

FtM TOP SURGERY

Thank-you for contacting Dr. Daniel Medalie through the internet.

SCHEDULING SURGERY IF YOU LIVE OUT OF TOWN

I frequently perform operations on FtM patients who live out of town and are unable to easily see me in consultation prior to the procedure. I have several requirements for these patients:

- 1) I must see pictures of them prior to scheduling surgery.
- 2) They need to go to my website under the transgender top surgery section and download a history form (there is an easily visible link to the form), fill it out, and send it to my secretary, Valerie.
- 3) I must have a therapist letter.

Typically the patient will come in to town 1 day prior to the procedure, and I will see them in my clinic (alternatively I will perform a phone consultation). I will then perform the operation and see them back in my clinic in 5-7 days to remove drains and change the dressing. This means that the patient will spend around 1 week in the Cleveland area. Patients who live far away, but can drive to Cleveland (2-6 hrs.), can go home the next day and drive back to see me for their first post-operative appointment. I will then follow the progress of the patient via e-mailed pictures on a weekly basis. Occasionally I have had patients who have gone home and had their primary care doctor remove the drains and perform the first dressing change. I do not prefer this but do allow it if the patient can assure me of good care. My secretary, Valerie, has information about hotels in the area as well as financing. For all logistical details she is the best person to contact. Her e-mail is vrowan@metrohealth.org.

FEES

Please contact our office for current fees at 216-778-4450. Typical operation times average 2 hours (both for the peri-areolar and double incision with grafting procedures). The average patient spends around \$5500-6200 for a procedure (this includes all fees-anesthesia, facility, surgeon). The variability stems from the fact that I operate at several different locations and sometimes perform more or less extensive procedures. Revisions (removal of "dog ears" etc.) are a separate procedure and can usually be performed with local anesthesia in my clinic procedure room 6-9 months after the primary surgery. There is a cost associated with revisions, but usually it is fairly low (on the order of \$500-1000).

INSURANCE COVERAGE

Many patients ask whether we accept insurance coverage for these procedures. The answer is complicated. We do accept insurance for some parts of the procedure. The problem is that most insurance companies do not cover this surgery, even if the policy states that in general they cover (or may cover) gender related surgery. Most policies have an exclusion for this specific operation. If you can somehow obtain insurance coverage for your surgery, great! We will send a pre-determination letter to your company. Because this practice is part of MetroHealth Medical Center, we are required to have proof in writing of insurance coverage from the insurance carrier prior to any surgery being performed. We are also finding that most insurance companies are requiring two letters from two different therapists and one must be a Ph. D. There also needs to be a letter from a physician documenting that you have been on hormone therapy for at least a year. We charge a fee of \$65 for the online medical evaluation including the review of photos as well as medical history. Part of the procedure that I perform does not have a corresponding code in the insurance books. This involves resizing the nipple and contouring the chest with liposuction. These parts of the

procedure must be covered by the patient and usually cost around \$1500. (The \$65 is applied toward the non covered portion of the surgery if you decide to proceed with the operation).

CONTACT

I would be more than happy to discuss any of these procedures in more depth either by e-mail or in my clinic. If a patient lives far away, then pictures e-mailed or sent to me can help me determine what the best operative course might be.

My e-mail: dmedalie@metrohealth.org

My secretary: vrowan@metrohealth.org

My nurse: Agallup@metrohealth.org

My number: 216-778-4450

RESULTS

Many of my patients have posted their results on the web site, www.transbucket.com. Please note that some of these do not show the before shots or are taken at variable times after the surgery. The best results are not observed for at least 1 year post-op. I do encourage all prospective patients to visit this site since many surgeons are listed and you can compare the results for yourself.

Please note that I now have several instructional videos on Youtube that describes FtM top surgery. These are the links:

<http://www.youtube.com/watch?v=DHwKOto7J3k>

<http://www.youtube.com/watch?v=qEKPz5zuDjc>

<http://www.youtube.com/watch?v=h1UealCPtnU>

Chest Reduction Surgery

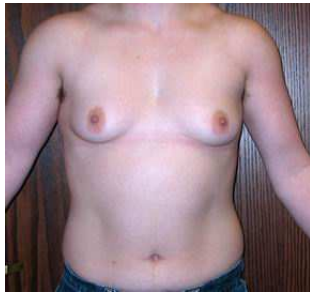
The procedure is based on the following:

- Size and shape of breast
- Elasticity of skin
- Patient's needs and preferences

In general, patients who have smaller breasts can have the entire surgery performed in a keyhole pattern or in an incision around the areola-("peri-areolar or "purse-string" mastopexy). If the patient is willing to return for an additional procedure if necessary (revision of irregular scars-which are common), this is a very reasonable approach. In those patients with a large amount of breast tissue with excessive skin of poor quality and droop, it is usually recommend to remove the excess skin and breast tissue in the crease of the pectoralis muscles (elliptical or double skin excision mastectomy) and put the nipples back on as grafts. This surgery has the advantage of immediate and predictable results. I can contour the skin flaps and place the nipples where I want to. It has the disadvantage of permanently altering the sensation and erectile

capacity of the nipples, and it leaves larger scars on the chest. Over time they fade and flatten out. Any of these operations can permanently affect sensation to the chest wall and nipple area. The peri-areolar procedure in borderline patients (“B” cup) can result in nipple loss because of the tenuous blood supply.

Below is a patient who underwent peri-areolar surgery. The surgery starts with a cookie cutter around the nipple/areolar complex to make it smaller. The surrounding skin is then de-epithelialized, and then a subcutaneous mastectomy is performed. Once the breast tissue is gone, a drain is placed and the incision for the mastectomy is closed. The surrounding skin is then closed down to the smaller areolar with a purse-string suture (like a bag of marbles). This results in scalloping and bunching of the skin, but tightens the surrounding chest skin and elevates the nipples some. Because of the motion of the arms and the underlying pectoralis muscle after surgery, these scars invariably widen and develop an irregular appearance (as in the final post-op picture). I find that my peri-areolar patients ask for more revisions than my double incision patients. I can prevent this by extending the incision to create a true “keyhole” this results in a scar like a lollipop (i.e. a circle around the nipple and a descending vertical line). The advantage of this is more precise control of nipple/areolar position and size, and less irregularity of the scar. The disadvantage is the longer scar.



Pre-op peri-areolar



Areola resized and surrounding skin removed



Subcutaneous mastectomy performed



Breast tissue now gone



Purse string closure of skin to smaller nipple



3 months post-op

Some small breasted patients have a strong preference for liposuction alone in order to preserve sensation or to stretch out the costs. This never works completely to their satisfaction. You can have the liposuction done first, and if necessary, the residual breast tissue can be removed in a second operation. Having this done in two stages probably doesn't alter the final result, but does increase the number of operations required and time off work. In a majority of patients who have liposuction alone, I am certain that I could improve the result with surgical excision of the remainder of the breast tissue. The example below is ultrasonic liposuction in combination with subcutaneous mastectomy via a peri-areolar incision from the 4-8 o'clock position around the nipple



Before

After



Before

After

Chest surgery is routinely done as an outpatient (I have never admitted anyone over night). Depending on the extent of the surgery, silicone drains may be placed that will have to be removed in five to seven days. These drains help keep the tissues approximated and remove excess fluid. Removal is quite simple and can be done by any health care provider. If the elliptical (double incision) mastectomy is performed then the dressing holding the nipples in place needs to be removed at five to seven days. Immediately below is an example of elliptical mastectomy with nipple grafting at six months. Note that the red scars take up to a year to fade. The next picture shows a different patient at the 9th month post-op.



Before



After



Before



After

Risks and complications

Obviously, procedures such as this are not without risks or complications and I want to review these with you.

- **Bleeding:** Bleeding is a risk of any operation, but the need for transfusion is very unlikely (I have never given a blood transfusion to a patient). More likely is the unwanted collection of blood beneath the skin (hematoma). This may require simple monitoring or possibly another procedure to drain the excess blood. Blood that is left sitting under the skin can result in unwanted asymmetry or even infection.
- **Infection:** Infections are rare complications and usually treated with a course of oral antibiotics.
- **Nipple complications:** The nature of mastectomy is to remove tissue and by necessity small nerves. While there is some regeneration, sensation changes such as hypersensitivity or partial numbness can occur. When the nipples are used as grafts there will be a loss of sensation and erectile capacity. The blood supply of the nipple might be damaged with the more extensive surgery, and the nipple could die (particularly in smokers). If the nipples are used as grafts, then it is also possible that they might not survive (full loss is very unlikely, but partial loss can happen). These complications are rare in my experience.
- **Scarring:** The scars of the areola grafts usually heal very well, but the scars of the peri-areolar mastopexy can be bunched and pleated. Over time they will flatten out, but it is quite possible that they will need to be revised at a later date. The scars below the pectoral muscles (present in removal of large breasts) will take longer to fade out and will widen as mentioned above; however, a raised or excessively wide scar is possible and might need further treatment. It is possible that there may be residual tissue left, which appears as a contour deformity (especially at the sides where they are called “dog ears”). This would need to be removed at a second stage.
- **Other risks:** Depression of the skin where the breast tissue was removed is a risk and possible complication. The possibility of this complication can be reduced or avoided by leaving some breast tissue on the skin. Since not all the breast tissue is removed, you are still at risk for developing breast cancer, and therefore, you should still be vigilant in routine self-exam and screening for breast cancer.
- ****Smoking is the number one reason that patients have peri-operative complications (loss or death of tissue). If you smoke, you must quit completely (no nicotine patch etc.) for one month prior to the procedure.****

Recovery

For patients with nipple/areolar grafting, it is very important to avoid shear or drying out of the nipples for at least 1 month post-operatively. Patients with the peri-areolar procedure should expect bunching of tissue around the areolae for several months. Massage of the bunched skin should start three weeks post-op. Expect swelling and bruising, pain and tightness to take 3-6 weeks to resolve. The nipples will have some peeling and blistering (this is normal)-final nipple healing takes at least 8 weeks, and discoloration can persist for months (especially in darker skinned patients). Sensation will take many months to return and will never be normal. No heavy exercise is recommended for at least three weeks after the drains are out (and no weight lifting or flexing of the pectoralis for 8 weeks). It is ok to start walking and use a treadmill or exercise bike as soon as you feel like it, as long as the arms are not used too much. Back packs are ok if they are not too heavy and don't cross the nipple. It is ok to resume work as long as it does not involve lifting greater than 10 lbs. Please avoid shear or irritation against the nipples while exercising.

Therapist Letter

Dr. Medalie adheres to the same guidelines and principles of the Harry Benjamin International Gender Dysphoria Association. Prior to any surgical procedure, the prospective patients must fulfill the criteria established by the Benjamin Society and have letters of referral from a therapist (psychiatrist, psychologist or psychiatric social worker) who has had a relationship with the patient. Your therapist should have a copy of these standards.

CONTACT

I would be more than happy to discuss any of these procedures in more depth either by e-mail or in my clinic. If a patient lives far away, then pictures e-mailed or sent to me can help me determine what the best operative course might be.

Thanks, and I hope to see you soon.

Daniel A. Medalie, MD
Assistant Professor of Plastic Surgery
Metrohealth Medical Center and Case Western Reserve University
phone:216-778-4450