mucous which builds up in the chest after surgery. I ended up staying in a private room (large share bathroom with one other patient) at Hunters Hill hospital for six days with drains in for six days. I think they left the drains in for so long because of the haematoma and because they wanted to make sure that all excess blood was drained out before removal. My blood loss through draining was never that huge though and I think that for the last three days of it, I was only getting between 2-5ml in each bottle. If you recover in hospital the nurses will change/empty the drain bottles for you and measure your blood loss. The longer the drains stay in, the less chance there will be that you will have to have additional blood aspirated out by Dr Hassall after drain removal.

There is no easy way of saying it; the drains are uncomfortable, I was dying to get them removed. They are not exactly painful, just uncomfortable. Having them removed was fine for me, I barely even felt it. Megan Hassall did the drain removal in her private rooms after I left the hospital on day six after surgery.

\*If you are traveling from interstate for surgery and are not planning on staying in Sydney for long after surgery then you may be considering going home with the drains in. If you do this make sure you check beforehand that your local hospital or doctor is willing to remove the drains for you. There have been issues with hospitals other than the treating hospital (Hunters Hill) refusing to remove/change drains for patients.

## **Aftercare**

I saw Dr Hassall four times post-op: once at day six, at day 11, at day 18 and then at day 32 post-op. She redressed the incision site and nipples on all occasions.

Dr Hassall originally said I would have to wear the binder (they provide you with a binder in hospital) for 4-6weeks depending on my progress. After three weeks there was no fluid build up and my chest was healing so well she said I could take the binder off. She also trimmed my binder down after 18 days which made it much more comfortable but still maintained the all important pressure that helps prevent swelling and keeps the scars compressed. I wore a singlet under the binder and then 15cm cotton wool over the singlet under the binder. I also put ice packs under the binder (on top of the singlet! not on bare skin!) I only put the ice packs on the swelling I had from the drain sites and not on the actual incisions and it seemed to be work well to relive pain.

My mum kindly looked after me when I got out of hospital. I probably could have managed to make meals on my own after day eight, though it did help to

have someone around to assist with things like getting in and out of clothes. I slept with two or three pillows behind me, upright on my back for about two weeks, to ensure the blood drained out of my chest and swelling reduced. I normally sleep on my back or side anyway but I can say that I wouldn't have felt comfortable lying on my stomach 'till at least two months after surgery.

I have returned to my pre-surgery vitamin regime of Vitamin C, Silicone tablets and Vitamin E capsules. On Dr Hassall's advice I have been applying 3M Micropore tape to my scar site and nipples, changing it once a week. The Micropore tape helps prevent the scars from stretching and assists with a small amount of support. At four months post-op, I have now removed the Micropore tape from the incision scars and only maintain the tape coverage over the nipples, because they are still sensitive and tend to get red and sore without protection.

I apply Bio Oil three times daily to the scar sites and I have already noticed a huge improvement in scar reduction. The scars are still red around the incision site but the actual incisions are very thin white lines. The redness seems to be lessening each day with Bio Oil application. I tried silicone gel but I don't think it made a considerable difference to scar reduction, though I am considering getting some silicone strips.

I am planning to get a tattoo over the scar in about two years when my chest has healed and I have achieved more muscular definition.

After four months, I have returned to the gym to do cardio and light weights with high repetition. I still do not feel confident doing heavy weights as the extra pressure feels like it is pulling on the scars. Ask Dr Hassall how long she thinks you should wait before returning to lifting.

## **Outcome**

I think my chest is looking pretty good for seven months post op, the redness around the incision site is becoming less and less over time and according to Dr Hassall it will take up to 1 year of massage and bio oil application for the

redness to fully reduce to the simple thin white incision line. The scar itself is a very neat thin line.

I do have a few issues with my chest and I have recently met with Dr Hassall to discuss my options. My main issues are nipple placement- my nipples are a little lower than they should be and look slightly unnatural as they don't sit neatly on the pec line but a little below it. I also have a very small amount of excess tissue on the inside of my left pectoral. There is some hollowing on my right pec which is affecting the contouring and my chest appears a little sunken in the centre, I think mainly due to the amount of tissue that was removed and the fact that I have been able to make more headway in developing outer pec muscles than those on the inner chest. A friend who is three years post op with Dr Hassall, said his chest was also concave in appearance for a while after surgery and eventually built up again on its own and is no longer sunken.

The other issue I have is with a slight creasing effect along the incision sites. The skin folds over a little bit when I'm in certain positions which is according to Dr Hassall due to the tissue adhering to the muscle and will be improved with massaging the area to free up the tissue from the muscle wall. After discussion with Dr Hassall she said that she will be able to make all these adjustments in a second surgery in which she will raise my nipples up, resize them slightly and remove the excess from the inner left pec. The second surgery is just a day surgery but will be under general anesthetic. Dr Hassall assures me that the second surgery is far less invasive and will not be as painful or require the same amount of time for recovery. Dr Hassall wants me to work out my chest in the coming months and return for another consult in three months to make a date for revision surgery. I was aware prior to surgery with Dr Hassall that a second revision surgery might be necessary so I am not too alarmed. As my objective is to be able to go to the beach and take my shirt off without feeling too self conscious I am being a bit fussier about my chest appearance than I probably would be otherwise. On the whole I am really happy with the result and feel that with a little tweaking it will be as just the way I want it to be.

## **Round up and Advice**

Dr Hassall is a brilliant surgeon. Even though I had a complication and was terrified, I felt assured that I was in the hands of calm, capable, assured professional who would take the best possible care of me. I believe she takes the care to adapt her surgery techniques to suit the individual's body and shape. She doesn't just take a 'one size suits all' approach. Whilst she may not have a catalog of photographs of previous work to look at or a glossy website, if you take the time to speak to the all the guys who have been to her you soon realise that her work speaks for itself. Although she seems to be performing surgeries and consulting with new patients all the time, she made herself available over the phone every single time I had a problem after surgery or a question (all related to my skin reaction to the dressings and binder). She came to check on my progress in the hospital on five of the six days I was in there.

I also can't speak more highly of the nurses at Hunters Hill Private; they were respectful, kind and attentive. I got them flowers and chocolates to thank them for putting up with me for six days! These nurses have by now treated many trans guys and are entirely respectful. The only problem I encountered was after my two surgeries when they didn't want me to move to go to the bathroom and they offered me a bottle to pee in instead of a bed pan! My mum kindly had a word to them and they looked a little surprised but quickly fetched the bed pan.

I love my new chest. I am super, super happy I decided to stay in Sydney and go with Dr Hassall, particularly considering the complication. It was great to be able to recover in a hospital with the best care possible and the reassurance that if anything else was to go wrong, I would get it seen to immediately.

It is great to actually meet up with other guys in person who have had surgery with the surgeon you are considering. I found it really helpful to speak with other guys who'd seen her and see their chests and hear their first hand

experiences. Check the FTM Australia OzGuys forum  
<http://groups.yahoo.com/group/OzGuys/> for other guys who have seen Dr  
Hassall in your area.

**Dr Megan Hassall**

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## Cost Breakdown *with* Health Insurance

Your health insurance will cover your theatre fees, accommodation fees, incidentals and disposables.

All post-op appointments with Dr Hassall are free, I think up to the six weeks mark. It is possible to pay off Dr Hassall's surgical fee in installments. All other fees need to be paid prior to surgery.

**Dr Hassall's fee** \$2475

**Anaesthetist** \$1000 up front (my health fund paid \$710 which was refunded to me one week after surgery)

**Hospital Fee** \$655 I am with Teachers Federation Health and had Private Hospital Saver cover with a \$300 excess so I paid the \$300 excess for the entire 6 day stay upfront upon be admitted to hospital. I also had to pay a \$355 private room fee which I was not informed about upon entering the hospital and I only received the very unexpected \$355 bill 2mths after surgery. Because Hunters Hill Private will not put you in a Share Room you will need to check how much of the single room cost your health fund will cover.

**Medicare covered portion of Dr Hassall's fee** \$1,106.10

**Health fund covered portion of Dr Hassall's fee** \$368.60

**= my total out of pocket- \$1355.25**

## Cost Breakdown *without* Health Insurance inc. one night hospital stay

*(quote received from Hunters Hill Private for double mastectomy surgery on 17<sup>th</sup> Jan 2011)*

If you don't have health insurance and want to get it have a look on the FTM Australia website for a list of commonly used funds by others

<http://www.ftmaustralia.org/transition/surgeries/health-funds.html>

If you can wait the 12mth waiting period for your surgery to be covered by a health fund, it is definitely worthwhile. Complications are common with chest surgery and at least a 3-4 day hospital stay can make all the difference in terms of support, comfort, peace of mind and access to immediate medical attention, appropriate facilities (such as adjustable beds and easy showering) and medication.

I have a friend with no health cover who stayed one night after surgery and could not afford the pain medication. He coped okay with recovery at home with only Paracetamol. He had the purse string procedure and I think (possibly) that because that procedure doesn't involve two large incisions, the pain may be less than with the procedure I had. I think pain response to top surgery is very individual. I know another fellow with no health cover who

stayed one night in hospital and very much wished he had stayed a few more nights in order to be more comfortable.

**Dr Hassall's fee** \$2475

**Anaesthetist fee** \$1000

**Theatre Fee** \$2,230

**In hospital accommodation** \$739 *per night*

**Disposables** \$100

**Incidentals** \$25

**Medicare covered portion of Dr Hassall's fee** \$1,106.10

=Total out of pocket expense for **one night** hospital stay *without* health insurance:

**\$ 5462.70**

**This article was compiled and written by William. Last updated 17MAR2011**

Pre Op and Post Op top surgery related videos and further advice can be found at my You Tube Channel: [www.youtube.com/user/billybarnacle](http://www.youtube.com/user/billybarnacle)