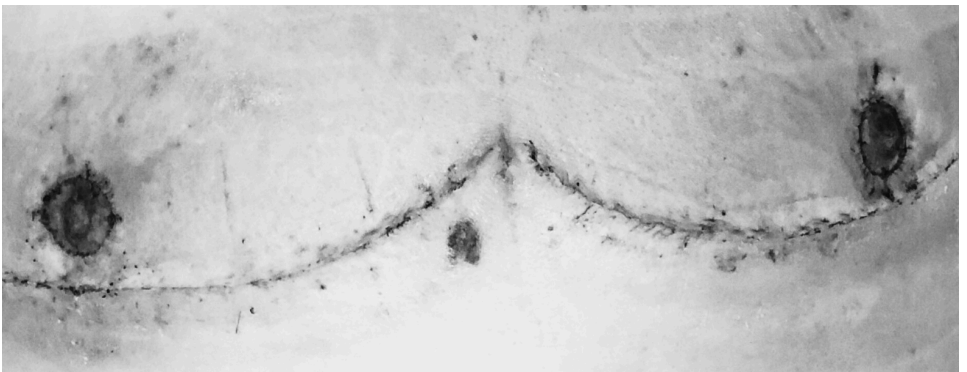


Top Surgery Guidebook

Second edition



by Stevie Linn Springs

Accessibility

I want this guidebook to be accessible to you. If you'd like a PDF version, a larger font, an audio version, or anything else that would improve access for you, please email me at stevielinnsprings@gmail.com.

Acknowledgements

This has been a labor of love that started with my own top surgery preparations in 2019 and 2020. It's since morphed into a community resource that I'm so incredibly proud to be a part of.

I'm exceedingly grateful to my community of trans writers and former English majors who helped me craft the first version of this guidebook: Henry Holden, Rozi Romanesco, Winter Proginoskes, and Em Nitz-Ritter.

Additional thanks to my zinemaker boyfriend Birch Rosen who helped me edit the second version of this guidebook (the one you're reading) and get it print-ready.

All of the graphics in this guidebook were drawn by [@rookfeathers](#) on Twitter. They were borrowed with permission.

The cover image is a selfie of my own chest, taken at my first post-op appointment.

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Introduction

I am not a doctor or a therapist

This guidebook is not medical advice. It should be used as a trans-competent supplement to your surgeon's instructions. The surgeon's instructions should override anything contained here.

If the surgeon's advice significantly contradicts something in this guidebook, I encourage you to ask them why. They may know something we don't! But in my experience, surgeons performing gender-affirming surgeries can be just as trans-incompetent as any general practitioner. Asking questions is key to ensuring you receive the best care. If this feels scary to you, I encourage you to enlist the help of a loved one or hire a gender doula.

Parts of this process may cause dysphoria

Not every trans person experiences dysphoria, but if you do, I've flagged where I see there being potential dysphoria triggers with ^D. It's not always possible to anticipate when someone may feel dysphoric, but my goal is to help you feel emotionally prepared for what may come up during these situations.

Why should you listen to me?

Two months before my top surgery, I uprooted everything and started my life over at the age of 35. My support network got much smaller and I ended up not having time to secure a full-time caregiver for my recovery. So, I gathered as much info as I could from the internet and collected advice from friends who already had top surgery.

That was the origin of this guidebook: obsessively preparing for my own top surgery. Since then, I've shared iterations with friends and clients who were preparing for their own surgeries. Whether you'll have full-time support or not, I hope this helps you on your way.

With everything in this guidebook, I invite you to take what works for you and leave what doesn't.

Who is this top surgery guidebook for?

It's for you if you're contemplating any type of top surgery – reduction¹, mastectomy, or implants – and need some guidance on what to do, when to do it, what to buy, etc. It's also for you if you're supporting someone else through their top surgery process.

The bodyminds² of BIPOC or people who are Disabled, chronically ill, neurodivergent, or Fat are so rarely the focus of resources like these, even within the trans community. As a Disabled, chronically ill, and multiply-neurodivergent person I understand this all too well, so I've attempted to center our needs throughout this guidebook.

Hot tips from hot transsexuals

This guidebook is full of tips I've accumulated over the years from my lived experience, my gender doula clients, and my community. When you see this emoji: ⚡, you're getting a hot tip from a hot tran!

Disclaimer about terminology

My goal is to use the most inclusive and accurate language throughout this guidebook and to update it at least once a year. Given how quickly language evolves in our communities, I recognize I've likely used terminology that will feel outdated or incorrect to at least someone. If something feels wrong or bad to you, please email me at stevielinnsprings@gmail.com and I'll make sure it's addressed in the next update.

¹ Some people choose to keep a small amount of breast tissue, usually referred to as a “radical reduction.”

² The concept of “bodymind” refers to the relationship between the body and mind, where they are seen as a single integrated unit.

Considering surgery

I had to bring up capitalism at some point

People with bodyminds that capitalism deems non-normative (e.g., Black, Disabled, Fat, chronically ill, or neurodivergent) will have additional considerations to ensure their needs are met in the US medical industrial complex. Here are some things to think about as you evaluate your options:

- Will your recovery be longer than the standard timeline?
- How much help will you need while you recover, in addition to your usual needs?
- How will recovery affect your sensory needs?
- Do you have any conditions that may interfere with surgery itself?
- How might the reduced arm mobility post-op impact your recovery? (especially chair users!)
- Does your surgeon understand your condition(s) and can they tell you how your chosen surgical method will impact your mobility and for how long afterwards?
- What complications are common for people with your condition(s)?
- Are there any special risks for your body?
- How competent is your surgeon with respect to your intersecting identities/needs?
- Do they understand how your unique needs can impact surgery and recovery?

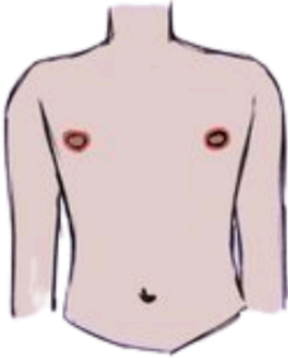
What are your post-op goals?

First, what do you have in mind in terms of results? What do you envision when you think about your ideal gender presentation? Can you sketch it? Do you know of someone whose results are similar to what you want? Give yourself the space to dream outside of the confines of what you've seen in other peoples' results. What do *you* want for your body?

Mastectomies and reductions

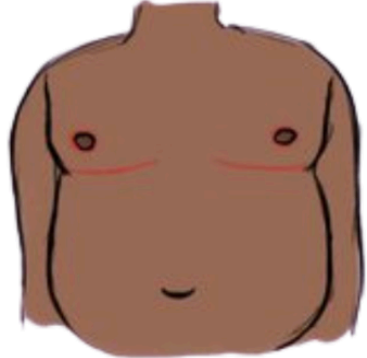
The following is an overview of the options that may be available to you, depending on your body and/or goals.

Surgery method



Keyhole:

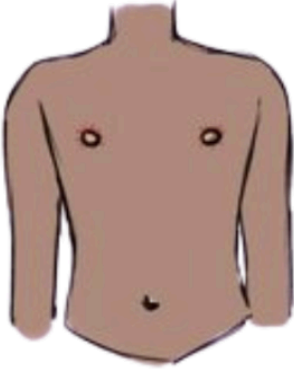
- Only available for small chests
- Only scars are around the nipples
- Usually no resizing of nipples
- Nipples stay where they are



Double Incision (DI):

- Available to all bodies, most common method
- Many options for scar and nipple placement (see **Nipples**)
- Nipples can be grafted (taken off and transplanted) or removed

Surgery method (continued)



Periareolar:

- Also only available to thin people with small chests
- Nipples are resized, not moved
- Sun-like scars around nipples

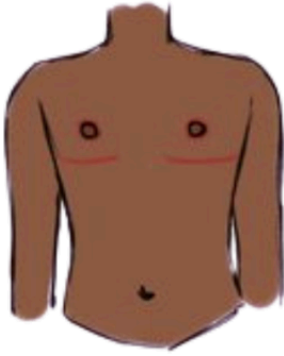


T-Anchor/Inverted-T:

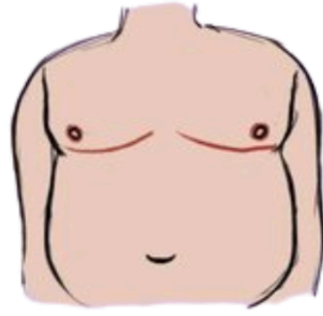
- Performed like a radical reduction
- Nipples stay on nipple stalks to retain nipple sensation
- Significant swelling for weeks

Nipples

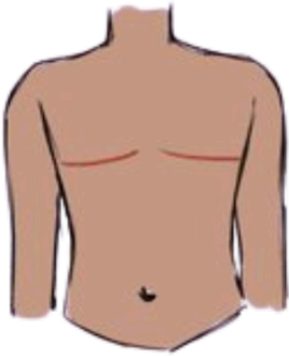
Depending on the surgeon, your body type, and your post-op goals, you should hopefully have some options for size, shape, and placement of your nipples. The following graphics depict a few possible outcomes for nipple size and placement with the double incision (DI) procedure.



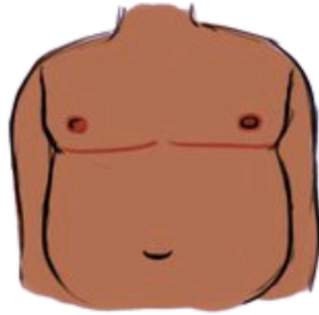
1. Nipples not resized or moved outward



2. Nipples resized and moved outward



3. Nipples removed entirely



4. Nipples resized and moved outward (with some pigment loss)

During a DI procedure with nipple grafts, nipples can be moved outward, towards the armpits to mimic cis male nipple placement. DI *without* nipple grafts is the procedure where people remove their nipples entirely, as shown in image 3. With a keyhole or periareolar procedure, nipples remain closer to the middle of the chest.

Nipples (continued)

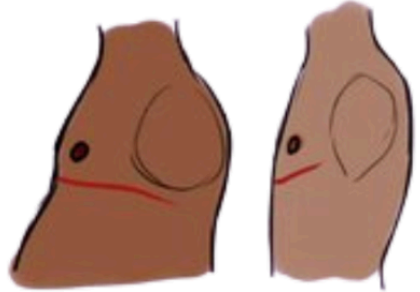
Nipple loss is uncommon, but can happen with double incision. Up to 10% of people may lose part of their graft (entire nipple loss is very rare). If any part of the nipple is lost, a scar will form in its place. Some people who experience nipple loss or who choose to have their nipples surgically removed may opt to have nipples tattooed on. There are many rad trans tattoo artists who perform these procedures, often at reduced rates.

If your nipples are pierced pre-op, you'll have to remove the jewelry for surgery and won't be able to put it back in. You can get your nipples pierced post-op though! You just need to wait at least 6 months; preferably a year. Be sure to find a piercer who's knowledgeable about piercing nipples like yours with scar tissue. One silver lining of lost nipple sensation post-op is that nipple piercings are far less painful.

Scars

Scars come in so many wonderful shapes and sizes! While DI creates more visible scars than other procedures, they'll fade over time like all scars. Some will appear straight, some curved. Some will be continuous, others two distinct lines.

Incisions may extend under the armpit or even farther back, especially for people who had larger chests. All bodies heal differently, causing varying scar thicknesses and textures, meaning they'll all be unique in one way or another.



There's an adage about plucking your eyebrows that I find to be an excellent analog for scars: they're siblings; not twins!

Matching your results to your body

The prevailing approach by top surgery surgeons is to make the front of your chest completely flat, regardless of the way the rest of your body looks. If you're a thin person, this approach makes a lot of sense.

But for those of us who are not thin, a flat chest may not be the most desirable outcome.

Think about cis men (sorry): when they're Fat, they usually have some amount of chest tissue. If this is an aesthetic that appeals to you, ask your surgeon if retaining some tissue is possible for the procedure you want. This may mean you'll have a greater risk of breast cancer than a full mastectomy, but it still carries a lower risk than your current chest.

Check out [@cupid.cub](#) on TikTok where he covers this topic and has other Fat top surgery tips!

Augmentations

While there are many things to consider for breast augmentation surgery, the procedure is materially the same as it is for cis women, so your surgeon *should* be very knowledgeable.

Chest size

Will you want implants or fat grafted from other parts of your body? (Note that insurance may not cover fat grafting.) If you're looking to significantly increase the size of your chest you may have to have an additional procedure first to insert expanders in your chest to stretch your skin so that it can accommodate the implant size.

Implant placement

You'll choose where your surgeon places the implants – either above (subglandular) or below (submuscular) the pectoral muscle. If your chest is more muscular, subglandular can hide the muscular contours of your chest. Subglandular implants are closer to the surface, meaning they may be more obvious, if that is of concern to you. Subglandular also has a shorter, less painful recovery period and results in less implant movement during physical activity.

Submuscular implants are placed below the pectoral muscles and breast tissue, often requiring a more extensive recovery. But they also usually result in a lower rate of post-op complications.

Implant placement (continued)

Skilled surgeons with experience operating on trans bodies may have additional techniques you can discuss. I encourage you to ask what other methods they use.

Incision location

You can choose between **periareolar** (around the nipple), **inframammary** (under the breast), or **transaxillary** (armpit) incisions. Inframammary fold is the most common as this is the best for silicone implants, which are the most frequently chosen type. Note that the implant type you choose may affect your incision location options.

Implant type

You'll have the choice of **silicone** or **saline** implants. Saline implants contain sterile salt water, are typically inserted empty, then filled once they've been surgically placed. Silicone implants come pre-filled with silicone gel, which resembles the feeling of human fat.

Some people find silicone implants to be more "real" aesthetically. They're also softer and less prone to rippling, which may be more appealing to someone who has little natural breast tissue. While silicone is more common, it's important to note that they do carry a greater risk of rupture.

Saline implants require slightly smaller incisions because they're filled after they're placed under the skin. This also means they allow for more options for incision locations.

Surgical complications

Infections

All surgeries carry a risk of complications and top surgery is no different. According to Johns Hopkins Medicine, the risk of surgical site infections for any surgery is approximately 1-3%. While this is a very low risk, many

surgeons will prescribe antibiotics as a preventative measure. Take them as instructed.

Blood clots

With any surgical procedure, blood clots are possible. If part of your body has been immobile for a long time, blood can pool, leading to a blood clot. The best way to avoid this is to walk, or have someone move your legs after surgery to make sure you're keeping things circulating. If you're prone to clots you may also want to wear compression socks during recovery.

Tissue death (aka necrosis)

Like infections and blood clots, tissue death is possible for any surgery, but the risk is very low. The only caveat to this is if you're a nicotine user. Nicotine can impact tissue health, and ultimately lead to tissue death.

Insurance coverage

Now that you have a general idea of what kind of surgery you want, you'll need to find out what your insurance covers and what their documentation requirements are for approving surgery. To get this info, call the number on the back of your medical insurance ID card and ask:

- What gender-affirming care do they cover?
- What copays will you incur and/or will you need to meet a deductible?
- Will there be out-of-pocket expenses?
- Can they help you find an in-network surgeon?
- Can they send you documentation of their trans coverage options so that you have something to refer back to?

If you don't currently have insurance and are eligible for Medicaid, visit [Out2Enroll.org](https://www.out2enroll.org) where you'll find trans-specific resources by state that can help you get covered.

Letter of recommendation

The most recent (8th) version of the WPATH standards of care reduced the number of supporting letters required for gender-affirming surgeries from two to one! The new requirement states that if a letter is required, it must be “from a health care professional who has competencies in the assessment of transgender and gender diverse people.” While this lowers the bar for accessing surgery, it’s still an unnecessary gatekeeping measure – trans people know what we need for our own bodies.

These health care professionals should be operating from an Informed Consent model. The American Medical Association (AMA) defines this as, “when communication between a patient and physician results in the patient’s authorization or agreement to undergo a specific medical intervention”. This should be as simple as having a conversation with your doctor and then signing a document stating you understand the implications of your surgery.

This is where folks are most likely to encounter some sort of gatekeeping obstacle, e.g.:

- If you’re Fat they may tell you you need to lose weight, but there is no evidence that top surgery is riskier for Fat people. Point your doctor to the study at bit.ly/fuckthebmi.
- Your therapist may refuse to write you a letter based on what they think your mental health needs are, but your therapist is not the expert on you – you are. Visit thegalap.org to find therapists in your area that will write you a *free* letter without gatekeeping.

How to handle pushback from a doctor

- Bring a loved one or your caregiver with you (or hire a gender doula) as it can be easier for someone else to speak up or object on your behalf.
- Request they thoroughly document why they’re denying you or creating an obstacle.
- Ask as many follow-up questions as you can.

Finding a surgeon

Once you know what's covered and have your letter of recommendation, you can start looking for surgeons who accept your insurance. Depending on your financial situation, employment status, where you live, and your body size, you may not have as many options. Here are some things to consider as you're vetting surgeons:

- If you have a particular aesthetic in mind for your surgical results, some surgeons will have before and after photos on their website.
- Many surgeons have BMI requirements³ for surgery. Many surgeons' cutoffs are as low as 35, while some are as high as 50.
- If they don't mention anything about performing gender-affirming surgeries on their website, I would be wary of their trans-competency.
- Some surgeons require a down payment or deposit before they'll schedule you for surgery.

How to vet surgeons

- Ask people in your community who they went to and what their experiences were like.
- Post or look at posts on your local trans/queer Facebook groups and the group [Top Surgery Support \(removal/reduction\)](#). The latter has been an incredible resource for so many people across the globe! I've yet to find a transfem equivalent group for breast augmentations.
- [healthytrans.com](#) links to websites where you can search for surgeons in your area.
- If you're neurodivergent, chronically ill, Fat, Disabled, or BIPOC, you'll have additional concerns. Reach out to your networks/communities that may have intel on how various surgeons are when working with people with your intersecting identities.

I wish it were easier to receive the care we deserve, but at the end of the day you may have to choose a surgeon who is less than ideal.

³ The body mass index (BMI) is racist and fatphobic. Many surgeons still use it as a disqualifier for surgery, even though it's not medically necessary. [transbmi.com](#) links to US surgeons without bmi requirements. I maintain a list of Seattle surgeons, their BMI requirements, and insurance info at bit.ly/seatransdocs.

Top surgery consult

Before your appointment

- Prepare a list of questions for your surgeon. I've included a few below to get you started, but I recommend you spend some time thinking of questions to add.
- If you have a specific look in mind, save photos on your phone to bring with you.
- Ask someone you trust (or hire a gender doula) to come with you, take notes, and help you remember to ask all your questions. It can be incredibly hard to remember everything you want to accomplish during the appointment, actually do it, AND then remember everything that was discussed after the appointment is over.

What to expect at the appointment

You'll discuss your surgery goals and what the available options are for your body. Again, bring photos if you have a specific aesthetic goal in mind. The surgeon will likely ask to look at your bare chest^D as part of the evaluation. They may also request to take "before" photos – you can decline this.

Some surgeons will try to talk you into a different type of procedure (or even no procedure at all) based on what *they* think is better for you. Even though the doctor seems like they're in charge, remember you're essentially interviewing them for the job of your surgeon. You are the boss of your body.

Questions to ask potential surgeons

Mastectomies, reductions, and augmentations

- How much experience do they have performing this procedure on trans people?
- What are your options based on your body? If they don't fit your aesthetic goals, can the surgeon recommend modifications that would get you closer to your goal?
- Do they provide you with a post-op surgical binder/bra or do you need to purchase your own? If the latter, do they have any recommendations?
- Does the surgeon include revisions in the cost of the original surgery? Is there a time restriction (e.g., one year from the original surgery date)?
- If you're close to age 40, will you be required to have a mammogram^D before surgery?

Mastectomies and reductions only

- Does the surgeon have an alternative to a post-surgical binder if you are not able to have your chest compressed or can they work with you to create a schedule for binder breaks if binding is particularly difficult for you?
- If you're Fat, and it fits with your aesthetic goals, will they keep some tissue so that your chest is more proportionate to the rest of your body?
- If you need it, will they perform liposuction on any areas around your chest for contouring?
- If you're keeping your nipples, does the surgeon use the same nipple size for everyone (e.g., the average cis man's nipple size of 22mm) or do they size them proportionate to each body?

Augmentations only


- What are your options for implant type, size, and shape?
- What are your options for implant placement and incision location?
- Will they do fat grafting from other parts of your body?

Preparing for surgery

Hello darkness my old friend

One thing you can count on as you prepare for surgery is anxiety, and maybe even some fear. In the months leading up to my surgery date I started having this ominous feeling that there was no way I would possibly get this life-saving surgery that I had wanted ever since I started sprouting boobs at the age of 10. I just knew something was going to happen to prevent it from going according to plan. But that never came true. I had my top surgery and it did save my life.

If you have feelings like these (and almost everyone I've been around leading up to top surgery did), I encourage you to talk to your community about it. They want to hold you and usher you through this experience with love and kindness. If you're a spiritual person, call upon the rituals or practices that ground you during this time.

 **Make a list of the reasons you want surgery and everything you're looking forward to once you've recovered.** Include them in a note, video, or voice memo to yourself. Hold on to this for when you're feeling low during recovery.

Your anxiety will likely start to level off around 1-2 weeks before your surgery date. And around 1 week before surgery most people experience a lovely sort of calm acceptance. Like, it's really happening!!!

Community, community, community

There's a lot of talk about community in this guidebook and I'll clarify what I mean. Your community is the people you call on for direct support – your friends, family (chosen or otherwise), lovers, or partners – AND the broader group(s) you belong to. You may only have one or two people in your life you feel comfortable calling on for help, but the internet gives us access to so many more people with our shared lived experiences.

Join Facebook groups! Post an Instagram story! Download the Lex app! There are so many queers who want to help other queers – even if it's just by answering your questions or sharing their experience.

Pre-op timeline and checklists

Before you move on, I want to reiterate that you shouldn't do this alone. Ask a loved one or caregiver to go through this with you. Your people want to support you!

As soon as you have a surgery date scheduled

- Make a list of people you want on your care team.
 - Who do you already know who wants to help you out? Think about anyone who has explicitly said they wanted to bring you a meal or hang out while you recover. Write their names down.
 - Who else would you feel comfortable asking for help? Write their names down.
 - It's ok if your list feels small. There's no right answer here. We're just setting you up with resources!
- Determine what kind of help you'll need.
 - Think about your daily routine and how much you use your body, especially your (t-rex)⁴ arms: what type of help will you need? (e.g., childcare, pet care, laundry, dishes)
 - Ask your support network how they can help fill in the gaps temporarily while you're recovering, especially if you're Disabled, chronically ill, and/or a single parent/guardian.
 - If you have a Department of Social and Health Services (DSHS) caregiver, work with them to plan how much extra care you'll need and ask your case manager for the additional support.
 - If you have the means, consider hiring a gender doula.
- Begin reaching out to people, starting with those you'll need the most support from so they can plan accordingly.
- Contemplate the financial impacts.
 - If you won't have income while you're recovering, consider how much you may need to save in advance to cover your bills.
 - Consider joining the storied tradition of trans people crowdsourcing funds so they can survive late-stage capitalism while recovering from a gender-affirming surgery.
 - There may also be costs associated with acquiring supplies, but borrow when possible! (More on this in **Shopping lists**)

⁴ Reduced mobility in your upper body for period of time post-op.

Pre-op timeline and checklists (continued)

2-4 weeks before

- Set up a visitor schedule for at least the first 2 weeks post-op.
 - I strongly recommend you have a loved one set this up for you!
 - This is crucial if you won't have a full-time caregiver. But even if you do have full-time care, it'll benefit you both to build some breaks in so your caregiver doesn't burn out.
 - I've created a template for support requests that can help get you started at bit.ly/postophelp, or you can use mealtrain.com or something similar.
- Prepare your body for surgery by doing some pre-op bodywork.
 - This can be as simple as self-massage to loosen up your chest tissue. If it's accessible to you, you can even hire a massage therapist who does this type of work⁵.
- Many folks use this time to commemorate their pre-op chest by taking photos of themselves or having a professional photo shoot. There are some rad trans photographers that offer pre-top surgery sessions.
- Obtain all the items you need from the **Shopping list**.
- If you're on gender-affirming hormone therapy, your surgeon may instruct you to stop for a period of time before and/or after surgery.
- If you're a nicotine user, your surgeon will instruct you to quit at least 2 weeks before surgery and 6 weeks after surgery. Nicotine causes vasoconstriction, which slows healing, and can affect how well your nipples adhere (if you have nipple grafts).
 - Your surgeon may also recommend you stop consuming cannabis, alcohol, non-steroidal anti-inflammatory drugs (NSAIDs), and/or "recreational" drugs pre-op.

⚡ Taking a break from substances can be hard. Reach out to folks in your support network that can help you wean yourself off and/or hold you accountable, if necessary.

⁵ Luigi Continenza at Elemental Roots Bodywork in Seattle and Tacoma offers this service and they have sliding scale pricing options.

1 week before

- Pre-op appointment
 - Get clear instructions on how to empty your drains (if your surgeon will be using them – more on drains can be found later in **Recovery and beyond**) and dress your wounds. Make sure the instructions are fully accessible to you when you'll need them (e.g., would written instructions, an audio message, or a video be better?)
 - Request an anti-nausea patch for the day of surgery. It lasts 3 days and will prevent you from feeling nauseous and/or vomiting from anesthesia, pain meds, anxiety, etc.
 - Request a prescription of ondansetron/zofran for any lingering nausea as you recover.
 - Ask the doctor any additional questions you may have.
- Make and freeze comforting, easy-to-digest meals, especially if they can be made in bulk
 - Have a loved one do this for you if at all possible! Or do it with them; just not alone!

⚡ Have some bulk food prepared in advance! When I had top surgery a dear friend made me several individually wrapped burritos. When I wanted to eat, I'd just pull a burrito out of the freezer, pop it into the microwave, and I had a hand-held meal in 2 minutes.

- Prep your recovery space so that it's clean and you can easily access your meds, water, phone, and any activities you'd like to have nearby.
- Clean and prepare any mobility or adaptive equipment.
- Obtain and organize all of your prescriptions:
 - Get a pill organizer and fill it for the first week post-op.
 - Download the Medisafe app. It alerts you when you need to take your meds, which is very helpful for post-op brain fog.
- Install a bidet in the toilet you'll use most often post-op.
- The surgery center or hospital may also require that you test negative for COVID. They often schedule a PCR test for you or direct you to where you can schedule one in your area.

Pre-op timeline and checklists (continued)

1 day before

- If you'll be taking opioids, start taking stool softeners and fiber supplements, and hydrate to get out ahead of constipation. I cannot stress the importance of this enough. Post-op constipation is hellish.
- Put clean sheets on your bed (or wherever you'll be sleeping).
- Shower with antiseptic wash (e.g., chlorhexidine/hibiclens) before bed. Your surgeon's office should provide you with this product.
- No eating or drinking, including water, after midnight.
- Ask your caregiver to have a treat ready for when they pick you up from surgery. Your throat will feel raw/sore from being intubated and you may be hungry.
 - Something hot (e.g., broth) or cold (e.g., a smoothie) will feel nice.

⚡ Before you go to sleep, find a moment to do some sort of ritual or grounding exercise to soothe your nervous system and set an intention for surgery. Surgery is trauma to the body. Take a moment to center, acknowledge that you're permanently altering your body, and thank your body for all the hard work it's about to do in healing you.

Surgery day

Today's the day! If you didn't sleep well last night, don't worry; you're about to have plenty of time to catch up on your sleep.

Before you leave for the procedure

- Don't forget **you can't eat or drink anything**.
- Take another **shower with antiseptic wash**.
- **Wear:** a loose-fitting button-up shirt, pants without zippers or buttons, and slip-on shoes.
- **Bring:** a mastectomy pillow or some other cushiony thing to protect your chest from the seatbelt on your ride home and your post-op surgical garment (binder for mastectomies; sports bra for augmentations) if your surgeon doesn't provide this.

What to expect at the hospital

- After you're checked in, you'll be taken to a surgery prep room where you'll take off your clothes and put on a hospital gown.
- In no particular order the following things will happen:
 - They'll take your vitals and insert an IV.
 - If you're able to get pregnant, they may collect a urine sample for a pregnancy test.
 - The anesthesiologist will talk to you about your medical history, prescriptions, and any concerns you have about going under.
 - The surgeon will come in and have you stand/sit in front of them with your gown open^D so they can draw lines on you to guide them later in the surgery process.
 - You'll be given intravenous (IV) pain meds.
 - You may be given some oral meds as well, with a little sip of water.
- Eventually you'll be wheeled to the operating room, where you'll move yourself from the gurney to the operating table. Then they'll give you more IV meds and you'll fall asleep.
 - If you aren't able to do this, let your surgical team know so they can move you.

After surgery

When you wake up you may:

- Feel tired, loopy, and sore
- Be bloated from chest to stomach
- Have limited upper body range of motion (t-rex arms)
- Have a sore throat from being intubated
- Be wearing a post-op garment, bandages or surgical glue, and, in some cases, drains will be exiting your body

The first night you should:

- Walk around a little (or have someone help you move your legs around) in the evening to prevent blood clots in your legs
- Sleep on your back, with your head elevated to reduce swelling
- Have someone stay with you (especially if your surgery is outpatient)

Things that may happen:

- Numbness, swelling, bruising, and a little pinkness around your incisions
- Body temp. up to 100° F
- Pain where drains exit your body
- Itchiness from your bandages⁶

Call your doctor if your:

- Incisions are swollen, red, or seeping pus
- Incisions open up
- Bandages are soaked with blood
- Body temperature is $\geq 101^\circ$ F
- Pain has significantly worsened

Post-op pain meds

Harm reduction disclaimer: If you have a history of substance use, please get input from a trusted person in your life on how to safely interpret this advice. You don't need to disclose why, but I also recommend asking your medical team if they have approaches to pain management that don't include opioids.

⁶ Benadryl can help relieve itchiness.

Because of the opioid epidemic and their fear of malpractice suits, your surgical team will do their best to scare you away from taking the opioids they have prescribed to you for your pain. However, if you don't get out ahead of pain, you will spend the majority of your healing time in pain, trying to catch up.

If you're staying on top of your meds and start feeling good, do not take it as a sign that you no longer need them or that you can skip a dose. It just means that the pain meds are working. I cannot stress this enough: **take all the pain meds prescribed to you.**

In addition to taking your prescribed pain medication as directed, I recommend staggering over-the-counter non-steroidal anti-inflammatory drugs (NSAIDs) like ibuprofen/advil and pain reliever/fever reducers like acetaminophen/tylenol every 3 hours. (If you have concerns about your liver based on your or your family's medical history, get your doctor's advice on using these types of meds as they can affect your liver if used at high doses over a prolonged period of time.)

Here's an example:

8:00am	11:00am	2:00pm	5:00pm
pain meds	ibuprofen	pain meds	acetaminophen

Managing post-op nausea

Nausea is also very common post-op. To get out ahead of this, make sure you're keeping yourself fed regularly, even if it's something small like crackers, applesauce, or a nutrition shake. You need food in your stomach to take your pain meds, or you could fall into a pain-chasing or nausea-chasing spiral that'll make the healing process *much* worse.

If keeping yourself fed is already a challenge pre-op (as is the case for most of us with ADHD), consider:

- Scheduling when you eat and setting mealtime alerts on your phone
- Letting your care team know your eating schedule
- Planning your meals before surgery
- Having a huge stock of safe foods (see **Shopping lists**)

Recording your meds for the first few days

You're going to have a lot of brain fog so I strongly recommend:

- **Recording when you've taken your meds:** If you haven't already downloaded the Medisafe app and programmed in all your meds, have someone help you with that now.
 - If you'd like a physical way to keep track, I've created a template you can print out at bit.ly/postopmeds
- **Keeping your meds in a pill organizer:** If you haven't already gotten a pill organizer and filled it with all your meds, have someone help you with that now.

Post-op surgical garments

If you had a mastectomy/reduction, I bet you're thinking, 'I just had this surgery so I wouldn't have to wear a damn binder anymore!' The binder you're wearing now does not have the same purpose. Wearing this garment prevents fluid build-up and helps your skin adhere back to the chest wall. It may seem never-ending but keep reminding yourself this is temporary and you're so close to having the chest you want!

Recovery and beyond

First week post-op

What to do:

- Rest! eat! drink water! sleep!
- Sleep on your back and elevate your head
- Try to move a small amount every day, but not too much, as it can increase the amount of drain fluid you produce
- If you don't have a full-time caregiver, try to have one visitor per day to help you around the house, feed you, or prevent you from getting bored

What to expect:

- If your surgeon used surgical glue, it will begin to fall off in a few days
- It may feel painful/raw where bandages rub against your skin
- Bodily or skin sensations you're not used to, like numbness, tingling, and being more sensitive to cold
- Acne, oily skin, or new body odors as your body adjusts to changing hormones⁷

Drains

For a lot of people drains are the worst part of surgery recovery. They're uncomfortable and the skin can be painful/tender around the area where the drain exits your body.

When you leave the hospital, they'll provide extensive instructions on how to care for your particular type of surgical drains – almost always Jackson-Pratt (JP) or Penrose. Each requires a different type of care. You or your caregiver will need to record the amount of fluid in your drains and empty them according to the instructions given to you.

Depending on your surgeon's practices and the size of your chest, drains might not be part of your recovery. If that's the case, lucky you! Expect to have a thicker post-op binder or a thick layer of foam under your post-op binder.

⁷ Having breast tissue removed affects the levels of estrogen in your body and can cause breakouts or other hormonal-related changes.

First post-op appointment

You'll have your first post-op appointment about three to six days after surgery. I recommend taking a few minutes the day before your appointment to check in with yourself and your caregiver(s) to write down any questions or concerns that may have come up since surgery.

During this appointment they'll remove your drains (if you have drains) and check your dressings. Bring a trusted person (or hire a gender doula) to accompany you. They can drive you to the appointment, make sure you ask any relevant questions, and provide moral support while the surgeon removes your drains as it can be quite uncomfortable.

Words of wisdom for the first week

In addition to having had top surgery myself, I've supported a lot of people through their top surgery recovery and have some advice that I believe will help you throughout this process, but especially the first week post-op.

Take what works for you; leave what doesn't.

⚡ You may not feel 100% happy after surgery

Some people experience an emotional drop after surgery. This can feel like depression, sadness, or even regret. This is very common! It may be confusing or you may feel ashamed to be sad after having a procedure done that you (and likely others in your life) want so badly. It's important to remember that surgery is trauma to the body. Be as kind to yourself during this time as you can.

Remember that list you made pre-op of all the reasons you wanted surgery and the things you were looking forward to? Find the note, voice memo, or video you made for yourself and look at it now!

Lastly, let your support network know how you're feeling so they can be there to affirm and validate you. They want to be there for you right now. I promise you're not burdening them.

⚡ You do not need to entertain your visitors

You're recovering from major surgery! Ask people to text you or your caregiver before they visit to ask what you need that day. It's ok to have a meal dropped off without any social interaction or to ask someone to just sit and watch tv with you. Even a 30-minute visit will likely be followed by a nap. Take it easy!

⚡ Listen to your body

This is one of the most important pieces of advice I have for the recovery process. The timeframes listed in this guidebook are what most people receive as general guidelines from their surgeon. They do not account for the wide range of possible experiences of different bodyminds.

I know people who've healed faster than the timeframes within this guidebook and people who've healed slower. Regardless of what you hear from people in your life or on the internet about how fast or slow they healed when they had top surgery: the correct pace for you is the speed at which your body heals.

⚡ Accept help when it's offered to you

An extremely common thing I've encountered with people preparing for top surgery (myself included) is an initial resistance to asking for or accepting help from others. Perhaps the thought of someone doing something for you makes you feel uncomfortable, as if you're burdening them? In my experience, people only offer help when they actually want to help. In fact, most people find joy in helping others. Imagine a loved one was in your position: wouldn't you be glad to help them? If someone offers you help that you need, it's ok to say yes.

⚡ How to stay clean when you can't shower

Depending on your type of top surgery and what you elected to do with your nipples, there may be days where you cannot shower, in addition to having limited upper body movement (t-rex arms). For regular clean-up:

- Use cleansing wipes for your face and body, and dry shampoo in spray form.
- If you have a detachable showerhead, take a seated shower.
- Have someone dry brush your skin to remove dirt, clear your pores, and increase circulation.

At some point before you're allowed to get your chest wet, you may want to properly wash your hair. T-rex arms can make this next to impossible, so ask a loved one to wash and dry your hair for you when they come to visit! Or, if you prefer, schedule a hair wash appointment at a salon in advance of your surgery date. Some trans-friendly places will even do it for free or at a discount if they know you've just had top surgery.⁸

Weeks 2-6

Don't raise your heart rate and don't lift more than ten pounds.

Mastectomies and reductions

- Wash your surgical binder every few days as it'll likely be pretty stinky. This will also give you a chance to let your chest breathe, which will feel so good!
- If you have nipple grafts, your bolsters, sutures, and bandages will be removed around day 10 at your second post-op appointment.
- Continue wearing your surgical binder 24/7 for 4 weeks (except for when you wash it). You should have another post-op appointment around that time and your surgeon will likely give you the all-clear to stop wearing the binder 'round the clock.
- When you stop wearing your surgical binder, the sensation of a shirt touching your bare chest will likely bring you euphoria, but it may also feel odd because of changing nerve sensations. This is common and it's ok to feel uncomfortable as you get used to your new body.

⁸ Zakaria Ibrahimy at Greenhouse Barber and Spa in Seattle provides free hair washes to people who've just had top surgery!

Augmentations

Even though you'll be able to shower fairly soon after surgery, don't soak or submerge your chest in water for 3 weeks post-op.

Beyond week 6

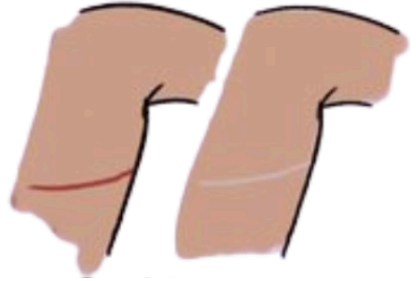
- At this point, many people are cleared to return to their usual activities and have regained their pre-op range of motion in their arms. It's ok if this isn't true for you. Your body is doing important work to heal you and you'll get there when the time is right for you.
- If you want to expose your chest to the sun before 6 months post-op you should cover your scars and nipples with silicone scar tape (e.g., Mepitac) or a high-SPF sunblock with zinc.

Swelling

It can take over a year for chest swelling to fully go down. Lymphatic drainage massage can help.

Scars

Once you're no longer wearing a surgical garment you can begin a post-op scar care regimen. Many surgeons will provide specific scar care instructions, including recommending certain products. If they're recommending products you have to buy from them, I suggest doing some independent research. You don't need anything fancy!



Scars fade over time. Scars that are red and visible now will not look that way in a few months and they'll continue to fade as long as you limit direct sun exposure.

Basic scar massage

If it's accessible to you, I also recommend doing scar tissue massage. There are bodyworkers you can hire who provide this service or there are some basic techniques you can use at home.

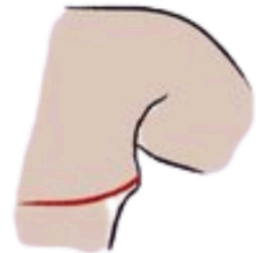
Some people want their scars to be as invisible as possible, while others love the appearance of their scars. Regardless of where you fall on the spectrum of scar care needs, I recommend massaging your scars regularly, with some sort of topical product. I like Bio Oil and arnica gel best.

1. Start by rubbing the scar with your first and middle fingers flat, applying light pressure. Some people rub back and forth in a straight line, some people rub in a circular motion.
2. After you've massaged your scars, continue massaging the surrounding skin the same way.
3. Do this for a few minutes, once a day if you can. (Only do what feels good to your body!)
4. Over time you can apply more pressure with your massage as your skin/scars tolerate it.

Look up examples of people demonstrating scar massage on YouTube. There is no one right way to do this. Find an approach that's sustainable and feels good for your body!

Dog ears

Dog ears form where the skin puckers around an incision; typically on the outside of the chest, at the outer edge of the incision line, as in the example to the right. They can also occur at the other end of the incision line in the center of the chest.



They can often be avoided if you're comfortable with having a longer scar line under your armpit. However, if you have a larger chest pre-op and/or are Fat, your chances of getting dog ears are greater as there will be more tissue for the surgeon to remove.

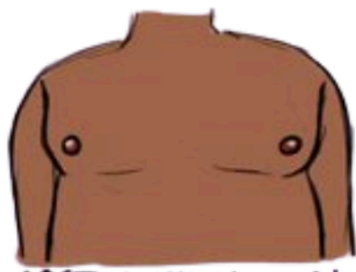
The good news is dog ears are not a functional issue. Some can be addressed via massage while others will require revision surgery, which can often be performed in your surgeon's office under local anesthesia.

Keloids

Keloid or hypertrophic scars occur when excessive scar tissue forms. Keloid scars are far more common for people of color (specifically Black and Asian folks). Like dog ears, they're not a functional issue, but the aesthetics may be unwelcome to some. Treatments include silicone sheets, cortisone shots, laser therapy, or even revision surgery.

Silicone sheets can be purchased from a drug store and are by far the least invasive treatment method. These sheets compress the keloid to encourage flattening and discourage further growth. Please talk to your surgeon before you begin a silicone sheet scar care regimen to ensure the timing is appropriate for your scar healing.

Nipples (mastectomies/reductions only)



The first time you see your nipples post-op, they'll likely resemble tiny pepperoni slices. But don't be alarmed! Your nipples will go through a wide range of shades as they heal. At some point, a scab will form over them that will naturally slough off. Resist the urge to pick or help the scab along for both

scars and nipples as it will make healing take even longer. For BIPOC, it may take a little longer for your nipples to return to their previous shade, and they may never completely darken.

Some nipples end up flat; some will be perma-hard outies. Some will be perfectly round; some will be oval; others will be little nubbins that don't resemble a full nipple. All of these outcomes are perfectly good. All bodies are different, as are top surgery nips!

In addition to the way your nipples look, you will notice some changes in sensation. Most folks who get nipple grafts do not regain the same erotic nipple sensation they had before surgery. My nipples, for example, get a bit harder when I'm cold, but I don't get sexually aroused when they're touched in the same way I did pre-op. I knew before surgery that I would likely be giving up erotic nipple sensation and although I miss it, I have zero regrets.

⚡ Post-op gender euphoria tips

Once you're free of the surgical binder or bra, you'll likely be experiencing maximum gender euphoria. (And if you aren't, that's perfectly ok and good too!) The best and most impactful advice I have for learning your new body is to start by looking at yourself in the mirror^D. This will likely feel scary at first, but hopefully it's the good kind of scary, where you're really seeing yourself, maybe for the first time.

I spent a lot of time just looking at myself in the mirror post-op. I would strip naked and sit cross-legged on the floor in front of a full-length mirror in an area of my apartment with the most natural light. I would just look at myself, like *really* look at myself, and sometimes take pictures (often they were slutty; but not always!). I was exploring what it felt like to really be in my body for the first time and actually see *myself* in the mirror. It was an incredibly grounding experience and I want you to feel something like that too!

Here are some more tips for how to really lean in to those good feelings:

- Try on a t-shirt, especially a plain white one!
- Go for a dip or a swim (if your nips and scars are healed). Maybe you'll want to go topless, or maybe you'll want to wear a cute top that highlights your new chest? There is no "right" way to dress your post-op body!
- Let the sun shine on your new chest (with appropriate UV protection!)

Shopping lists

⚡ **You shouldn't have to pay for everything listed here.** Borrow items from friends or your broader community. If you live in a bigger city, you should be able to get most everything by posting on your local trans/queer Facebook group, buy-nothing Facebook group, Instagram, or the Lex app. Many first aid items should be provided by your surgeon's office.

Comfort items

- **Pillows:** you're going to want a variety of pillows to make yourself comfortable. Here are a few I recommend:
 - **Oversized backrest pillow** (aka "boyfriend pillow")
 - **Mastectomy pillow:** chest protection from the car seat belt
 - **Travel neck pillow** for sleeping upright
 - **Wedge pillow or bolster** for elevating your legs/knees
- **Loose-fitting⁹ button-up shirts:** easy to put on/take off when you can't lift your arms
- **Robe with pockets:** keep your drains in the pockets so you don't get tangled in the tubes
- **TV tray** (or something similar): for keeping important items nearby (e.g., water, meds, tv remote) and for eating on

Over-the-counter meds

- **Stool softener:** opioids will back you up very quickly!
- **Fiber supplements:** I recommend psyllium fiber capsules
- **Benadryl:** to relieve itchiness under your bandages
- **Non-steroidal anti-inflammatory drugs (NSAIDs)** for pain: ibuprofen/advil or naproxen/aleve
- **Pain reliever/fever reducer:** acetaminophen/tylenol

⁹ They should be at least one size larger than your current size. Your chest and stomach will be swollen and you'll be in a surgical binder.

Shopping lists (continued)

Cleaning/first aid

- **Antiseptic wash** (e.g. chlorhexidine/hibiclens)
- **Body bathing wipes**
- **Face cleansing wipes**
- **Dry shampoo:** the spray kind is the best when you have t-rex arms
- **Gauze:** it's important that you get "surgical sponges", not "gauze pads" or "nonstick pads" which can stick to your incisions
- **Medical tape** (e.g., micropore tape)
- **Silicone tape** (e.g., Mepitac): for those who require different materials due to allergies
- **Ice packs:** for swelling and inflammation
- **Heating pad:** for pain
- **Post-op scar care:** Bio Oil and/or arnica gel
- **Silicone sheets:** for post-op scar care
- **Compression socks:** to prevent blood clots

Food/nutrition

- **Squeeze applesauce/baby food pouches:** easy to digest and don't need to be refrigerated so you can keep them on-hand for when you need to take your meds
- **Nutrition shakes:** also don't need to be refrigerated and are an excellent way to get more nutrients into your body when you aren't able to eat a meal
- **Plain crackers:** to take with your meds, if necessary
- **Bulk food:** if you weren't able to prep food for yourself, ask your support network to help prepare something for you in bulk
- **Electrolyte supplements:** tablets you can dissolve in water or pre-made drinks
- **Safe foods:** foods you'll *definitely* eat, that are comforting, fulfilling, tasty, and don't have any textures, odors, or flavors you dislike

Adaptive devices

- **Grabber tool:** to help reaching for things with those t-rex arms
- **Back scratcher tool:** for when you get itchy
- **Bidet:** those pesky t-rex arms will make it difficult to wipe
- **Compostable plates/cups/utensils:** crucial if you don't have a dishwasher
- **Recliner:** a lot of folks find this to be the most comfortable for sleeping on during the beginning stages of recovery
- **Silicone straws:** to limit arm movement and prevent spills
- **Long charger cords:** if the cords you have now won't reach the area where you're recovering
- **Bath brush:** for reaching your back when showering

Recommended zines and comics

Boobless: a top surgery zine by Birch Rosen

Refreshingly vulnerable personal narrative about the author's experience with top surgery. (Note for transparency: This is my boyfriend, but I would recommend it regardless!)

Boobs Be Gone: Top Surgery Tips for Patients and for Caretakers by Rhekia Fahssi and Caley Brock

Two separate zines: one for the person getting surgery and one for their caregiver(s). They're short, well-illustrated, and full of really excellent info. Highly recommended.

Dead Nipples: A Top Surgery Zine by Devon Short

40 beautifully drawn pages of trans bodies and illustrated top surgery tips.

It's Tits: A Short Top Surgery Coloring Zine by Forest Svendgard-Lang

Free short digital zine covering the artist's experience with top surgery with printable coloring pages.

Tittychop Boobslash by Higu Rose

Free 36-page e-comic about the author's experience with top surgery. A print version is available for purchase.

Top Surgery Artbook by Oliver Baez Bendorf

A short digital work of art, essays, and tips from the artist's experience with top surgery.

the weight of them by ND Stevenson

35-page pay-what-you-can digital comic about the artist's gender journey, disappointment with breast reduction surgery, and decision to have top surgery.

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