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CIRUGÍA PLÁSTICA Y DE GÉNERO

CHEST MASCULINISATION THROUGH SUBCUTANEOUS MASTECTOMY – ADDITIONAL INFORMATION

What does the procedure involve?

Subcutaneous mastectomy in the context of gender dysphoria is a surgical technique designed to remove the breasts. The technique of choice is a skin-sparing subcutaneous mastectomy that preserves the skin, areolas and nipples. Where necessary, the size of the areola and nipple may also be reduced. The aim is to achieve a smooth, symmetrical chest with a masculine appearance.

There are several techniques:

- **Periareolar technique:** When the breasts are small, an incision is made around the areola, through which the glandular tissue is removed. In some cases, this scar is extended laterally, leaving a comma-shaped scar.
- **Ellipse:** When the breasts are moderately sized, their removal can be planned using a skin ellipse around the areolas, which also leaves a linear scar on each side of the areola.
- **Nipple-areola complex graft:** In most cases, the size of the breasts does not allow the techniques described above to be performed, as the size of the gland makes access through other incisions more difficult and may compromise the viability of the areola. An incision is made along the inframammary fold, through which the gland and excess skin are removed, and the nipple-areola complex is grafted into an anatomically appropriate position. This is the technique of choice in most cases because it allows, on the one hand, better reshaping of the chest and, on the other, placement of the areola in the ideal position.

General Risks

Any surgical procedure carries a certain degree of risk, and it is important that you understand the risks associated with subcutaneous mastectomy. The individual decision to undergo surgery is based on weighing the risks against the potential benefits.

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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 surgery. 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.
- **Rare complications:** If serious, any of the problems mentioned above may significantly delay recovery or make additional surgery necessary. Medical complications such as pulmonary embolism, severe allergic reactions to medication, cardiac arrhythmias, myocardial infarction and hyperthermia are uncommon, but are serious and potentially life-threatening problems. Our team includes 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 of any 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 involve 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

- **Haemorrhage:** 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 medicines 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 oedema (swelling):** These are common after any surgical procedure.
- **Infection:** Infection is very uncommon following this type of procedure. If an infection occurs, treatment may include antibiotics or additional surgery.
- **Changes in nipple and skin sensation:** You may experience changes in the sensation of the nipples and breast skin. Permanent loss of sensation may occur in one or both nipples following the procedure. Although less common, loss of the nipple-areola complex in one or both breasts is also possible, particularly in patients with larger breasts and in smokers. If this occurs, the nipple-areola complex can be reconstructed using pigmentation techniques or skin grafts from the groin, which, due to their darker pigmentation, resemble areolar skin.
- **Skin scarring:** All surgery leaves scars. The quality of these scars is unpredictable. Abnormal scarring may occur in the skin or deeper tissues. Initially, folds may develop around the areola. Additional surgery may sometimes be required to remove them. It may also be necessary to reposition the nipples so that they are symmetrical and at the appropriate height.

  In some cases, surgical revision or other treatments may be required after surgery.
- **Unsatisfactory result:** There is a possibility of an unsatisfactory surgical outcome. You may be dissatisfied with the size and shape of your chest.
- **Delayed healing:** The wound may open or healing may be delayed. Some areas of the chest or nipple region may not heal normally and may take a long time to heal. It is also possible to experience skin necrosis affecting the breast skin or nipple tissue, which may require frequent dressing changes or further surgery to remove the non-healing tissue and cover the resulting wound.
- **Crusting along the incision lines:** This normally occurs as the incision heals. A topical antibiotic ointment may be used along the incision lines to help control 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. Seromas generally resolve with needle aspiration and compression; if they persist, additional surgery may be required.

- **Graft loss:** In cases where the technique involves grafting the nipple-areola complex, there is a risk of partial or complete graft loss. During the first few days, the graft is particularly susceptible to reduced blood supply, making it extremely fragile during the early stages of post-operative recovery. A specific dressing will be applied to protect the graft. The risk is low, but in some cases partial or complete graft loss occurs, which may require subsequent corrective surgery.
- **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 with different strategies to manage pain during the perioperative period. This usually includes painkillers, rest, ice and other measures. Chronic pain: Although very uncommon, chronic pain is possible. It is usually caused by nerve entrapment within the scar following gender-affirming surgery (GAS) or may occur for unknown reasons. If this occurs, support from different healthcare professionals may be required.
- **Breast disease:** Breast conditions or breast cancer, which are very uncommon in men, may occur independently of the surgery performed, although the incidence is minimal. Subcutaneous mastectomy for chest masculinisation does not aim to remove all breast tissue, unlike the subcutaneous mastectomy performed as a preventive measure against breast cancer.
- **Allergic reactions:** In rare cases, local allergies to adhesive tape, suture material or topical preparations have been reported. Systemic reactions, which are more serious, may occur in response to medications used during surgery or prescribed afterwards. Allergic reactions may require additional treatment.
- **Blood clots and pulmonary embolism:** These complications may occur uncommonly with any surgery, but are slightly more common with pelvic procedures, in patients taking oestrogen medication, during lengthy surgeries, in patients who are overweight or obese, and with prolonged immobility. 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:** After surgery, some patients may develop respiratory complications such as atelectasis (partial collapse of the lungs) or pneumonia (lung infection). These conditions may occur as a result of immobility during and after surgery, anaesthesia, or difficulty taking deep breaths because

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of pain or discomfort. To reduce the risk, breathing exercises, early mobilisation and, in some cases, the use of respiratory support devices are recommended. Although most cases resolve with appropriate medical treatment, these complications may prolong recovery and, in severe cases, can be life-threatening.

- Psychological and psychiatric effects: Although surgery is performed with the aim of improving long-term mental health, 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 responses. Patients with a history of mood disorders are particularly vulnerable to post-operative depression. In these cases, it is especially important to prepare for surgery in advance with your usual psychologist or psychiatrist.

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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