



Top Surgery Patient Information Leaflet

Thank you for choosing the Chelsea Centre for Gender Surgery service at Chelsea and Westminster Hospital. We have worked with service specialists and the Transgender community to aim to deliver a high quality, patient centred service, with the aim of fully supporting you through your surgical journey.

This leaflet will provide you with information about your Top Surgery and what to expect before and after your operation.

Top Surgery

Subcutaneous Mastectomy, also known as TOP Surgery, refers to a general anaesthetic surgical procedure to remove the female breasts in a female to male transgender individual.

There are various techniques:

- Double excision with free nipple graft
- Peri-Areolar Incision
- Liposuction

The technique used is based on the size of the breasts, skin laxity and the desired result. The technique most frequently required is the double excision with free nipple graft which is detailed through this guide.

Information on having a Top Surgery at Chelsea and Westminster Hospital

We recommend reading through this leaflet carefully, noting down any questions you may have for your initial clinical nurse specialist and consultant surgeon appointments.

Pre-Surgery Appointments

Gender Affirmation Surgery (GAS) Clinical Nurse Specialist

Your first appointment will be an individualised consultation with a Clinical Nurse Specialist (CNS). This appointment is for you to ask any questions, hear more about the surgery and learn about the support that we can offer you as a team throughout your care. The nurse will ask questions about your medical history and organise any tests that you may require.

Your first appointment will be virtual, but future appointments will also be face-to-face. Please let us know at your initial appointment if you have difficulty attending appointments at the hospital in Chelsea.



Some more information about video consultations at the hospital can be found here: [Video consultations — Chelsea and Westminster Hospital NHS Foundation Trust \(chelwest.nhs.uk\)](https://www.chelwest.nhs.uk/video-consultations)

For your first appointment please ensure you have:

- A written list of all your current medication, medical conditions and any operations or illnesses you have had.
- An up to date weight in kg
- Information from any other hospitals or doctors that you visit.
- If you receive copies of hospital doctor's letters about you and your health, please bring them with you.

First face to face appointment with your Consultant Surgeon

You will have an appointment with your consultant surgeon and this is an opportunity for you to ask any questions and discuss the surgery and what it entails and understand the outcomes of this surgery. The appointment will cover:

- Desired procedure detail, how long it will take, and what you should expect from this surgery.
- A review of previous surgeries.
- Initial Verbal informed consent discussion regarding the procedure, risks and outcomes.
- Physical examination with the option of medical photography to be done on the day.

In addition to your verbal consent conversation, you will receive a digital consent form which formally documents the discussion that you will have had with your consultant. The consent form will be sent to your email or mobile phone using our digital consent system known as Concentric. This form confirms you are informed about the surgery including knowledge about the associated risks and complications of the procedure. You will need to sign this prior to your surgery.

Consent to the planned procedure will be confirmed with you again on the day of your surgery and any discussions or questions raised can be documented on your Concentric profile by the clinician.

If you have any difficulties with remotely consenting, please contact our Patient Pathway Co-ordinators. Their telephone contact details can be found on the last page of this information leaflet.

Our guidelines are that any individual over the age of 40 should have a mammogram before any breast surgery including Top Surgery. Under the age of 40, no screening is necessary if there is no family history of breast cancer or other cancers. A screening mammogram can be arranged for you at the time of your consultation, if required.



Pre-operative Assessment (usually six weeks before your operation)

You will attend a face-to-face appointment with a pre-operative nurse, who will talk through your previous and current medical history, arrange any tests such as blood tests that you need before surgery and give you information about preparing for your anaesthetic.

Psychology Support

Anxiety around surgery is normal and as a team we are here to support you; our clinical nurse specialists are available to answer any questions. We also have a psychologist who has specialist knowledge in Trans healthcare who can support you pre or post operatively. People meet with our psychologists for all sorts of reasons including:

- To think about anxiety related to medical settings or procedures.
- Connect with their strengths and resources and plan what they might need at different times.
- To think about how they navigate surgery with the important people in their lives - for example how they share information or let them know what they need.
- To talk about experiences of transphobia and the effects this is having on them - for example, how they feel about themselves, others, or surgery.
- To think about how to understand anxiety or low mood, and how to respond to it, in relation to surgery or gender identity.

If you think it might be helpful to meet with our psychologist, just let your CNS know and they will arrange a referral.

Important Points to note in the lead up to your surgery

- You will have to stop smoking and vaping and all nicotine based products for at least **six weeks** before your surgery date and 6 weeks post operatively. It is important to not have any nicotine for this period prior to surgery as it affects wound healing. If you require help with this, please speak to your clinical nurse specialist or access a stop smoking service near you: NHS stop smoking services help you quit - ([NHS stop smoking services help you quit - NHS \(www.nhs.uk\)](https://www.nhs.uk))
- BMI/Weight loss- it is recommended for your BMI (Body Mass Index) to be 30 or less for the operation to achieve the best outcome. Additionally, there can be a higher risk of surgical and anaesthetic complications if you have a BMI over 30. This is something that can be discussed at your first appointment with your Clinical Nurse Specialist. Support and advice can be offered if you need to lose weight preoperatively with our team dietitian.
- When you are provided with your surgery date we suggest letting your workplace know. Your fit note will be provided to you after surgery and will cover the period from your surgery date to when the surgeon deems you are ready to go back to work. **This is normally at least 2 – 4 weeks post operatively depending on your type of work.**
- You should continue to take all your regular medication on the morning of your operation as well as post-operatively, unless you have specifically been told not to. This will have been discussed with you in the pre-assessment clinic or by your surgeon. Taking medication that



you have been asked not to or that has not been prescribed, may result in your operation being cancelled. Please bring all your medications into the hospital with you on the day of surgery.

One Week before Surgery

- It is required that you stop drinking alcohol **one week** before and for three weeks after surgery. This is because alcohol increases chances of bleeding. If you need support with this, let your Clinical Nurse Specialist know.
- NO aspirin or any blood thinning medication.
- NO nonsteroidal anti-inflammatory drugs- such as Ibuprofen, Diclofenac, or Naproxen.
- NO herbal supplements e.g. St John's Wort.
- NO fish oil.
- Wash and change bed sheets, as this will be more difficult to do when you get back from the hospital.
- You don't need to stop hormonal treatment prior to surgery
- If you have had diarrhoea or vomiting 72 hours or less, before your operation, please contact the team as soon as possible, as your procedure will need to be rescheduled. It is also important that you inform us if you are feeling unwell, have had a temperature, cough or flu like symptoms on or on the days leading up to your planned operation. It may be safer to postpone your operation until you are well.
- **Please remove any nail varnish before you come in for your operation as it can interfere with monitoring.**

Suggestions of Things to Stock up on at Home

- Paracetamol for pain relief.
- Easy to eat foods or ready meals.
- High-fibre fruits, vegetables, pulses, and whole grains, which will help prevent constipation after a general anaesthetic.
- A thermometer.
- Anti-bacterial hand wash and gel
- Extra pillows to help you to rest upright post operatively



Day of Surgery

Fasting Instructions

- Morning Surgery: You can eat until midnight the night before the surgery you may drink sips of clear fluids (which includes only water, black tea, or black coffee until time of surgery)
- Afternoon Surgery: You must finish eating breakfast by 7am on the day of the surgery. You may drink sips of clear fluids (which includes only water, black tea, or black coffee until time of surgery)

Why is Fasting Important?

Fasting (not eating, sips of clear fluids are allowed) is important to avoid complications with your anaesthetic during your operation.

What to expect on the day:

It is important you arrive on time. You may be waiting for a few hours for your surgery.

We advise you to wear comfortable clothes on the day e.g. wear a sweater with a front zipper to reduce the risk of adding stress to your chest when pulling a garment over your head.

On the day of surgery – shower before you leave home, don't bring jewellery or cosmetics or a watch, and wear your glasses instead of contact lenses.

You may bring your phone with you but ensure that you have a charging cable for it.

Post-Operative Care

You will wake up from your surgery in the post-operative recovery area with one or two nurses monitoring your recovery post-surgery. Once they are happy with your status, you will be transferred to the ward area.

You will be able to eat and drink as normal after the operation. Let the team know if you have any special dietary requirements.

Discharge home is normally on the day of your surgery unless there is a medical reason to keep you in overnight. You will need someone to go home with you on the day of discharge and stay with you for at least 24 hours.

You will receive pain medication and antibiotics to go home with, all medications will be explained to you on discharge.

You may be discharged with 2 surgical drains in place (on either side of your chest) to help reduce the risk of swelling or haematoma. They will be removed usually one week after the surgery. The nursing staff will go through advice on how to manage your drain at home before you are discharged.

You will be given chest compression garments to wear post operatively to help improve wound healing and reduce swelling – you will need to wear these day and night for 6 weeks – they can be removed each day for showering.



If you have special needs and require a carer to be with you; please speak to your Clinical Nurse Specialist prior to the day of surgery. A plan can be implemented before your admission to hospital.

Day after Surgery:

You will receive a call from one of our Clinical Nurse Specialists to check how you are doing post operatively in regards to your wound care, pain and any other symptoms. If you need medical advice before the Nurse has called you – please contact the Nurse Mobile number that was given to you.

7 days post operatively

At this appointment you will be seen by the surgical team and the Clinical nurse Specialist – if you have surgical drains they will be removed, your dressings and wounds will be checked and discuss any concerns that you may have.

14 days post operatively

At this appointment your nipple dressings will be changed and your surgical wounds reviewed and you can discuss any concerns with the surgical team. After this you will be given micro pore tape to apply to the scars for 3 months. You will need to change the tape every 6 – 7 days during this time. After 3 months we recommend a silicone gel to improve the appearance of the scar.

Wound Care

Your wounds will be covered with a waterproof dressing for 2 weeks after your surgery. Don't remove dressing or drains yourself in the first 2 weeks.

Aftercare Planning and Recovery

- We advise that you have someone come with you to your post-operative appointments and help with shopping, prepare meals, and make pharmacy visits.
- You may shower 5 days after surgery. Avoid too hot showers, in order to not raise your blood pressure.
- Some postoperative pain is always expected, but this should be manageable with the advice given to you on discharge. Should this not be the case, please contact your GP or our team to discuss further options.
- You will not be able to drive for at least 48 hours post-surgery and we advise to not drive for up to 2 weeks.
- Avoid lifting anything heavier than 4 kilos for 6 weeks following surgery.
- For the first week – we suggest moving little and often e.g. get up to make a cup of tea, walk in the garden and around the house
- Keep your upper body elevated when resting
- Hydrate well e.g. 1.5 litres of water/fluids a day
- At night, do not lay on your side for 14 days post operatively and keep elevated when you lay down e.g. use a pillow under your back to keep you r chest raised.
- We recommend that you do not do excessive or strenuous exercise or swimming for 6 weeks after your operation.
- Avoid sun exposure for 6 weeks post operatively.



If there are any clinical issues, do not wait until your next appointment. Please contact your Clinical Nurse Specialist to discuss

Contact Details

Please contact our **Clinical Nurse Specialist Team** if you have any questions about your care or surgery

They will provide their contact number to you directly at your first attendance.

Please contact our **Patient Pathway Co-ordinators** if you any questions about appointments or date of surgery, you need information about your care and treatment in a different format (such as easy read, large print, braille, or audio) due to disability, impairment or sensory loss or you require this information leaflet in another language. The email address for contacting them is:

chelwest.cgs.admin@nhs.net

Patient Advice & Liaison Service (PALS)

If you have concerns or wish to give feedback about services, your care or treatment, you can contact the PALS office on the Ground Floor of the hospital just behind the main reception.

Alternatively, you can send us your comments or suggestions on one of our comment cards, available at the PALS office, or on a feedback form on our website www.chelwest.nhs.uk/pals.

We value your opinion and invite you to provide us with feedback.

T: 020 3315 6727

E: cwpals@chelwest.nhs.uk