

INFORMED-CONSENT Female to male gender reassignment chest surgery

(nipple sparing mastectomy or mastectomy with free nipple graft or possible peri areolar mastopexy with nipple reduction)

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you about female to male gender reassignment chest surgery, its risks, and alternative treatments.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon. If you are under 18 your parent must also initial and sign.

GENERAL INFORMATION

Gender reassignment is a long process which takes place with counseling and treatment by primary care doctors, psychologists, endocrinologists and surgeons. Surgery takes place at the end of this process and must be carefully considered. The best candidates are those who are mature enough to understand the procedure and have realistic expectations about the results. There are a variety of different surgical techniques used to reduce and reshape the female chest to have a male appearance. There are both risks and complications associated with gender reassignment surgery.

ALTERNATIVE TREATMENT

Gender reassignment surgery is an elective surgical operation. Alternative treatment would consist of not undergoing the surgical procedure or wearing undergarments to hide developed breasts. Risks and potential complications are associated with alternative surgical forms of treatment.

RISKS of FEMALE TO MALE GENDER REASSIGNMENT CHEST SURGERY

Every surgical procedure involves a certain amount of risk. It is important that you understand the risks involved with surgery. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications and consequences of female to male gender reassignment surgery.

BLEEDING

It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or blood transfusion. Do not take any aspirin or anti-inflammatory medications for fourteen days before surgery, as this may increase the risk of bleeding. Nonprescription "herbs" and dietary supplements can increase the risk of surgical bleeding.

INFECTION

An infection is quite unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

CHANGE IN NIPPLE AND SKIN SENSATION

You may experience a change in the sensitivity of the nipples and the skin of your breast. Permanent loss of nipple sensation can occur after chest surgery in one or both nipples. Nipple sensation may be lost if nipple graft techniques are used for treatment of gender reassignment surgery.

SKIN SCARRING

All surgical incisions produce scarring. The quality of these scars is unpredictable. Abnormal scars may occur within the skin and deeper tissue. In some cases, scars may require surgical revision or other treatments. Some scars are limited to the border of the nipple, but patients with larger breasts may require scars which extend outside of the nipple area. Such scars are more noticeable. Every effort will be made to minimize scars. Occasionally, lax skin will not be evident until several months after surgery and may necessitate secondary surgery with longer, more visible scars.

UNSATISFACTORY RESULT

You may be disappointed with the result of the surgery. It may be necessary to perform additional surgery to improve your results.

PAIN

Abnormal scarring in skin and the deeper tissues of the breast may produce pain. This is a rare complication.

FIRMNESS

Excessive firmness of the chest can occur after surgery due to internal scarring or fat necrosis. The occurrence of this is not predictable, but it is usually temporary. If an area of fat necrosis or scarring appears, this may require additional surgical treatment.

DELAYED HEALING

Wound disruption or delayed wound healing is possible. Some areas of the breast skin or nipple region may not heal normally and may take a long time to heal. It is even possible to have loss of skin or nipple tissue. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Complete loss of the nipple would necessitate nipple reconstruction.

Smokers have a greater risk of skin loss and wound healing complications.

ASYMMETRY

Some chest asymmetry naturally occurs in most men. Often the muscles of the chest on the side of a patient's dominant hand are larger. Differences in nipple shape, size, or symmetry may also occur after surgery. Additional surgery may be necessary to revise asymmetry after chest surgery.

BREAST DISEASE

Breast disease and breast cancer can occur independently of a gender reassignment surgery. It is recommended that you seek professional care should a breast lump be detected. Such occurrences are rare and usually occur after the teenage years. Gender reassignment surgery does not increase this risk.

ALLERGIC REACTIONS

In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

SURGICAL ANESTHESIA

Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions that may influence the long-term result of female to male gender reassignment surgery. Secondary surgery may be necessary to perform additional skin tightening or repositioning of the nipples. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with gender reassignment surgery. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.

REVERSAL OF SURGERY

It is imperative that you carefully consider the decision to have your breasts removed. The surgery is irreversible. Although it may be possible to place breast implants in the future, implants are not breasts. Implants can be complicated by pain, numbness, infection, bleeding, asymmetry, hardening, rippling, scarring and the possible need for multiple surgeries. If you proceed with gender reassignment chest surgery, breast feeding will never be possible.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, anesthesia, and hospital charges, depending on where the surgery is performed. You will be responsible for necessary payments for the surgery. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with reversionary surgery would also be your responsibility.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

CONSENT FOR SURGERY/ PROCEDURE or TREATMENT

1. I hereby authorize Dr. Swail to perform the following procedure or treatment:
Female to male gender reassignment chest surgery
I have received the following information sheet:
INFORMED-CONSENT-Female to male gender reassignment chest surgery
2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize your plastic surgeon to perform such other procedures that are in the exercise of his professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing or televising of operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or education purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. THE FOLLOWING HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-8). I AM SATISFIED WITH THE EXPLANATION.

Patient's Name (printed)

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____