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Informed consent and instructions for Sexual reassignment surgery.

MASTECTOMY

This is an informed consent document that has been prepared to assist your plastic surgeon in informing you about chest masculinization (mastectomy), risks and alternative treatments, as provided by General law of Health published in the BOE of 29-4-86- nº 102, aptdo. 6 of article 10, which reads: "... the prior written consent of the user is required for the performance of any intervention ...".

This team adheres to the criteria of the Harry Benjamin International Gender Dysphoria Association regarding the requirements for a patient to be a candidate for sex reassignment surgery. It is necessary that you understand as a patient that you must meet certain criteria, **since the changes the patient will experience are irreversible**:

- Referral letter and diagnosis by an experienced psychologist or psychiatrist.
- Be of legal consenting age (18 y.o.).
- 12 months of hormonal treatment.
- 12 months of continuous and satisfactory real-life test.
- Progress in the consolidation of interpersonal relationships in the new role.
- Informed consent including complete information about the procedure.

It is also essential to have followed a correct assesment by specialists accredited in the field of Endocrinology and Psychology, as well as having the relevant reports to be able to proceed to the surgical reassignment of sex.

Two basic types of procedures are used to obtain male chest:

- Periareolar mastectomy.
- Monoblock mastectomy plus areolar grafting.

Preparing for surgery:

- ✓ It is also convenient to be into acceptable healthy weight. It is highly recommended to be between 18 and 30 of BMI (Body mass Index). BMI represents the relationship between the height and weight of your body. Patients under 18 or over 30 BMI have an increased risk of thrombosis, delayed wound healing and wound infection. You can consult our web to get more information about the BMI. Obesity or overweight will have negative influence on the final outcome. Transition from the anterior chest to the lateral sides is not even and will surely need secondary procedures.
- ✓ It is **very important** that you **quit smoking at least 4 weeks before surgery**. Smoking is directly related to wound healing delay and skin flaps/areolar necrosis. It is on your own risk if you do not stop smoking.
- ✓ It is not necessary to stop hormone therapy before your surgery.

- ✓ For obese or overweight patients it is convenient to wear during the surgery, compression stockings as they help minimizing the risk of venous thrombosis.
- ✓ In case of unknown breast tissue mass or breast anomalies are detected it is mandatory to do mammography or echography breast examination.
- ✓ For patients over 30' it is highly advisable to have their removed breast tissue analysed by pathologist, as some type of tumour can be start growing on the breast gland.

Hospital admission:

- Admission is done the same day of surgery. When admitted to the hospital you should deliver the next documents:
    - Pre-operatory tests: Blood test, X-Ray thorax, and ECG.
    - Surgical informed consent read and signed 1 week before surgery.
    - Anesthesia informed consent read and signed 1 week before surgery.
    - Copy of the referral letter and diagnosis.
- Chest area has to be shaved.
- Fraxiparine shot the afternoon before.
- Antibiotic prophylaxis.
- 8 hrs. of absolute diet, drinking and eating nothing before surgery.
- You have to bring the **Pressure garment** (there is one specially designed for that surgery) that will be wear 24hrs/day during 3 weeks and will be wear immediately after surgery.

The surgery: Monoblock mastectomy with areolar skin grafts

Breast and subcutaneous tissue extirpation is done through a fusiform incision that includes the full nipple-areolar complex (NAC) and follows the lower profile of the pectoral major muscle. Scars may be more or less large and some times, especially in overweight patients, visible, though after 12 to 16 months they will match the colour of the surrounding skin. This procedure allows recreating the typical small male areolas while enhancing the major pectoralis muscles. It is especially indicated for ptotic breasts (those that slightly or severely sag), breast with skin excess or bad quality of breast skin (striae). NAC are reconstructed with grafts from the own NACs. Grafts do not have their own blood supply and survive because the ingrowing vessels from the host site. During the first weeks they can become darker and small sores or clots can appear on their surface. They usually heal well after some weeks though they are subjected to the way you heal, and to minor changes in shape, size and colour.

The surgery: Periareolar mastectomy.

Breast gland and subcutaneous tissue are removed through a small incision on the inferior border between the areola and the breast skin. The resulting scar is small and hardly visible. The nipple areolar complex (NAC) does not change in size and can finally be seen too large for a male chest or include wrinkles in their surface. Try to diminish their size during the same operation can be done but it is too risky and usually ends with very noticeable scars or partial or complete necrosis. This procedure does not enhance the pectoralis major muscles or the chest in general. The breast skin may not retract itself adequately and some wrinkles or folds can appear in one or both breasts. It is indicated in small breast of young patients with high quality skin. With this technique it is possible that a secondary surgery is needed, surgery that it is not included as part of this one and will have different characteristics and expectations as well as a different budget.

Post-operative cares:

At discharge you will be given a prescription for painkillers and instructions about the physical activities you are allowed to do or not to do. Areolar grafts, as all grafts do, cannot sustain local movements and you should maintain your chest quiet during at least 5 days. Pressure garment should tightly suit in place for 24 hours during at least 3 weeks. During this period heavy lifting or sports is not recommended.

You will receive an appointment for after 5 to 7 days to have your breast revised and/or your NAC stitches removed.

Hormone therapy can continue as it was previously to surgery.

Possible complications:

Like all surgical acts, it involves a certain degree of risk for both the anesthetic and the surgical part. Being an elective surgery one of the alternatives is not to undergo surgery. Within the surgical risks are the **complications** derived from all interventions in general such as:

- ✓ **Hematomas.** Slight bleeding over the areolar graft may be present during the first day. Small hematomas can be left untouched or evacuated by aspiration. If major bleeding or big hematomas are present, a second operation may be needed to stop bleeding and remove clots. Blood transfusion is exceptionally needed. Properly treated hematomas will not change a very successful outcome.
- ✓ **Infection of surgical wounds** or grafts (NAC) is another complication that may occur. Antibiotics, extra dressings and cares and even a new intervention may be needed.
- ✓ **Wound dehiscence**: It means opening of a sutured wound. It rarely happens, but it is the case, it can delay a successful outcome though it usually heals by itself. It is more frequently seen in smokers.
- ✓ **Loss of feeling.** Many small nerves as well as vessels, have been severed or manipulated during the surgery, and in the process, they become swollen and compressed. Feeling of the breast skin could take weeks or months to recover and occasionally certain areas can remain rather senseless.
- ✓ **Hypertrophic scars or keloids.** Skin healing differs from one person to another, and excessive scarring can appear. Usually it only takes time to see them improving so much, but especially in very young and dark skinned patients, scars may be noticeable for a long period. If they last long they may require secondary surgical revision or can be tattooed.
- ✓ **Partial or complete NAC necrosis** is very rare and this is why it is so important to stop smoking 4 weeks before surgery. If this rare complication happens a secondary surgical revision may be needed or the areola tattooed on its decoloured area.

Budget considerations.

The cost of surgery results from various charges for services rendered. The total includes the surgeon's fees, their assistants, surgical material, anesthesia, and

hospitalization and operating theater charges.

There may be additional costs for you if there are complications arising from the surgery, if the operating time or hospital stay is lengthened or if you need a revision under anesthesia.

In case of having to make corrections or subsequent interventions secondary to a complication or problem of his intervention, Dr. Alberto Musolas and his team undertake not to collect personal fees.

Informed consent documents are not intended to frighten or discourage you, they only provide you with truthful information about the proposed surgical treatment and show the risks and alternative forms of treatment. Your Specialist, based on your personal characteristics will expand upon this information.

As the patient, I acknowledge to have been sincere in the data provided to the physician and to follow under my responsibility the pre and post-operative indications.

Date and Signature of the patient

Dr. Alberto Musolas, col. nº 19.820

I have been also informed about the convenience of doing an anatomical pathology diagnosis of the excised breast tissue. A specialist in Anatomic pathology does the study and has an extra cost (ask for it), not included in your surgical budget. So, I decide (encircle your option):

TO DO a pathology diagnosis
Date and Signature of the patient

NOT TO DO a pathology diagnosis
Date and Signature of the patient