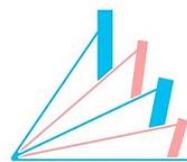


COMMUNITY TOP SURGERY GUIDE

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.

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Community Top Surgery Guide

by
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February 2020

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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

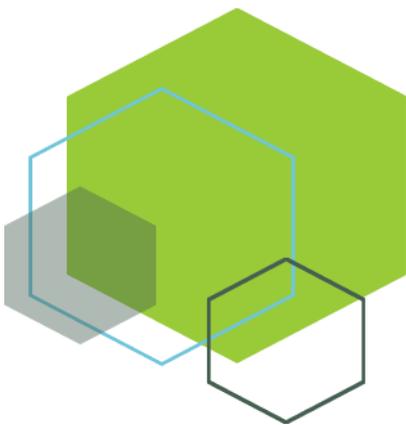
There are several different techniques that can be used for top surgery. These procedures take into account the size of the chest and the elasticity of the skin. Surgeons discuss best techniques with individuals prior to surgery and make recommendations that will hopefully result in the most natural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

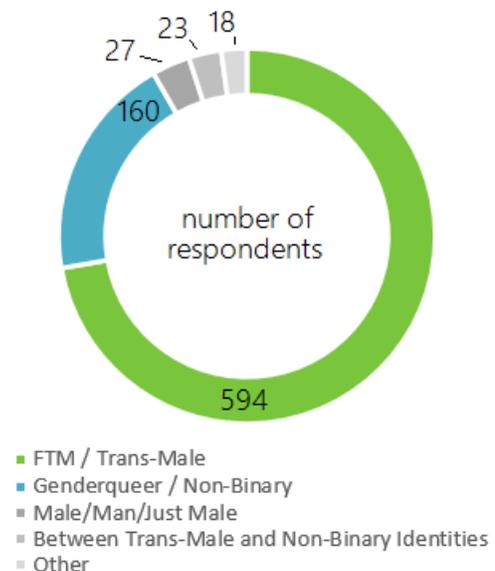


Fig 1.1 – Gender Identity

Length of Transition

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

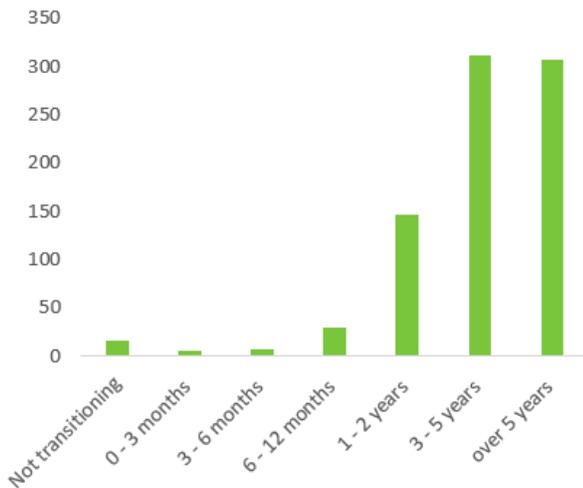


Fig 1.2 – Length of Transition

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.

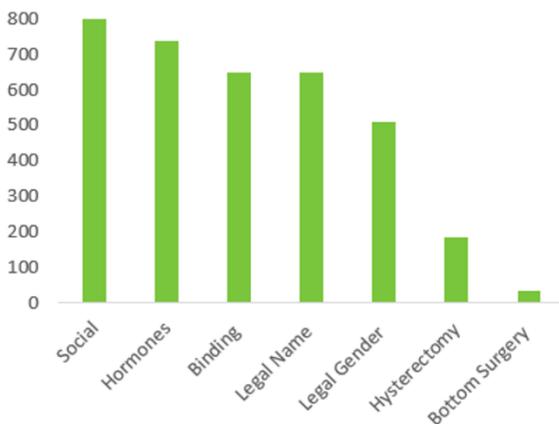


Fig 1.3 – Transition Steps Taken

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.

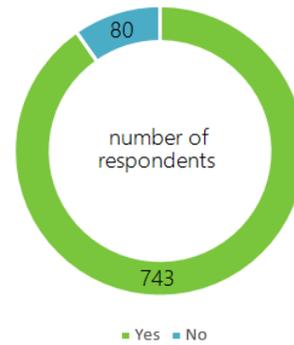


Fig 1.4 – Respondents who have ever been on testosterone

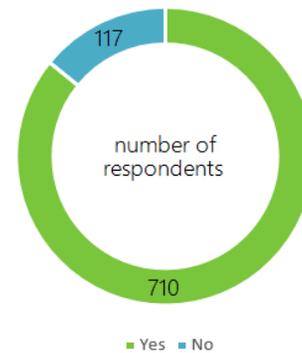


Fig 1.5 – Respondents who were currently on testosterone at the time of the survey

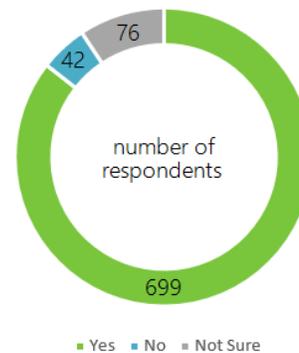


Fig 1.6 – Respondents who planned to be on testosterone in the future

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.

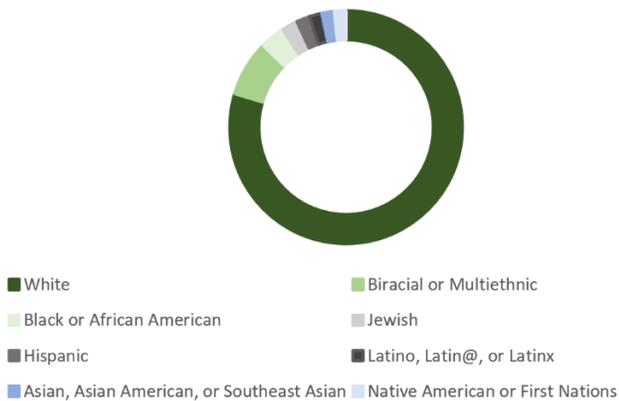


Fig 1.7 – Race and ethnicity of respondents

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.

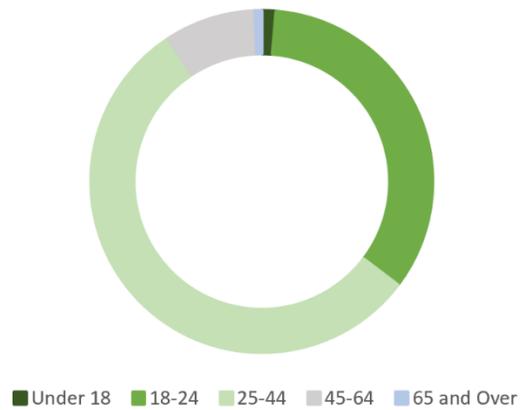


Fig 1.8 – Age range of respondents

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.

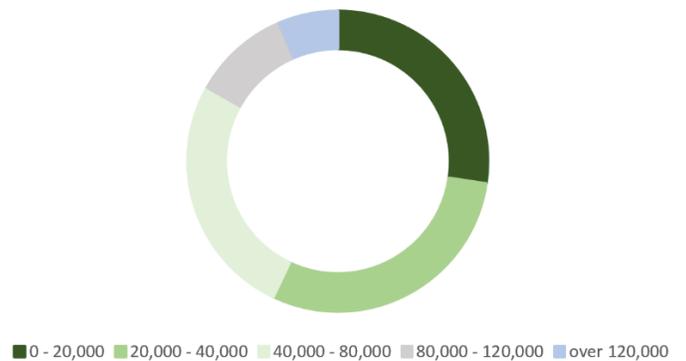


Fig 1.9 – Household income of respondents

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