

# TOP SURGERY: YOUR QUESTIONS ANSWERED

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In addition to reading the questions and answers on this document, we recommend reading and watching the articles and videos suggested in some of the answers below. Please also read the appropriate FAQ page on our website.

## DECISIONS ABOUT SURGERY

### DO I NEED TO SEE A THERAPIST IN ORDER TO HAVE TOP SURGERY?

Letters from therapists are welcome and valuable, but not required for surgery with the Gender Confirmation Center (GCC). Our practice follows the informed consent model and generally does not require letters for any kind of gender affirming 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, our surgeons do 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 INCISION/TOP SURGERY IS RIGHT FOR ME?

Determining the right procedure for each patient has a lot to do with the amount of extra skin and chest tissue the individual has. Patients with minimal skin and tissue can do well with a keyhole incision approach, with no skin removal. Other patients with more skin require a purse-string (circumareolar / periareolar / purse-string) or fishmouth / extended wedge approach. Often, having more skin and tissue means that a patient's best and only option will be the Double-incision or Inverted T approaches. These are procedures where maximal skin can be removed. [Learn more here.](#)

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

The GCC 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. It is true that hormones can over time improve certain physical characteristics, redistribute fat, and in the case of testosterone and when combined with a healthy lifestyle and exercise regimen, increase the body's visible muscularity and muscle mass. However, our practice does not believe that testosterone alone can change a patient's top surgery result. Deciding to go on testosterone is more dependent on if a patient wishes to have a muscular appearance or would experience a decrease in gender dysphoria from being on hormones. [Learn more here.](#)



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In the case of gender affirming breast augmentations, it is recommended that patients be on estrogen for a minimum of 12 months to maximize breast growth prior to surgery. However, being on estrogen is not required and our surgeons can discuss options with you if you do not want to take estrogen. [Learn more here.](#)

## 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.](#)

# PREPARATION

## WHAT ARE DOG EARS AND HOW CAN I AVOID THEM?

Dog ears are small protrusions of excess skin that occur after surgery in some cases, usually near the armpit. Anyone concerned about dog ears should watch the following [video](#) and [learn more here.](#)

## 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, [learn more here](#) and [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 during this time. [Learn more here.](#)

# SURGICAL SAFETY

## WHAT IS THE ANESTHESIA TYPE?

The anesthesia type for virtually all of the GCC'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. Our surgeons always perform 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 THE GCC HAVE PRIVILEGES AT A HOSPITAL?

Our surgeons have 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.

## WHO DOES THE SURGERY? WHO IS IN THE OPERATING ROOM?

The GCC surgeon you are paired with will perform 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 your GCC surgeon. The GCC 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. 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. This usually would occur within the first day or two after surgery but can occur up to a week—or in rare cases, longer than that—after a surgical procedure.

Our practice sees very few infections related to surgery. There is generally a less than 1% chance of infection. Though revisions are not considered a complication related to surgery, it is worth noting that approximately 4% to 6% of patients seen by GCC surgeons will ultimately decide to have a secondary touch-up surgery in order to improve the result of the original surgery.

The loss of a nipple graft is very rare at the GCC. At the time of this writing, out of 1,500 top surgery procedures and 3,000 nipple grafts, only one patient has completely lost a nipple graft in an unrecoverable way. The incidence rate for the loss of a nipple graft is therefore quite low, but not zero.

For procedure types that do not involve nipple grafts, there is a very low risk of a blood supply problem to the nipple. The chance of losing a nipple and an areola related to these procedures is similar to a nipple graft: very low but not zero. The risk of having a serious problem under anesthesia is very low, and is on the order of approximately one in 250,000 patients. As part of our preoperative information packet, patients will receive more extensive information describing risks associated with surgery and anesthesia.

## 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. Pathology is not included in this breakdown, our surgeons conduct pathology for all top surgery patients, which costs about \$600. Additional prices like prescription costs and the cost of post-op wellness care (meals, supplements, etc.) vary and are not included here.

The estimated cost of a Transgender Mastectomy or Chest Reduction is approximately \$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 NECESSARY TO SCHEDULE SURGERY?

For patients who plan on paying cash, we require a deposit to secure a surgery date, normally 10% of the surgeons fee, and we request that they 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.

## 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. If a patient has drains, the nurses will teach them how to manage their drains; the nurses will have the patient demonstrate this for them so that they are sure that the patient has learned it adequately. 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?

Though the first few days of recovery should be spent resting , patients are encouraged to walk around . However, most other physical activities , particularly raising their arms or lifting objects over 10 lbs, should be initially minimized . Patients can manage activities like brushing their teeth and self-feeding, but it's advisable to restrict overall arm motion. This cautious approach helps minimize post-surgery pain, discomfort , and potential complications . Typically , after the initial 10 days, patients can progressively increase lower body activity, incorporating more strenuous efforts without any weight restrictions. They can also begin to improve shoulder range of motion, contributing to a smoother recovery process.

Regular physical activity (cardio) should be avoided for 3 weeks. Patients can safely resume strenuous exercise 3 weeks after their procedure. There are generally no restrictions on shoulder rotation, except when a sensation of pulling at the scar site is experienced. Extreme range of motion, such as rock climbing, acrobatics, and freestyle swimming, shall be avoided until 3 months post-op. [Learn more 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. We ask that for the first 10 days after surgery, patients do not lift more than 10 lbs. At 3 weeks (21 days) after surgery, patients can safely resume exercise, and typically, there are no restrictions on shoulder rotation. However, if they experience a sensation of pulling at the scar site, it is advisable to reduce the intensity slightly while working to restore full shoulder range of motion within a six-week timeframe. [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 to no pain (usually a 3-4 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.

### DO I NEED TO WEAR A COMPRESSION VEST AFTER SURGERY?

The surgical team will put a binder on patients during surgery that they usually will need to keep on for 1-2 weeks to minimize swelling and to help the skin tighten . Patients do not need to pay for this in addition to their surgery fees. Our surgeons advise patients on how long to keep their binder on based on their individual needs and circumstances.

### WOUND CARE INSTRUCTIONS

For patients in the 0-10 days post-op period, it is recommended that they wear a binder until their first visit. During the first visit, they have two options for scar management. Option 1 involves placing layered silicone tape over the scars and using a Velcro strap to compress the scars on the chest.

Alternatively, Option 2 allows for scar massage or any other treatment discussed with the treatment team. It is essential to be vigilant for signs of post-operative bleeding, such as significant enlargement, increased tightness or pain, and increased drain output on one side compared to the other. Additionally, patients should reach out to the office if they experience symptoms like lightheadedness or severe nausea. Patients who are 10 days to 3 weeks post-op should continue with the wound treatment plan established during their first visit. It is crucial for patients to stay attentive to any concerning changes in their recovery, such as increasing pain, redness, or drainage at the chest site. If any of these symptoms occur, patients should promptly contact the office for further evaluation and guidance.

Patients who have progressed beyond the 3-week post-op mark should persist with the wound treatment plan established during their first visit. If they are using compression, they should continue until the scar is no longer red, which could take up to a year. It's important to note that if silicone use results in a skin rash, patients should inform their treatment team to explore alternative options. Additionally, patients should contact the office if they experience sensations like a "cord" or thickness forming at the scar site or notice a decreased range of motion, which may indicate a need for a physical therapy referral. Monitoring these aspects of recovery is crucial for long-term healing and well-being.

## 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. For many top surgery patients, it is really important to avoid having your arms over your shoulders for as long as 6-8 weeks after surgery, in order to have the very thinnest, flattest scars you can have. Our surgeons 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, when any nipple graft healing has stabilized.

## 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 required for the periareolar procedure, keyhole procedure, and most buttonhole and fish mouth procedure types. Drains are optional for the double incision procedure, but preferred because they tend to make the swelling component of the recovery more predictable. However, if a patient who is having a double incision procedure strongly wishes not to use drains, we will honor that request.

A significant amount of additional information regarding drains can be found [here](#), including a video about how the drains are managed after surgery. Before patients leave the recovery room, nurses will review the protocol for managing drains until the patient feels comfortable doing this on their own.

# 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. Though there are folks in online forums reporting a 20% incidence rate for revisions, the rate of revisions is closer to the 4%-6% range for patients with the Gender Confirmation Center.

Generally, the need for a revision is evaluated about 3 to 6 months after surgery. The GCC 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.

## **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 redness of the scars to fully diminish.

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In closing, the more honest each patient is with their surgeon and our clinical staff about their 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!**