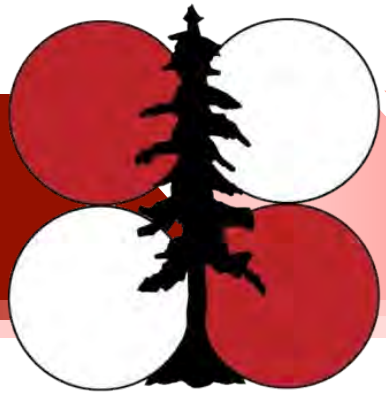
gender affirmation

top surgery

STANFORD



PLASTIC SURGERY

Plastic & Reconstructive Surgery
730 Welch Road, Palo Alto, CA 94304

Stanford Children's Health | Lucile Packard Children's Hospital Stanford

Dear New Patient,

We would like to take this opportunity to welcome you to our practice and to thank you for choosing our team to participate in your healthcare. We look forward to providing you with personalized, comprehensive care before, during, and after surgery. As coordination of care is essential in meeting your healthcare needs, our physicians, nurses, and office staff will work with your primary care physician, your endocrinologist, and your psychiatrist in a "team approach" to support your care.

The following packet is provided to ensure a smooth transition during the operative process. The sections are organized in the order of when you will need them, and include an introduction to our team, general information on top surgery, information on insurance coverage, instructions for before surgery, instructions for after surgery as well as instructions for your follow up appointments.

We ask that you complete the preoperative questionnaire (Section 6) during your first visit, to help us keep track of your information. We will also ask you to fill out periodic questionnaires about your health and wellbeing, so that we can understand the quality of life of our patients who undergo gender affirmation top surgery.

If you have any questions during your care, you can refer to this packet and Section 9 for common questions and answers. If you cannot find the answers to your questions in this packet, please do not hesitate to reach out to our office.

Once again, we would like to thank you for choosing Stanford healthcare. We look forward to working with you.

Sincerely,

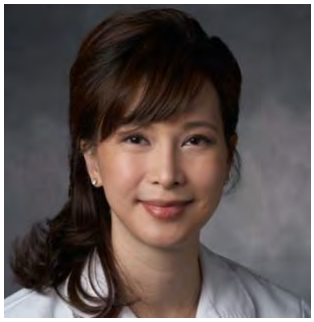
Dr. Dung Nguyen, MD PharmD

Clinical Associate Professor
Director, Breast Reconstruction
Director, Adult Plastic and Reconstructive Clinic
Division of Plastic & Reconstructive Surgery
Stanford University Medical Center
Lucile Packard Children's Hospital

section 1
meet our team

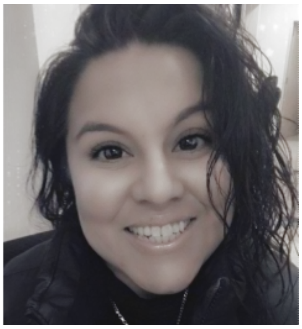
STANFORD
PLASTIC SURGERY

The Team



Dr. Dung Nguyen, MD PharmD
Surgeon

Elena Hopkins, RN, MS, PNP
Advanced Practice Provider
Phone: (650) 497-8654



Jessica Garrido
Surgical Scheduler
Phone: (650) 724-7181
Fax: (650) 497-8874

Clinic Address
730 Welch Road, Palo Alto, CA 94304
Phone: (650) 723-4883

Hospital Address
725 Welch Rd, Palo Alto, CA 94304

section 2

an introduction to gender affirmation top surgery

STANFORD PLASTIC SURGERY

Gender affirmation surgery focusing on the chest is also known as “top” surgery. Top surgery is a procedure that involves surgical alteration of chest tissue and skin.

masculinizing top surgery:
shaping the chest wall and removing chest tissue to match the contour of a male chest

feminizing top surgery:
shaping the chest wall and adding breast volume to match the contour of a female chest

This handout will cover the basics of both masculinizing and feminizing top surgery.

Anatomy of the Chest Wall:

To understand masculinizing and feminizing top surgery, it is best to start by learning about the anatomic differences between the male and female chest (**Figure 1**). Cisgender female chests have more glandular tissue, skin, and subcutaneous fat, as well as a well-defined inframammary fold. Also, the cisgender female nipple areola complex (NAC) is larger and lower than the male NAC.

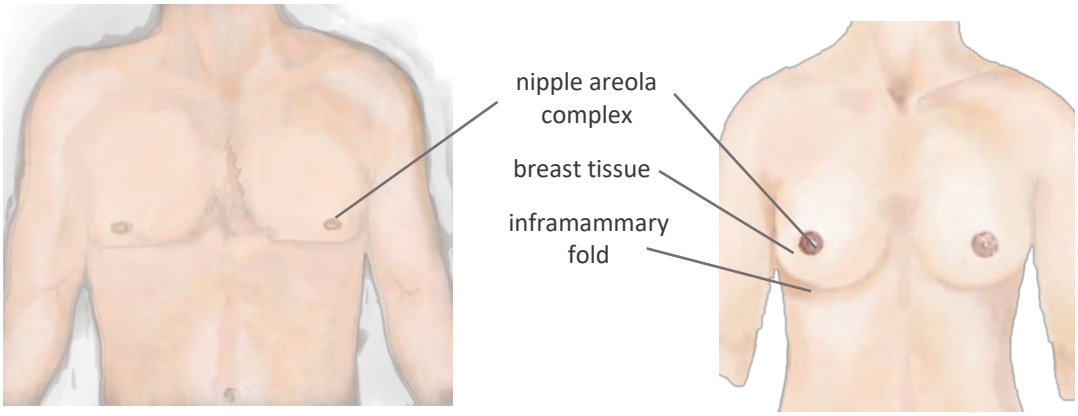


Figure 1. Male versus female chest anatomy.

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masculinizing top surgery

Goals of Surgery:

Masculinizing top surgery involves surgical reconstruction of multiple aspects of the chest anatomy. The main goals of this procedure include the following:

(1) Remove chest tissue and fat through subcutaneous mastectomy
(2) Remove excess/redundant skin
(3) Resize/reposition the nipple and areola
(4) Chest contouring
(5) Release the inframammary fold

Throughout the entire procedure, your surgeon will work to minimize and conceal chest wall scars and preserve nipple sensitivity as best as possible.

Options for Masculinizing Top Surgery:

There are multiple surgical approaches that can be used for masculinizing top surgery, to remove excess skin and breast tissue. There are many factors that must be considered when deciding the optimal approach. These include:

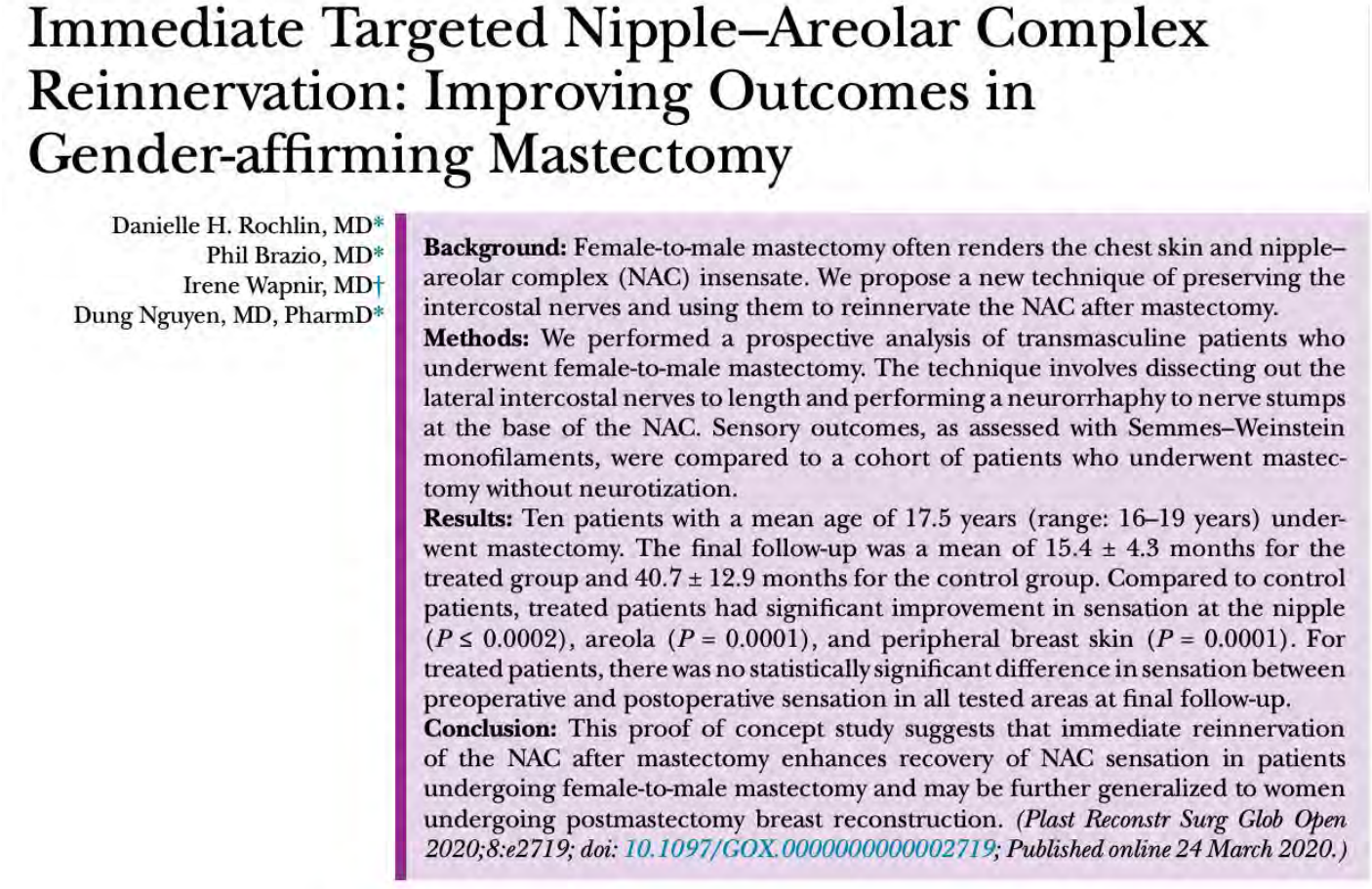
- Breast size
- Breast ptosis (sagging of the breast)
- Nipple/areola size
- Degree of excess skin

Additionally, patients who have a long history of breast binding may have a loss of skin elasticity, which can also impact surgical approach and postoperative outcomes. Weight loss before and after the surgery can help to improve overall outcomes.

Nipple Areola Complex Sensation

Nipple and areola complex (NAC) sensation is important to consider for patients undergoing masculinizing top surgery. Preserving NAC sensitivity can enhance sexual and psychosocial well-being after surgery. However, in patients who require free nipple grafts, meaning that their NAC is excised and reattached, the NAC loses sensation because it is detached from the skin and nerves that supply it. Even in patients who undergo “nipple sparing” surgery, meaning that the NAC is not detached, the nerves that supply the NAC are severed during the mastectomy procedure when the breast tissue is separated from overlying skin.

Some patients may benefit from a “reinnervation” procedure, where surrounding nerves from the chest wall (lateral intercostal nerves) are attached to nerve endings at the base of the NAC to restore nipple sensation. Preliminary studies have shown that this technique can enhance recovery of NAC sensation in patients undergoing masculinizing top surgery (**Figure 2**).



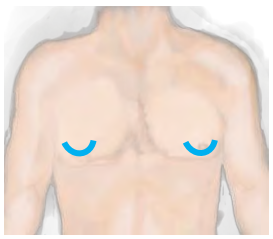
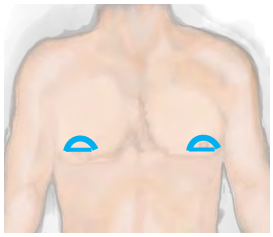
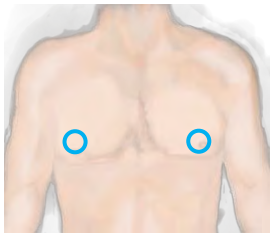
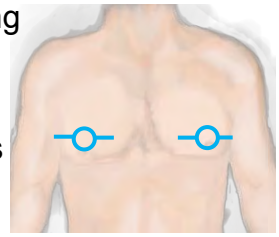
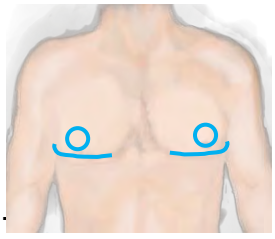
Immediate Targeted Nipple–Areolar Complex Reinnervation: Improving Outcomes in Gender-affirming Mastectomy

Danielle H. Rochlin, MD*
Phil Brazio, MD*
Irene Wapnir, MD†
Dung Nguyen, MD, PharmD*

Background: Female-to-male mastectomy often renders the chest skin and nipple–areolar complex (NAC) insensate. We propose a new technique of preserving the intercostal nerves and using them to reinnervate the NAC after mastectomy.
Methods: We performed a prospective analysis of transmasculine patients who underwent female-to-male mastectomy. The technique involves dissecting out the lateral intercostal nerves to length and performing a neurorrhaphy to nerve stumps at the base of the NAC. Sensory outcomes, as assessed with Semmes–Weinstein monofilaments, were compared to a cohort of patients who underwent mastectomy without neurotization.
Results: Ten patients with a mean age of 17.5 years (range: 16–19 years) underwent mastectomy. The final follow-up was a mean of 15.4 ± 4.3 months for the treated group and 40.7 ± 12.9 months for the control group. Compared to control patients, treated patients had significant improvement in sensation at the nipple ($P \leq 0.0002$), areola ($P = 0.0001$), and peripheral breast skin ($P = 0.0001$). For treated patients, there was no statistically significant difference in sensation between preoperative and postoperative sensation in all tested areas at final follow-up.
Conclusion: This proof of concept study suggests that immediate reinnervation of the NAC after mastectomy enhances recovery of NAC sensation in patients undergoing female-to-male mastectomy and may be further generalized to women undergoing postmastectomy breast reconstruction. *(Plast Reconstr Surg Glob Open 2020;8:e2719; doi: 10.1097/GOX.0000000000002719; Published online 24 March 2020.)*

Figure 2. Results of an investigation on reinnervating the nipple-areola complex in patients undergoing masculinizing top surgery.

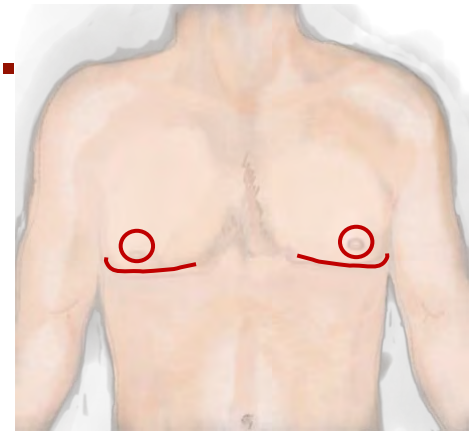
The various surgical approaches for masculinizing top surgery are summarized below:

Approach	Indications	Advantages	Disadvantages	Illustration
Semicircular peri-areolar ("Keyhole) mastectomy	Small, non-ptotic breasts. Good skin elasticity.	• Minimal scarring • Good aesthetic outcomes • Better nipple sensation	• May have residual skin excess • Nipple retraction	
Trans-areolar	Small, non-ptotic breasts. Good skin elasticity.	• Good aesthetic outcomes • Minimal scarring • Allows for nipple reduction	• May have residual skin excess • Nipple retraction	
Concentric Circular	Medium/Large, non-ptotic breasts. Good to moderate skin elasticity.	• Minimal scarring • Good aesthetic outcomes • Allows for nipple repositioning and reduction	• May have residual skin excess • Nipple Retraction • High revision surgery rate	
Extended Concentric Circular	Medium/Large, non-ptotic breasts. Good to moderate skin elasticity.	• Corrects for extensive excess skin	• More visible scarring • Nipple retraction • Suboptimal aesthetic outcomes • High revision surgery rate	
Double incision mastectomy with free nipple grafting	Large, ptotic breasts	• Allows for nipple reduction and repositioning • Low revision surgery rate • Can accentuate pectoralis muscles	• Longer scars • Nipple loss or hypopigmentation • Least nipple sensation • Potential for dog ears at incision site.	

What Happens During Surgery:

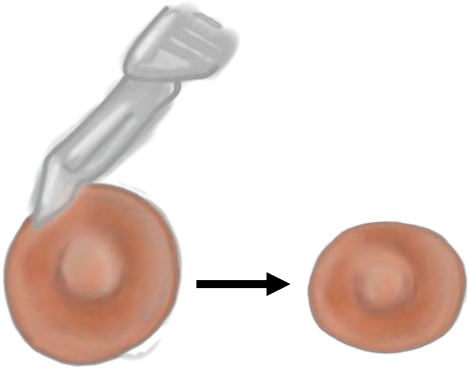
The main steps for masculinizing top surgery are as follows:

1.



Excess skin and breast tissue are removed. We illustrated the double incision mastectomy approach, where breast tissue is removed from an incision made along the border of the pectoralis muscle, and the nipple is also detached, resized, and repositioned.

2.



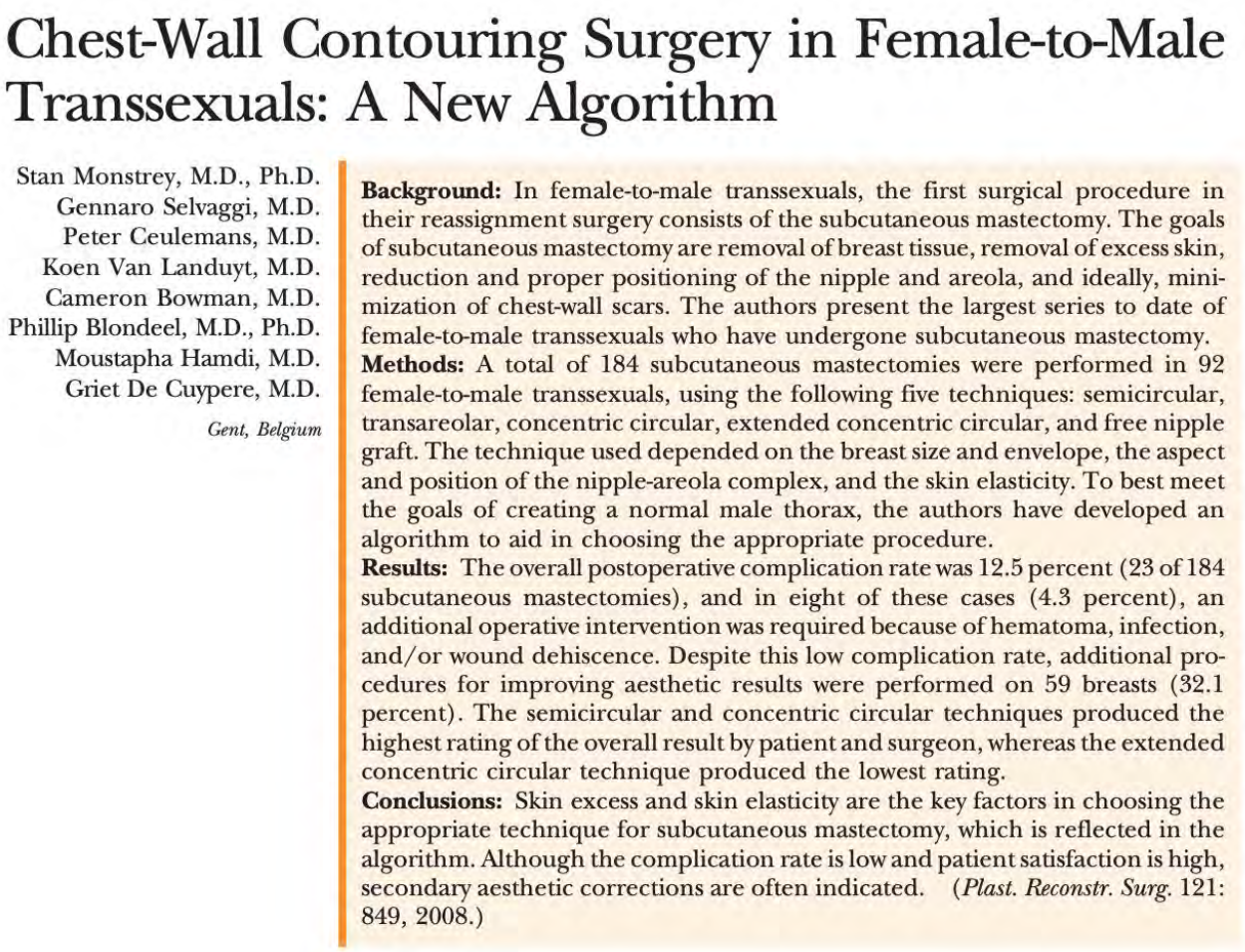
The nipple is resized and repositioned as necessary. The nipple is only completely detached from the body when a double incision mastectomy approach is used. In the other approaches, the nipple is resized but is never completely detached.

Drains are placed after the chest is contoured. These drains are designed to help remove body fluid and blood that may collect beneath the skin after surgery.

Depending on the incision made, the surgeon will use techniques to minimize and hide scars as best as possible. For instance, in the semicircular and concentric circular approach, the scar line is around the areola. This helps to conceal the scar. If a double incision is necessary, the surgeon may place the incision along the border of the pectoralis muscle to hide the scar within the shadow of the muscle. This can help with overall chest contour as well.

What Happens After Surgery:

In general, patient reported outcomes after this surgery are excellent (**Figure 3**).



Chest-Wall Contouring Surgery in Female-to-Male Transsexuals: A New Algorithm

Stan Monstrey, M.D., Ph.D.
Gennaro Selvaggi, M.D.
Peter Ceulemans, M.D.
Koen Van Landuyt, M.D.
Cameron Bowman, M.D.
Phillip Blondeel, M.D., Ph.D.
Moustapha Hamdi, M.D.
Griet De Cuypere, M.D.
Gent, Belgium

Background: In female-to-male transsexuals, the first surgical procedure in their reassignment surgery consists of the subcutaneous mastectomy. The goals of subcutaneous mastectomy are removal of breast tissue, removal of excess skin, reduction and proper positioning of the nipple and areola, and ideally, minimization of chest-wall scars. The authors present the largest series to date of female-to-male transsexuals who have undergone subcutaneous mastectomy.
Methods: A total of 184 subcutaneous mastectomies were performed in 92 female-to-male transsexuals, using the following five techniques: semicircular, transareolar, concentric circular, extended concentric circular, and free nipple graft. The technique used depended on the breast size and envelope, the aspect and position of the nipple-areola complex, and the skin elasticity. To best meet the goals of creating a normal male thorax, the authors have developed an algorithm to aid in choosing the appropriate procedure.
Results: The overall postoperative complication rate was 12.5 percent (23 of 184 subcutaneous mastectomies), and in eight of these cases (4.3 percent), an additional operative intervention was required because of hematoma, infection, and/or wound dehiscence. Despite this low complication rate, additional procedures for improving aesthetic results were performed on 59 breasts (32.1 percent). The semicircular and concentric circular techniques produced the highest rating of the overall result by patient and surgeon, whereas the extended concentric circular technique produced the lowest rating.
Conclusions: Skin excess and skin elasticity are the key factors in choosing the appropriate technique for subcutaneous mastectomy, which is reflected in the algorithm. Although the complication rate is low and patient satisfaction is high, secondary aesthetic corrections are often indicated. (*Plast. Reconstr. Surg.* 121: 849, 2008.)

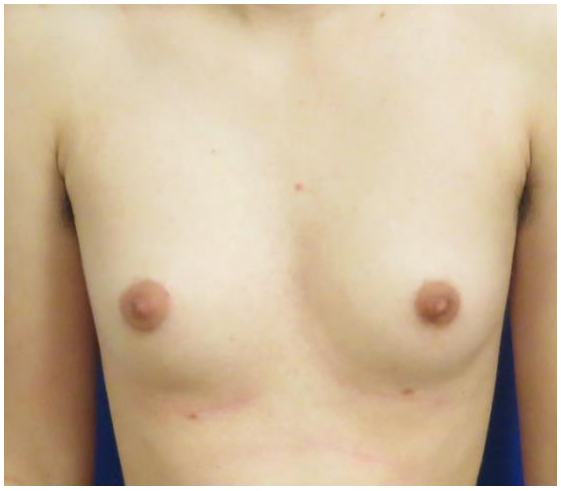
Figure 3. Results of 184 masculinizing top surgeries.

Immediate postoperative complications can include infection, delays in healing, and fluid or blood collections in the surgical site. In patients who receive nipple grafts, complications such as loss of the graft can also occur. In the case of such complications, patients may require a second surgery.

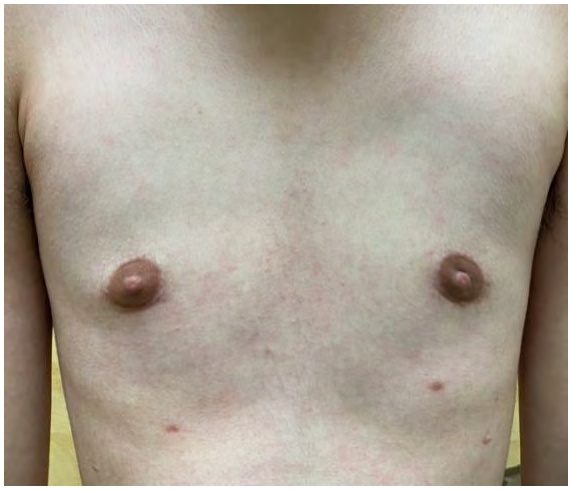
In the long run, complications include residual skin excess, retraction or malposition of the nipple, and other aesthetic defects. Revision surgery is an option to help better achieve the patient's desired chest contour.

Patient Photos:

PERIAREOLAR INCISION

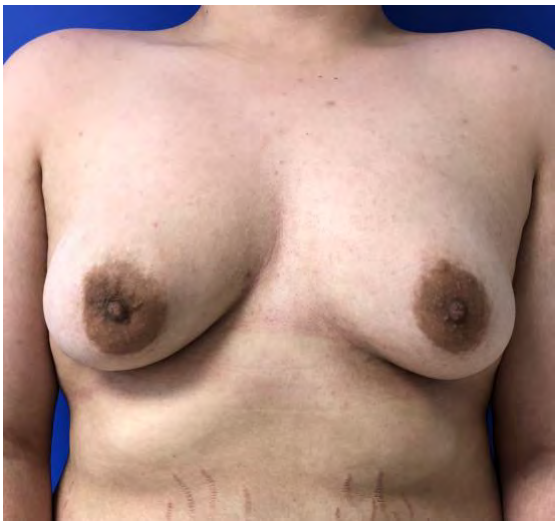


Preoperative

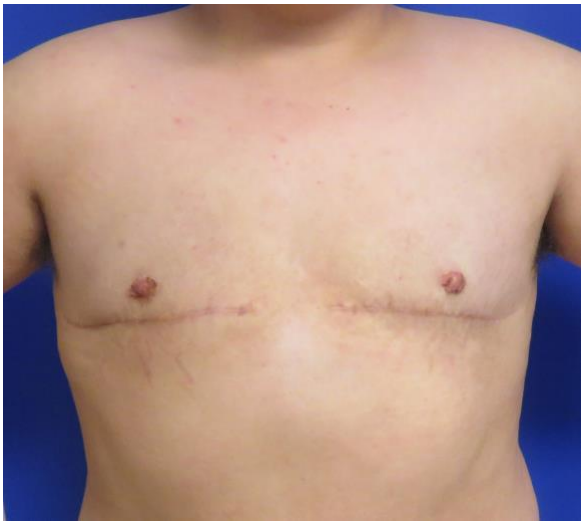


Postoperative – 6 months

DOUBLE INCISION



Preoperative



Postoperative – 1 year

Other Resources:

https://www.plasticsurgery.org/reconstructive-procedures/transmasculine-top-surgery

feminizing top surgery

Goals of Surgery:

Feminizing top surgery involves surgical construction of breasts. This may involve multiple steps:

(1) Expansion of the skin and subcutaneous tissue if necessary
(2) Placement of a breast implant for volume enhancement
(3) Liposuction and fat grafting to improve breast contour
(4) Correction of the nipple and areola if necessary

Throughout the entire procedure, your surgeon will work to minimize and conceal surgical scars and preserve nipple sensitivity as best as possible.

What Happens Before Surgery:

Before breast implants can be placed, it is important to determine the patient's desired breast size, in the context of their chest anatomy. Transgender women may have broader chests and larger pectoral muscles than cisgender women, which may warrant the use of larger implants. However, some patients may have a greater amount of native breast tissue due to preoperative hormone therapy, thereby requiring smaller implants.

The breast implant is placed in a pocket created by the skin and soft tissue of the chest wall. In patients who need larger implants or who do not have sufficient chest wall skin and soft tissue, preoperative tissue expansion may be necessary before an implant can be placed. This involves inserting an expandable implant under the skin and soft tissue, which is filled with incremental amounts of saline every week to gradually stretch the overlying skin. This creates a larger skin and soft tissue pocket over time for implant placement.

Before surgery, patients should also decide whether they want saline or silicone implants. Each implant type has associated benefits and risks. Preoperative discussions with providers can help patients to make the right choice for their surgery.

What Happens During Surgery:

During surgery, the implant is placed in the subcutaneous pocket. In some cases, the implant may be placed partially under the pectoralis muscle ("dual plane") to provide additional padding in the upper pole of the breast. A drain may be placed in each breast to remove excess fluid and blood. If necessary, fat that is harvested from other parts of your body using liposuction may be added to your breast for additional volume and contour.

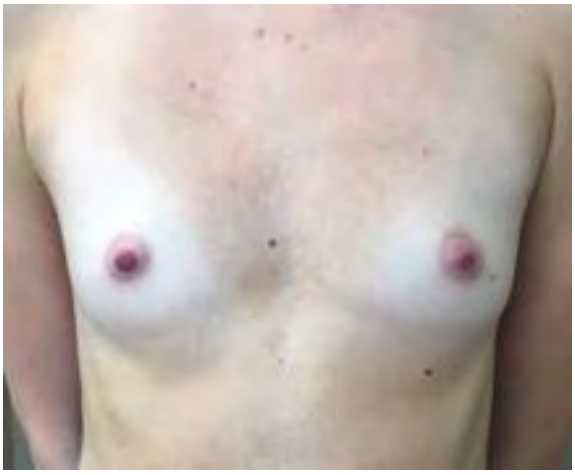
What Happens After Surgery:

Immediate postoperative complications can include infection, delays in healing of the surgical site, and fluid or blood collections surrounding the implant and changes in nipple sensation. In general, patient reported outcomes after this surgery are excellent.

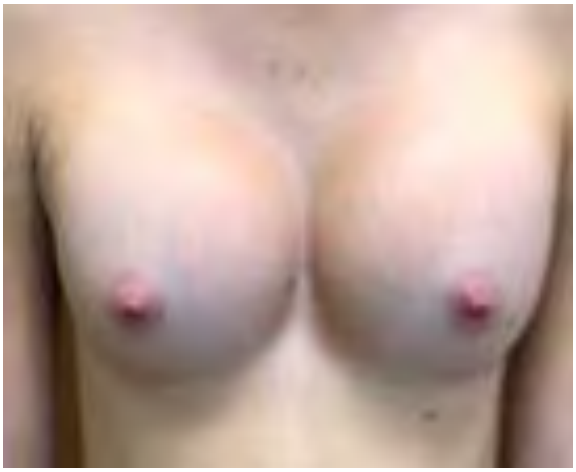
In the long run, complications can include leakage of the breast implant. Additionally, the body naturally forms a capsule around the implant over time, which can lead to issues such as pain and deformity if there is excessive capsule formation (capsular contracture). Certain textured implant types have been associated with a type of lymphoma (anaplastic large cell lymphoma). The American Society of Plastic Surgeons and the US FDA recommend that breast implants be replaced every 10-15 years.

If necessary, patients can choose to undergo revision surgery to improve the contour and shape of their breasts, or to change the size of their breast implants. The nipple areola complex of transgender women is typically smaller than that of cisgender women. Areolar tattooing can be used after surgery to increase the size of the native areola.

Patient Photos:



Preoperative



Postoperative – 1.5 years

Other Resources:

https://www.plasticsurgery.org/reconstructive-procedures/transfeminine-top-surgery

section 3

financial information

It is important to determine whether your insurance will cover your surgery well in advance of your desired surgery date.

Costs of top surgery can include all of the following:

(1) Surgical fee
(2) Anesthesia fee
(3) Hospital facility fee and hospitalization fee, including medications, dressings and any necessary medical testing/imaging costs

Not all health insurance plans cover gender affirming top surgery, or they may only cover a portion of the total fee. Furthermore, various payers have different criteria for coverage. For instance, some providers may have an age restriction below which they will not cover surgery. Additionally, most providers require that patients submit proof of preoperative evaluations. For instance, your insurance will ask for a mental health evaluation by a provider with expertise in transgender health. A letter from a doctorate-level mental health provider indicating that you are an appropriate candidate for surgery is required for insurance approval. Other letters may need to come from your plastic surgeon and endocrinologist, confirming that you meet criteria as per the World Professional Association for Transgender Health Standards of Care for chest surgery. This is typically insurance-dependent.

It is important to look into the specific policies of your provider. You should determine whether this type of surgery is covered, and if so, what proportion of the fees are covered and what the requirements are for coverage (i.e. age restrictions, preauthorization).

On average, it may take several weeks from the time your paperwork are submitted to hear back from your insurance provider. This is why it is imperative to start this process well in advance of the desired date for surgery. Our suggested timeline is as follows:

4-6 months before: contact insurance provider, determine requirements for surgery → **3-4 months before**: schedule preoperative evaluations to acquire required letters → **2-3 months before**: submit all required materials to insurance provider → **Desired Surgery Date**

If your insurance does not cover top surgery, our team can provide a quote for you. For patients under the age of 23, the surgery is done at Lucile Packard Children's Hospital. For patients 23 years or older, the procedure is done at the main Stanford hospital.

section 4

preparing for surgery

In the weeks leading up to your surgery, there are a number of things you can do to ensure that you are prepared for surgery and the postoperative recovery period.

Compression Garments for After Surgery

It is recommended to wear a compression vest for 6 weeks after drains are removed. You should purchase your garments ahead of your procedure so that you have them in time for your first postoperative visit. These garments apply gentle pressure to the surgical area, in order to support healing. These garments are known to shorten recovery time & reduce bruising/swelling.

There are many options for postoperative compression garments. Committing to wearing a high-quality garment can help to ensure the most successful outcomes. Garments should extend beyond the treatment area and provide substantial support, while not feeling excessively tight. We recommend these garments. **Please bring this garment to your first postoperative visit.**

Design Veronique
Contact: 800-442-5800
https://www.designveronique.com/post-surgical/male-garments/adjustable-compression-vest

Marena
Contact: 888-462-7362
https://marenagroup.com/compression-garments/mens-recovery/post-surgery-tops/

Stanford MyChart

Sign up for Stanford MyChart in advance of your procedure, so that you can keep track of all postoperative instructions and visits online.

To create an account, you will need an activation code.

- If you have received a billing statement, you can locate the code on the statement. This code will grant you access to billing information and online bill pay.
- To access your medical record, ask your care team to give you a code specific to your medical record. Please keep this code confidential.

You can ask your care team to help you sign up in person during your preoperative consultation.
For more information and to register, please visit https://mychart.stanfordchildrens.org.

section 5

before surgery

There are a number of things you need to do in order to make sure you are ready for the day of your surgery.

Medications

Always discuss any medications you're taking with your surgeon and ask if it is recommended to continue their use before and after surgery.

Please discuss morning of surgery medications with pre-anesthesia, especially if you are taking blood pressure or diabetic medication.

Blood Thinners

Please stop taking drugs that make it harder for your blood to clot at least 1 week before and after surgery. These include: Anti-inflammatories such as aspirin or Motrin. Make sure your surgeon is aware if you are taking any blood thinners.

Steroids

If you are taking steroids, please discuss with your surgeon at least 4 weeks prior to surgery.

Hygiene

Because skin is not sterile, your surgeon may send you home with special wipes or soap to use prior to surgery. You can reduce the number of germs on the skin with chlorohexidine gluconate (CHG) wipes.

1. Shower or bathe before the surgery, and apply soap to your entire body from the neck down.
2. Wipe surgical area with CHG wipes two times before surgery: the night before your surgery and the morning of your surgery. Take caution to avoid eyes, ears, and the genital area. Do NOT wash with your regular soap after CHG wipes are used.
3. Rinse thoroughly and pat dry with a clean, soft towel.

Clothing

Come to the hospital dressed in comfortable, loose clothes that zip or button in the front. Do not wear makeup, jewelry, metal piercings, or contact lenses. Please leave all valuables at home.

Eating and Drinking

Do NOT eat any food or liquids after midnight the night before surgery. Remember to confirm all morning of surgery medication instructions with the pre-anesthesia team before your surgery date.

section 6
patient questionnaire

DEMOGRAPHICS
Name: _____ DOB: _____ Phone #: _____
( ) Cis-Gender Male ( ) Cis-Gender Female ( ) Trans-Gender Male ( ) Trans-Gender Female ( ) Non-Binary
( ) Other _____
Pronouns:_____ MRN:_____

Ethnicity: ( ) Hispanic or Latino ( ) Not Hispanic or Latino
Race: ( ) Native American ( ) Asian ( ) Black ( ) White ( ) Other_____

MEDICAL HISTORY
Do you have any of the following conditions?
____ Diabetes
____ Depression
____ Heart disease (type: _____)
____ Anxiety
____ Coagulation (bleeding/clotting) problem
____ Cancer (specify type: _____)
____ HIV/AIDS
____ Thyroid problem
____ Asthma
____ Other problems (list):_____

SURGICAL HISTORY
Have you had any surgeries? ( ) Yes ( ) No
If Yes, list type(s) and date(s) _____

SOCIAL HISTORY
Do you drink alcohol? ( ) Yes ( ) No
Do you smoke? ( ) Yes ( ) No ( ) Former Smoker [If Yes, packs per day?_____]
Do you use marijuana? ( ) Yes ( ) No Do you use any injection drugs? ( ) Yes ( ) No

MEDICATION HISTORY
What medications do you take?_____
Do you have any allergies? _____

TRANSGENDER HISTORY
Have you received hormonal therapy? ( ) Yes ( ) No
If Yes, list medications and when you took them: _____

Have you pursued any prior surgery related to gender presentation? ( ) Yes ( ) No
If Yes, what procedures and when: _____

Have you ever practiced breast binding? ( ) Yes ( ) No
Baseline (preoperative) Semmes-Weinstein monofilament testing:

Location	Right	Left
Nipple		
Upper Lateral Quadrant (Areola)		
Upper Medial Quadrant (Areola)		
Upper Lateral Quadrant (Breast)		
Upper Medial Quadrant (Breast)		

section 7
after surgery

After surgery, there are a number of things you can do to ensure that your recovery process goes smoothly. Below is a summary of your postoperative care:

1st Postop Visit (1-2 weeks): remove drains, remove nipple bolster dressing, change dressings, start using compression vest → **2nd Postop Visit (6-8 weeks):** check incision, remove compression vest → **Every 3-4 months after:** follow-up on recovery, including nipple sensation, chest contour, scars → **After 1 year:** Follow up as needed

Dressings

You will have tight, compressive dressings around your chest area and covering your nipples. **Leave the dressings in place until your first postoperative visit.** Avoid getting the dressings wet – you can sponge bathe with the dressings in place.

Drains & Drain Care

You will have two drains placed during surgery, one on each side of the chest. These drains will remain in place until evaluated by your surgeon. See the attached drain care sheet for detailed instructions. You will also be instructed on how to use and care for the drains while in the hospital.

- Please empty drains at the same time every day; 3-4 times daily
- Record and monitor all output in the provided log.

Hygiene

Please do not remove any dressings prior to your first postoperative visit. Sponge bathe only.

Compression Vests

It is recommended to wear a compression vest or binder for 6 weeks after the drains are removed. Compression helps to minimize swelling and bruising. Bring the vest to your first postoperative visit.

- Wear the compression vest at all times, except when showering.
- Apply gauze to the incisions as needed.
- Antibiotic ointment may be recommended at your postoperative visit.

Links for compression garments:

Design Veronique
Contact: 800-442-5800
https://www.designveronique.com/post-surgical/male-garments/adjustable-compression-vest

Marena
Contact: 888-462-7362
https://marenagroup.com/compression-garments/mens-recovery/post-surgery-tops/

Activity

- Avoid lifting or strenuous exercise until cleared by your provider (nothing heavier than a gallon of milk). **Lifting anything heavier than 10 lbs. is not recommended for 4 weeks after surgery.**
- You will be able to do light exercise such as walking, but avoid activity that will result in increased heart rate (heart rate over 100 BPM). Rest is extremely important in the healing process.

Pain Management

We treat pain using a few different methods. You will meet with the anesthesia team to discuss your options prior to surgery. Some options include:

- Narcotics (opiate and non-opiate pain medications)
- Non-steroidal anti-inflammatory medications
- Nerve block by the anesthesia team

Scar Management

You may have some scars after surgery. To help improve the appearance of scars, you can use gentle scar massage with a hypoallergenic lotion starting at around 3 weeks after surgery. Compressive therapy (tape over the scars) can also help flatten the scars. Mederma or silicone-based gels can be used if you need additional scar care.

CALL IF YOU HAVE:

- Severe pain, warmth, swelling, or redness
- Fever greater than 101°F or 38°C
- Excessive discomfort or pain not relieved by medication
- Fluid in the drain appears cloudy, murky, or has a foul odor
- Drainage suddenly stops and doesn't start after stripping tubing
- Drainage that turns bright red
- Tubing falls out

If you have any questions or concerns, please call 650-723-4883 during regular business hours (8-5 pm). For an emergency after hours, call the Stanford Page Operator at 650-723-6661 and ask the operator to connect you with the Plastic Surgery Resident on call.

section 8

drain care

You will be discharged with a Jackson Pratt Closed Suction drain, better known as a JP drain. The flat perforated end of the tube is placed inside your body to collect fluid that is produced as an effect of surgery. Fluid production after surgery is normal. The drain uses gentle suction to safely withdraw fluid from tissues.

The amount of fluid should decrease each day and change color from red to light pink or light yellow. Your surgeon will remove the drain at your first postoperative appointment when the drainage is **below 30 mL per day for two consecutive days**.

Proper care of the JP drain is important to the overall healing process.

Home Care

- Secure the tube and bulb inside your clothing with a safety pin. Always keep the bulb below the place where the tubing exits the body. Securing the drain prevents the tubing from being pulled out.
- Empty the drains at least twice daily and when halfway full.
- Strip the tubing of the drain at least 3 times daily to prevent clots from clogging the tube.
- Monitor the amount drained daily in the log provided. Bring this log with you to your first follow-up appointment.
- Avoid lying or sleeping on the drain or incision site.
- Keep well-hydrated after surgery.
- Practice good hand hygiene when caring for the drain.

How to Strip Tubing

Strip the drain tubing at least 3 times daily so that any clots are pushed out. This helps to keep the JP drain working correctly.

1. Wash your hands thoroughly with soap and water.
2. Start by holding the tubing tightly in place close to your body with one hand. With the other hand, pinch the tubing with your thumb and index finger.
3. Slide your pinched fingers down the tubing away from the body and towards the bulb. This action pushes fluid and clots away from the body and into the bulb.
4. Repeat steps 2-3 until the tubing is unclogged.
5. Wash hands thoroughly with soap and water.

How to Empty Your JP Drain

Empty the drain when it is halfway full or every 8-12 hours.

1. Wash your hands thoroughly with soap and water.
2. Remove the stopper from the bulb.
3. Carefully pour the fluid from the bulb into the measuring cup provided.
4. Clean the stopper with an alcohol swab or cotton ball dipped in rubbing alcohol.
5. Squeeze the bulb flat and close the stopper.
6. Measure the fluid removed from the bulb and record in the JP Drain Log.
7. Empty contents into the toilet
8. Wash hands thoroughly with soap and water

To Learn More

Your care team recommends that you watch this short online health video to learn how to care for a surgical drain at home.

How to watch the video:

scan the QR code

https://hwi.se/r/Elcwl2anrzubs

visit the website

CALL YOUR PROVIDER IF:

- Tubing falls out
- The bulb does not hold suction
- There are signs of infection at the drain insertion site
- Fluid leaks from the drain
- Drainage suddenly stops
- Drainage increases by more than 100 mL per day
- Fever greater than 101°F

If you have any questions or concerns, please call 650-723-4883 during regular business hours (8-5 pm). For emergency after hours, call the Stanford Page Operator at 650-723-6661 and ask the operator to connect you with the Plastic Surgery Resident on call.

drain log (right)

Date	Morning Amount	Midday Amount	Evening Amount	Daily Total

Plastic & Reconstructive Surgery
730 Welch Road, Palo Alto, CA 94304

drain log (left)

Date	Morning Amount	Midday Amount	Evening Amount	Daily Total

Plastic & Reconstructive Surgery
730 Welch Road, Palo Alto, CA 94304

section 9
questions and answers

We have compiled a list of questions you may have about top surgery. As always, please reach out to your care team if you have any specific concerns.

How long will it take to get approval from my insurance provider?
It varies by provider. It is important to check with your specific insurance policy.

Where can I get compression garments?
Design Veronique (designveronique.com or 800-442-5800); Marena (marena.com or 888-462-7362)

How painful is the surgery?
You will experience some discomfort for the first few days after surgery. We will send you home with oral pain medications that you can take as needed. You may also have a pain catheter placed before surgery that will give additional pain relief. Make sure to follow the activity restrictions and other postoperative instructions, as these will help to improve healing and minimize pain after surgery.

Will I have to go home with dressings?
You will be discharged with dressings that will be taken down during your first postoperative visit. You will have dressings over the incision and nipples. It is important that you keep these dressings clean and dry.

How long will I have drains?
Your drains will be left in until the output is less than 30 mL per day for two days. Bring your drain logs to your postoperative visits, to help your surgeon determine when to remove your drains. If your drain output suddenly increases, contact your healthcare team.

Who do I contact for the medical management of my gender transition?
Pediatric and Adolescent Gender Clinic - Stanford Children's Health (650-721-1811; option 1)

Can I shower after surgery?
The top half of your body should only be cleaned with a sponge bath until your first postoperative visit. You can shower the lower half of your body if you can safely manage to do so.

What limitations will I have after surgery?
For the first few weeks after surgery, avoid vigorous activity or heavy weightlifting (> 1 gallon of milk). This will ensure that your surgical site heals properly and will help to minimize scar formation.

What can I do about scars?
You can begin scar therapy around 3 weeks after surgery. Gentle scar massage with hypoallergenic lotion can help improve the appearance of scars. Compressive therapy (tape over the scars) can help flatten scars. Mederma or silicone gels can be also be used for scar therapy.

What does the follow-up look like after surgery?
You will follow up with our office 1 week after surgery, 6 weeks after surgery, and then every 3 months for a year after your surgery. After 1 year, you can follow up as needed.

section 10

patient checklist

Top surgery can be a lengthy and involved process, starting from insurance approvals all the way through postoperative care. Please use the following checklist to keep track of the various items that must be completed at each stage of the surgical timeline:

before scheduling surgery

- [ ] Make sure that you have read through the information packet and have a good understanding of what top surgery entails.
- [ ] Confirm policies and required preauthorization for top surgery with your insurance provider.
- [ ] Obtain all necessary documentation and letters (psychiatry, plastic surgery, endocrinology) and submit to your insurance provider at least 2-3 months before your desired surgery date.
- [ ] Bring signed letters to your first preoperative visit.

preoperative period

- [ ] Schedule necessary preoperative evaluations (primary care physician, anesthesia team).
- [ ] Review your medications with your surgeon and anesthesia team to determine which medications to stop and which to continue before surgery.
- [ ] Set up MyChart.
- [ ] Purchase compression garment.
- [ ] Night before surgery: do not eat or drink after midnight. Shower and clean surgical site with CHG wipes.

postoperative period

- [ ] Maintain dressings until 1st postoperative visit.
- [ ] Maintain daily drain log. Bring drain log and compression garment to 1st postoperative visit (1 week after surgery).
- [ ] Wear compression garment until 2nd postoperative visit (6 weeks after surgery).

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