



DECEMBER 2022

MASTECTOMY

INFORMATION BOOKLET

PART A

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PART B

PART C

1

GENERAL INTRODUCTION

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

This booklet has been designed to support you from the beginning to the end of your surgical experience. It is divided into three parts:

PART A. This part provides you with information about your surgical procedure including its risks and possible complications.

PART B. This part will be sent to you once you are given a date for your surgery; it will give you information about your surgical procedure and how to prepare for it.

PART C. This part contains important tips on hygiene, mobility, and pain relief. These recommendations will help you recover faster and make your convalescence easier.

This booklet contains essential information for your preoperative care, your surgery, and your postoperative care. Please bring it with you on the day of your surgery.

The GRS Montréal team are always available to answer any questions and any additional information requests from you or from any other healthcare professionals involved in your surgical process.

All our contact information can be found further along in this booklet.

1.1 COMPLEXE CHIRURGICAL CMC

The Complexe chirurgical CMC comprises three entities:

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

The Complexe chirurgical CMC has more than 120 employees who are distributed across its three entities. The team is composed of Dr. Pierre Brassard, Dr. Maud Bélanger, Dr. Chen Lee, Dr. Alex Laungani and Dr. Valérie Brousseau as well as their authorized representatives and delegates, their administrative staff, their healthcare staff and their attendants. In addition, the Complexe chirurgical CMC team also includes other independent doctors and healthcare professionals who provide medical care and other types of care and health treatments within the Centre Métropolitain de Chirurgie (CMC), or in collaboration with the surgical team.

GRS MONTRÉAL

GRS Montréal is comprised of three teams:

- **Administrative services**, which oversee the progress of your personal file and of the receipt of the documents until the day of your surgery;
- **Preoperative clinical nurses**, who assess your medical file in collaboration with the social worker, the surgeon and/or the anesthesiologist;
- **Postoperative clinical nurses**, who provide postoperative care and answer all questions following your surgery and your return home.

GRS Montréal also offers coordination services for your stay. Contact us to find out about your eligibility for the various options offered.

CENTRE MÉTROPOLITAIN DE CHIRURGIE

The Centre Métropolitain de Chirurgie (CMC), accredited with Exemplary Standing by Accreditation Canada, is the only private hospital center in Quebec. All surgeries are performed at the CMC, which includes four operating rooms, one day surgery unit and one hospitalization unit. Its priority is ensuring a high standard of healthcare and surgical services while meeting the highest standards of continuous health and safety services.

MAISON DE CONVALESCENCE ASCLÉPIADE

The Maison de convalescence Asclépiade, adjacent to the hospital, is a postsurgical recovery center for patients who underwent a genital surgery. This warm and nurturing environment helps our patients to focus on their postoperative care and recovery. Our patients are accompanied by competent staff from whom they learn how to perform their postoperative care and are taught the self-care procedures needed for their return home.

1.2 WHAT IS ACCREDITATION CANADA?

“Accreditation Canada is a not-for-profit organization that is dedicated to working with patients, policy makers and the public to improve the quality of health and social services for all.

We work to bring the best of health care from around the world home, and vice versa. We work closely with health and social services organizations in Canada and abroad to develop a sustainable culture of improvement that betters safety and efficiency, working to save and improve lives. From the standards we use to the frontline assessments we conduct and everything in between, patients and families are full partners in what we do.”

Source: <https://accreditation.ca/about/>



1.3 PHONE RESOURCES

BEFORE AND DURING YOUR VISIT TO THE CENTRE MÉTROPOLITAIN DE CHIRURGIE

General information	514 288-2097
Admission or change of health status the day before surgery	514 332-7091 ext 232
Holiday Inn Laval	1 888 333-3140 (toll-free)

DURING YOUR RECOVERY AT HOME

You may reach the Maison de convalescence Asclépiade for any questions about postoperative care or if your family doctor has any questions about your surgical procedure. Please note that there is a 24 to 48-hour response delay. For an emergency, dial 911 or go to the Emergency Room of the hospital nearest you.

Maison de convalescence Asclépiade	514 333-1572 asclepiade@cmcmontreal.com
Info-Santé	Québec: 811
Emergency services in your area	Canada: 911

Your family doctor

Your pharmacist

Community health services center in your region
(Quebec: CLSC)

COMMUNITY SERVICES

Action Santé Travesti(e)s et Transsexuel(le)s du Québec (ASTT(e)Q)	www.astteq.org/
Aide aux Trans du QC	atq1980.org/
Help-line and 24h intervention	ecoute@atq1980.org Toll free: 855 909-9038 #1
Fondation Émergence	www.fondationemergence.org/?lang=en
LGBT Family Coalition	www.familleslgbt.org/main.php?lang=en

1.4 DISCLAIMER

The information contained in this document must not be construed as medical advice. It is not a substitute for a consultation with a doctor, nurse or other healthcare professional. If you have any questions about your personal medical situation, please consult your healthcare professional.

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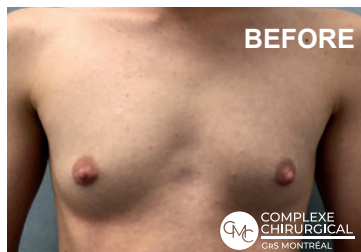
WHAT IS A MASTECTOMY?

A mastectomy is a surgical procedure in which the mammary tissues and glands of the breast are removed.

2.1 THE TWO SURGICAL TECHNIQUES USED

SUBCUTANEOUS OR PERIAREOLAR MASTECTOMY

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



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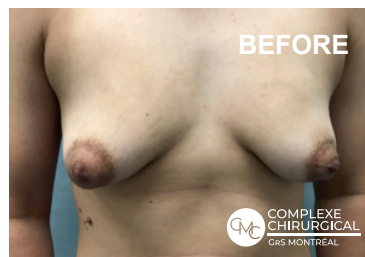
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*Results may vary from one individual to another.

DOUBLE INCISION BILATERAL MASTECTOMY WITH NIPPLE GRAFTS (WITH NIPPLE AREOLAR COMPLEX (NAC)):

1. The areola and nipple are lifted completely to help thin the tissues and improve the graft while reducing their sizes.
2. Incisions are made on each side of the torso in the sub-pectoral area.
3. The skin situated between the top of the nipple and the sub-pectoral incision is removed and, at the same time, the mammary tissues and glands are removed.
4. The sub-pectoral incisions are closed with dissolving stitches.
5. The nipples are attached to their natural location on the male torso. The choice of whether or not to have a nipple graft can be discussed with your surgeon.

Results may vary from one individual to another.



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The surgeon will determine the appropriate surgical technique to obtain the best results based on the morphology of each individual.

2.2 BODY MASS INDEX

A high body mass index (BMI) may have significant consequences on your health and your quality of life. If you suffer from severe obesity (BMI ≥ 35) increased monitoring will be required at all stages of your surgical procedure. In patients with a high BMI, there is a decrease in healing potential as well as in satisfaction with surgical results. Furthermore, a BMI over 35 increases the risk of surgical complications. If this is your case, additional test results will be required in order to ensure a safe surgical procedure. Your involvement is essential to the overall success of your surgery. For medical reasons, if your BMI is 40 and over, it will not be possible to undergo your surgery.

2.3 INFORMED CONSENT

The decision to undergo surgery must be made in an informed manner and after obtaining all the necessary information and all answers to your questions. Complications may occur during the procedure but also in the following weeks. Certain complications are common to all surgical procedures and others are more specific to mastectomy.

In Section 3 of this booklet, you will find the “Risks and Complications” which provides a partial but precise list of complications that may occur during or after a surgical procedure.

2.4 THE SURGERY

AVERAGE DURATION OF THE PROCEDURE	HOSPITALISATION AT CMC	ANESTHESIA	RECOVERY AND DISCHARGE	RESUMING PHYSICAL ACTIVITIES AND SPORTS
1.5h to 2h	Day surgery	General	4 to 6 weeks/ depending on the nature of your work	6 to 8 weeks
YOU MUST BE ACCOMPANIED AT THE TIME OF YOUR DISCHARGE FROM OUR FACILITIES				

2.5 DRAINS

Drains are usually installed during your surgery and you will need to keep them for a certain period of time following your departure from the CMC. For more information please refer to section 13 (Part C) of this booklet.

2.6 THE ELASTIC BANDAGE

You will be required to wear an elastic bandage for one month following your surgery. It should only be removed when taking a shower. The bandage will be affixed by the operating room staff after your surgery; however, you may wear your own if it is equipped with a Velcro strip. To prevent the formation of a hematoma or a seroma (see section 3.3), it is essential that you wear the elastic bandage for the entire recommended period.

2.7 PAIN RELIEF

It is normal to feel pain after undergoing a surgery. You will be given a prescription for pain relief medication before your departure from the CMC. In addition, you will find advice on pain management in Part C of this booklet.

2.8 HEALING

During the 9 to 12 months following surgery, there is normally a natural retraction of the skin to correct any residual sagging.

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 results possible.

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RISKS AND COMPLICATIONS

GENERAL INFORMATION

Although all surgical procedures involve risks, our surgical team works continuously to prevent them by maintaining and developing a safe surgical practice. Furthermore, a treatment plan with pre and postsurgical follow-ups allows for the early detection and management of any complications that may occur.

The following list is partial, and most complications are minor. Some may require a longer period of hospitalization or recovery without necessarily compromising the final results of your procedure.

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

You must disclose all current and past health problems to your surgeon and your anesthesiologist before your surgery takes place. Certain problems may significantly alter the procedure's parameters and may also increase the risk of complications. Make sure to note your medical issues and health history in your preoperative questionnaire and notify us of any changes that could affect your health.

Smoking increases your risk of complications. Smokers experience increased risks of infectious, pulmonary, respiratory, and cardiovascular complications. Smoking can also affect the appearance of scars, delay healing of surgical wounds and result in partial or total necrosis of grafted nipples.

3.1 BLOOD CLOTS AND PULMONARY EMBOLISMS

Immobilization during surgery may increase the risk of blood stagnation in the veins of the lower limbs and pelvis and result in a blood clot that could lead to a pulmonary embolism. These problems require treatment in a hospital center and a follow-up with a medical specialist. Early mobilization following surgery helps prevent complications related to blood circulation.

3.2 BLEEDING

Bleeding that requires a blood or blood products transfusion is rare but may occur.

3.3 HEMATOMAS AND SEROMAS

A hematoma is an accumulation of blood beneath the skin while a seroma is related to the later accumulation of clear bodily fluid. In both cases, this accumulation may be mild or severe and may require drainage to remove the excess blood or fluid.

3.4 INFECTIONS

An infection occurs when tissues are affected by microorganisms such as bacteria and/or other pathogens. A local infection is treated with antibiotic ointment while a general infection is treated with antibiotics taken orally or intravenously. A local infection with an accumulation of pus (abscess) requires drainage. Infection is a common risk to all surgical procedures. You may receive preventive antibiotics to reduce the risk of infection.

3.5 ALLERGIES OR SENSITIVITY TO PRODUCTS/MATERIAL USED

In rare cases, an allergic reaction or sensitivity to soaps, ointments, adhesive tape, or stitches may occur during or after the surgical procedure. Generally, this complication is fairly easy to treat. Serious allergic reactions are extremely rare and may require hospitalization.

3.6 REOPENING (DEHISCENCE) OF WOUNDS AND/OR SLOW HEALING

The healing process is influenced by a series of factors: edema, infection, strain on wounds, deficient blood circulation, alcohol use, smoking, poor nutrition, etc. These factors can slow healing and cause the reopening of wounds that require a longer healing period. Generally, this does not affect the final appearance of the operated area. However, if the final appearance is affected, scar revision surgery may be necessary.

3.7 INJURIES TO OTHER PARTS OF THE BODY

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

3.8 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.

3.9 LARGE AND THICK SCARS (KELOIDS)

The scarring process differs from one person to another and scars may become larger and/or thicker. Your own scarring history should be a good indication of what you can expect. If your scars are large and/or thick, it is possible to correct them with medications such as injectable steroids, silicone dressings or, if necessary, scar revision surgery.

3.10 UNSATISFACTORY RESULTS AND/OR NEED FOR CORRECTIONS

Corrective surgery may be suggested if the surgeon judges the results to be unsatisfactory. It is important to note that some corrections may be made for purely cosmetic purposes and that this type of surgery is not covered by provincial health insurance programs. This type of surgery includes:

- any correction of a scar located elsewhere than on the face or neck and which does not cause a functional problem;
- any removal of excess, asymptomatic fatty tissues or excess mammary glands.

Corrective surgeries performed for cosmetic purposes are at the patient's expense.

3.11 PSYCHOSOCIAL SUPPORT

Gender affirmation surgeries generate multiple changes in the life of the patient. To successfully adapt to all these changes, it may be necessary to seek the help of healthcare professionals in addition to that of your loved ones.

You may sometimes experience feelings such as:

- discouragement with postoperative care;
- boredom or isolation during your recovery period;
- sadness over the negative reaction of certain people close to you;
- exhaustion due to pain and the urge to cease important care for your recovery;
- regrets or doubts about your decision to seek surgery;
- etc.

Should you find yourself in one or more of the above situations do not hesitate to seek help from local resources for psychosocial or psychological support, or to contact a professional you trust.

CONSENT

(This consent will be signed at the time of your admission, on the day of your surgical procedure.)

If you have any questions, consult your surgeon before signing this document.

Patient's name in PRINT

I,

- attest to having had the necessary time to read this document and to have understood the information it contains;

- attest that I was able to ask my questions and that the answers received were satisfactory.

Signed in Montreal, this _____ day of _____, 20_____.

Patient's signature

Witness' signature

Name of witness in PRINT

QMC



COMPLEXE
CHIRURGICAL

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