OIHANE GARCÍA
CIRUGÍA PLÁSTICA Y DE GÉNERO

CHEST FEMINISATION THROUGH BREAST AUGMENTATION WITH SILICONE IMPLANTS – ADDITIONAL INFORMATION

What does the procedure involve?

Breast augmentation in trans women is a gender-affirming procedure involving the placement of breast implants, usually made of silicone, to increase breast volume and create a feminine breast shape, according to each patient's anatomy and personal goals. This procedure is usually performed when breast development achieved through hormone therapy is insufficient or does not achieve the desired result. The surgical technique is adapted to characteristics specific to trans women, such as the shape of the chest and the amount of existing breast tissue, and aims to improve body harmony, body image and wellbeing as part of a planned medical process with appropriate post-operative follow-up.

Breast augmentation is performed using personalised surgical techniques, including placing the implant beneath the muscle (retromuscular), above the muscle (prepectoral) or in a subfascial plane, depending on the patient's anatomy and available tissue. The implant can be inserted through different surgical approaches, the most common being the breast crease, periareolar or, less frequently, axillary approach. The most commonly used implants are silicone implants, which may be round or anatomical, selected in an appropriate size and shape to achieve a harmonious, natural result in line with each patient's expectations discussed during the pre-operative appointments.

The result of breast augmentation in cis women and trans women may differ mainly because of pre-existing anatomical characteristics. Trans women generally have a wider chest, a greater distance between the breasts, smaller areolas and less breast tissue, which may influence the final shape of the breasts and the cleavage area. For this reason, breast augmentation in trans women requires specific planning regarding the size, shape and position of the implant in order to achieve a feminine and harmonious result, whereas in cis women, greater pre-existing breast development may allow the result to integrate more easily with the existing tissue.

Outcomes

- Feminine-looking chest

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Alternative treatments

Alternative treatment options include:

- No treatment.
- Lipofilling or fat grafting: involves transferring your own fat from other areas of the body to the breasts. It provides a more natural feel, but the increase in volume is more modest and several sessions may be required.
- Combination of implants and fat: fat may be used to soften the edges of the implant or improve the shape of the breasts, rather than as a complete substitute for the implant.
- External prostheses or padded bras: a non-surgical, reversible option without medical risks, used by some people as a temporary or permanent solution.

General risks

All surgical procedures involve a certain degree of risk, and it is important that you understand the risks associated with chest feminisation through breast augmentation with silicone implants. The individual decision to undergo surgery is based on weighing the risks against the potential benefits.

Although most patients do not experience the following complications, you should discuss each of them with your plastic surgeon to ensure that you understand the risks, potential complications and consequences of the procedure.

Intraoperative complications

- Blood loss: Bleeding is a risk with any surgical procedure. The need for a blood transfusion is unlikely. The greatest risk of bleeding is during the first 48 hours.
- Injury to deep structures: Blood vessels, nerves or muscles may be injured during surgery.
- Uncommon complications: If serious, any of the problems mentioned above may significantly delay recovery or require additional surgical procedures. Medical complications such as pulmonary embolism, severe allergic reactions to medication, cardiac arrhythmias, myocardial infarction and hyperthermia are uncommon but constitute serious and potentially life-threatening problems. Our team has a highly trained anaesthetist who will be present throughout your surgery and will do everything possible to minimise the risk of

these complications. Make sure you inform the anaesthetic team about all your health conditions and relevant medical information before surgery. Failure to do so may cause serious problems for both you and the medical team during the procedure. A major or serious complication may require surgery to be rescheduled or a staged surgical approach to be adopted if the surgical and anaesthetic teams consider it unsafe to continue for physiological or anatomical reasons.

- **Anaesthesia:** Both local and general anaesthesia carry risks. Complications may occur with any type of anaesthesia or surgical sedation. The anaesthetist will explain all the risks associated with the type of anaesthesia used in your case.

Post-operative complications

- **Bleeding:** Although uncommon, bleeding may occur during or after surgery. If post-operative bleeding occurs, emergency treatment may be required to drain the accumulated blood or a blood transfusion may be necessary. You should not take aspirin, anti-inflammatory medication or homeopathic remedies from 10 days before surgery, as these may increase the risk of bleeding.
- **Haematoma:** Small collections of blood beneath the skin usually resolve spontaneously and are a common consequence of surgery. Larger haematomas may require aspiration, drainage or even surgery to evacuate them.
- **Bruising and swelling:** These are common after any surgical procedure.
- **Infection:** Infection is an uncommon but possible complication following breast augmentation with implants. It may occur during the first few days or weeks after surgery and cause redness, pain, swelling or discharge around the implant area. Management depends on the severity: in some cases, antibiotics are sufficient, while more severe infections may require temporary or permanent implant removal. Good hygiene, careful surgical techniques and appropriate post-operative follow-up are key to reducing this risk.
- **Changes in nipple and skin sensation:** Changes in sensation in the nipples and breast skin may occur. Permanent loss of sensation may occur in one or both nipples following surgery.

- **Skin scarring:** All surgery leaves scars. The quality of these scars is unpredictable. Abnormal scarring may develop in the skin or deeper tissues. Initially, folds may remain around the areola. Additional surgery may sometimes be required to remove them. In some cases, surgical revision or other treatments may be necessary after surgery.
- **Excessive breast tightness or firmness.**
- **Unsatisfactory result:** There is a possibility of an unsatisfactory surgical result. You may be dissatisfied with the size or shape of your breasts.
- **Delayed wound healing:** The wound may open or healing may be delayed. Some areas of the breast skin or nipple area may not heal normally and may take a long time to heal. It is even possible to experience skin or nipple tissue loss (necrosis), which may require frequent dressing changes or subsequent surgery to remove the tissue that has not healed and close the resulting wound.
- **Crusting along the incision lines:** This normally occurs as the incision heals. A topical antibiotic ointment may be used on the incision lines to help manage this process.
- **Fluid accumulation between the skin and muscle (seroma):** This is uncommon. When it occurs, additional procedures may be required to drain the fluid. It will generally resolve with needle aspiration and compression; if it persists, additional surgery may be necessary.
- **Asymmetry:** Some degree of breast asymmetry occurs naturally in most people, but additional surgery may be required to correct asymmetry following subcutaneous mastectomy.
- **Discomfort and pain:** Mild to moderate pain or discomfort is common after any surgery. We will help you manage your pain using different strategies during the peri-operative period. This usually includes pain relief medication, rest, ice and other measures. Chronic pain: This is very uncommon but possible. Chronic pain is usually caused by nerve entrapment within the scar following surgery or by unknown causes. If it occurs, support from different healthcare professionals may be required.
- **Breast disease:** Breast conditions or breast cancer may occur independently of the surgery performed, although the incidence is very low.
- **Complications associated with silicone breast implants:** Silicone breast implants are safe and widely used, but they can develop short- or long-term complications. The most common include capsular contracture (hardening of

the tissue around the implant), asymmetry, implant displacement or rupture, and the need for revision surgery over time. Very rarely, breast implant-associated anaplastic large cell lymphoma (BIA-ALCL) has been reported, particularly in association with textured implants, which makes medical follow-up and consultation in the event of any changes in the breasts important.

- Capsular contracture: This is a complication of breast implants that occurs when the scar tissue surrounding the implant becomes hard or contracts, compressing the implant and altering its shape. It may cause breast firmness, asymmetry, pain or discomfort, and its severity is classified into different grades. Depending on its severity, it may require medical treatment or revision surgery to relieve symptoms and restore the appearance of the breasts.
- Relationship between breast implants, the immune system and the development of non-specific general symptoms: These may include tiredness, joint pain, brain fog or other forms of discomfort. This group of symptoms has unofficially been referred to as "breast implant illness", although it is not recognised as a disease with a proven cause and current scientific evidence does not confirm a clear and direct relationship. Most people with implants do not develop immune system problems, but it is important to be aware of these possible symptoms, maintain appropriate medical follow-up and assess each case individually if persistent symptoms develop.
- Calcifications in the tissue surrounding the implants or in the capsule formed around the implant: These calcifications are usually benign and do not represent cancer, but they may alter the appearance of mammograms or other imaging studies, making them more difficult to interpret. For this reason, people with implants should maintain regular medical check-ups and undergo imaging appropriate to their individual circumstances.
- Rippling: This is a phenomenon that may occur following breast augmentation, particularly in people with little breast tissue or thin skin, and consists of visible or palpable wrinkles or folds on the surface of the implant. It is more common with saline or low-profile implants and is primarily an aesthetic rather than functional issue. In some cases, it can be corrected by repositioning or replacing the implant, changing the implant plane or using lipofilling to improve the appearance of the breasts.
- Asymmetry: Pre-existing asymmetries before breast augmentation, such as differences in breast size, shape or position, may significantly influence the final surgical result. Although implants can improve breast volume and shape, they do not always completely correct these differences, and additional

surgery or specific adjustments may be necessary in some cases to achieve a more balanced appearance. For this reason, pre-operative planning and careful selection of the implant size and shape are essential to achieving a harmonious result.

- Allergic reactions: In rare cases, local allergic reactions to adhesive tape, suture material or topical preparations have been reported. More serious systemic allergic reactions may occur in response to medications used during surgery or prescribed afterwards. Allergic reactions may require additional treatment.
- Blood clots and pulmonary embolism: These problems can occur infrequently with any surgery, but they are slightly more common in patients taking oestrogen-based medication, during lengthy procedures, in patients who are overweight or obese and with prolonged periods of inactivity. Leg movement, compression stockings and anticoagulant medication can help prevent these complications. Although pulmonary embolism and blood clots can be life-threatening, they generally resolve completely with hospitalisation and specialist medical care.
- Pulmonary complications: Following surgery, some patients may develop respiratory complications such as atelectasis (partial collapse of the lungs) or pneumonia (lung infection). These conditions may occur due to immobility during and after surgery, anaesthesia, or difficulty taking deep breaths because of pain or discomfort. To reduce the risk, breathing exercises and early mobilisation are recommended and, in some cases, breathing assistance devices may be used. Although most cases resolve with appropriate medical treatment, these complications may prolong recovery and, in severe cases, may be life-threatening.
- Psychological and psychiatric effects: Although surgery is performed with the intention of improving mental health in the long term, there may be a temporary decline in mental wellbeing following the operation. Depression and low mood are not uncommon. Adjusting to your new body and daily routine, together with the recovery process, may lead to complex emotional reactions. Patients with a history of mood disorders may be particularly vulnerable to post-operative depression; in these cases, it is especially important to prepare for surgery with your usual psychologist or psychiatrist.

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Remember

If you have any questions or need assistance, the medical and nursing team is here to support you and answer any questions you may have. Your recovery is a process that we go through together, so that you can feel comfortable and confident in your body again.

You can contact us:

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Kind regards,



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