

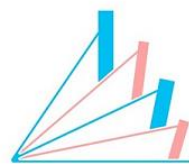


# COMMUNITY TOP SURGERY GUIDE

---

A component report of the  
2016 Top Surgery Community Response Survey

**GENDERQUEER.ME**  
transgender & nonbinary resources



**UPSWING**  
ADVOCATES  
LGBTQIA-AFFIRMING RESEARCH + EDUCATION

## About Genderqueer.me

Genderqueer.me is a leading resource for transgender health specifically focused on the needs and lived experiences of nonbinary identities. Its inception in 2011 served to document the author's personal journey through a non-traditional transition, but quickly grew to encompass community-driven resources and information. Now it houses *Featured Voices*, a collection of stories by nonbinary individuals, as well as *Patients & Providers*, another themed series featuring guest articles by international medical providers and researchers in trans health.

## About Upswing Advocates

Upswing Advocates is a data-driven organization that uses a self-as-expert approach to research and education that strengthens and supports the Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, and Asexual (LGBTQIA) community in Chicago and the surrounding areas. Upswing Advocates collaborates and works directly with LGBTQIA individuals and focus groups to identify research needs and shape methodology in a way that will be workable and meaningful for all participants while remaining rooted in ethical scientific practice. Upswing Advocates also offers data-based, community-informed trainings to helping professionals who are interested in building their competence in working with people who are LGBTQIA.

### RECCOMENDED CITATION:

Leland, W., Rajunov, M., & Stockwell, A. (2020). Community Top Surgery Guide. Chicago, IL: Upswing Advocates and [Genderqueer.me](https://genderqueer.me).

# Community Top Surgery Guide

by  
Worner Leland  
Micah Rajunov  
August Stockwell

February 2020

## Table of Contents

a. Introduction and Methodology.....	4
b. Terminology Guide.....	5
c. Respondent Profile Demographics.....	6
d. List of Surgeons.....	9
e. Data: Transgender Competence, Surgery Satisfaction, Letter Requirements, Insurance Coverage, Surgery Revisions, Hormone Requirements, and Surgery Satisfaction by Procedure Type.....	11
f. Respondent Recommendations.....	18

## Introduction and Methodology

The 2016 Top Surgery Survey conducted by Genderqueer.me gathered the experiences of transgender and gender non-conforming people who have completed or who are interested in accessing top surgery. This guide represents data from the 825 respondents (705 residing in the USA, 110 residing outside the USA, and 10 who declined to provide a location of residence) who have already had top surgery and provides information regarding technique, surgeon satisfaction, surgeon and staff transgender competency, and potential barriers to surgery, and respondent recommendations.

The survey instrument was comprised of 46 questions reflecting respondents' gender identity, race, age, location, length and type of transition, experiences around top surgery, and questions about top surgery. For the purposes of this guide, data analyzed included only respondents who had undergone top surgery at the time of the survey. The survey was developed by Micah Rajunov of Genderqueer.me and was available via the internet in English. Data were collected over a 60 day period in early 2016. The survey contained closed ended questions with the option for respondents to write in responses, as well as open ended write in response questions. The survey was an open access community survey, collected no identifiable data, and was not vetted through an Institutional Review Board (IRB). The authors note that access to this survey was marketed largely through genderqueer.me's following, and as such are limited in scope and may not reflect the transgender and gender non-conforming population at large. This dataset was cleaned and analyzed by Upswing Advocates. Data cleaning for this guide involved removing respondents who had not undergone top surgery by the time of the survey, as well as removing duplicate responses or incomplete responses.

While a list is provided of all surgeons whom respondents reported seeing in the survey, to be included in data analysis a surgeon had to be utilized by at least 5 respondents.

## Terminology Guide

Throughout this guide, specific terminology is used to describe experiences of respondents. Outlined below are several terms used throughout the report.

### Transgender

“Transgender” is a term used to describe someone whose gender identity does not align with the gender assigned to them at birth. Transgender is often used as an umbrella term that encompasses a wide variety of identities and experiences of gender, or a lack of gender. People who are not transgender can be described as cisgender. “Cisgender” is a term used to describe someone whose gender identity aligns with the gender assigned to them at birth.

### Gender Assignment at Birth

At birth, a person is assigned a male or female gender based on the appearance of their genitals. This practice also ignores all other factors that may impact one's sex or gender, including hormones, chromosomes, and internal sex and reproductive organs. This practice also ignores the variability of biological sex including differences of sex development, which can also be referred to as intersex conditions. Typically, people are assigned female at birth (AFAB) or assigned male at birth (AMAB).

### Binary Gender Identity

A binary gender identity is one that aligns with “male” or “female,” whether transgender or cisgender.

### Non-Binary Gender Identity

A non-binary gender identity is an identity that does not align strictly or exclusively with “male” or “female.” For the purposes of this guide, the term non-binary is used to encompass all experiences of gender, or lack of gender, that do not align with a binary gender.

### Top Surgery

Top surgery is a type of gender affirming surgery that involves augmentation or reconstruction of the chest, and usually involves the removal of chest tissue.

### Technique

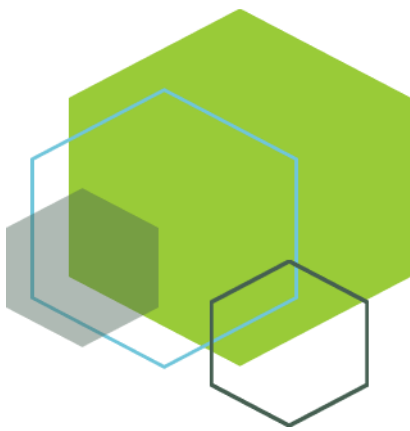
There are several different techniques that can be used for top surgery. These procedures take into account the size of the chest and the elasticity of the skin. Surgeons discuss best techniques with individuals prior to surgery and make recommendations that will hopefully result in the most natural looking chest and least amount of post-surgical scarring.

### Respondent Recommendations

In the original survey, respondents were asked to describe top surgery info that is not publicized, and what they wish they had known before undergoing top surgery. They were also given space to provide any other meaningful information or comments.

## Respondents Profile

Originally conducted as a Community Interest Survey by Micah Rajunov in 2016, The Community Top Surgery Guide is comprised of data from 829 respondents who listed themselves as "post surgery." In this section, an overview of respondents' identities is presented in the following sections: I. Gender Identity, II. Length of Transition, III. Transition Steps Taken, IV. Experiences with Testosterone, V. Race and Ethnicity, VI. Age, and VII. Household Income.



### Gender Identity

Respondents selected between three different gender identity options, and also had the option to write in their own gender identity that was not listed. Beyond the three initial response choices of "FTM/ trans-male" "Genderqueer/ Non-binary" and "Questioning", 26 unique identity terms were listed. Additionally, some respondents clarified their identity labels to note things like a lack of attachment to the transgender label, a lack of identity that correlated with a binary transgender expression, or holding multiple identities or

feeling somewhere outside of or in-between a binary or non-binary transgender identity.

Overall, 72% of respondents (594) reported their identity as "FTM/ trans-male," 19% (160) reported their identity as "Genderqueer/ Non-binary," 3% (27) reported their identity using writing in terms such as "male," "man," or "just male," and 3% (23) reported experiences of identities in between trans-male and non-binary identities. An additional 3% of respondents (18) reported a variety of other identities including "Questioning" (5 respondents), "Agender" (4 respondents), "Female" (3 respondents), "Genderfluid" (1 respondent), "Genderqueer woman and dyke" (1 respondent), "Neutrois" (1 respondent), "Trans" (1 respondent), "Trans Butch" (1 respondent), and "Two-Spirit" (1 respondent) (Fig 1.1).

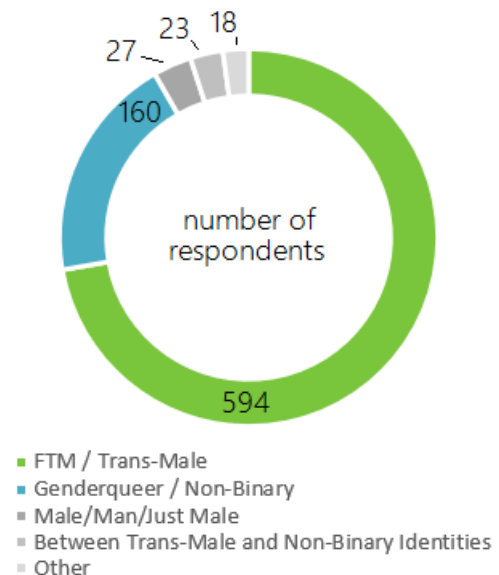


Fig 1.1 – Gender Identity

## Length of Transition

Respondents indicated how long it had been since they began their transition process, if they were transitioning at all.

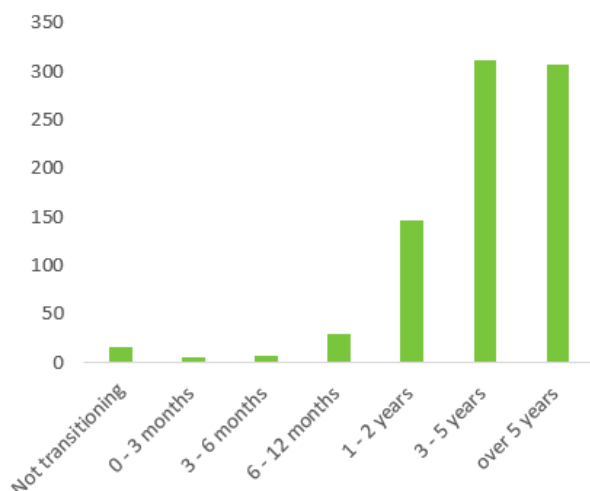


Fig 1.2 – Length of Transition

## Transition Steps Taken

Respondents indicated whether they had taken steps to transition socially, medically, or legally. The majority of respondents indicated that they had transitioned socially, and also that they had utilized gender affirming hormone therapy.

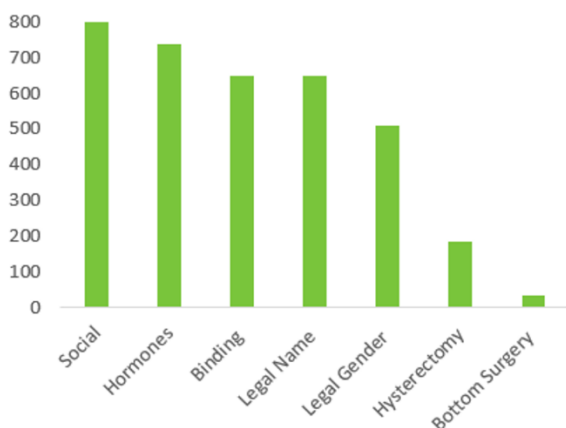


Fig 1.3 – Transition Steps Taken

## Experiences with Testosterone

Respondents indicated whether they had ever been on testosterone, if they were currently on testosterone, and if they planned to be on testosterone in the future.

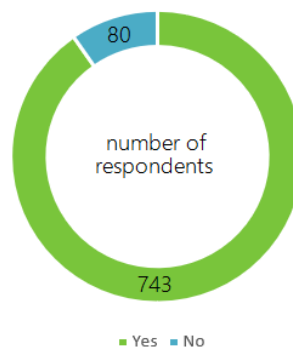


Fig 1.4 – Respondents who have ever been on testosterone

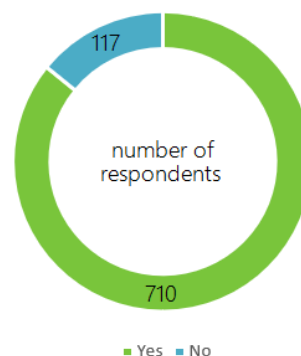


Fig 1.5 – Respondents who were currently on testosterone at the time of the survey

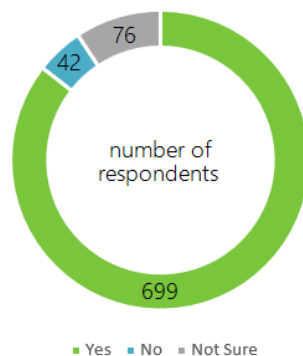


Fig 1.6 – Respondents who planned to be on testosterone in the future



## Race and Ethnicity

Respondents filled in information about their race and ethnicity using a write-in option. 688 respondents identified as white, 67 respondents identified as biracial or multiethnic, 30 respondents identified as Black or African American, 19 respondents identified as Jewish, 16 respondents identified as Hispanic, 15 respondents identified as Latino, Latin@, or Latinx, 15 respondents identified as Asian, Asian American, or Southeast Asian, and 14 respondents identified as Native American or First Nations. Additionally, many respondents included idiosyncratic specific race or ethnicity information.

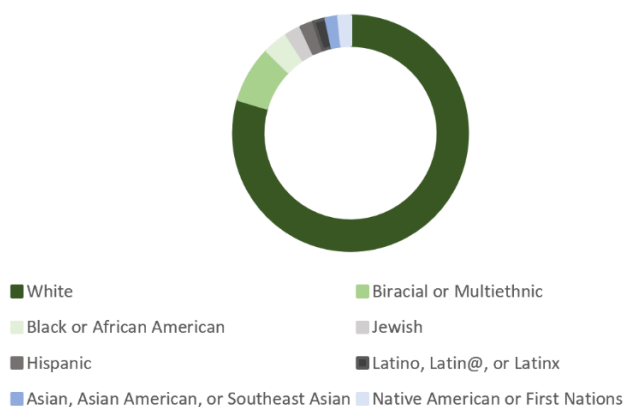


Fig 1.7 – Race and ethnicity of respondents

## Age

The majority of respondents, 458, were between the ages of 25-44 at the time of the survey. 281 respondents were between the ages of 18-24 at the time of the survey. 71 respondents were between the ages of 45-64 at the time of the survey. 5 respondents were over the age of 65 and

11 respondents were under the age of 18 at the time of the survey.

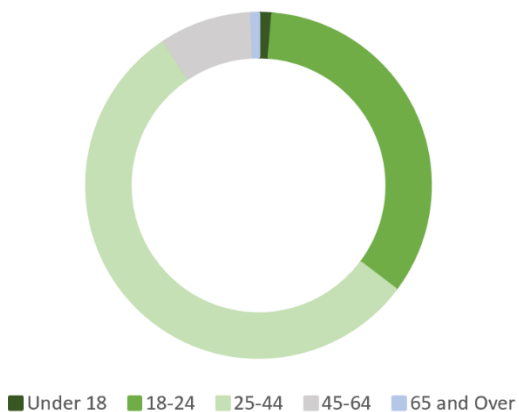


Fig 1.8 – Age range of respondents

## Household Income

215 respondents reported a household income between \$0 – 20,000. 233 respondents reported a household income between \$20,000 – 40,000. 205 respondents reported a household income between \$40,000 – 80,000. 82 respondents reported a household income between \$80,000 – 120,000. And 50 respondents reported a household income over \$120,000.

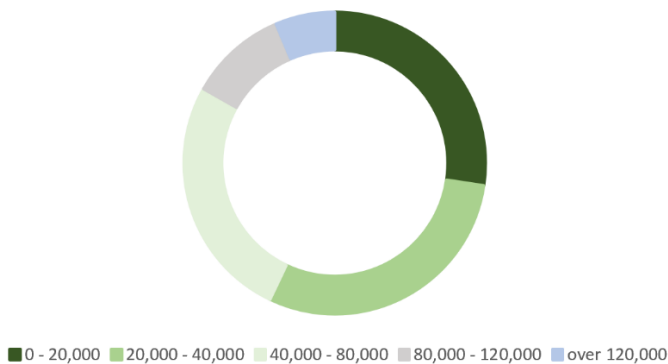


Fig 1.9 – Household income of respondents

## Surgeons Represented in the 2016 Survey

Dr. Cori Agarwal	Dr. Thomas Fiala	Dr. Gary Lawton
Dr. Gary Alter	Dr. Beverly Fischer	Dr. Sherman Leis
Dr. Robert Anooshian	Dr. Art Foley	Dr. Lubomir Lembas
Dr. Hugh Bartholemeusz	Dr. Stacey Folk	Dr. Ka ming Li
Dr. Richard Bartlett	Dr. Ryan Frank	Dr. Sheldon Lincenberg
Dr. Maud Belanger	Dr. Charles Garramone	Dr. Susan Lovelle
Dr. Miles Berry	Dr. Daniel Greenwald	Dr. John Lumb
Dr. Cameron Bowman	Dr. Alexandra Grubnik	Dr. Keelee MacPhee
Dr. Michael Brownstein	Dr. Phil Haeck	Dr. Tony Mangubat
Dr. Marie-Claire Buckley	Dr. Juliana Hansen	Dr. Christine McGinn
Dr. Ben Childers	Dr. Alexes Hazen	Dr. David McKenzie
Dr. Gregory Combs	Dr. Winfred Hartley	Dr. Hugh Mclean
Dr. Paul Costas	Dr. Andrew Ives	Dr. Daniel Medalie
Dr. Curtis Crane	Dr. Melissa Johnson	Dr. Toby Meltzer
Dr. Grit Dabritz	Dr. Perry Johnson	Dr. Steve Merten
Dr. Dai Davies	Dr. David Kahn	Dr. Catherine Milroy
Dr. Miguel de la Parra	Dr. Robert Kampmann	Dr. Tony Moore
Dr. Phillip Drew	Dr. Daniel Kaufman	Dr. Jeffery Morehouse
Dr. Alan Dulin	Dr. Esther Kim	Dr. Scott Mosser
Dr. Marc Dupere	Dr. Sendia Kim	Dr. Rex Moulton-Barrett
Dr. Ivo Dzepina	Dr. Clifford King	Dr. Müller-Wittig
Dr. Brian Eichenberg	Dr. Zol Kryger	Dr. Jennifer Murphy
Dr. Eric Emerson	Dr. William Kuzon	Dr. Terrance Murphy
Dr. Richard Feins	Dr. W. Thomas Lawrence	Dr. Rodrigo Neira

Dr. Joel Nicado	Dr. Geoffrey Stiller
Dr. Bauquis Olivier	Dr. Mitchell Stotland
Dr. Renee O'Sullivan	Dr. Karl Sweeney
Dr. Pranay Parikh	Dr. Richard Tholen
Dr. Marshal Partington	Dr. Jess Ting
Dr. V Ramakrishnan	Dr. Adam Tobias
Dr. Peter Raphael	Dr. Robert Tuchler
Dr. Michael Reardon	Dr. Chettawut Tulayaphanich
Dr. Jennifer Robinson	Dr. Robert Turner
Dr. Steven Robinson	Dr. James P Valoshin
Dr. Jeffrey Rockmore	Dr. Karen Vaniver
Dr. Pichet Rodchareon	Dr. Thea van Loenen
Dr. Victoria Rose	Dr. Stephen Vath
Dr. Kathy Rumer	Dr. Michael Vestergaard
Dr. Russell Sassani	Dr. Hans-Joachim Voigt
Dr. Thomas Satterwhite	Dr. Janet Walls
Dr. Alys Saylor	Dr. Paul Weiss
Dr. Loren Schechter	Dr. Justin West
Dr. Joseph Shin	Dr. Benjamin Wood
Dr. Alison Shore	Dr. Satoru Yamaguchi
Dr. Navin Singh	Dr. Andrew Yelland
Dr. Kenneth Stein	Dr. Karen Yokoo
Dr. Paul Steinwald	Dr. Lawrence Zachary

## Competency and Satisfaction Data

Please note that data in the following categories represent the Top 10 ranked in each category by survey participants. These data are not meant to be comprehensive or representative of current practice, and are subject to the confines of the survey itself. These data are meant to provide a snapshot of high levels of satisfaction at the time of survey completion.

### Surgeons and Transgender Competency

Table 1: Respondents ranked transgender competency of the surgeon and staff from 1-5, with 1 being "Not at all" and 5 being "Extremely trans competent." Surgeons are listed in order of respondent confidence by percentage.

Surgeon	1	2	3	4	5
Dr. Scott Mosser	0% (0)	0% (0)	0% (0)	8% (1)	92% (12)
Dr. Peter Raphael	0% (0)	0% (0)	0% (0)	15% (4)	85% (23)
Dr. Curtis Crane	0% (0)	0% (0)	0% (0)	17% (3)	83% (15)
Dr. Perry Johnson	0% (0)	0% (0)	0% (0)	17% (1)	83% (5)
Dr. Cori Agarwal	0% (0)	0% (0)	0% (0)	20% (1)	80% (4)
Dr. Adam Tobias	0% (0)	0% (0)	0% (0)	20% (1)	80% (4)
Dr. Gary Lawton	0% (0)	0% (0)	0% (0)	33% (2)	67% (4)
Dr. Sheldon Lincenberg	0% (0)	0% (0)	0% (0)	33% (2)	67% (4)
Dr. Christine McGinn	0% (0)	0% (0)	0% (0)	40% (2)	60% (3)
Dr. Paul Costas	0% (0)	0% (0)	0% (0)	50% (4)	50% (4)

### Surgeons and Experience Satisfaction

Table 2: Respondents ranked overall satisfaction with the surgery experience from 1-5, with 1 being "Not at all" and 5 being "Extremely satisfied." Surgeons are listed in order of respondent confidence by percentage.

Surgeon	1	2	3	4	5
Dr. Adam Tobias	0% (0)	0% (0)	0% (0)	0% (0)	100% (5)
Dr. Hugh McLean	0% (0)	0% (0)	0% (0)	15% (2)	85% (11)
Dr. Cori Agarwal	0% (0)	0% (0)	0% (0)	20% (1)	80% (4)
Dr. Andrew Yelland	0% (0)	0% (0)	0% (0)	27% (3)	73% (8)
Dr. Scott Mosser	0% (0)	0% (0)	0% (0)	31% (4)	69% (9)
Dr. Gary Lawton	0% (0)	0% (0)	0% (0)	33% (2)	66% (4)
Dr. Paul Steinwald	0% (0)	0% (0)	0% (0)	46% (6)	54% (7)
Dr. Juliana Hansen	0% (0)	0% (0)	0% (0)	60% (3)	40% (2)
Dr. Winfred Hartley	0% (0)	0% (0)	0% (0)	60% (3)	40% (2)
Dr. Paul Costas	0% (0)	0% (0)	0% (0)	63% (5)	37% (3)

## Surgeons and Surgery Satisfaction

Table 3: Respondents ranked overall satisfaction with their chest from 1-5, with 1 being “Not at all” and 5 being “Extremely satisfied.” Surgeons are listed in order of respondent confidence by percentage.

Surgeon	1	2	3	4	5
Dr. Cori Agarwal	0% (0)	0% (0)	0% (0)	20% (1)	80% (4)
Dr. Adam Tobias	0% (0)	0% (0)	0% (0)	20% (1)	80% (4)
Dr. Hugh McLean	0% (0)	0% (0)	0% (0)	31% (4)	69% (9)
Dr. Scott Mosser	0% (0)	0% (0)	0% (0)	33% (4)	67% (8)
Dr. Richard Bartlett	0% (0)	0% (0)	0% (0)	35% (6)	65% (11)
Dr. Winfred Hartley	0% (0)	0% (0)	0% (0)	40% (2)	60% (3)
Dr. Karen Yokoo	0% (0)	0% (0)	0% (0)	67% (8)	33% (4)
Dr. Paul Steinwald	0% (0)	0% (0)	0% (0)	77% (10)	23% (3)
Dr. Christine McGinn	0% (0)	0% (0)	0% (0)	80% (4)	20% (1)
Dr. Sherman Leis	0% (0)	0% (0)	0% (0)	80% (4)	20% (1)

## Letter Requirements

Table 4: Respondents reported whether or not a letter from a therapist was required by their surgeon, if a doctor’s letter sufficed, if their insurance required a letter but their surgeon did not, or if they were unsure if a letter was required or not.

Surgeon	Not Required	Is Required	Insurance Required	Doctor's Sufficient	Unsure
Dr. Paul Steinwald	92% (12)	8% (1)	0% (0)	0% (0)	0% (0)
Dr. Hugh McLean	92% (12)	8% (1)	0% (0)	0% (0)	0% (0)
Dr. Tony Mangubat	90% (17)	0% (0)	5% (1)	0% (0)	5% (1)
Dr. Gary Lawton	83% (5)	17% (1)	0% (0)	0% (0)	0% (0)
Dr. Zol Kryger	83% (5)	17% (1)	0% (0)	0% (0)	0% (0)
Dr. Sherman Leis	60% (3)	20% (1)	0% (0)	0% (0)	20% (1)
Dr. Jeffrey Rockmore	56% (5)	44% (4)	0% (0)	0% (0)	0% (0)
Dr. Winfred Hartley	40% (2)	60% (3)	0% (0)	0% (0)	0% (0)
Dr. Curtis Crane	28% (5)	72% (13)	0% (0)	0% (0)	0% (0)
Dr. Scott Mosser	25% (3)	42% (5)	33% (4)	0% (0)	0% (0)

## Insurance Coverage

Table 5: Respondents reported the degree to which insurance covered their surgery costs, whether “None,” “Partly,” “Almost All,” “Entirely,” or “Unsure.”

Surgeon	None	Partly	Almost All	Entirely	Not Sure
Dr. Adam Tobias	0% (0)	0% (0)	0% (0)	100% (5)	0% (0)
Dr. Cameron Bowman	40% (2)	0% (0)	0% (0)	60% (3)	0% (0)
Dr. Karen Yokoo	0% (0)	8% (1)	42% (5)	50% (6)	0% (0)
Dr. Marie-Claire Buckley	0% (0)	30% (3)	20% (2)	50% (5)	0% (0)
Dr. Andrew Yelland	55% (6)	0% (0)	0% (0)	45% (5)	0% (0)
Dr. Juliana Hansen	0% (0)	20% (1)	20% (1)	40% (2)	20% (1)
Dr. Jeffrey Rockmore	56% (5)	0% (0)	11% (1)	33% (3)	0% (0)
Dr. Loren Schechter	17% (1)	33% (2)	17% (1)	33% (2)	0% (0)
Dr. Robert Anooshian	7% (1)	0% (0)	64% (9)	29% (4)	0% (0)
Dr. Cori Agarwal	80% (4)	0% (0)	0% (0)	20% (1)	0% (0)

## Desire for Surgery Revisions

Table 6. Respondents reported whether they had gotten, or would liked to have gotten, revisions after their initial surgery.

Surgeon	No	Yes
Dr. Juliana Hansen	100% (4)	0% (0)
Dr. Adam Tobias	100% (4)	0% (0)
Dr. Curtis Crane	83% (15)	17% (3)
Dr. Marie-Claire Buckley	80% (8)	20% (2)
Dr. Cori Agarwal	80% (4)	20% (1)
Dr. Daniel Medalie	79% (50)	21% (13)
Dr. Scott Mosser	78% (10)	22% (3)
Dr. Charles Garramone	77% (96)	23% (28)
Dr. Robert Anooshian	77% (12)	23% (2)
Dr. Beverly Fischer	76% (34)	24% (11)

### Past Testosterone and Surgery Access

Table 7. Respondents reported whether they had ever been on testosterone. Surgeons are listed by percentage of respondents who had not ever been on testosterone and who were still able to access top surgery via that surgeon.

Surgeon	No	Yes
Dr. Cori Agarwal	50% (2)	50% (2)
Dr. Paul Steinwald	46% (6)	54% (7)
Dr. Paul Weiss	33% (2)	67% (4)
Dr. Scott Mosser	31% (4)	69% (9)
Dr. Christine McGinn	20% (1)	80% (4)
Dr. Adam Tobias	20% (1)	80% (4)
Dr. Daniel Greenwald	20% (1)	80% (4)
Dr. Richard Bartlett	18% (3)	82% (14)
Dr. Andrew Yelland	18% (2)	82% (9)
Dr. Karen Yokoo	17% (2)	83% (10)

### Current Testosterone and Surgery Access

Table 8. Respondents reported whether they were currently on testosterone. Surgeons are listed by percentage of respondents who were not currently on testosterone and who were able to access top surgery via that surgeon.

Surgeon	No	Yes
Dr. Paul Steinwald	46% (6)	54% (7)
Dr. Scott Mosser	38% (5)	62% (8)
Dr. Paul Weiss	33% (2)	67% (4)
Dr. Gary Lawton	33% (2)	67% (4)
Dr. Tony Mangubat	26% (5)	74% (14)
Dr. Cori Agarwal	25% (1)	75% (3)
Dr. Jeffrey Rockmore	22% (2)	78% (7)
Dr. Thomas Satterwhite	21% (3)	79% (11)
Dr. Robert Anooshian	21% (3)	79% (11)
Dr. Marie-Claire Buckley	20% (2)	80% (8)

## Technique and Satisfaction Rates

Data are included for all surgeons aggregately rated at a 4.0 or higher for specific technique performance and satisfaction. Like the previous data reported, these data are not meant to be comprehensive or representative of current practice, and are subject to the confines of the survey itself. These data are meant to provide a snapshot of high levels of satisfaction at the time of survey completion.

### Technique and Satisfaction Rates - Double Incision with Nipple Grafts

Table 9. Respondents who reported undergoing Double Incision with Nipple Grafts rated their satisfaction with the surgery results. With 1 being "Not at all" and 5 being "Extremely satisfied," data are sorted by average satisfaction ranking by surgeon, with number of surgeries of this type reported in parentheses.

Surgeon	Ranking
Dr. Richard Bartlett	4.82 (11)
Dr. Cori Agarwal	4.80 (5)
Dr. Hugh McLean	4.75 (12)
Dr. Adam Tobias	4.75 (4)
Dr. Scott Mosser	4.67 (7)
Dr. Andrew Yelland	4.56 (9)
Dr. Peter Raphael	4.50 (24)
Dr. Winfred Hartley	4.50 (4)
Dr. Juliana Hansen	4.50 (2)
Dr. Charles Garramone	4.49 (124)
Dr. Daniel Medalie	4.46 (52)
Dr. Tony Mangubat	4.41 (17)
Dr. Gary Lawton	4.40 (6)
Dr. Cameron Bowman	4.40 (5)
Dr. Beverly Fischer	4.38 (29)
Dr. Curtis Crane	4.33 (18)
Dr. Zol Kryger	4.33 (3)
Dr. Melissa Johnson	4.32 (22)
Dr. Robert Anooshian	4.31 (13)
Dr. Karen Yokoo	4.30 (10)
Dr. Michael Brownstein	4.28 (53)
Dr. Loren Schechter	4.20 (5)
Dr. Christine McGinn	4.20 (5)
Dr. Thomas Satterwhite	4.15 (13)
Dr. Jeffrey Rockmore	4.11 (9)
Dr. Kathy Rumer	4.08 (13)
Dr. Perry Johnson	4.00 (6)
Dr. Daniel Greenwald	4.00 (4)
Dr. Sheldon Lincenberg	4.00 (3)
Dr. Sherman Leis	4.00 (2)
Dr. Paul Steinwald	4.00 (1)
Dr. Paul Weiss	4.00 (1)



### Technique and Satisfaction Rates – Peri/Keyhole

Table 10. Respondents who reported undergoing Peri/Keyhole rated their satisfaction with the surgery results. With 1 being “Not at all” and 5 being “Extremely satisfied,” data are sorted by average satisfaction ranking by surgeon, with number of surgeries of this type reported in parentheses.

Surgeon	Ranking
Dr. Winfred Hartley	5.00 (11)
Dr. Melissa Johnson	5.00 (3)
Dr. Zol Kryger	5.00 (2)
Dr. Kathy Rumer	5.00 (1)
Dr. Thomas Satterwhite	5.00 (1)
Dr. Tony Mangubat	5.00 (1)
Dr. Loren Schechter	5.00 (1)
Dr. Adam Tobias	5.00 (1)
Dr. Peter Raphael	5.00 (1)
Dr. Daniel Medalie	4.64 (11)
Dr. Andrew Yelland	4.50 (2)
Dr. Karen Yokoo	4.50 (2)
Dr. Richard Bartlett	4.33 (6)
Dr. Beverly Fischer	4.19 (16)
Dr. Juliana Hansen	4.00 (2)
Dr. Hugh McLean	4.00 (1)
Dr. Scott Mosser	4.00 (1)

### Technique and Satisfaction Rates – T-Anchor

Table 11. Respondents who reported undergoing T-Anchor rated their satisfaction with the surgery results. With 1 being “Not at all” and 5 being “Extremely satisfied,” data are sorted by average satisfaction ranking by surgeon, with number of surgeries of this type reported in parentheses.

Surgeon	Ranking
Dr. Scott Mosser	4.75 (4)
Dr. Sherman Leis	4.50 (2)
Dr. Paul Steinwald	4.33 (9)
Dr. Paul Weiss	4.00 (1)
Dr. Peter Raphael	4.00 (1)
Dr. Tony Mangubat	4.00 (1)
Dr. Sheldon Lincenberg	4.00 (1)

### Technique and Satisfaction Rates – Single Incision with Nipple Grafts

Table 12. Respondents who reported undergoing Single incision with Nipple Grafts rated their satisfaction with the surgery results. With 1 being “Not at all” and 5 being “Extremely satisfied,” data are sorted by average satisfaction ranking by surgeon, with number of surgeries of this type reported in parentheses.

Surgeon	Ranking
Dr. Charles Garramone	4.00 (1)
Dr. Paul Steinwald	4.00 (1)
Dr. Sherman Leis	4.00 (1)
Dr. Juliana Hansen	4.00 (1)

### Technique and Satisfaction Rates – Double Incision with No Nipple Graft

Table 13. Respondents who reported undergoing Double incision with No Nipple Graft rated their satisfaction with the surgery results. With 1 being “Not at all” and 5 being “Extremely satisfied,” data are sorted by average satisfaction ranking by surgeon, with number of surgeries of this type reported in parentheses.

Surgeon	Ranking
Dr. Peter Raphael	5.00 (1)
Dr. Marie-Claire Buckley	4.00 (2)
Dr. Paul Steinwald	4.00 (1)

### Technique and Satisfaction Rates – Double Incision: Pedicle

Table 14. Respondents who reported undergoing Double incision with Nipple Retention via Pedicle rated their satisfaction with the surgery results. With 1 being “Not at all” and 5 being “Extremely satisfied,” data are sorted by average satisfaction ranking by surgeon, with number of surgeries of this type reported in parentheses.

Surgeon	Ranking
Dr. Scott Mosser	5.00 (1)
Dr. Paul Weiss	4.00 (4)

## Respondent Recommendations

In the original survey, respondents were asked to provide information on what's not out there, and what they wish they had known before undergoing top surgery. They were also given space to provide any other meaningful information or comments. Below are direct quotes and summaries of feedback given by respondents.

### Shop Around

"Even if they are considered the best surgeon, keep looking around. Find one that you like and suits what you actually want done."

"Be as picky with the surgeon, both before surgery and after, as you feel necessary. Many surgeons who do top surgeries now see a lot of patients (since there are relatively few surgeons willing to operate on transgender individuals) and while this helps in general quality, your chest is your own and inherently unique. That said, give it plenty of time post-op for the small things to settle. It is such a gradual process. I kept thinking 'this is how I am now' but then would notice changes later as my chest sort of melded into the rest of my body."

"Don't just go for the cheap option, compare results and choose carefully."

### Expectations Around Results

"To really get to know what you want, figure out the details. I didn't know what to ask for."

"Think about and be very assertive with your surgeon about exactly what you want - nipple position, nipple size, amount of contour /flatness, etc."

"Surgeons can do an awful job...I had only heard success stories."

"Have the doc draw a picture of your optimal results and ask about contingency plans if the results are subpar. Also see if they are trans knowledgeable/experienced or willing to consult with a practitioner who has experience/knowledge."

"Ask for help advocating for yourself. Surgeons are dicks."

"I was well prepared and well aware of the possible outcomes of the surgery. I think the most important thing is to not expect to look superb 4 days post op. Give it 6 months before you ask for a revision. My chest has changed a lot between 2 months post op and 4 months post op!"

"It's going to look for funny for a while."

"Another friend had warned me that surgeons are strange people who choose a profession of cutting into people. And that although it was a significant experience for me, for the surgeon it was another day on the job. That helped me have realistic expectations of my relationship with the surgeon."

"If you're looking into top surgery, make sure you've seen plenty of photos of a surgeon's work on people with your body type."

"[I wish I had known] that having a new chest can be adjustment. While I was obviously elated when I first saw my chest, I was also a little freaked out because it was a big change. It doesn't immediately feel natural, and that's okay. Give it a few days, a few weeks, a few months, whatever you need."

"Wait at least a year for the 'final result' appearance."

"Give your input for how you expect your chest to look. Such as nipple size and scar placement."

"Results vary with every body."

## Necessity

"This is NOT a cosmetic surgery. ALL sex reassignment surgeries (SRS) are medically necessary, life-saving surgeries and should not be viewed as anything else. They should all be covered by insurance."

"If I wouldn't have had this done, I would be in bad shape. Insurance needs to cover this and other transgender related surgeries."

"Despite my doubts and fears, one of the most liberating, exhilarating and worthwhile choices I have ever made in my life."

## Rest

"Expect to sleep a lot."

"Take extra time off from work. 2 weeks wasn't enough. 3-4 weeks is key. It will make you more tired than you expect."

## Slowness

"[I wasn't prepared for] how incredibly slow the healing process feels like it takes."

"[I wasn't prepared for] how frustrating recovery can be. After the first 2 weeks, I had a hard time allowing things to heal. It was so slow."

## Financial Considerations

"[I wish I had known] that if something goes wrong, I would be responsible financially and that it would take a huge toll on my mental well being and overall recovery."

"[I wish I had known] that there are a lot of side expenses beyond the surgery itself that you need to plan for."

"My insurance pre-approved but later declined to cover it after it was completed. Make sure everything is in order and double check it if you go through insurance."

## Complications

"I wish I had a better idea about how often and what complications can occur. And that sometimes complications happen even though you didn't do anything wrong."

"I wish there were more information out there about complications. I got a bad hematoma and several stitch abscesses and really had no idea what to expect from my complications besides the info I got from my surgeon. I also wish there were more discussion about post-op depression, which I also suffered from."

## Mental Health

"[I wish I had known] that recovery is a mental and emotional process as well as a physical one. To expect bad days and days where you're not sure you like your new chest as well as the days of elation."

"Healing is not a linear process! There will be setbacks and infections and mixed feelings and it will suck. It is so worth it though!"

### Post Surgery Depression

"I didn't know about post-surgical depression and it hit me hard."

"Post-surgery depression is very common, it doesn't mean you've made a mistake, it's usually just a bad reaction to the anesthetic, give it time."

"I read a lot of accounts of other people's experiences beforehand, but I think I was still surprised at how long it took me to feel the relief of having the surgery. I think the anesthesia triggering my depression in a more intense way than I had felt in a while, combined with the facts of the healing process (the drains were annoying, but having to keep wearing a binder after the surgery was really difficult for me psychologically) meant that I didn't start to really feel good about the surgery until I was able to get past those parts of the process. Again, I'm sure I read about all of this beforehand, but I guess experiencing it is a different animal."

"[I wish I had known] that not being able to use your body for multiple weeks afterwards (in my case) can very nearly drive you insane."

"How emotionally difficult it is, and terrifying not knowing how things are doing under the dressings when you're hours from your surgeon."

"You should have someone to talk to. I was stealth at the time and only my parents knew, that was quite exhausting."

### Mixed Emotions

"When I first started thinking about/researching surgery I wasn't sure I wanted it, and I don't think there was a moment where I made the decision, it was more gradual, and I think that's the hardest part. You're maybe never going to be 100% sure it's what you want, and you can't know beforehand that it's the right thing to do. But if it feels like the right thing most days, then it probably is. I am so glad I did it, it is amazing every single day. It has changed my life, but don't expect it to solve all your problems overnight. "

"[I wish I had known] that surgery is not the answer for everyone."

"[I wish I had known] that my fear about if I was doing the right thing would melt away and become relief the moment I work up in recovery. And that it is ok to mourn the loss of my chest while still knowing this is what I needed."

"It's okay to not be THRILLED like some guys are. It's still the best thing you'll ever do for yourself."

"It's ok to grieve"

"Everyone processes transition differently. What you are feeling is completely valid."



Leland, W., Rajunov, M., & Stockwell, A. (2020). Community Top Surgery Guide. Chicago, IL: Upswing Advocates and Genderqueer.me.