



Masculinizing Top Surgery Guide

Top surgery, or removal of the breast tissue and creation of a masculine chest appearance, is part of many people's masculinizing transitions. This guide is intended to outline common approaches and concerns about top surgery. It contains information about requirements for surgery, cost and funding, insurance, pre-surgical preparation, and after care. It also includes the contact information of surgeons who may be a good fit for our students, as well as on-campus resources for students undergoing surgical transition. The included information is based on reviewing information from a range of surgeons and resources, and may not perfectly reflect your case or your surgeon.

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Common Types of Masculinizing Top Surgery

Surgical method is largely determined by chest size and skin elasticity. A central goal of the initial consultation with your surgeon is determining the best approach for you. Generally the surgeries are done under general anesthesia (completely unconscious) but some surgeons offer "twilight" anesthesia instead. Top surgery is typically an outpatient procedure, meaning there is no need to stay in a hospital overnight. If your surgeon prefers to have patients stay overnight for monitoring or you choose to stay at a post-operative facility for care, be aware that this will probably be more expensive than an outpatient procedure.

Keyhole & Periareolar

These approaches are the least invasive types of masculinizing top surgery, appropriate for people with small chests and high skin elasticity. Keyhole uses a semi-circular incision at the base of the areola, while peri-areolar uses a circular incision around the areola. These both create very good male contours with minimal scarring and good nipple sensation. These surgeries are also frequently less expensive than double incision. However, these types of surgery often require revisions. Peri-areolar surgery is slightly more invasive than keyhole, but is a good choice if nipple placement needs to be corrected. Patients with very little breast tissue may also choose to have liposuction, which is minimally invasive but requires very little tissue and no skin sagging to be successful. The "lollipop" technique may also be used instead of periareolar.



Dr. Scott Mosser has a video on keyhole incision surgery [here](#) and periareolar surgery [here](#). These videos show an animation of surgery but do not show an actual surgery being performed.

Inverted-T or “T Anchor”

This type of surgery is a good fit for patients with medium to large chests and less skin elasticity, who would like to retain good nipple sensation. The areola and nipple are not removed, keeping nerves intact as the chest is reconstructed. An incision is made under the chest muscle and from the areola to the bottom incision. This preserves sensation, but the large incision can lead to more scarring. The “buttonhole” method may also be used instead of the inverted-T for patients with less tissue to remove.

Dr. Scott Mosser has a video on inverted T and buttonhole surgeries [here](#). These videos show an animation of surgery but do not show an actual surgery being performed.

Double Incision

This method is intended for patients who have medium to large chests and low skin elasticity, but who do not care as much about preserving nipple sensation. This procedure is the most reliable way to get a flat, tight chest—some patients with less tissue may choose this method because it has very good results. Incisions are made under the chest muscle and around the areola. The nipples and areola are removed completely, and can be grafted back on (though some choose not to have their nipples grafted back on).

Dr. Scott Mosser has a video on double incision surgery [here](#). These videos show an animation of surgery but do not show an actual surgery being performed.

Revisions

If results are not quite as desired, secondary surgeries can be arranged to improve results. This can involve liposuction or other procedures. Your surgeon may include revisions for free, or they may generate additional costs. Since there are not top surgeons local to Santa Barbara, be sure to consider the cost of travel and healing time in your planning even if the revisions are free.

Nipple tattooing is also a way to improve the appearance of the chest, either instead of or in addition to nipple grafts. Tattooing is typically done at least 5 months after the procedure, as the area must be completely healed.

Requirements and Eligibility

Insurance companies and surgeons each have their own criteria for approving surgery. These include evidence of persistent gender dysphoria, capacity to make a fully informed decision, age, and mental/physical health concerns. Most surgeons require patients to be over 18, although some treat minors with parental consent. Gaucho Health Insurance only covers gender confirmation surgeries for people over 18.

Surgeons and insurance companies usually require 1-2 letters of support from mental health clinicians who are familiar with your case. Letters describe (in general terms) your transition process, your general health, and the clinician’s belief that you are a good candidate for the surgery. Letters do not need to include very personal details shared with your doctors. UCSB clinicians can provide these letters as



necessary. You will also need to get a physical to evaluate whether you are physically healthy enough to undergo surgery.

Taking testosterone is NOT a requirement for top surgery. If you do not want or cannot take testosterone as part of your transition, or you plan to start in the future, that is fine. Talk with your doctor about your transition plan and include it in your support letter.

Consultation Questions

The process begins with a consultation with your surgeon. The consultation may not be free. The purpose of the consultation is to evaluate your candidacy for surgery, including your general health and what surgical approach is most appropriate for your body. This is also an opportunity for you to learn about your surgeon and their process. Here's some things you should know after your appointment:

- What technique does the surgeon recommend? What are the risks associated with this technique? Is the level of anticipated scarring and the risk of sensation loss compatible with your goals?
- How many times has your surgeon performed this technique? You should be able to see photos of past results. Ask if these patients had any revisions.
- What is the cost of the recommended technique? What additional fees apply, like anesthesia or facility fees? What are the fees for revisions, if you need them?
- When will payment be due? How much of it? Is a payment plan available?
- Does the provider take your insurance? Does the insurance cover down payments or are they out of pocket? Will the surgeon's office help coordinate insurance pre-approval?
- If the surgeon is far away, how long will you need to stay in town after your surgery? Do most patients have to stay in the hospital overnight?
- How long will you be unable to work or go to school?

Some other questions you might want to ask can be found in [this video](#).

Preparing for Surgery

There are a number of things you can do to ensure that your surgery and recovery go well:

- If you smoke tobacco, it is strongly recommended that you **quit smoking** at least 6 weeks before surgery. Cigarette smoke inhibits blood flow to the skin and can significantly reduce healing. You should also **avoid alcohol** completely for one week before surgery.
- **Eat well and exercise regularly.** Being in good general health will help you recover more easily. Reducing sodium in the last week before surgery may help reduce swelling. Some surgeons also recommend building pectoral muscles before surgery for best results.
- **Do not take aspirin or ibuprofen** 7-10 days before surgery, including medications for menstrual cramps and arthritis. Discuss any prescription medications with your surgeon well in advance.
- Have your surgeon or primary care provider submit a letter to the **UCSB Disabled Students Program (DSP)** describing when you will miss classes (if any) and your expected recovery time. This letter does NOT need to describe the exact nature of the surgery and you do NOT have to



disclose your transgender status. DSP can help arrange accommodations like note takers, deadline extensions, and reduced courseload while you are recovering. If you experience serious complications and need to take more time off school, DSP can help you arrange a medical withdrawal to protect your academic standing.

- Talk to your primary care provider about **follow-up care**.
- Stock your home with post-surgery **comfort items and foods**. Bland, low-sodium foods are best for a few days. Plain crackers and carbonated sodas are useful in case of post-operative nausea. Toast and low-sodium soup are also good options. You may also want to have ice packs and extra pillows on hand.
- Plan ahead for help with meal prep, pet and child care, and housekeeping. Reach out to the **RCSGD Healthcare Coordinator** for help arranging community support if needed: Riley Denn (they/them) radenn@umail.ucsb.edu
- Clean your room or apartment, especially things like dishes and laundry. You'll be glad you did!

Recovery and Aftercare

Your surgeon will give you detailed instructions for how to care for yourself after surgery. Usually you will need to wear a compression vest similar to a binder, and you may have drains attached to your body for a few days after surgery (they don't hurt). You may be prescribed medications to manage pain and inflammation, or you may be advised to take over-the-counter medications. It is important to take these medications as directed and talk to your surgeon about any other medications you take. You may have limitations on showering for a few weeks while you heal, although this depends on the technique your surgeon uses.

Regardless of technique, there will be a period where you cannot exercise or lift objects over 10lbs, and may not be able to walk more than short distances. Most patients take at least 1-2 weeks off work and school, and you may not be able to lift anything substantial (like a backpack) for a month or longer. Some people feel restless and try to take on more activity than they should—this increases blood flow dramatically and can cause swelling and bruising. It's important to rest while you are recovering even if you feel good.

You will probably need to go back to your surgeon for follow-up visits, although surgeons understand that people often come in from out of town and these visits will be limited unless you experience serious complications or need revisions. Many people remain in town until the first follow-up visit (1-2 weeks later) and then go home. Staying near the surgeon for the first few days allows faster access to your surgeon in case of serious complications. You will not be able to drive home from the surgery due to the anesthesia, and may not be able to tolerate a long drive as a passenger for several days.

Do not smoke or drink alcohol while you are recovering from surgery. Smoking can interrupt healing and increase the chances of serious complications, and alcohol can interact with pain medication in unsafe ways.

Using topical scar treatment after the initial healing is done may reduce the appearance of scars. There are also ointments you can use on your incisions as they heal that may reduce scarring.



Completely healing from top surgery is a long process, and you will not have your final results for several months to a year. The shape of the chest, skin recovery, and appearance of scars may change substantially over the healing process. For best final results, it is critical to follow your surgeon's instructions on aftercare.

Cost, Insurance, and Funding

Top surgery can cost thousands of dollars out of pocket, or sometimes even more—plus the cost of travel and recovery. In addition to the cost of the surgery, there are often fees for anesthesia, testing, facilities, and others. When you meet with a surgeon, make sure you are getting the *total* cost of *all* fees, so you're not facing an unpleasant surprise.

In order to schedule your surgery, most surgeons require a deposit ranging from a few hundred dollars to half the total cost of surgery. If you are paying for any portion of your surgery out-of-pocket, you should assume that you will be responsible for paying this deposit.

Some surgeons are used to working with insurance companies and can help make sure you get the most coverage, while others will leave this to you. In either case, UCSB has resources to help, including insurance specialists and social workers.

Insurance

In general, if you go to a surgeon who is in-network for your insurance, you will pay less out of pocket. It is sometimes possible to get your insurance company to cover your surgeon even if they are not usually in your network, called a "single case agreement." Some surgeons do not take insurance at all.

Gaicho Health Insurance

Unless you obtained an approved waiver and have another insurer, all undergraduate and graduate students at UCSB have Gaicho Health Insurance, which has coverage through Aetna.

GHI covers 80% of approved costs for in-network surgeons and 50% of approved costs for out-of-network surgeons. Sometimes, a single case agreement can be reached with an out-of-network provider so you can get in-network coverage for your care. The UCSB insurance office or social workers can help you navigate that process, or you can call Aetna at (855) 821-9712.

There is a maximum out-of-pocket cost of \$6,600 for an individual (\$13,200 for a family). This maximum applies for both in-network and out-of-network care. This maximum applies for in-network *and* out-of-network care, but GHI will not cover any transition-related services without prior approval, so make sure your surgeon requests pre-approval well in advance of your surgery date.

In order to ensure that your costs are as low as possible, make sure your nipple reconstruction (if applicable) is billed as part of the mastectomy procedure. GHI does not cover nipple reconstructions separate from mastectomy, and an out-of-network provider may not know this. When in doubt, check with an insurance representative or a social worker.

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If you have insurance other than GHI, the rules and coverage may be different. A UCSB social worker or a representative from your own insurance policy can help you understand your benefits.

Medi-Cal (California's Medicare program) *does* cover top surgery but not all surgeons accept Medi-Cal.

Funding

There are several grants that can help with the out-of-pocket expenses associated with surgical transition, including:

- The Jim Collins Foundation—jimcollinsfoundation.org
- CK Life Surgery Scholarship—cklife.org/scholarship/
- Point of Pride Annual Transgender Surgery Fund—pointofpride.org/annual-transgender-surgery-fund/
- Rizi Xavier Timane Trans Surgery Scholarship— rizitimane.com/trans-surgery-scholarship-application/
- TUFF—tufforg.com

Grants may have specific deadlines, so be aware that grant cycles may impact your overall timeline if you choose to pursue this funding option. UCSB also has some emergency medical funding available. Speak with a social worker to see if you might be eligible for this type of funding.

There are also medical loans and medical credit cards. This type of lending is often predatory, with high interest rates that can cause serious financial trouble over the long term. We recommend avoiding this type of funding if at all possible. If you are considering loans or medical credit cards to fund any medical care, we suggest that you make an appointment with a social worker first to see if better options are available.

Recommended Surgeons

Gender Confirmation Center by Dr. Scott Mosser

<https://www.genderconfirmation.com/ftm-chest/>

San Francisco, CA

330 miles from UCSB

All major techniques offered.

Dr. Mosser is **in-network** for Aetna.

Kryger Institute of Plastic Surgery

<http://www.drkryger.com/female-to-male-transitions>

Thousand Oaks, CA

65 miles from UCSB

All major techniques offered.

Dr. Kryger is **in-network** for Aetna but sometimes practices in out-of-network clinics. Make sure you

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have a clear sense of whether the facilities and other clinicians such as anesthesiologists are in-network for your procedure, and see if you can get single-case agreements for any that fall outside your plan.

Brownstein & Crane Surgical Services

<http://brownsteincrane.com/ftm-top-surgery/>

San Francisco, CA

330 miles from UCSB

Keyhole and double incision offered.

This clinic is **out-of-network** but has an existing relationship with Aetna and can help with single-case agreements. This facility also offers several other gender-confirmation surgeries.

UCSF Center of Excellence for Transgender Health

<http://transcare.ucsf.edu/masculinizing-chest-reconstruction-top-surgery>

San Francisco, CA

330 miles from UCSB

Keyhole and double incision offered.

Does not treat patients with BMI over 37

Out-of-network.

Other In-Network Surgeons in California

Regina Baker, Los Angeles

Ben Childers, Riverside

Maurice Garcia, San Francisco

Melissa Johnson, Dublin

Kathryn O'Hanlan, Portola Valley

Laura Rogers, San Diego

Aetna also covers surgeons in other states. If you would like to have surgery in your home state, talk to a social worker or insurance representative about coverage in your home state.

UCSB Resources

Queer & Trans Health Advisor

Han Koehle (they/them)

Student Health, blue hallway rm. 1714

han.koehle@sa.ucsb.edu 893-2535

SHS Insurance Advisors

Student Health, green hallway rm. 1708-F

SHSInsurance@sa.ucsb.edu 893-2592

Social Work Services

Shereen Barr (she/her)

Student Health 893-3087

Disabled Students Program

Student Resources Building

DSP.Help@sa.ucsb.edu 893-2668

LGBTQ Healthcare Coordinator

Riley Denn (they/them)

radenn@umail.ucsb.edu

Counseling and Psychological Services

893-4411

phone consultation available 24/7



Forms & Outside Resources

GHI/Aetna precertification form	http://www.aetna.com/pharmacy-insurance/healthcare-professional/documents/gender-reassignment-surgery-precert-form.pdf
WPATH Standards of Care	https://s3.amazonaws.com/amo_hub_content/Association140/files/Standards%20of%20Care%20V7%20-%202011%20WPATH%20(2)(1).pdf
UCSF Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People	http://transhealth.ucsf.edu/protocols http://transhealth.ucsf.edu/trans?page=guidelines-chest-surgery-masculinizing
Top Surgery Insurance How-To Guide	http://www.topsurgery.net/resources/ftm-top-surgery-insurance-guide.htm