

BREAST AUGMENTATION: YOUR QUESTIONS ANSWERED

DECISIONS ABOUT SURGERY

DO I NEED TO SEE A THERAPIST IN ORDER TO HAVE MTF/N TOP SURGERY?

Letters from therapists are welcome and valuable, but not required for surgery with the Gender Confirmation Center. Dr. Mosser follows the informed consent model and generally does not require letters for FTM/N or MTF/N top surgery, or other body masculinization or feminization procedures (except in the case of individuals 17 years of age or younger).

For insightful, mature individuals 18 years or older, with an adequate support system who are capable of informed consent based on an educated experience of the risks and benefits of surgery, Dr. Mosser does not require a therapist letter. If you are interested in having surgery covered by insurance, the insurance company may require a therapist's letter in order to grant insurance approval for surgery. [Learn more here.](#)

HOW DO I KNOW WHAT TYPE OF BREAST AUGMENTATION TO GET?

There are four variables when it comes to MTF breast augmentation that must be sorted out before surgery: implant size, whether the implants will be saline or silicone, implant placement (above or underneath the chest muscle), and incision location. Dr. Mosser only uses round shaped implants because there are limitations when it comes to size, firmness, and potential location for the teardrop shaped implants. Dr. Mosser is skilled in all the different variations and options, and he can walk you through the decision making process during your consultation. [Learn more here.](#)

HOW DO I DETERMINE THE IDEAL IMPLANT SIZE FOR ME?

Often, people will use cup size to think about the implant size that is best for them. However, we recommend that patients think about their implant size in terms of implant volume. We have implant sizers that patients can try on in our office, and in lieu of in-person fittings, we recommend the rice test, an at-home method for determining an approximate volume for breast implants that will work best. Another option would be to look at before and after photos of people who have the same body type as you. Because all patients have different body types, using images that more closely resemble your own body is best. [Learn more here.](#)

HOW WILL HORMONES CHANGE MY SURGICAL RESULT? WILL I HAVE TO STOP HORMONES AROUND THE TIME OF SURGERY?

Dr. Mosser considers hormones to be an entirely independent decision from surgery. Patients can have surgery whether they are on hormones or not, and they do not need to stop hormones around the time of surgery. Deciding to start estrogen is more dependent on if a patient would experience a decrease in gender dysphoria from being on hormones. However, because estrogen has the power to promote breast and nipple growth, it is recommended that patients be on estrogen for a year before having their MTF/N breast augmentation procedure, as it yields better aesthetic results.

DO YOU HAVE AGREEMENTS WITH HOTELS FOR SPECIAL RATES?

Though in the past the Gender Confirmation Center has had some agreements with hotels for special rates in San Francisco, these hotels are often more expensive than AirBnB residences near public transit. Being close to a BART station will make it easy to get around the Bay Area during your stay in San Francisco. [Learn more here.](#)



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PREPARATION

WHAT CAN I DO TO PREPARE FOR TOP SURGERY?

Preparing for surgery is all about making the recovery period easier. It is recommended that patients set up their recovery areas, eat a clean and balanced diet, and stop consuming alcohol one week before surgery. However, this is not an exhaustive list. To view our comprehensive lists of all the ways to prepare for surgery, [click here](#).

DO I NEED TO STOP SMOKING BEFORE TOP SURGERY?

Patients are required to stop smoking cigarettes and using all nicotine products (patches, gum, etc.) at least 3 weeks before and after surgery. Even one puff of a cigarette is too much. Although different surgeons have different policies about the use of medical marijuana, we ask patients who use medical marijuana to switch to edibles for 3 weeks before and after surgery to cut out any smoking and vaping during this time. Even though the language is directed towards FTM/N surgeries, [this informational page on smoking](#) is still applicable to MTF/N surgeries.

SURGICAL SAFETY

WHAT IS THE ANESTHESIA TYPE?

The anesthesia type for virtually all of Dr. Mosser's procedures is general anesthesia, which means that the patient is completely asleep for the entire surgery and has no memory of any portion of the surgical procedure. Dr. Mosser always performs surgery in a fully certified surgery center (whether that's an outpatient surgery center or hospital) and we always perform surgery with a board-certified anesthesiologist present.

WHERE IS THE SURGERY PERFORMED?

Surgery is always performed in a fully certified surgical facility. In short, this means that the procedure is done in a facility that has thorough safety equipment and preparations in the event of unexpected need.

DOES DR. MOSSER HAVE PRIVILEGES AT A HOSPITAL?

Dr. Mosser has full admitting and operating privileges at a number of San Francisco hospitals. The surgery center where surgeries are performed also has a transfer agreement with the local hospital, though it would be extraordinarily rare for this to need to occur.

DOES DR. MOSSER DO THE SURGERY? WHO IS IN THE OPERATING ROOM?

Dr. Mosser performs all of the critical components procedure, which means that any element of the procedure that has a significant bearing on the final appearance will be performed entirely by Dr. Mosser. Dr. Mosser does have long-term relationships with trusted professional surgical first assistants who assist with important but noncritical tasks such as the closure of incisions. These assistants have been trained for months under Dr. Mosser's direct supervision before being able to fully participate in incision closure.

WHAT ARE THE RISKS RELATED TO SURGERY?

Top surgery tends to be a fairly safe procedure overall. Most of the risks associated with top surgery and body contouring are considered inconveniences rather than issues that are truly problematic or life threatening. Here is a list of some of the most common risks:

There is a 1 to 3% chance of **hematoma** (bleeding issue) which would result in the need to return to the operating room after surgery. Hematomas can cause inflammation around the implant(s), which could lead to **capsular contracture**, a firming of scar tissue present around the implant(s). Capsular contractures occur in about 7 to 8% of cases.

Implant malposition is another risk related to MTF breast augmentations. For many trans women and trans feminine non-binary and gender-diverse people, the native tissue at the bottom of the breast that helps keep the boundary of the implant in place is not present. Therefore, there is low risk of the implant ending up too high, too low, too far inward, or too far outward. This depends on the person's anatomy and the implant size. If the implant is too heavy, it can drop too much or too quickly. Another rare risk is implant infection, which only occurs in less than 1% of cases. Sometimes, implant infection might require the removal of one implant, followed by a waiting period of 6 months. People who have had a prior implant infection remain at higher risk for a subsequent implant infection.

Anaplastic large cell lymphoma (ALCL), which occurs extremely rarely, is another possible risk. Our practice does all we can to minimize this risk even further. ALCL can often present as a swollen breast implant far after the augmentation procedure took place. ALCL is diagnosed by sending fluid from the infected areas to a lab for examination. When caught early enough, the removal of the implant can cure this type of ALCL.

Lastly, there is a risk that implants will rupture. For patients who have saline implants, ruptures are immediately visible, but for patients with silicone implants, ruptures might not be obvious. If there is a silicone rupture, it does not mean that silicone always leaks into the body. If an MRI indicates a rupture, patients have to go back into surgery.

Though the chance of true complications is slim, it should be noted that breast implants may require touch-ups over the years. That said, most of these touch-ups are for cosmetic reasons, not medical issues.

ARE MEDICAL CLEARANCES OR BLOOD WORK REQUIRED BEFORE SURGERY?

A young, healthy individual who is free of medical conditions and tolerates exercise without any issues will not need any preoperative testing or blood work done before surgery. If a patient has a medical condition, medical clearance might be required relative to that particular condition. There are some medical tests—like an EKG—that might be required for older patients depending on their age and health status. The Gender Confirmation Center will assist all patients with making their way through this process.

COSTS OF SURGERY

WHAT ARE THE COSTS OF SURGERY AND HOW ARE THEY DETERMINED?

The following cost breakdown includes surgeon's fee, facility fee, and anesthesia. Additional prices like lab fees, prescription costs, and the cost of post-op wellness care (meals, supplements, etc.) vary and are not included here. The estimated cost for MTF/N Breast Augmentation is between \$10,000 and \$11,000.

IF I HAVE INSURANCE, HOW ARE THOSE COSTS & COPAYS DETERMINED?

Each insurance policy has what is called a 'share of cost.' These usually break down into one of three categories:

- 1. Deductibles:** This is the amount patients have to pay out of pocket before their insurance will pick up any costs. Deductibles generally range from \$250-\$700, but there are some policies with zero deductibles and some policies with deductibles as high as \$10,000. These are renewed annually. Deductibles are determined by the costs of all medical care in any given year, so for patients who have had medical expenses prior to surgery, it is possible that the deductible may have already been met.
- 2. Coinsurance:** This is the percentage of a particular treatment that patients are responsible for paying. In general, coinsurance payments range from 10%-40% of the entire cost of the procedure. For example, if a patient has a coinsurance of 20% and their procedure is \$1000, they will be asked to pay \$200 (after their deductible has been met).
- 3. Copayment:** This is a flat fee for a certain procedure or service. These are much less common. If a patient has a copayment of \$500 for a surgical procedure, that is how much they would be asked to pay. [Learn more here.](#)

IS A DOWN PAYMENT REQUIRED TO SCHEDULE SURGERY?

For patients who plan on paying cash, we require a deposit to secure a surgery date, normally 10% of the surgeon's fee, and we request that the rest be paid in full before surgery. For patients paying with insurance, we require an approval or authorization letter from the insurance company for surgery to be scheduled, and, if applicable, any deductible balance be paid in full no later than 3 weeks before surgery.

AFTER SURGERY

WHAT HAPPENS WHEN I WAKE UP FROM SURGERY?

There is usually a 45-minute period after patients wake up from anesthesia during which they will become more and more alert. This happens in a recovery room, outside of the operating room. Nurses are there to make sure that patients in recovery are as comfortable as possible. They will then call the patient's ride and arrange for them to be picked up when they are fully awake and comfortable.

WHAT DOES RECOVERY LOOK LIKE?

After surgery, the breast implants will appear swollen and discolored, which is very normal and will subside over the course of the first several weeks. Though the first few days of recovery should be spent resting, patients are encouraged to walk around their apartment, house, or neighborhood after 2-3 days. This will help prevent blood clots from forming and can help reduce swelling. Typically patients can resume non-physical activities after 7-9 days. However, patients should initially minimize most other physical activities for 5-6 weeks. [Learn more here](#) and [here](#).

HOW LONG SHOULD I TAKE OFF WORK?

The answer to this depends how much physical exertion is required with any one patient's work. Generally, we ask that patients take at least 7-9 days off work. However, if your work requires more physical activity, you may need to either take more time off or have your work routine changed for the first couple of months after surgery. It is important to check in with Dr. Mosser about how much time you'll take off work so you can be on the same page. [Learn more here](#).

HOW MUCH PAIN WILL I BE IN AFTER SURGERY?

Pain can vary depending on each patient's tolerance level. Most patients report minimal pain (usually a 5-6 on a scale of 1-10 for pain), and may take prescription painkillers the first day or two, followed by Tylenol or no medication.

The most uncomfortable period is the first few days after surgery. Along with regular post-surgery fatigue, patients may experience swelling, tenderness, and tightness in their chest due to the dressings, and patients may experience limited mobility in their upper body.

WILL I HAVE A COMPRESSION GARMENT AFTER SURGERY?

Dr. Mosser and his team put a compression garment and surgical dressings on patients during surgery that should be kept as clean as possible in the first week after surgery. These will be taken off and inspected at the first in-person post-operative appointment with Dr. Mosser and his staff. This will help minimize swelling.

HOW CAN I MINIMIZE SCARRING?

Scar formation is a normal part of the healing process, but how each body responds to injury depends on several factors such as age, genetics, location on the body, and skin color. There are several ways to help minimize scarring: stop smoking 3 weeks before and after surgery; eat a nutritious diet; use silicon sheet or tape; or consider intensive treatments such as steroid injections or laser scar removal. Dr. Mosser will provide each patient with personalized recommendations following your surgery. [Learn more here](#).

WHEN WILL I BE ABLE TO SHOWER/BATHE AFTER SURGERY?

Patients are asked to wait shower until their first post-op appointment, around one week after surgery, to take regular showers. Until then, patients can sponge bathe to keep clean.

WHEN WILL I BE ABLE TO SLEEP ON MY SIDE?

Patients are able to sleep on their side about 2-3 weeks after surgery, after the bandages and binder have come off. Patients should NOT sleep on their stomach until 3 weeks after surgery.

WHAT MEDICATIONS ARE PRESCRIBED?

We prescribe 3 medications post-operatively for pain, nausea, and constipation. These medications are taken as needed only. Patients are usually given IV antibiotics during surgery as prophylaxis for the procedure. For that reason, patients are not prescribed with oral antibiotics after surgery unless indicated for an infection that arises during the recovery period.

DO YOU USE DRAINS? WHAT CAN I EXPECT ABOUT DRAINS?

Drains are never used for MTF/N breast augmentations.

WHAT IS BREAST IMPLANT MASSAGE AND HOW SHOULD I DO IT?

The purpose of breast implant massage is to create extra space in the breast pocket to prevent implant firmness, breast implant capsular contracture, and to allow the implant to settle in nicely and achieve a natural look. Dr. Mosser will let you know when to start doing breast implant massage. It is very important that you only start doing these massages once Dr. Mosser has instructed you to do so. [Learn more here.](#)

REVISIONS AND LATE STAGE ISSUES

HOW OFTEN ARE REVISIONS NEEDED, AND WHAT IS DR. MOSSER'S POLICY FOR COSTS?

A surgical revision is an unanticipated need to do a second surgery in order to improve the results of the first surgery. However, breast augmentations are usually not a "one-and-done" procedure. ¼ to ½ of people who get breast augmentations will need to go back into surgery within a 10 year period after their initial procedure for revisions.

Generally, the need for a revision is evaluated about 4 to 6 months after surgery. Dr. Mosser does not charge a surgeon's fee for revisions done within one year of the initial surgery. However, there are likely to be anesthesia and facility fees, which the patient would be responsible for. Insurance companies commonly cover the cost of revision fees under the patient's plan. If a patient wanted a revision after the one year mark, they would be charged a surgeon's fee.

However, if an implant needs to be changed out or if material needs to be added to the lower breast to make sure the implants stay in place, the cost of these materials will be charged to the patient even if revision is taking place within a year and the surgeon's fee is being waived.

HOW LONG UNTIL I CAN SEE MY "FINAL RESULTS"?

It usually takes 4 to 6 months for the swelling to decrease to a point where the patient can see their final results, and it can take up to a year for the implants to fully drop and for the redness of the scars to fully diminish.

In closing, the more honest each patient is with Dr. Mosser and his staff about medical history, surgical goals, and any other pertinent information, the better equipped we will be to help you meet your transition needs. Please contact our office with any other questions or information you might have. **Thank you!**