

Date \_\_\_\_\_

name \_\_\_\_\_

DOB \_\_\_\_\_

### Patient education for subcutaneous mastectomy with male chest construction

- Some transsexual, transgender, and gender non-conforming people choose to have surgery to treat severe gender dysphoria and others do not. This is a choice based on personal preferences and medical need.
- Surgery is not required to make complete legal transition.
- Subcutaneous mastectomy with male chest construction (SCM) removes most but not all breast tissue and creates a chest with a male appearance
- Effects of surgery are permanent and irreversible
- SCM does not have any effect on hormone levels
- SCM does not cause loss of fertility but does cause loss of ability to breast feed
- SCM may require a mammogram before surgeon will perform procedure
- SCM can be done using several procedures. The type of SCM is based on breast size, skin elasticity, other anatomical factors and patient needs and preferences and is determined by the surgeon at the pre-op exam.
- SCM surgery usually takes 2-4 hours in the operating room
- SCM can sometimes be done at the same time as hysterectomy
- Visible scars depend upon the type of surgery done
- Loss of nipple sensation is a frequent risk depending on the surgery performed and the patient
- It is recommended that before undergoing SCM patients look at photos of the results if available for the surgeon they chose
- Drainage tubes and use of compression binder are usually required in the period immediately following surgery
- Recovery time from SCM depends on the type of procedure done. Overnight hospitalization is usually not required
- SCM usually requires 1 week of recuperation before being able to go back to desk work and no strenuous activities for 2-4 wks
- Cigarette smoking may interfere with wound healing and stopping smoking is highly recommended before surgery. Some surgeons will not operate unless patients stop smoking 2 - 6 weeks before surgery
- Complete instructions for pre-op preparation and post-op care will be provided by the surgeon

All of the information on this form has been reviewed with me and I understand it and have had any questions answered

\_\_\_\_\_  
patient / client signature

I have reviewed all of the information on this form with my patient /client and I am confident that my patient / client understands this information

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name and signature