



INFORMATION BOOKLET

# MASTECTOMY

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## PART A



# TABLE OF CONTENT

<b>1. GENERAL PRESENTATION</b>	4
<b>2. WHAT IS A MASTECTOMY?</b>	7
<b>3. PREREQUISITES</b>	10
<b>4. SURGICAL PROCEDURE</b>	12
<b>5. ADDITIONAL INFORMATION ABOUT THE SURGICAL PROCEDURE</b>	13
<b>6. RISKS AND COMPLICATIONS</b>	14
<b>7. INFORMED CONSENT</b>	19

8. THE MONTHS PRECEDING THE SURGICAL PROCEDURE

9. PREPARING FOR YOUR RETURN HOME

10. PACKING YOUR SUITCASE

11. THE DAY BEFORE THE SURGICAL PROCEDURE

12. THE MORNING OF THE SURGICAL PROCEDURE

13. YOUR STAY AT THE COMPLEXE CHIRURGICAL CMC

14. THE HEALING PROCESS AND COMMON POSSIBLE COMPLICATIONS

14.1 GENERAL INFORMATION

14.2 ONE TO FOUR DAYS FOLLOWING SURGERY

14.3 FOUR TO TEN DAYS AFTER THE SURGICAL PROCEDURE

14.4 TEN DAYS TO FOUR WEEKS FOLLOWING YOUR SURGICAL PROCEDURE

14.5 MORE THAN A MONTH AFTER YOUR SURGICAL INTERVENTION

15. POST-OPERATIVE FOLLOW-UPS

PART B

PART C

# 1. GENERAL PRESENTATION

Thank you for choosing the Complexe chirurgical CMC for your surgical experience.

This booklet was designed to support you from beginning to end of the surgical process. It is divided into three parts:

**PART A:** This section will provide you with information about the surgical procedure and its risks and complications.

**PART B:** It contains information about the surgical procedure and how to prepare for it.

**PART C:** This part contains many tips on hygiene, mobility and pain relief. These recommendations will help you have a faster and easier recovery.

This booklet contains essential information for the smooth running of your preoperative care, surgical procedure, and postoperative care.

The GrS Montréal team is available to answer all your questions and any requests for additional information from you or health professionals involved in your surgical process. You will find all the contact details needed to get in touch with below.

## 1.1 THE COMPLEXE CHIRURGICAL CMC

The Complexe chirurgical CMC comprises three entities:

- GrS Montréal
- Centre Métropolitain de Chirurgie
- Maison de convalescence Asclépiade

### 1.1.1 GrS Montréal

GrS Montréal is the entity dedicated to gender affirming surgeries. It includes an administrative team responsible for helping patients complete their medical file and organize their stay in Montreal. It also includes a specialized nursing team in pre-operative and post-operative care, who are members of the Ordre des infirmiers et infirmières du Québec, that evaluates documentation included in the medical file to ensure that it complies with WPATH standards of care and CC-CMC standards. This team works in close collaboration with the surgeons, anaesthesiologists and social worker of the organization. They perform post-operative follow-ups, liaise with healthcare professionals, and work with the management members of the operating room, care unit, and Maison de convalescence Asclépiade.

### 1.1.2 Centre Métropolitain de Chirurgie

The Centre Métropolitain de Chirurgie (CMC), accredited with honourable mention by Accreditation Canada, is the only private hospital centre in Quebec. It includes four operating rooms, a day surgery unit and an inpatient unit for immediate postoperative care. This is where all surgeries take place.

### 1.1.3 Maison de convalescence Asclépiade

The Maison de convalescence Asclépiade, adjacent to the hospital, is a place designed to provide a post-operative stay for most patients who have undergone genital surgical procedure. This place helps our patients focus on their care and healing. They are accompanied by nursing staff who teach them how to carry out their post-operative care to prepare for their return home.

## 1.2 FOOD SERVICES

Depending on your stay with us, meals prepared onsite using fresh, quality ingredients will be provided. You will have access to a variety of beverages (juice, tea, coffee, etc.) as well as fresh fruit at all times. Food allergies, intolerances, and vegetarian or vegan diets must be mentioned in your pre-operative questionnaire so we can take them into account.

## 1.3 WHAT IS ACCREDITATION?

Accreditation is an ongoing process of assessing health care and social services organizations against standards of excellence to identify what is being done well and what needs to be improved.

Accreditation is important because it helps create better health care and social services for you, your family, and your community. It allows organizations to understand how to make better use of their resources, increase efficiency, enhance quality and safety, and reduce risk.

More than 15,000 locations in over 38 countries are experiencing the rewards of being accredited by Accreditation Canada.

Source : <https://accreditation.ca/info-for-public/?acref=self>



## 1.4 RESOURCES

### Before and during your visit to the Complexe chirurgical CMC:

GrS Montréal – General information	514 288-2097
Hôtel Holiday Inn Laval	1 888 333-3140 (toll free)
GrS Montréal – The day before your surgery (admission or change in your state of health)	514 332-7091, ext. 232

### While recovering at home:

You or your healthcare provider can contact the post-operative team and the Maison de convalescence Asclépiade for any questions regarding your surgical procedure and your post-operative care. Please note that response time may vary depending on the nature of your request and may take up to 48 hours. If you think it is an emergency, call 911 or go to the nearest hospital and notify us so that doctors can communicate with each other.

<i>Maison de convalescence Asclépiade</i>	514 333-1572 <a href="mailto:asclepiade@cmcmontreal.com">asclepiade@cmcmontreal.com</a>
Health information service in your region	In Quebec: 811
Emergency service in your area	In Canada: 911
Your family doctor	
Your pharmacist	
Local community service centre (CLSC) in your region	

### Community Resources

<i>Action santé travesti·e·s et transsexuel·le·s du Québec (ASTT(e)Q)</i>	<a href="http://www.astteq.org">www.astteq.org</a>
Help for trans people in Quebec	<a href="http://www.atq1980.org">www.atq1980.org</a>
24-hour crisis and intervention line	<a href="mailto:ecoute@atq1980.org">ecoute@atq1980.org</a>
Emergence Foundation	<a href="http://www.fondationemergence.org">www.fondationemergence.org</a>
Coalition of LGBT Families	<a href="http://www.famillelgbt.org">www.famillelgbt.org</a>
Interligne in English or French	<a href="http://www.interligne.co">www.interligne.co</a>
Professional 24-hour helpline, toll-free	1 888 505-1010

## 1.5 DISCLAIMER OF LIABILITY

The information in the booklet (comprising Parts A, B and C) is provided for educational purposes and should not be considered medical advice. If you have any questions about your personal medical situation, please contact us or consult your healthcare professional.

## 2. WHAT IS A MASTECTOMY?

Mastectomy is a surgical procedure involving the removal of breast tissue and mammary glands. This surgery is different from breast reduction.

GrS Montreal team offers two different surgical techniques. The surgeon will determine which surgical technique is best suited to each individual's morphology.

### 2.1 SUBCUTANEOUS OR PERIAREOLAR MASTECTOMY

This technique is offered when the amount of mammary gland is minimal, and skin tissue laxity is low, meaning the skin of your breast does not sag and is firm. These criteria are essential to optimize skin tissue remodeling following removal of the mammary gland.

The steps of the surgical procedure:

1. Small, half-moon shaped incisions are made on the line following the base of each areola.
2. The mammary gland is removed through these small incisions,
3. The incisions are closed with dissolving sutures.

Using this technique can help to maintain sensation in the nipples.

We understand the desire to have the smallest possible scars. However, if our surgical team considers that the quantity of your mammary gland and the laxity of your pre-operative tissue make you ineligible for the periareolar mastectomy, this technique will not be performed.

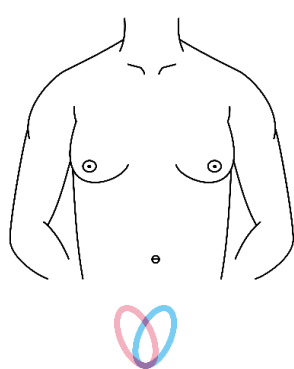


Fig.1 Periareolar  
mastectomy  
Preoperative – Front



Fig.2 Periareolar  
mastectomy  
Preoperative – Profile

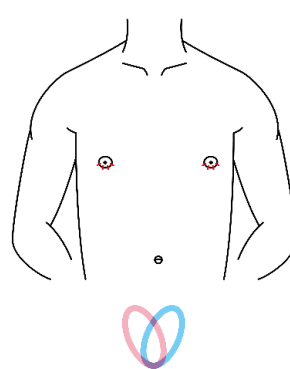


Fig.3 Periareolar  
mastectomy  
Postoperative - Front

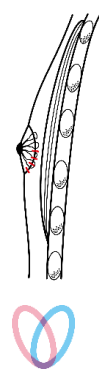


Fig.4 Periareolar  
mastectomy  
Postoperative - Profile

## **2.2 DOUBLE INCISION BILATERAL MASTECTOMY WITH NIPPLE GRAFTS (WITH NIPPLE AREOLAR COMPLEX GRAFT (NAC))**

This technique is offered when the amount of mammary gland and skin tissue laxity is greater. The location of the incisions and repositioning of the nipples generally result in a more typically masculine-looking torso.

### **The steps of the surgical procedure:**

1. The areolas and nipples are completely lifted to thin the tissue and improve the graft grip while reducing graft size.
2. Incisions are made on each side of the torso in the sub-pectoral region.
3. The skin between the top of the nipples and the sub-pectoral incisions and mammary glands are removed.
4. The sub-pectoral incisions are closed with dissolving sutures.
5. The nipples are attached in the male torso's natural location. The decision to have the nipples grafted or not can be discussed with your surgeon.

Using a full thickness nipple graft does not preserve the sensation of the nipple.

If you have fatty tissue or folds of skin on your back or under your arms, they will not be removed during the mastectomy. If you would like additional surgical services at your own expense, do not hesitate to discuss this with our team when we analyze your case.

If you do not wish to have a completely flat torso, please discuss this with our nurse in charge of your preoperative assessment so that we can discuss the various options available.



**Results vary from person to person.**

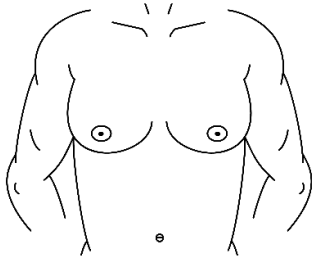


Fig.5 Double incision  
mastectomy  
Preoperative – Front



Fig.6 Double incision  
mastectomy  
Preoperative – Profile

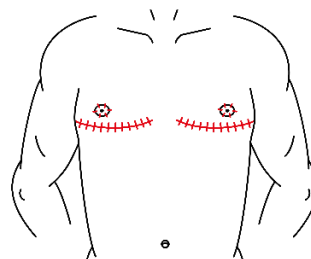


Fig.7 Double incision  
mastectomy  
Postoperative - Front

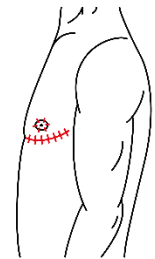


Fig.8 Double incision  
mastectomy  
Postoperative - Profile

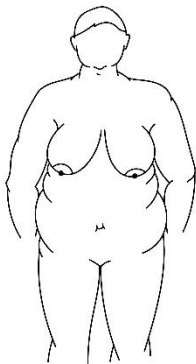


Fig.9 Double incision mastectomy  
Preoperative – Front

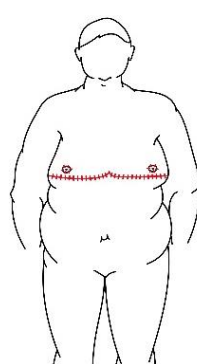


Fig.10 Double incision mastectomy  
Postoperative - Front

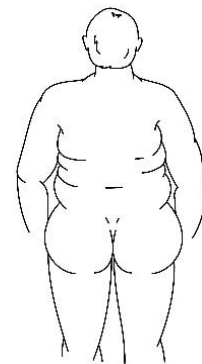


Fig.11 Double incision mastectomy  
Preoperative and postoperative – Back

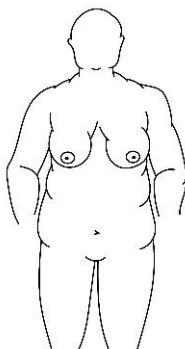


Fig.12 Double incision mastectomy  
Preoperative – Front

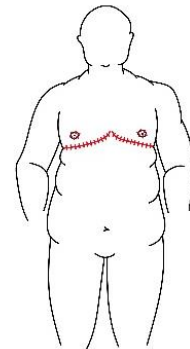


Fig.13 Double incision mastectomy  
Postoperative – Front

## 3. PREREQUISITES

### 3.1 BODY MASS INDEX (BMI)

To be eligible for a gender affirming mastectomy at CMC, your BMI must be below 40. A high BMI may have significant consequences on your health and your quality of life, reduced healing potential and satisfaction with surgical results. Severe obesity (BMI  $\geq 35$ ) increases the risk of surgical complications and requires increased monitoring at all stages of your surgical procedure.

Please note that if your BMI is above 40 on the morning of surgery, your surgeon may postpone the procedure.

### 3.4 TOBACCO

At least 6 weeks before and 8 weeks after your surgery, stop smoking cigarettes and electronic cigarettes containing nicotine. Also, stop consuming nicotine products or nicotine substitutes (Nicorette® or others) because they have the same harmful effects as cigarettes. We suggest that you quit nicotine now to increase your chances of success.

Nicotine and toxic substances contained in tobacco can constrict small blood vessels (this is called vasoconstriction) and therefore:

- slow down the healing of your wounds,
- increase the risk of infection,
- increase the risk of respiratory problems and pneumonia after the procedure,
- cause bouts of coughing when getting up, increasing the risk of post-operative bleeding.

### 3.5 CANNABIS

Please note that the use of non-prescription cannabis in any form is prohibited on the entire property of the Complexe chirurgical CMC. In addition, municipal laws prohibit the consumption of cannabis in any public place, indoor or outdoor. It is important to know that smoking cannabis, like smoking cigarettes, contributes to the deterioration of your respiratory system and can impair your post-operative recovery and cause complications during the anaesthesia. No study confirms a safe threshold for cannabis consumption in the pre- and postoperative periods; the safest approach is, therefore, to avoid all consumption if possible.

#### **If your cannabis, in any form, is not prescribed by a healthcare professional:**

- Talk to your healthcare professionals as far in advance of your surgery date as possible to give yourself time to find an alternative treatment that will meet your needs during your stay.
- Please inform us during your first communications with our team to plan your surgery.
- It is recommended that you gradually reduce cannabis consumption in the months preceding the surgical procedure to be able to stop completely at least two weeks before it.

#### **If you have a medical prescription for cannabis consumption:**

- Please let us know from your first communications with our team to plan your surgical procedure and give us a copy of the prescription confirming the therapeutic indication, dosage and form used.
- Inhaled cannabis should be replaced with another form in the weeks before the surgical procedure due to this form's impact on the airway during anaesthesia. Inhalation should be stopped at least 2 weeks before surgery. The forms we allow under prescription are capsules or drops. Gummies or other edible forms are not authorized.

We recommend that you discuss your consumption with our team as soon as possible so that we can prepare your surgical stay and ensure that it runs as smoothly as possible.

Our team is not authorized to write these prescriptions or process your orders.

## 4. SURGICAL PROCEDURE

### 4.1 ANAESTHESIA

During the procedure, in addition to the surgical team, you will be under the care of an anaesthesiologist and a respiratory therapist. Various anaesthetic (to numb and put you to sleep) and analgesic (to relieve pain) techniques may be used during the surgical procedure.

### 4.2 PROCEDURE

Average duration of the procedure	1.5 to 2 hours
Anaesthesia	General
Hospitalization	Day surgery
Convalescence and sick leave	4 to 6 weeks depending on the nature of your work
Resuming physical and sports activities	6 to 8 weeks post-operation

## **5. ADDITIONAL INFORMATION ABOUT THE SURGICAL PROCESS**

### **5.1 FOOD HABITS**

An unbalanced diet or dietary deficiencies can delay healing and therefore increase the risk of postoperative complications. If your diet is vegetarian or vegan or your body mass index is below optimal values (18.5), your surgeon may order additional blood tests. We also recommend you consult your doctor or a nutritionist to ensure your diet contains all the necessary elements. They will be able to establish a nutritional plan that promotes healing.

### **5.2 DRAINS**

Drains are generally installed during the procedure, and you will have to keep them for a certain period following your departure from the CMC. For more information, please see Part C of this booklet.

### **5.3 ELASTIC BANDAGE**

To prevent the formation of a hematoma or a seroma (see section 3.3), it is essential that you wear the elastic bandage. The bandage will be fitted by the operating room staff after your surgery and you will only remove it when showering in the month following surgery. If you wish, you could replace it with a fitted compression vest that closes at the front

### **5.4 PAIN RELIEF**

It is normal to feel pain after surgery. A prescription for pain medication will be given to you when you are discharged from CMC. You will find tips to help you manage your pain in Part C of this booklet.

### **5.5 HEALING**

During the first 9 to 12 months following surgery, there is normally a natural retraction of the skin, allowing for the correction of any residual loosening.

Due to several factors that are specific to each individual, results may vary from one person to another. Be assured that our surgical team works with each patient to achieve the best possible results.

## 6. RISKS AND COMPLICATIONS

### 6.1 INFORMED CONSENT

The decision to undergo a surgical procedure must be made in an informed manner, that is, after having obtained all the information you need to understand, asked your questions, obtained answers to your satisfaction and had sufficient time to reflect before expressing your consent.

### 6.2 INFORMATION ON THE RISKS AND COMPLICATIONS RELATED TO MASTECTOMY

Any surgical procedure carries risks and may give rise to complications and side effects. Our surgical team and clinical staff are trained to minimize the risks associated with mastectomy and to follow proven and rigorous protocols in the event of a complication.

It is important for you to know and accept that although our experience demonstrates a high rate of success and satisfaction, we cannot, in any way, guarantee the aesthetic and functional results of this surgical procedure. Although we take all available means and apply the highest professional standards, it is possible that the result of the procedure may not be entirely satisfactory and that it may be necessary to resort to other procedures or treatments which may then be offered to you. Corrective surgical procedures not considered medically required are not funded by third-party payers. Therefore, corrective surgeries may be at your expense, if desired.

It is important to note that certain lifestyle habits, such as an unbalanced diet, smoking, alcohol or drug use, physical inactivity and health history, can increase the risk of complications.

Your cooperation at all stages is essential. Therefore, we expect you to inform us of any medical condition or problem so that we can assess its possible impact on the surgical procedure, anaesthesia or other care that may be required. You must read this section carefully and take the time to reflect on it.

Complications may occur during the procedure but also in the weeks that follow. Some complications are common to all surgical procedures, while others are more specific to mastectomy surgical procedure.

If you need further explanations of the content of this section, please discuss it with your surgeon.

### **6.3 SMOKING**

Smoking increases the risks of complications. Smokers have increased risks of infectious, pulmonary, respiratory, and cardiovascular complications. Smoking can cause delayed healing of surgical wounds and cause complications such as those mentioned in this document.

### **6.4 BLOOD CLOTS AND PULMONARY EMBOLISM**

Immobilization during surgery can increase the risk of blood stagnation in the veins of the lower limbs and pelvis, potentially leading to the formation of a blood clot that can cause a pulmonary embolism. These problems require treatment in hospital and monitoring by a specialized doctor. Early mobilization after the procedure helps prevent complications related to blood circulation.

### **6.5 BLEEDING**

Bleeding risks are associated with all surgical procedures. Bleeding requiring transfusion of blood products is rare but can occur. To minimize the risk of bleeding, avoid Aspirin (ASA), anti-inflammatories, natural products and alcohol 10 days prior to the surgical procedure.

### **6.6 HEMATOMA AND SEROMA**

A hematoma is an accumulation of blood under the skin, while a seroma is an accumulation of clear body fluid. In both cases, it may be a mild accumulation, but these complications may also result from a more serious build-up requiring drainage to remove excess blood or fluid from under the skin.

### **6.7 INFECTIONS**

Infection is a common risk associated with many surgical procedures. Infection occurs when tissues are affected by microorganisms such as bacteria or other pathogens. An infection is treated with oral or intravenous antibiotics.

Local infection with pus buildup (abscess) often requires drainage. An untreated infection could lead to partial or total necrosis (cell death) of the surrounding tissues.

## **6.8 ALLERGIES OR SENSITIVITY TO PRODUCTS OR MATERIALS USED**

In rare cases, an allergic reaction or sensitivity to soaps, ointments, adhesive tapes, or stitches may develop during or after surgery. This complication is usually treated quite easily. Severe allergic reactions are extremely rare but may sometimes require hospitalization.

## **6.9 REOPENING (DEHISCENCE) OF WOUNDS**

The healing process is influenced by numerous factors: edema, infection, tension on wounds, poor blood circulation, alcohol, smoking, diet, etc. These factors can cause wounds to reopen, requiring a longer healing period. Usually, this will not affect the final appearance of the operated area.

## **6.10 PARTIAL OR COMPLETE LOSS OF THE NIPPLES**

Following a periareolar mastectomy, it is possible to lose the nipples as a result of necrosis caused by poor blood circulation to the areola and nipples.

Following double-incision mastectomy with nipple grafts, as this is a full-thickness graft, there is a risk of partial or complete necrosis, and therefore nipple loss. Partial loss creates an irregular nipple shape or may result in depigmented areas within the nipples.

## **6.11 INJURIES TO OTHER PARTS OF THE BODY**

In rare cases, blood vessels, nerves and muscles may be damaged during the surgical procedure.

## **6.12 LOSS OF SENSATION AND PAINFUL HYPERSENSITIVITY**

It is possible that the nipples will not regain their sensitivity or, on the contrary, that some areas remain hypersensitive and painful. It is also possible that numbness persists in some areas and that sensation does not return completely.



## **6.13 SCARS**

The healing process differs from one person to another, and scars may become hypertrophic or keloid. Your healing history should give you a good indication of what the outcome is likely to be for you.

### **6.13.1 Hypertrophic scars**

Some people may be more prone to hypertrophic (large and thickened) scars. Although efforts are made to minimize scarring, there is a risk of scars becoming hypertrophic in some cases. Surgeons can provide guidance on scar management techniques to help reduce this risk.

### **6.13.2 Keloid scars**

Keloids are excess scar tissue caused by an exaggerated response of the connective tissue. Unlike hypertrophic scars, keloid scars extend beyond the operated area.

## **6.14 PREVENTION OF GLANDULAR CANCER**

Mastectomy does not completely reduce the possibility of developing breast cancer, as residual mammary gland tissue remains despite surgery. It is therefore important to continue the monitoring recommended by public health authorities and your family physician.

## **6.20 UNSATISFACTORY RESULTS OR NEED FOR CORRECTION**

The surgeon may suggest secondary corrective surgery to restore physical integrity by correcting acquired malformations if they deem it medically necessary.

The decision whether or not to fund corrective surgery rests with the third-party payer (most often the Ministry of Health in your province or territory).

The following procedures are not eligible for funding by your province or territory :

- revision of a scar that does not cause functional issues;
- removal of asymptomatic excess fatty tissue;
- surgeries to correct results considered unsatisfactory by patients and not causing functional interference. Disappointment with the results is not considered a valid medical reason;
- surgeries to remove mammary gland that was left at the patient's request during the primary procedure.

Corrective surgeries for aesthetic purposes are at your expense.

## 6.21 PSYCHOSOCIAL SUPPORT

Gender-affirmation surgeries lead to multiple changes in patients' lives. To successfully adapt to all these changes, it may be essential to receive help from health professionals and from those around you.

You might sometimes experience feelings such as:

- discouragement about postoperative care,
- boredom or isolation during recovery,
- sadness at the reaction of certain people close to you,
- exhaustion due to pain and the desire to stop important care for your recovery,
- regrets or doubts about your decision to have surgery,
- etc.

If this is the case, do not hesitate to ask for help from local psychosocial or psychological support resources or contact a professional you trust.

## 7. INFORMED CONSENT

### 7.1 TYPE OF SURGICAL PROCEDURE

I have expressed, to the Complexe chirurgical CMC and the doctors who practise there as well as their agents and delegates (collectively the “CC-CMC”), the decision to have a gender affirming mastectomy.

More specifically :

☐ Periareolar mastectomy

**OR**

☐ Double-incision mastectomy **with** nipple areolar complex graft

☐ with removal of as much mammary gland as possible

☐ with a small amount of mammary gland retained

**OR**

☐ Double-incision mastectomy **without** nipple areolar complex graft

☐ with removal of as much mammary gland as possible

☐ with a small amount of mammary gland retained

Dr. \_\_\_\_\_ agreed to proceed with this procedure.

### 7.2 NATURE OF THE PROPOSED SURGICAL PROCEDURE, PURPOSE AND EXPECTED RESULTS

I understand that the procedure will include removing the mammary gland.

I understand that surgical results and cosmetic appearance following this surgery may vary from one person to another. I understand that my torso will look different from a biological male torso.

### 7.3 ALTERNATIVES

The decision to have a “gender affirming mastectomy” procedure is a personal choice. Choosing not to have this surgery is also possible. The selected technique was chosen in an informed manner in collaboration with my surgeon at the Complexe chirurgical CMC.

## 7.4 POSSIBLE RISKS AND COMPLICATIONS

I acknowledge that all surgical procedures involve risks and may lead to complications. By giving my informed consent to the surgery, I consent to the risks and complications that may result.

Before signing this consent, I have read section 6, *Risks and complications* in part A of the *Mastectomy* booklet.

I have been informed that unforeseeable circumstances may arise during the surgical procedure, requiring a change in the surgical approach. I consent to any changes that may be necessary during surgery and for which I would not be able to express specific consent because of the anaesthesia.

In addition to the above, I fully understand the meaning and scope of the following statements, which are fundamentally linked to the procedure to which I consent:

- The removal of the mammary gland is permanent.
- It is a permanent change in the appearance of my torso.

I freely assume and without any external constraint the choice I make to consent to the surgical procedure, and I confirm that neither the Complexe chirurgical CMC and its staff nor the physicians practicing therein can guarantee the aesthetic and functional results of this procedure and that they have made no representation to me of any such guarantee.

## 7.5 INFORMED CONSENT TO SURGICAL PROCEDURE

I certify that I have read booklets A, B and C, *Mastectomy*, I have received all the information necessary for my understanding, I have asked my questions, obtained answers to my satisfaction, and had enough time to think before expressing my consent, and I have no more questions. With my signature, I certify that I voluntarily consent to the surgical procedure.

I confirm that I am of legal age and able to consent hereto.

## 7.6 Right of revocation

I understand that I may revoke this consent unless the CC-CMC has already performed the surgical procedure based on this consent.

### PATIENT

Full name: \_\_\_\_\_

Full address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### GUARDIAN/LEGAL REPRESENTATIVE (IF APPLICABLE)

Full name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### WITNESS

Full name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

999, De Salaberry Street,  
Montréal (QC) H3L 1L2

514 288-2097

514 288-3547



 [www.grsmontreal.com](http://www.grsmontreal.com)