"Every individual is unique in their journey to gender identification and expression. The selected information in this newspaper is designed to enhance your understanding of the gender affirming surgical options that are available to you. The more informed you are, the more empowered you will be to make the best decisions for yourself. Our work with the transgender and gender expansive community is deeply meaningful, and we are honored to participate in our patients’ stories." — Top Surgeon Dr. Scott Mosser and the Gender Confirmation Center’s Team
be such a powerful act of service. The repair surgeries to children worldwide. 

It has been and continues to be a delight and a profound experience to work with trans folks. Seeing the expressions of happiness and appreciation on the faces of my patients is extraordinary. Doing this work made it fun to be a doctor again, and I feel enormous gratitude for this work made it fun to be a doctor again, and I feel enormous gratitude for this experience and a part of this conversation.

It’s an honor to be a part of this experience and a part of this conversation, and I hope that I have the opportunity to continue to evolve and develop. Whereas we used to speak about binary transitions, we now know that gender is a spectrum and that individuals all along the spectrum need support and assistance with their desires for congruence or, in some cases, their dysphoria from incongruence.

I’ve learned that what makes me feel alive in life is transformation. My own transformation to a life of purpose, the transformation of individuals who seek change in order to begin their lives, and the transformation of society as the world slowly, achingly grows and becomes more accepting of diversity. It’s an honor to be a part of this experience and a part of this conversation, and I hope that I have the opportunity to do gender work for many more years to come.

Back then, I was performing just a few gender affirmation surgeries per year, but now it has become my entire practice, and I recently completed my 1,000th top surgery case in December 2008. It was a big milestone for me, and while there is more work to do, knowing that milestone helped me feel a sense of fulfillment in a passion of mine that began many years ago.

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WILL MY SURGERY BE COVERED BY INSURANCE?

Top surgery insurance approval is based on a variety of factors that could potentially disqualify a patient for approval, no matter how good your insurance is. Obtaining approval may look like an overwhelming process. However, with Dr. Mosser’s experienced Insurance Advocacy Team, we aim to maximize your insurance coverage to the fullest potential. Please see below for how the insurance approval process works at Dr. Mosser’s office.

DR. MOSSER HAS AN AGREEMENT WITH YOUR INSURANCE (SEE GENDERCONFIRMATION.COM FOR A LIST OF INSURANCE WE ACCEPT)

WHAT IS NEEDED FOR AUTHORIZATION
- CONSULT WITH DR. MOSSER
- SUPPORT LETTER FROM THERAPIST
- FOR HMO, KAISER, AETNA STUDENT SERVICES WE WILL NEED A REFERRAL FROM YOUR PRIMARY CARE DOCTOR

APPROVAL TYPICALLY RECEIVED

YOU WILL BE NOTIFIED OF THE PATIENT FINANCIAL RESPONSIBILITY

WHAT IS NEEDED FOR AUTHORIZATION
- COPY OF YOUR INSURANCE CARD
- YOUR LEGAL NAME
- YOUR DATE OF BIRTH
- A CONTACT PHONE NUMBER
- IF IT’S OK TO LEAVE A MESSAGE

OUR INSURANCE ADVOCACY TEAM WILL INFORM YOU IF YOU HAVE BENEFITS THAT COVER A GENDER AFFIRMING SURGERY

CASH PAY

WE WILL ATTEMPT TO GET A ONE TIME AGREEMENT WITH YOUR INSURANCE

TYPICALLY, MEDICAL NECESSITY IS APPROVED

INSURANCE APPROVES ONE TIME AGREEMENT WITH DR. MOSSER

PAYMENT IN FULL AND THEN YOU WILL BE REIMBURSED BASED ON WHAT YOUR INSURANCE PAYS

SEVEN FACTORS THAT AFFECT YOUR SURGICAL RESULT

Scarring is an inevitable consequence of most surgical procedures, including top surgery and breast augmentation. Though most patients don't experience significant scarring, it’s important to prepare yourself for the possibility. Scars form because of trauma to the skin. After a surgical incision, our bodies naturally produce a protein called collagen to repair the gap. Collagen is like the cement filling between two bricks.

Scarring will be the most noticeable during the first few months of recovery. They will appear raised and hyper pigmented against the rest of your skin. The final appearance of your scars may not be apparent for up to 18 months.

YOUR BODY’S SCARRING PROCESS

In spite of the most perfect incision closures, some patients will get thicker, red scars that are called “hypertrophic scars” which might need steroid injections to get them to calm down. Very rarely, keloid scars can occur which are scars that actually invade the surrounding healthy tissue with scar tissue to some degree.

ANATOMIC CHALLENGES

A person’s inherent symmetry of their chest contour or breast volume and shape, as well as the presence of excess fat in the breasts from obesity or lots of excess skin from weight loss, can all affect surgery results and make the process of planning incisions more challenging for the surgeon.

MEDICAL CONDITIONS & SMOKING

Diabetes and other systemic conditions that affect major organ systems can also affect wound healing. Also, using nicotine as smoked tobacco or in any other form can be very problematic for the critical processes of incision healing and skin graft take.

PATIENT COMPLIANCE

Believe it or not, it’s absolutely possible for a patient to ruin their otherwise great result by ignoring their doctor’s instructions. This might be activity limitations close to surgery, or limiting skin stretch by not having your elbows at or above your shoulders for six months after surgery.

SURGEON SKILL

Of course, surgeon skill is one of the critical variables that determine a good result. Like any profession, surgeons who have a high volume of reliable results will continue to be the most reliable.

SKIN CHALLENGES

Ultimately this means elasticity of skin. Some skin will stay exactly as tight as it’s designed to be at the end of surgery, while some skin will re-loosen after surgery, in spite of everyone’s best efforts. This is not something that is preventable, but an experienced surgeon will make their best effort to place skin to the appropriate tightness based on your own tissue characteristics.

POST-SURGERY COMPLICATIONS

Any time there is a return to the operating room for a bleeding problem (1-3% of cases) or infection issue (<1% of cases), the subsequent healing and scarring can be more problematic.
TOP SURGERY, BEYOND THE BINARY

WHAT DOES A NON-BINARY SURGICAL RESULT LOOK LIKE?

Technically all aspects of anatomy are non-binary if someone identifies as such. What we’re exploring is finding congruence between one’s non-binary identity and a physical presentation to the world through a gender affirming top surgery procedure.

With over 1,000 top surgeries completed as of 2018, Dr. Mosser has a great deal of perspective on the variance of body types and the different outcomes patients may desire. With this knowledge comes a deeper understanding of what people may consider as having a binary (male or female) or non-binary (not strictly male or female) appearance.

You can think of gender-neutral top surgery results like we think of non-binary. There are a huge number of valid expressions of gender which fall within the broad category of non-binary. Similarly, there are a number of top surgery features where the result could be modified to a patient’s liking so they hold the results toward whatever it is that they personally consider to be non-binary.

INCISIONS: SHAPE AND LOCATION

This content is going to compare different top surgery incisions and chest contouring techniques that are generally perceived as producing a binary male appearing chest. From there we’ll explore how these same techniques can be modified to better suit the needs of someone who identifies as non-binary.

BINARY MALE APPEARING CHEST INCISIONS

For patients interested in having a binary male appearing chest there are some modifications to the shapes of incisions that could achieve this result.

- Very gently curved incision that runs as close to and possible along the lower border of the pectoralis major muscle
- Straight incision lines instead of curved lines so their new chest doesn’t remind them of their chest before top surgery
- Diagonal incision which runs upward along the outer border of the pectoralis major muscle up and toward the armpit. This is not a very usual request, but it is included here because it is not really a non-binary request and still fits within the realm of a masculine result.

MORE NON-BINARY APPEARING CHEST INCISIONS

Below are a few incisions requests we’ve received from patients who are interested in having more non-binary appearing incisions.

- Longer, higher, or lower than the position described in the column to the left
- Incision not located anywhere close to the lower pectoral major muscle line because of the perception that is a distinctly male appearance for a mask that is on the chest

It’s important to note that the Fishmouth procedure results in an incision across the very center of the chest horizontally. This can be a very popular non-binary procedure choice as most people don’t view the post-surgical results as a chest that was developed through an estrogenic or androgenic pubertal development period.

NIPPLE & AREOLA OPTIONS

This content is going to compare different top surgery incisions and chest contouring techniques that are generally perceived as producing a binary male appearing chest. From there we’ll explore how these same techniques can be modified to better suit the needs of someone who identifies as non-binary.

INCISIONS

Location: A typical location of an AMAB areola would be approximately 3 cm inside and also superior to the pectoralis major muscle border. Though there are a number of calculations that try to define the optimal location, ultimately it is in the surgeon’s sense of aesthetics which primarily determines the best location for the nipple at the time of the procedure. Certainly, a degree of obsession on the part of the surgeon about placement and symmetry is important to getting a good symmetrical result.

Projection: For Double Incision top surgery, the degree of projection of the nipples is dramatically reduced. This is a necessary step as part of the nipple grafting procedure. However, in other procedures such as Keyhole or Periareolar top surgery, the nipple is not typically reduced though the areolas are typically reduced (in the periareolar procedure)

Size: Most people who wish to have a more AMAB appearing chest usually opt for considerably smaller areolas (22 mm in diameter) and a considerably less projected nipple.

NON-BINARY APPEARING NIPPLES AND AREolas

Location: Non-binary folks may wish to have a location of the nipple areola more complex, so that it is either slightly more narrow than usual or higher than usual that of someone wanting to obtain a more appearing result. Dr. Mosser does find that when patients choose a wider areola, a slightly higher placement seems to be overall aesthetically pleasing.

No Nipples: It’s very important to mention that some non-binary individuals may not want to have any nipples at all as a part of their procedure. This would require the procedure to be a double incision procedure but one in which we would avoid using the free nipple grafts altogether. Some individuals wish to never have any nipples on their chest, and other individuals will tattoo nipples and areolae on their chest later on. There are some outstandingly well designed temporary stick-on areolae made of silicone which can be attached to the chest when desired.
The Process of a Skin Graft Take

1. Before skin graft placement, the underlying tissue is removed to prepare for graft placement, and the graft is thinned so that it can survive and then placed on the small open area.

2. Initially, the skin grafts are covered with a sterile dressing to keep the graft compressed. The bolster is in place until day seven.

3. By day three, the cut ends of the vessels on the graft connect to the deeper vessels. By day five, the new blood vessels grow into the graft.

4. By day 14-21 the skin grafts are firmly adhered to the recipient site.

5. By day 28, most skin grafts have normal thickness and can withstand the normal activities of daily life. They are considered resilient.

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Top Surgery Procedure Options

Transgender top surgery can be a breast augmentation for those who identify as non-binary or gender non-conforming. These include the most common and preoperative double incision procedures, as well as minimal scar techniques such as the keyhole or periareolar incision.

There are different skin excision procedures, which vary depending on tissue and tissue type. These include the inverted T, the bullhorn, the lollipop, and the Fishmouth. Each of these procedures comes with both benefits and costs, and a thorough discussion with a surgeon is needed to perform all of the available procedures in a safe and effective way.

Generally, the best procedure is the one that is most consistent with the patient's gender identity and is the most likely to achieve the desired results.

We use the terms masculine/masculinizing top surgery to convey physical aesthetics of a flat chest but realize these words are limiting and can feel exclusive to folks who are non-binary or genderqueer. Dr. Mosser has seen many patients who identify outside of the binary! Find more information on non-binary and gender non-conforming surgical results on genderconfirmation.com.

02 DOUBLE INCISION

A Double Incision approach is usually needed for patients with large breasts, or breasts that sag quite a bit. A horizontal or U-shaped incision is made on the lower border of the pectoral (chest) muscle. The skin is peeled back so that breast and fatty tissue can be removed. Another incision is then made to remove the nipple. Each nipple is resized, if necessary, and then replaced through the incision. Advantages include avoiding the free nipple graft (and therefore a lower risk of complete nipple loss) and having a nipple and areola that is more full in appearance. A disadvantage is the presence of an additional vertical incision, and it cannot achieve the same level of flatness as with the double incision approach (because of the tissue left behind to supply blood to the nipple area).

03 INVERTED T

An Inverted T (anchor) incision pattern is also an option for patients with large breasts and extra skin. This procedure keeps the nipple and areola attached to native body tissue, avoiding the need for a free nipple graft. Though the surgeon has good control over breast volume, there is a good chance that nipple sensation will be significantly diminished or need to recover from being numb. Advantages include avoiding the free nipple graft (and therefore a lower risk of complete nipple loss) and having a nipple and areola that is more full in appearance. A disadvantage is the presence of an additional vertical incision, and it cannot achieve the same level of flatness as with the double incision approach (because of the tissue left behind to supply blood to the nipple area).

04 CIRCUMAREOLAR/PERIAREOLAR

A Periareolar incision is ideal for patients with moderate breast tissue and good skin elasticity. A circular incision is made all the way around the edge of the areola to remove breast tissue. A slightly larger incision is then made to remove excess skin. The skin is pulled taut toward the center and the nipple is reattached. This effect mimics the act of pulling a drawstring bag closed. Another vertical incision that extends below the areola may also be necessary to target additional excess skin.

05 FISHMOUTH

This approach produces incisions that are higher on the chest, and therefore more consistent with the border of the chest muscle. However, it requires the final areolar position to be in line with the scar, which is not a natural proportion between the areola and the shadow of the muscle, which this scar is trying to mimic. Because of this, Fishmouth incisions are infrequently used except in the case of non-binary transfeminine patients.
About Breast Augmentation

Many transwomen and non-binary transmasculine people initiate hormone therapy to encourage breast and nipple growth, but there is a limit to how much the breasts will change with hormones alone. If you want the appearance of large, fuller breasts, you may want to consider a transgender breast augmentation. This procedure involves an incision under the breast, in the axilla or around the nipple. Through this incision, Dr. Mosser inserts a saline or silicone breast implant. The final results of your procedure will be dramatic, but not necessarily perfect. It’s important to have realistic expectations before undergoing surgery.

In regards to what the breasts would look like after surgery, every patient is unique, so there is no way to predict exactly how your breasts will look and feel following surgery. It’s important note that surgically augmented breasts tend to look and feel slightly different from natural breasts.

Augmented breasts are typically slightly further apart, fuller, and rounder. These details are usually heightened in transgender patients who elect to undergo breast augmentation later in life because their breasts haven’t grown through the same aging process (sagging and drooping).

CONSULTATION PROCESS

Choosing the right size and type of implant is important, and Dr. Mosser will work with you to design a personalized surgical plan for your anatomy. Speaking candidly about your cosmetic goals is the best way to help Dr. Mosser understand your expectations.

Photos can serve as a very useful tool during the consultation process. Prior to your consultation, get photos of results you like that may have a similar body shape to your own (e.g., overall weight, height and chest width). This will help you get a better idea of the size and shape of implants you want. Find images of people who are near your age. Younger patients generally have greater skin elasticity, which can alter final results.

Secure the top of your sizers with a knot and try them on with a sports bra. Use them all week in your favorite outfits to be sure that the size works for your lifestyle. Though they won’t feel like breast implants, they can give you an idea of how your breasts will look under clothing.

TRYING OUT IMPLANT SIZERS

Another great way to gauge how you will look post-surgery is to try out breast implant sizers. Sizers can help you choose the right cup size for your body type and goal. If you try them on in our office, you can also get a better idea of how your breasts will look and feel if you choose an out-of-town patient, you can make your own sizers using the following materials:
- A light grain like quinoa or rice
- Pantyhose or tights
- Measuring cup
- Scissors

Once you have your materials, cut each leg of the pantyhose in half. Then stretch out each hose to ensure there is enough room for the size of rice you will need for your sizers. Standard breast implant sizes are as follows:

1 cup of rice = 200 oz
1/2 cup of rice = 125 oz
1/4 cup of rice = 75 oz

1 WEEK

There are some variations, but this is how the nipple (also called nipple areolar) grafts will look in the office, just after the dressings are removed.

2 WEEKS

Grafts actually look worse before they look better! The grafts are often crusty at 1-2 days, sometimes with spots of yellowish drainage on the bandages when changed.

3 WEEKS

Though the redness around the graft is improving, the crust on the surface can still be partly or completely present. The appearance is darker with darker skin type.

4 WEEKS

Most often the crustings are gone by about four weeks after surgery and the nipple grafts are on the pale side of the healing curve.

12 WEEKS

Skin graft healing is mostly complete. There may be some redness in and around the nipple and there will still be a patchy decrease in pigmentation which usually improves with time.

What are the major safety risks and complications of surgery?

In general, plastic surgery risks are relatively small. Individual risk for top surgery will depend on general health, age, weight, and other characteristics, but you can take steps to reduce chances of complications.

- Be honest with your surgeon about your medical history and desired outcome.
- Tell your surgeon about any medications or supplements you are taking.
- Follow preoperative and postoperative instructions carefully.
- Stop smoking completely three weeks before surgery.

Are drains required? Do they hurt?

Most top surgery procedures do not require the use of drains to collect fluid buildup. Dr. Mosser currently uses drains in about 70% of his patients. If used, they are removed within 5-7 days after surgery at your initial post-op visit.

The way that Dr. Mosser places drains in his patients avoids any discomfort from the drains, or any additional scarring or healing issues that could be caused by drains. Generally patients do not feel the drains that Dr. Mosser places (although they may be strange to look at).

How much time do I need to take off work and from exercising?

You will need to take about a week off from work and other normal routines to rest and recuperate. If you don’t live near San Francisco, we recommend you stay in the area 8-10 days after surgery. Patients walk around immediately after surgery, and most patients feel up to resuming sedentary work and light physical activity and a desk job within 8-10 days. Dr. Mosser doesn’t recommend lifting more than five pounds until three weeks after surgery. Additionally any physical activity that may cause your heart rate to increase or for you break out in a sweat should be avoided for at least three weeks. Heavy lifting and chest exercises should be avoided for at least six weeks.

ASK DR. MOSSER

How do I know if top surgery is right for me?

Choosing to undergo any gender affirming surgery is a process shaped by a variety of factors such as internal feelings, philosophies and external circumstances (such as your overall health, your ability to travel for surgery and your current financial status). As with any major life decision, it’s normal to have some doubt and anxiety. Dr. Mosser’s practice will provide you with in-depth information on surgical techniques, recovery success and risk so that you can make an informed decision.

Like. Share. Connect.

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#GENDERCONFIRMATIONCENTER - 1110 - GENDERCONFIRMATION.COM
Being ready for the ups and downs during recovery will hopefully help you navigate your placement in a more positive way. Overall, reconstructive surgery is a hugely positive experience in one’s life. But in addition to having feelings of celebration about what’s to come, it’s important for us to touch a bit today on the possibility of a temporary feeling after surgery that is called “postoperative depression.” This melancholy is actually common after all types of surgery but warrants some special discussion for gender surgery.

Postoperative depression does not affect everyone, but when it happens, it can be confusing. This is because people understandably think that emotions after surgery should be universally positive, but that is not always the case. There are a variety of reasons that sadness can occur after surgery; some reasons are physiological and metabolic; some are psychological; and some can even be from having too much time on one’s hands to ruminate about life’s challenges. If one thinks about the natural world and how animals respond to injury, a period of postoperative depression makes sense. The body registers surgery as a type of ‘wounding’ from which it needs to recover. In the wild, when animals are wounded, they hunker down and hide in a cave or hidden area until they have recovered and are ready to brave the wild again. After surgery, our emotions can kick in and tell us “it’s time to dramatically lower your energy output for a while so you can get better,” which we interpret as feelings of sadness and low motivation. If feelings of postoperative depression affect you, it’s important to note that these feelings tend to go away by the end of the second to third week of the recovery process, and then begin to be replaced by happiness and confidence.

YOUR SUPPORT SYSTEM
Undergoing an elective procedure takes courage and it is important to have a strong support system in place to aid you through your recovery. The person or people caring for you should be warm, encouraging, and ideally not critical or afraid of the healing process as you will truly need their support during this time.

IF YOU HAVE A THERAPIST
In the modern world, many people see a therapist on an ongoing basis. If you are currently seeing a therapist as part of your support system, then it is a very good idea to plan a session about 7-14 days after your surgery date, in case symptoms of postoperative depression occur. Even though these feelings are transient, it can be really helpful to talk about them. Here are some timelines to further explain what you may experience post-surgery:

- **The Day of Surgery:** Tired, “out of it”
- **2–7 Days Post-Surgery:** Anxiety, sadness, irritable, doubting decision to have surgery
- **8–14 Days Post-Surgery:** Hyper-critical, impatient, scared, eager for the recovery period to end
- **15–21 Days Post-Surgery:** Noticing results, feeling more positive, more confident in your decision to have surgery
- **1 Month Post-Surgery:** Boost in confidence, happy you went through with it, getting positive reactions from others
- **Beyond:** Results keep improving as healing continues

THE HEALING PROCESS

- **1 Week**
  - Bruising lightens
  - Stitches and drains removed

- **1 Month**
  - Bruising usually gone
  - Swelling is improving steadily

- **6 Months**
  - Results are looking good
  - Swelling is gone

- **1 Year**
  - Looking great while healing continues

EMOTIONAL STATE

END OF RECOVERY

- “Good grief”
- “What”
- “Wow!”
- “I love it”
- “You look fantastic”
- “I feel great!”

BEYOND

- “I feel great!”
- “You look fantastic”
- “Wow!”
- “I love it”
- “You look fantastic”
- “I feel great!”

SWELLING TIMELINE

- Day 1
- Day 2
- Day 3

THE HEALING PROCESS

- Bruising lightens
- Stitches and drains removed

1 Week

1 Month

6 Months

1 Year

- Results are looking good
- Swelling is gone

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I didn’t want my breasts anymore. Lol. But really I wore a binder for about two months and was over it. I wanted a flat chest so I could wear button down shirts and feel more confident. I wanted to be able to go to the gym and not have to worry about using the locker room. And most importantly I needed my body to reflect my gender identity. Do your research and don’t just go to any doctor that takes your insurance. I know that getting surgery as soon as possible seems like the best move, but there are lots of doctors out there who don’t care about trans people and just want your money. Ask to see their previous results, ask them if they have a follow up care plan for you, ask where your scars will be placed and if they’ve ever done this surgery before and how many times. And when it comes to recovery, make sure you drink a shit ton of water the night before your surgery, before your water cut off time.

MALACHI (HE/HIM) BROOKLYN, NYC
I didn’t want my breasts anymore. Lol. But really I wore a binder for about two months and was over it. I wanted a flat chest so I could wear button down shirts and feel more confident. I wanted to be able to go to the gym and not have to worry about using the locker room. And most importantly I needed my body to reflect my gender identity. Do your research and don’t just go to any doctor that takes your insurance. I know that getting surgery as soon as possible seems like the best move, but there are lots of doctors out there who don’t care about trans people and just want your money. Ask to see their previous results, ask them if they have a follow up care plan for you, ask where your scars will be placed and if they’ve ever done this surgery before and how many times. And when it comes to recovery, make sure you drink a shit ton of water the night before your surgery, before your water cut off time.

SHANE (THEY/THEM) CALIFORNIA
My experience with Dr. Mosser and The Gender Confirmation Center has been nothing but incredible. There are not many places where you truly feel accepted in this world but Dr. Mosser’s office is one of those safe places, hands down. I had my Double Incision top surgery, without nipple grafts, on September 25, 2018 at the Vista Surgery Center. My experience was nothing but pleasant during my visits and the day of my surgery can only be described in one word: calm. Going under the knife is scary but I genuinely felt like I was in good hands. As someone who identifies as non-binary and didn’t want nipple grafts, I expect eyebrow raises because that is the usual reaction but there wasn’t even a blink when I told Dr. Mosser, or the staff, what I was going for. I was given everything I asked for and then some, for that I will always be grateful.

CONNER (HE/HIM) SAN DIEGO, CA
I came across Dr. Mosser and the Gender Confirmation Center and decided to do some more research. I loved the results his patients got and how much experience he has, as well as how he treats his patients. I heard many good things about him via Instagram as well. I had already decided I wanted him to be my surgeon, but after talking to him over the phone I was even more sure. I felt—and feel—100% comfortable with him and know he’ll give me the best results possible for my body.

ADRIENNE (HE/THEY) CHICAGO, IL
I’m extremely happy with my results. I finally feel free and like myself. I really do want to thank Dr. Mosser and all of the staff at The Gender Confirmation Center for making my transition as smooth as possible. I’ve had a lot of surgery, but this has been one of the easiest and I’m so glad I chose Dr. Mosser as my doctor.

ELEX (THEY/HE) PHOENIX, AZ
My experience with Dr. Mosser and The Gender Confirmation Center has been nothing but incredible. There are not many places where you truly feel accepted in this world but Dr. Mosser’s office is one of those safe places, hands down. I had my Double Incision top surgery, without nipple grafts, on September 25, 2018 at the Vista Surgery Center. My experience was nothing but pleasant during my visits and the day of my surgery can only be described in one word: calm. Going under the knife is scary but I genuinely felt like I was in good hands. As someone who identifies as non-binary and didn’t want nipple grafts, I expect eyebrow raises because that is the usual reaction but there wasn’t even a blink when I told Dr. Mosser, or the staff, what I was going for. I was given everything I asked for and then some, for that I will always be grateful.

TRISTAN (HE/HIM) SACRAMENTO, CA
I had Double Incision surgery with nipple grafts with Dr. Mosser in March of 2017. In the months following surgery I developed some hypertrophic scarring so Dr. Mosser suggested I have Kenalog injections (which I did two) and then did six rounds of BBL (BroadBand Light) laser treatment and microneedling. I mention these follow up procedures because they were an integral part of my experience and I am so grateful for Dr. Mosser and his team for their care both during surgery and follow up. It really made a world of difference not only in my scar appearance but self confidence as well as aligning my body with my soul as I continue this journey of transition. I had Kaiser and surgery would have been near free but I firmly believe I would not have received the same quality of care or after care from Kaiser as I did with Dr. Mosser.

ELEX (THEY/HE) PHOENIX, AZ
I’m more comfortable with myself. I can breathe and not have this weight holding me down, and I love my body just a little bit more thanks to Mosser’s work. His work makes me feel as though good things are possible and that my body is my own work. He is wonderful, so sweet, and the best surgeon I’ve ever met. His work changes lives.

I’m extremely happy with my results. I finally feel free and like myself. I really do want to thank Dr. Mosser and all of the staff at The Gender Confirmation Center for making my transition as smooth as possible. I’ve had a lot of surgery, but this has been one of the easiest and I’m so glad I chose Dr. Mosser as my doctor.

All Bodies, All Identities, All Incision Types, All of Us!
Word Jumble

Rearrange the words on the top to make commonly used words. The circled letters in each of the answers will become jumbled letters that make up a phrase at the core of the work we do at the Gender Confirmation Center.

ALL BODIES, ALL IDENTITIES

Word Search

- Bodies
- Incision
- Identity
- Implant
- Sensation
- Recuperation
- Top Surgery
- MTF
- Non-binary
- Gender
- Transgender
- San Francisco
- Surgery
- Dressings
- Drains
- Chest
- Scars

FOR ANSWERS VISIT WWW.GENDERCONFIRMATION.COM/NEWSPAPER
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