

# TRANS HEALTH CARE INSIDE



A Zine About Masculinizing  
Top Surgery for TGI people  
in California prisons

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# INTRODUCTION

The authors of this zine are members of a statewide coalition for trans people in California prisons called TAG, or the Transgender Advocacy Group.

We are friends with people inside who have undergone gender affirming surgery and people who are pending surgeries or considering surgeries. We created this resource because we have seen some people have negative outcomes, and we have met other people who just needed better information than what the prison provided.

If you have medical needs that are not being addressed by prison health care staff, the best thing you can do is to tell staff about what you're experiencing, submit a health care services request detailing your symptoms (form 7362), and file a grievance if these issues are ignored or not properly handled (form 602).

If you're having issues, please reach out to the organizations listed in the back of this zine.

## INTRO, PT. 2

The cover image is of Blue-Sky. Blue-Sky is 78, living in San Francisco, and working for TGI Justice Project. He still supports trans people inside and is still fighting for our people.

He is an indigenous elder (Salish), an advocate, a peace keeper, a storyteller, and an extremely kind man. During the 37 years he spent in women's prisons in California, he successfully fought for native and trans people. But when Blue-Sky first came to prison, he didn't want to program and didn't want to participate. His mom reminded him that it was his duty to make the world better wherever he was at. So Blue-Sky started programming and advocating.

He first successfully fought to get religious services for native people. In the early '90s, he fought for better living conditions for himself and eventually secured a smoke- and tobacco-free room. In the 2000s, he worked with Alex Lee, a lawyer at TGIJP, and finally got hormones in 2009.

In 2017, after years of grievances and advocacy, he had top surgery. For over three decades, he helped found a number of support groups -- a two-spirit support group, a transgender support group, and others.



# INTRO, PT. 3

When asked what he wanted to share with other people thinking about top surgery, Blue-Sky gave this advice:

1. Know who you are and that you're worth fighting for. Prisons will try to discourage you, but don't let them.
2. Respect yourself and others. Blue-Sky did not argue with or yell at staff, and he avoided Administrative Segregation and isolation. This helped him advocate for himself and others.
3. Always ask for what you need and continue asking until you get a response. Blue-Sky regularly grieved issues and appealed his grievances to the highest level (or what is called "exhausting administrative remedies"). Even after he was approved for top surgery, Blue-Sky had to grieve the prison's "excessive delay" in providing him with surgery until they provided medical care.
4. Work with others to get as much information about gender affirming surgery and hormones as you can. Blue-Sky and others in the support groups would each divide up tasks and research specific things. Then they would come together and share information with each other. He also worked with outside advocates and lawyers to get information.
5. Use the information to ask questions at every stage in the process and get the answers you need. Blue-Sky read everything he could about gender affirming care and asked his doctors and surgeons questions that he and others had. He would then share all of that information with others in his community.

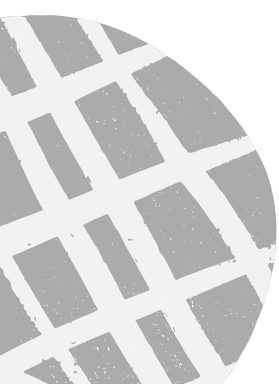
# TOP SURGERY 101

Masculinizing top surgery is surgery to create a more masculine chest. These surgeries usually include the removal of excess breast tissue, resizing and replacement of the nipple, and male chest contouring.

Some people call this surgery "double mastectomy" or "male/masculinizing chest contouring."

Most people just call it "top surgery."

There are many different types of top surgery, and your individual body shape, size, skin type, nipple size, and position are all factors that your surgeon will consider.



# **BENEFITS OF SURGERY**

Having a good relationship with our bodies is important to feeling like our best selves. Top surgery, like other kinds of gender-affirming procedures, can help with this.

Many people who have gender affirming surgery experience mental, emotional, and physical benefits and report that they feel good about going through the process.

Studies have found that people feel more affirmed in their gender, have higher self-esteem, and feel more positive about their bodies, including being very satisfied with the functionality and appearance of their chest.

Studies have also shown that many people who experienced intense feelings of dysphoria, depression, and anxiety about their body before their surgery found that it decreased or went away altogether after surgery.

# TYPES OF SURGERY

There are many types of top surgery and even within the broad categories, there are many different surgical techniques. We discuss many types of surgeries below.

## **DOUBLE INCISION**

This is the most common procedure for top surgery and can remove moderate to large amounts of breast tissue. The surgeon makes two horizontal incisions (cuts) across the left and right side of the chest, which accentuate the natural contours of the pectoral muscles. The greater the amount of tissue present before the surgery, the longer the incisions.

The incisions are kept separate where possible but may meet in the midline of your body. Some people may have some extra tissue along the side of the chest. If this is a concern, it can be addressed with another surgery later.

The nipples and areolas are removed (sometimes these are called "NAC" in medical language), reshaped, and then replaced (if desired) to achieve a more masculine appearance. The nipples will not have sensation immediately after surgery. Patients may regain some nipple sensation after six to 12 months, but they may be less sensitive than before.

# TYPES OF SURGERY, PT. 2

## DOUBLE INCISION

### Pros:

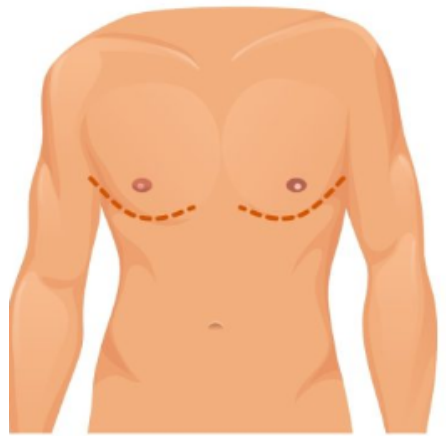
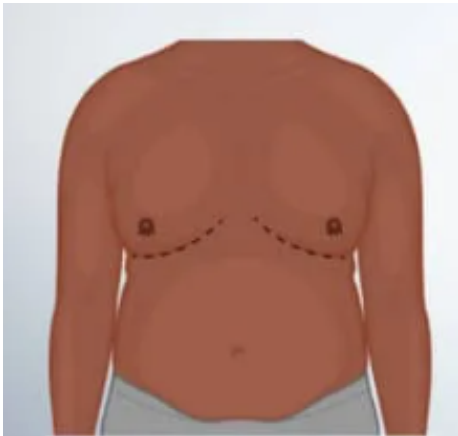
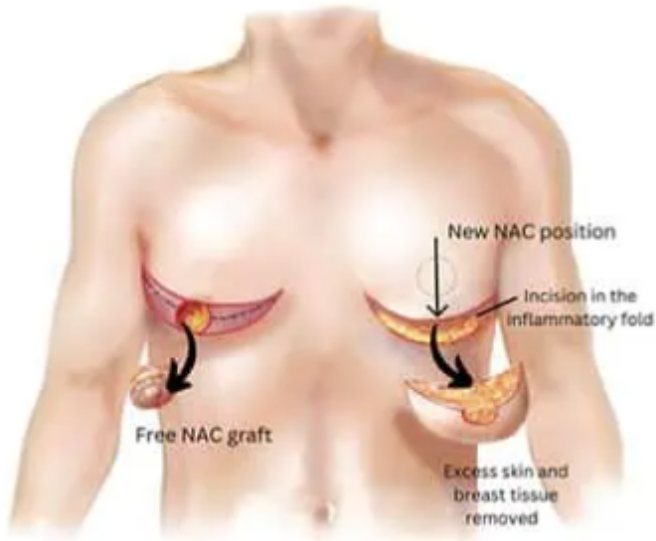
- This approach is ideal for patients with bigger chests and excess skin
- The technique allows for a very flat chest contour
- The surgeons have some flexibility in nipple relocation or repositioning

### Cons:

- Drains may be put in place after the surgery.
  - Pages 28-30 of this zine has more info on drains. Some people get them and others don't. Talk to your surgeon about this.
- Long incisions and resulting scarring may be visible along the base of the chest.
- Diminished nipple sensation may be temporary or permanent.
- Nipple care after surgery is more involved than after other procedures.
- There is a rare possibility of partial or complete nipple loss.

# TYPES OF SURGERY, PT. 3

## DOUBLE INCISION



# TYPES OF SURGERY, PT. 4

## KEY HOLE

For people with very small breast tissue and no excess skin, the surgeon can make a cut along the lower half of the areola and extract breast tissue through this opening. The areola and nipple may be made slightly smaller before closing the incision.

This approach is used less often because it may not be successful when used for patients with large, drooping, or sagging breasts. For example, if a person can tuck a pencil horizontally between the underside of the breast and their torso and not have it fall to the ground (the "pencil test"), the keyhole procedure is unlikely to produce good results.

### Pros:

- The surgery leaves a less obvious scar along the border of the areola (the area of darker skin around the nipple)
- The procedure results in a very flat chest contour

### Cons:

- Drains are placed after surgery
- You may experience diminished or absent nipple sensation
- Inability for surgeon to reposition nipples or reduce the size of the areolas significantly

# TYPES OF SURGERY, PT. 5

## PERI-AREOLAR

For people with very small breast tissue and no excess skin, the surgeon can make a cut around the entire areola and a second larger circle cut is made and then the surgeon extracts breast tissue and removes excess skin through this opening. The areola and nipple may be made slightly smaller before closing the incision.

This approach has the same issue as keyhole and is only used if the individual's chest, skin, and overall shape is okay for this type of surgery.

### Pros:

- The surgery leaves a less obvious scar along the border of the areola
- The procedure results in a very flat chest contour

### Cons:

- Drains may be placed after surgery
- You may experience diminished or absent nipple sensation
- Inability for surgeon to reposition nipples or reduce the size of the areolas significantly



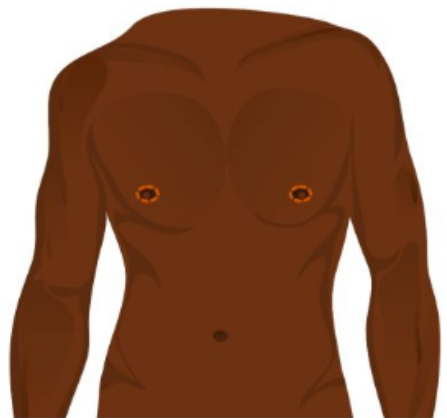
# TYPES OF SURGERY, PT. 6

## KEY HOLE / PERIAREOLAR

### Keyhole



### Peri-Areolar



# TYPES OF SURGERY, PT. 7

## **BUTTON HOLE**

This approach is for people who wish for a more masculine chest contour while preserving nipple sensation. In this surgery, the nipple and areola are kept on a stalk of tissue that includes and preserves the nerves.

Because this stalk of tissue remains in the chest, this technique will leave a small amount of bulk in the breast area and may not be the best option for those seeking a completely flat chest.

However, some people with larger chests may find the results of this approach satisfactory, since some extra tissue in the breast area can be affirming and desirable for those who like it.

# TYPES OF SURGERY, PT. 8

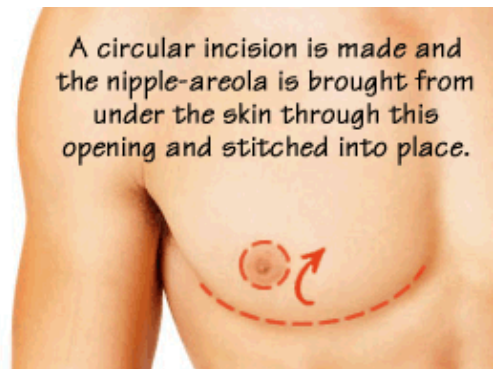
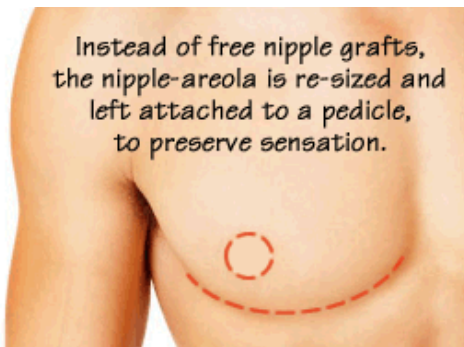
## BUTTON HOLE

### Pros:

- This approach gives patients a good chance of preserving sensation in the nipple, although results can vary.
- It is possible to make the areola smaller.
- The procedure can create an acceptable anatomic contour for heavier people.
- There is minimal nipple care necessary after surgery.

### Cons:

- The incisions are long horizontal lines across the base of the chest, like those used with the double incision approach.
- Some tissue bulk is left in the chest.
- Drains may be placed after surgery.



# TYPES OF SURGERY, PT. 7

## **INVERTED T / T-ANCHOR**

The Inverted-T procedure is similar to Double Incision Top Surgery: skin on the chest is opened along two horizontal incisions, at the top and bottom of the pectoral muscle. (The muscle itself is not touched.) The skin is pulled back and breast tissue is removed. Additional liposuction may be performed to adjust contour.

The important distinction between Double Incision and Inverted-T has to do with nipple grafts vs. a resized/repositioned NAC. With Inverted-T, the NAC is reduced in size and repositioned via an extra vertical incision that runs from the bottom of the areola to the horizontal incision along the pectoral muscle. Because the nipple stalk and nerve are not severed, the NAC retains its blood supply as well as a degree of sensation that just isn't possible with the free nipple grafts used in Double Incision Top Surgery.

# TYPES OF SURGERY, PT. 10

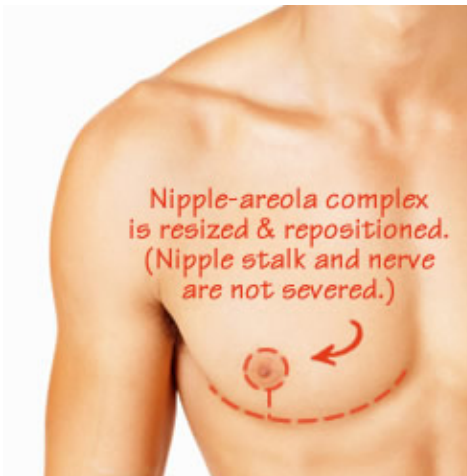
## INVERTED T/ T-ANCHOR

### Pros:

- This approach gives patients a good chance of preserving sensation in the nipple, although results can vary.
- It is possible to make the areola smaller.
- Fewer potential complications due to no nipple grafts

### Cons:

- The incisions are long horizontal lines across the base of the chest, like those used with the double incision approach and between the nipple and scar
- Drains may be placed after surgery.
- It can be harder to create a more masculine appearing chest.



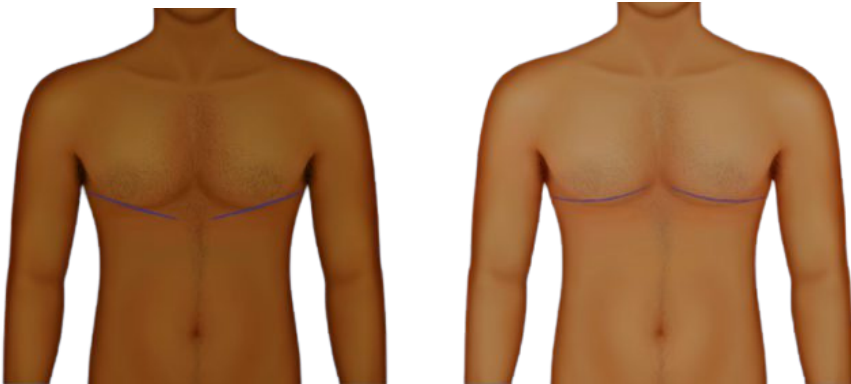
# TYPES OF SURGERIES, PT. 11

## NIPPLE GRAFTS

Nipple grafts are nipples that have been removed from your chest during top surgery and then reattached to the chest in the desired location. The areolas are usually cut down to about the size of a nickel and then shaved down so that they don't project as much.

## NO NIPPLES

Some individuals may not want to have any nipples at all as a part of their procedure. This would require the procedure to be a double incision procedure but one in which we would avoid using the free nipple grafts altogether. Some individuals wish to never have any nipples on their chest, and other individuals will tattoo nipples and areolas on their chest later in life instead of opting for a nipple graft.



# **SURGERY PREPARATION: BIG PICTURE**

It's important to prepare well for surgery so that it goes as smoothly as possible.

In CDCR, you must first get approved by the Gender Affirming Surgery Review Committee. If you want to start the approval process, speak with your PCP or any medical staff. You can request surgery in writing by submitting a 7362 (Health care services request form).

After getting approved, medical staff at your facility should start scheduling all of the necessary visits, including meeting with your surgeon (which is officially called a "consultation").

After having the surgery, there are many things you can and should do to make sure that your results are what you want and that you reduce the chances of anything going wrong.

In this section, we discuss each of these stages in detail. We talk about consultation and pre-surgery preparation, surgery, after-surgery follow-up, and lifelong care.

# **SURGERY PREPARATION: CONSULTATION**

After the prison health care officials approve your surgery, prison medical staff should schedule a consultation for you with a surgeon. It may be in person, on video, or over the phone.

You must attend the consultation.

We have a list of questions you could also ask your surgeon during this consultation.

## **PRE-CONSULTATION QUESTIONS**

Before your consultation, you should consider these questions:

- What do I want my body to look like?
- What do I want my scars to look like?
- What are my goals for now?
- What are my goals later in life?
- How do I hope to feel after surgery?
- What is a good result?
- What outcome do I not want?
- What do I want to be able to do post-surgery?
- Am I okay with possibly needing a second surgery if there are complications?



# **SURGERY PREPARATION: CONSULTATION QUESTIONS, PT. 2**

During and even before the consultation, you should ask your surgeon and your providers all of your questions. This is your surgery, and you deserve to know everything before you continue.

Here are some potential questions to ask your surgeon.

## **SURGEON EXPERTISE**

- Are you certified by the American Board of Plastic Surgery?
- Were you trained specifically in the field of plastic surgery?
- How many years of plastic surgery training have you had?
- Are you a member of the World Professional Association for Transgender Health?
- What specific training do you have in gender affirming surgery techniques?
- Is the office-based surgical facility accredited by a nationally- or state-recognized accrediting agency?
- Is the facility state-licensed or Medicare-certified?
- Do you have training and experience in the specific surgeries I'll be getting?

# **SURGERY PREPARATION: CONSULTATION QUESTIONS, PT. 3**

## **EXPERIENCE**

- How many gender affirming surgeries have you performed?
- How many of this specific type of surgeries have you performed?
- How many gender affirming surgeries do you do per week/month/year? Which ones?
- Will you be doing the surgery yourself or will less experienced surgical residents take part?
- What kinds of gender-affirming practices has your office adopted?
- Will I be referred to by my name and pronouns?
- Has a patient of yours ever lost one or both nipples?
- If so, have you changed (or improved) surgical techniques to lessen this risk?

## **AVAILABLE PROCEDURES**

- What types of surgeries do you offer?
- What types of surgeries do you not offer? Why?
- What procedure do you think would best suit my needs and goals?
- What does the surgery involve?
- Will you test the removed tissue for cancer?

# **SURGERY PREPARATION: CONSULTATION QUESTIONS, PT. 4**

## **SURGICAL RESULTS**

- Can I see a portfolio of before/after photos for your patients?
- Will I need additional surgeries?
- How much long-term follow-up do you do for patients?
- How soon after surgery will I see my final results?
- How much do complications impact the final result?
- What results are reasonable for me?
- What are my options if I don't like the final result?
- Why and how do we decide if a revision is necessary?
- Will I need to wear any special garment after surgery? How long?

## **SURGERY PREPARATION**

- Do I need to stop taking any medications before surgery?
- Will I need to have any blood work done or do any other lab tests prior to surgery day?
- Will you be providing detailed, written pre-op and post-op instructions?
- Are there any other ways I need to prepare?
- What can I do to make sure I get the best results?

# **SURGERY PREPARATION: CONSULTATION QUESTIONS, PT. 5**

## **RISKS & COMPLICATIONS**

- What complications am I at risk for?
- What symptoms should I be on the lookout for?
- How can/will I know if I have a complication or if I am healing normally?
- If I have a complication, will you be the person who will treat me?
- If a complication happens, how do I manage it?
- Do any of my medical conditions increase complication risks?
- What is your success rate? What is your complication rate?
- What are my options if I am dissatisfied with the outcome?
- Do you have any recommendations for scar care like creams or massage techniques?
- Will I have permanent numbness or loss of feeling on or near the surgical site after surgery?
- Will I have any lifetime maintenance after surgery?

## **RECOVERY**

- How long will my hospital stay be?
- What will my recovery look like?
- What medications will I be prescribed after surgery?
- When will I be back to normal daily activities?
- When can I go back to work?

# **SURGERY PREPARATION: CONSULTATION QUESTIONS, PT. 6**

## **RECOVERY IN PRISON**

- Will I need wound care treatment from prison staff? If so, can you please recommend that?
- Will I need specific types of hygiene supplies? If so, can you please recommend them?
- Will I need specific types of durable medical equipment for an indefinite period of time, like compression vests, pillows, or other items? If so, can you please recommend them?
- Will I need specific accommodations for a short period of time, like a walker, wheelchair, wedge pillow, or compression garment? If so, can you please recommend them?

## **LIFELONG CARE**

- Will I need lifelong medical care?
- What appointments should I make sure I advocate for?
- Do I need annual cancer screenings?
- Do I still need to get a mammogram even if I have had all my tissue removed? What if I have some tissue still on my chest?
- What other care should I know about?

# **SURGERY PREPARATION: MONTHS BEFORE SURGERY**

In the months before the surgery, you should consider these steps:

- You may need to attend specialty appointments related to your surgery. You should try to make all of your medical appointments.
- Many surgeons require blood work, where they draw some of your blood and send it to a lab for analysis, and/or other preparation for surgery. Some surgeons also request drug tests, too.
- If you smoke or engage in any drug use, you should stop or reduce as much as you can prior to surgery. Smoking anything is particularly harmful to surgical healing.
- If you have any access needs for transportation, make sure those needs are documented by the prison and are in your file.
- Try to stay active, get plenty of rest, and eat a healthy, balanced diet.



# **SURGERY PREPARATION: DAY BEFORE & DAY OF SURGERY**

## **THE DAY BEFORE SURGERY**

You can expect to get a ducat about your appointment.

You will get instructions about what to eat the day before and when to stop eating and drinking before surgery (usually 10 pm or midnight the night before).

You may get liquids for bowel preparation or for helping you with recovery after surgery. Be sure to follow your surgeon's instructions.

## **THE DAY OF SURGERY**

You will be transported to the hospital very early. Once you arrive, you will have to change clothes and medical staff will start preparing you for surgery.

They will ask you a lot of questions and may place medical devices on your body, like electrodes or special leg coverings, and may wipe your body with special chemicals to reduce infection.

# **SURGERY PREPARATION: AFTER SURGERY**

After surgery, you'll wake up in the recovery room, where a nurse will monitor your vital signs. There may be other patients in the room and it can be noisy with the sounds of beeping machines and people shuffling around. As you come out of the anesthesia, you might experience nausea, grogginess or confusion and this can take a few hours to wear off. You can request a patch to treat nausea.

Many patients only stay in the hospital for a few hours. If there are complications, you may need to stay another day or two.

You should also have scheduled post-operative appointments with your surgeon. These appointments can be in person or over video or phone. Discuss the general schedule with your surgeon so you know what to expect and so you can self-advocate back at the prison.

There should be a care plan to determine when emergency follow-up with the surgeon is necessary. For example, if you are bleeding excessively (a small amount of bleeding is normal), have an infection, or if there are other issues, you should know what to do.



# **SURGERY PREPARATION: SUPPLIES AFTER SURGERY**

At reception at the prison, you may need all or some of the following accommodations or medical equipment:

- An accessible bed (bottom bunk, ground floor)
- Mobility aid, like a cane, walker, or wheelchair
- Keep On Person ("KOP") pain management medication like ibuprofen
- Wedge pillow

Many people recommended having the following supplies ready prior to surgery for after-surgery care:

- Anti-bacterial soap
- Hand sanitizer
- Button-front shirts
- Extra towels, toilet paper, sheets, and pillows
- Wet Wipes (many packs)
- Tape or other item to fix drains to shirt
- Scar cream with silicone (called Scar Away)
- Vitamin E oil
- Antibiotic medication (recommended by surgeon)
- Pain medication (recommended by surgeon)
- Stool softener (recommended by surgeon)

Speak with your PCP after your consultation. Ask your PCP how and when to request these supplies. Ask you PCP if they can pre-order or pre-approve necessary supplies. You can also submit a health care services request, form 7362 or a health care grievance, form 602-HC, for these supplies.

# SURGERY RECOVERY

Here's some information about what you can expect during your recovery:

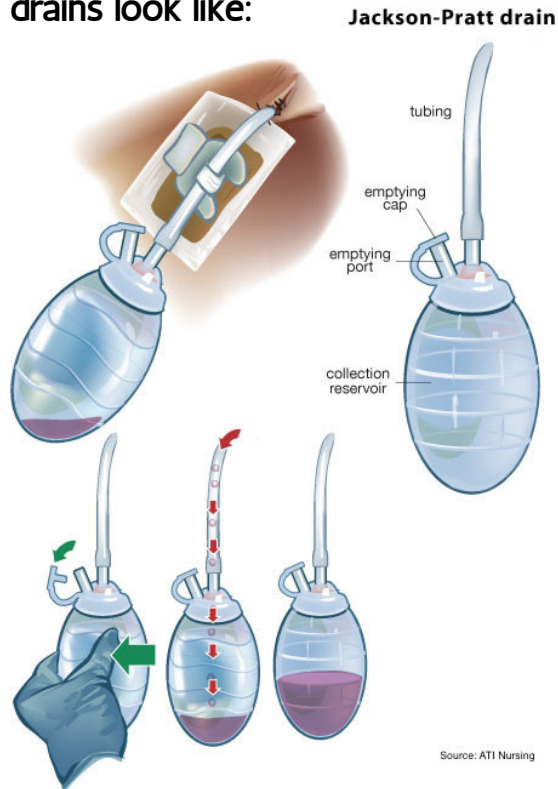
- Your chest will be covered in a compressive surgical garment or vest over bandages.
  - This must be kept on at all times, including while sleeping, until your first postoperative appointment.
- You may have two drains coming out of your dressing.
  - These drains and the compressive dressings are meant to prevent fluid from building up underneath your chest.
- As your incisions heal, you can expect some itching and shooting pains.
  - This is normal healing.
- Plan to sleep on your back with several pillows to elevate the head of your bed.
  - This is to lessen the amount of swelling you experience, which may worsen in the first few days after surgery before getting better. Plan to sleep on your back for the first 6 weeks after surgery while your chest heals.
- Don't shower or get the dressings wet until you are seen at your first postoperative appointment.
  - You will not be allowed to shower or get dressings wet for 2 weeks to protect the nipple grafts.

# SURGERY RECOVERY: DRAINS

Many people have drains after surgery. Drains remove and collect blood, pus or other excess fluids. Excess fluid in a post-surgical site can also cause pain and swelling.

The Jackson-Pratt or JP drain is commonly used for Top Surgery. Some surgeons use Penrose drains. JP drains have plastic tube and bulb to collect fluids.

Here's what drains look like:



*There are a growing number of surgeons who do not use post-surgical drains. If you are concerned about drains with your surgery, it may be worth it to ask your surgeon about this possibility.*

# **SURGERY RECOVERY: DRAINS, PT. 2**

## **DRAIN CARE**

You will need to empty your drains twice a day (or more), and record the fluid output. Your surgeon will provide you with instructions about how to do this hygienically.

## **DRAIN PAIN**

Pain associated with post-surgical drains tends to be related to either the incision site or the removal of drains. Icing can help with pain at the incision site. Having drains removed produces more of a weird sensation than painful. Drain removal takes just seconds and it will be over before you know it.

## **DRAIN REMOVAL**

Surgeons follow different guidelines on this, but drains are usually removed when the fluid output is below 20cc - 30cc for a couple of days. In Top Surgery patients, this takes about 5-7 days.

While some people say too much activity with your arms can lead to more fluid, some surgeons insist that there's no scientific evidence of this. Some people drain more, some drain less. But still, many surgeons recommend that you limit activity during healing, especially with your upper body, to reduce fluid output.

# SURGERY RECOVERY

## 1-3 WEEKS AFTER SURGERY

- Drains, if you have them, are usually removed at the first postoperative appointment.
- Compression vest is worn for one to six weeks after surgery.
- You will be sore and will need to rest for about a week after surgery.
  - During this time, you should rest as much as possible. However, surgeons recommend that you walk after surgery to prevent blood clots from forming in your legs.
- Avoid strenuous activity or lifting more than 5 pounds for two or more weeks after surgery.
  - You may want to ask friends for help.
- Scar care (after they have fully healed):
  - You can improve the appearance of your scars by using silicone sheets or scar gel on your incision, beginning two weeks after surgery.
  - Scars can be made more noticeable by sun exposure for up to one year after surgery. Make sure the scars are either covered, or apply a strong sunscreen to your scars.
  - During recovery, avoid reaching up over your head or moving your upper body in ways that can stretch your scars. Stay off the bench press!
  - Wearing a binder while healing can prevent scar tissue from overstretching, widening and thickening.
  - Gently massage scars to break down scar tissue.

# **SURGERY RECOVERY**

## **1-3 MONTHS AFTER SURGERY**

Generally, people often feel better than they expect during Top Surgery recovery and while it's tempting to get out and get active, it's important that you follow your surgeon's recommendations about physical activity after surgery.

Walking is recommended as it gets your lymphatic system stimulated, which helps your immune system fight off infections.

Activities that you should avoid include anything that causes you to lift your hands above your head, which can stretch out your incisions leading to more visible scarring. You should also avoid lifting heavy objects.

You should wait 8 weeks minimum before going back to the gym. Heavy chest workouts should be avoided for even longer, up to 3 months.

You'll definitely need to take time off work or school to recover from Top Surgery. The amount of time you'll need to take off depends on the type of job that you have. If your job requires lifting anything over 5 pounds, you should take 8-12 weeks off.

# **SURGERY RECOVERY: EATING**

## **General food tips**

- **Get yourself some treats.**
  - **Get a few things that will put a smile on your face during your recovery.**
- **Avoid dairy and white flour until your system is back up and running smoothly.**
- **Eat a low sodium diet if you can. You can request a low sodium diet by talking with your PCP.**
- **Planning ahead to have meals ready (or even a commissary list prepared) can be helpful.**
- **Make sure to drink lots of water and clear fluids.**

## **Low Sodium Meal Suggestions**

- **Oatmeal (fresh steel cut or rolled oats is better) topped with any unsalted nuts and fresh fruit.**
- **Egg burrito: Scrambled eggs wrapped in a flour tortilla.**
- **Bean burrito**
- **Rice bowl: any meat combined with steamed white rice topped with any veggies (fresh or dried)**
- **Rice & bean salad**

## **Avoid (if you can)**

- **Processed cheeses and meats**
- **Canned soups**

**Remember: Being fed & hydrated is absolutely necessary. You have to eat full meals and make sure your body has everything it needs to heal.**

# **SURGERY RECOVERY: EMOTIONS**

Learning about the emotional ups and downs during recovery will hopefully help you feel better equipped for the surgical recovery process. Overall, gender affirming surgery is a hugely positive experience in one's life. In addition to having feelings of celebration about what is to come, it is important to also be aware of the possibility of experiencing temporary negative feelings after surgery that are called "postoperative depression." This melancholy is actually common after all types of surgery. It warrants some special discussion for gender affirming surgery as people often expect to feel happy after surgery.

Postoperative depression does not affect everyone, but when it happens it can be confusing and upsetting. This is because people understandably think that emotions after gender confirming surgery should be universally good, but that is not always the case immediately after surgery. There are a variety of reasons that sadness or low mood can occur after surgery; some reasons are physiological, some are psychological, and some are due to changes in routine and lifestyle after surgery through the recovery period.

Surgery can be considered a type of trauma to the body—after all, your physical being is undergoing a huge transformation. After such a big change, a period of postoperative depression makes sense. The body registers surgery as a type of 'wounding' from which it needs to recover.



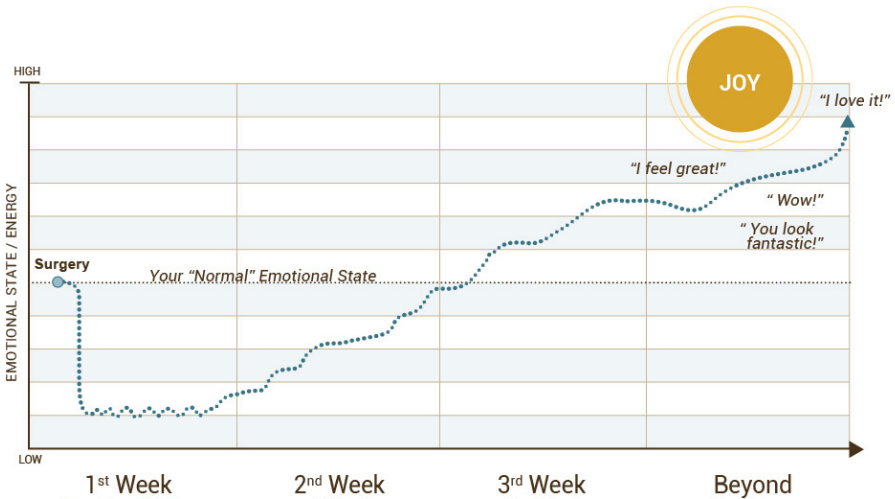
# **SURGERY RECOVERY: EMOTIONS, PT. 2**

After surgery, our emotions can kick in and tell us, "it's time to dramatically lower your energy output for a while so you can get better," which we may perceive as feelings of sadness and low motivation.

Likewise, given that it typically takes a year to see the final results of surgery, some patients experience a very temporary frustration and even regret after surgery. It is common for patients to feel unsatisfied with their appearance during the initial phase of recovery when they experience the highest levels of pain and inflammation.

If feelings of postoperative depression occur for you, it's important to remember that these feelings are normal and tend to go away by the end of the second or third week of the recovery process. Shortly thereafter, those feelings may begin to be replaced by happiness and confidence. It is also a good idea to have coping mechanisms in place—such as meetings with a therapist, friends you can speak with and/or written reminders or affirmations ready for you to read—so if you do experience postoperative depression you are equipped to manage it while it lasts.

# SURGERY RECOVERY: EMOTIONS, PT. 3



Dr. Mosser, a surgeon who offers gender affirming procedures, made this graphic of the stages some people experience after surgery. He describes the stages this way:

- The Day of Surgery:
  - Tired, 'out of it', sleeping a lot
- First week Post-Surgery:
  - Exhaustion, anxiety, sadness, irritability, perhaps doubting the decision to have surgery
- Second week Post-Surgery:
  - Hyper-critical, impatient, scared, eager for the recovery period to end and to get back to your regular life
- Third Week Post-Surgery:
  - Noticing results, feeling more positive, more confident in your decision to have surgery
- 1 Month Post-Surgery:
  - Boost in confidence, happy you went through with it, getting positive reactions from others
- Beyond:
  - Outcomes keep improving as healing continues

# SURGERY RECOVERY: TIMELINES

Dr. Mosser made this graphic of the healing timeline.



Dr. Mosser made this graphic of the swelling timeline.



# **SURGICAL OUTCOMES**



Research on top surgery has found that people are generally happy with their post-surgical results. Many people want to know if they will have feeling in their chest and/or nipples.

The vast majority of people retain feeling in their chest and nipples. Most people temporarily lose feeling/sensation after surgery. You might regain feeling in the weeks after surgery, but some people's bodies take months to regain feeling.

Despite the benefits, there are risks to these surgeries. From speaking with people in prisons, we have seen that it seems like incarcerated people experience complications at high rates.

In California prisons, we have seen serious complications with scar-related healing, infections, and nipple-related healing. Many people have developed keloidal scarring and have non-symmetrical scars and nipples. Some people lost nipple grafts, too.

Talk with your provider and surgeon if you have any of these issues. There are medical procedures that may help with these symptoms.



# SURGICAL OUTCOMES, PT. 2

Top surgery complications include scarring, wound healing issues, bruising/swelling, and discharge. We discuss each issue.

## SCARRING

- It can take up to 18 months for scars to resolve, and some people elect to have further surgery to minimize them. Avoid sun exposure, which can darken scars and make them more obvious.
- Some people develop keloidal scars, which are scars that thicken and grow into the surrounding healthy tissue.
- Some people develop hypertrophic scars. Hypertrophic scars are what we call scars that develop a thick, ropy texture as a result of tissue build up or fibrosis.
- Treatment options include:
  - Steroid injections have been a trusted form of treatment for the reduction of keloids and hypertrophic scars. Triamcinolone (Kenalog) works by lowering chemicals in the body that cause swelling and inflammation.
  - Surgical excision is an appropriate solution for some aggressive hypertrophic and keloid scars.
  - Laser scar removal, which uses light therapy to improve scars.

# SURGICAL OUTCOMES, PT. 3

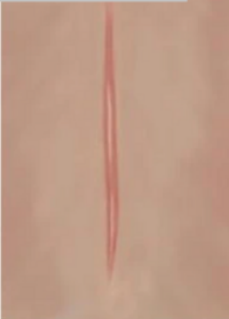
## SCARRING

Here are pictures of what healed scars may look like. Depending on your skin tone, scars may be lighter or darker than your skin tone.

Fine Line scar



Hypertrophic scar



Intermediate raised dermal scar



Keloid scar



# **SURGICAL OUTCOMES, PT. 4**

People always tell me my scar is "too thick" or "too dark." I've received so much unsolicited advice about what I should do to "fix" them, what creams to use, how I should be apply lotion—

But this is how my body healed. And all bodies heal differently. My scar's dark coloration and thick size is not evidence of anyone's mistake. No. My scar is the imprint of my healing itself. It is my story printed in bold.

So. My top surgery scar is very visible. It is joined at the center because my chest was too large for the standard double incision procedure. My scar is not at all thin. It does not blend into my skin. It healed darker than most. And I absolutely adore it.

- Schuyler Bailar



Schuyler was the first openly trans athlete to compete in any sport on an NCAA Division 1 men's team. He swam for Harvard men's team.

# SURGICAL OUTCOMES, PT. 5

## NIPPLE ISSUES

- Prolonged Healing
  - It can take up to a year or more until the free nipple grafts are fully healed and redness around the areolas disappears. While the grafts are healing, they can start looking worse before they look better, especially around 2-3 weeks after surgery. This is because in reality, only a portion of the graft survives.
- Breakdown of nipple graft:
  - If nipples are moved and replaced, some skin sloughing is no cause for concern. But deeper tissue death (necrosis) can indicate that the graft is not successful, and more surgery may be necessary.
- Reduced nipple sensitivity:
  - Numbness or tingling can happen if a nerve is disrupted or damaged during surgery. Nipple numbness may improve over time, but full restoration of sensation is not guaranteed.
- Nipple Color loss
  - If there are complications while the grafts are healing, the end result will have more scarring, which appears as whitish or pinkish in color. If pigmentation does not fully return, tattooing of the depigmented areas can produce excellent results.



# **SURGICAL OUTCOMES, PT. 6**

## **WOUND ISSUES**

Wounds from surgical incision might come open again. Open wounds can get infected, become painful, and delay healing. Treatment for wounds can include pain medication, antibiotics (if infected), and surgery.

## **BRUISING (HEMATOMA)**

Most people will have bruising post-surgery. The fancy term for a bruise is "hematoma." During surgery, hematomas are caused by an injury to the wall of a blood vessel, prompting blood to seep into the surrounding tissues. Your surgeon should seal blood vessels as they are cut and will double-check those seals before closing the incision. Bruises should not cause permanent issues.

## **SWELLING (SEROMA)**

A seroma is a sterile collection of fluid under the skin, usually at the site of a surgical incision. Fluid builds up under the skin where tissue was removed. The formation of seromas is the body's response to dead space within tissue that was attached to something before surgery. It may form soon after your surgery or up to 1 to 2 weeks after your procedure. It may appear as a swollen lump and feel tender or sore. Seromas can go away on their own but can also be drained at a doctor's office.

# LIFETIME CARE

After surgery, you might have a different relationship with doctors and other medical providers. However, doctors don't always know what to look for when it comes to trans health, so it's important for you to know what your doctor should be looking for.

While it's important for your overall health that you see doctors and get check-ups done regularly, we know that doctors are also not always sensitive to your emotional and physical needs. Sometimes, doctor's visits, especially if they involve invasive questions, examinations of your body, or hands-on procedures, might trigger feelings of dysphoria, discomfort, or anxiety. We offer the following information in the hopes that having more knowledge helps you feel more in control of your experience with doctors and other medical providers.

## SURGICAL CHECK UPS

You should meet with your surgeon after the surgery to keep an eye on complications and to make sure that you are healing well.

# LIFETIME CARE, PT. 2

## CANCER SCREENINGS

If you're 40 years or older, or have average risk for chest cancer, you should consider a mammogram every 2 years. This applies even if you've had top surgery, since most top surgeries retain some chest tissue, differing from mastectomies. In such cases, you may be able to get an ultrasound or MRI instead.

## SCAR CARE

If you have scars post-operatively, you will need to check on your scars to make sure that they are not developing keloids or other issues.

You may also want to consider always wearing sun screen, but especially during the first year post-operatively.

# RESOURCES

We used these resources when creating this zine:

- University of California, San Francisco, Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People (2024)
- World Professional Association for Transgender Health (WPATH), Standards of Care, Version 8 (2022)
- Johns Hopkins Medicine, Top Surgery for Gender Affirmation
- Align Surgical Associates, Top Surgery Resource
- Dr. Scott Mosser's website, GenderConfirmation.com
- TopSurgery.Net
- Oregon Health Sciences University, Top Surgery Handbook
- CCHCS HCDOM, 1.2.16: Gender Affirming Surgery Review Committee (2023)
- CCHCS HCDOM, 4.1.7: Gender Dysphoria Management (2023)
- CCHCS: Transgender Care Guide (2023)
- Prison Law Office, Common Issues Transgender People Face in California Prisons (Apr. 2023)
- Prison Law Office, The California Prison and Parole Law Handbook (2019), available for free on CDCR-issued tablets.

# CONTACT INFORMATION

Here's contact information for some of the organizations in TAG:

California Coalition for Women Prisoners advocates for all TGI people inside. You do not have to be a woman to write to them. Their address is:

CCWP - Bay Area Chapter  
4400 Market Street  
Oakland, CA 94608

The Prison Law Office is class counsel for Plata, a class action case including anyone in CDCR who has serious medical needs, including gender affirming care. Their address is:

Prison Law Office,  
General Delivery,  
San Quentin, CA 94964

TGI Justice Project is a Black trans-led org that advocates for all TGI people, especially Black and Indigenous folks. Their number is (415) 829-7285.

Their mailing address is:

TGI Justice Project  
131 Franklin Street  
San Francisco, CA 94102

Transgender Law Center is an Indigenous & trans-led org that advocates for racial and gender justice. Their number is (510) 380-8229 (collect). Their address is:

Transgender Law Center  
P.O. Box 70976  
Oakland, CA 94612









**HEALTH  
CARE IS  
A HUMAN  
RIGHT**

Zy'aire Nassirah is a prison abolitionist, advocate, and organizer. Zyaire comes to this work with over 30 years of direct experience with the carceral system. Zyaire is Co-Director of the Transgender Gender-Variant & Intersex Justice Project (TGIJP), an organization committed to creating a world rooted in self-determination, freedom of expression, and gender justice. Zyaire is also a long time member of the California Coalition for Women Prisoners (CCWP) and centers the experiences of transgender and gender non-conforming people impacted by imprisonment in his system change work.

He was the second person to get top surgery in California prisons.