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CHEST FEMINISATION THROUGH BREAST AUGMENTATION WITH SILICONE IMPLANTS – GENERAL INFORMATION

Breast Augmentation Surgery in Trans Women

Breast augmentation surgery is a **gender-affirming procedure** designed to help a trans woman's body look and feel more aligned with her gender identity. It involves placing **breast implants**, usually made of silicone, to increase breast volume and create a feminine breast shape.

Why is this surgery performed?

Many trans women undergo hormone therapy with oestrogen, which can lead to breast development. However, in some people, this development is **limited or does not achieve the desired size or shape.** In these cases, breast augmentation may be an option to:

- Improve satisfaction with your body image
- Reduce gender dysphoria
- Increase confidence and emotional wellbeing

Available medical studies consistently show that this surgery is associated with high levels of satisfaction, both with body image and personal appearance, as well as an overall improvement in wellbeing. If you are undergoing hormone therapy, it is advisable for your hormone treatment to have been stable for at least 6 months before surgery.

A shared decision-making process is essential, taking into account each patient's goals, expectations and personal circumstances.

Although the basic principles of the surgery are similar to those used in cis women, there are technical variations that can be adapted to each person's anatomy and goals. In the vast majority of cases, we use silicone breast implants. Below is a list of factors that you and your surgeon will need to consider when making a decision:

1. Implant shape

Round implants

- Provide greater volume in the upper part of the breast.
- Create a more pronounced cleavage.
- Generally provide predictable and stable results.
- Rotation is not an issue, as they retain the same shape.
- Generally easier to insert.
- Usually less expensive than anatomical implants.
- May look less natural in very slim people.
- The cleavage may appear too pronounced if the size is not chosen appropriately.

Anatomical implants (teardrop-shaped)

- Mimic the natural shape of the breast.
- Have greater volume in the lower part of the breast.
- Require very precise positioning.
- Provide a softer and more natural appearance, particularly at rest.
- A good option for people seeking a very discreet result.
- If the implant rotates, it can alter the shape of the breast and may require correction.
- Usually more expensive.

2. Implant size

The size is selected on an individual basis, taking into account:

- Chest width.
- Skin elasticity.
- Amount of existing breast tissue.
- Personal preferences.

In trans women, slightly wider implants are sometimes needed to accommodate a chest that may be broader. In these cases, we can choose between different implant projections to adjust the final size of the implant.

3. Implant position

Behind the pectoral muscle (retromuscular or retropectoral)

- The implant is placed partially or completely beneath the pectoralis major muscle.
- Reduces the visibility and palpability of the implant when there is little breast tissue.
- Lower risk of capsular contracture.
- Provides better implant coverage in the upper part of the breast.
- Recovery can be somewhat more painful during the first few days.
- Implant movement may occur when the muscle contracts (animation deformity).

Behind the breast gland (subglandular or prepectoral)

- The implant is placed over the pectoralis major muscle.
- Creates a more natural appearance.
- There is no movement of the implant when the muscle contracts.
- There is a greater possibility of rippling being visible or palpable if there is little existing breast tissue or the implant is large.
- May be suitable when there is sufficient existing breast tissue or the implant is not particularly large.
- Recovery is usually quicker.

Beneath the muscle fascia (subfascial)

- An intermediate option between retromuscular and prepectoral placement.
- Provides somewhat greater coverage than prepectoral placement.
- Less painful than retromuscular placement.
- Lower risk of implant movement compared with retromuscular placement.
- The fascia is thin, so the amount of coverage is limited.

4. Surgical approach (incision)

Inframammary fold

- The breast gland is not disturbed.
- Provides excellent visibility for precise implant placement.
- The scar is usually concealed within the natural fold beneath the breast.
- Lower risk of implant contamination.
- Technically more challenging when aiming to place the implant completely retromuscularly.

Periareolar

- The scar is usually barely visible, as it is concealed by the change in colour between the areola and surrounding skin.
- Provides direct access to the centre of the breast.
- May allow minor corrections to the areola when indicated.
- Not always possible in people with small areolas, which is common in trans women.
- Greater risk of changes in nipple sensation.
- Greater risk of implant contamination.
- Limited suitability for large implants.

Axillary

- Does not leave a visible scar on the breast and may be an option for people who prioritise avoiding breast scars.
- Less visual control when creating the implant pocket.
- Greater risk of implant displacement.
- Not suitable for all types of implants.

SURGICAL PROCEDURE

- **Duration:** 1 to 2 hours
- The procedure is performed in an operating theatre under **general anaesthetic.**

- **Hospital stay:** A short hospital stay is usually required, allowing you to return home the following day.
- The **technique** is adapted to each person's anatomy, including chest size, skin quality and existing breast tissue.
- **Post-operative recovery:** Following surgery, it is common to experience swelling, bruising and tenderness in the chest. Although this is not usually necessary, in some cases drains may need to remain in place for the first 24–72 hours. During the first week, you will need to take antibiotics and anti-inflammatory medication and rest your arms, although you will be able to walk. For the first month, you will wear a special supportive bra day and night to help prevent the implant from moving out of position.

Important risks and considerations

As with any surgery, breast augmentation carries risks, including:

- Infection, bleeding or problems with wound healing.
- Changes in breast sensation.
- Hardening around the implant (capsular contracture).
- Implant rupture or displacement.
- Breast implant-associated anaplastic large cell lymphoma (BIA-ALCL). This is a very rare disease of the lymphatic system. It is not breast cancer, but a type of lymphoma. It has been associated mainly with textured-surface implants. The risk is very low, and most cases can be treated successfully.
- The need for future surgery, as not all implants are intended to last a lifetime. There is a 15–20% possibility that you may need to have your implants replaced at some point during your lifetime.

Importance of the medical team

International guidelines recommend that this surgery is performed by surgeons with specific training in gender-affirming surgery, working as part of a multidisciplinary team and providing clear information about the benefits, risks and post-operative care.

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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.

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Kind regards,



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