

Patient Information Brochure Clinic for Plastic and Aesthetic Surgery – TRANS*Gender Center

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Clinic for Plastic and Aesthetic Surgery
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General Information on the Organizational Process “Mastectomy and Breast Augmentation”

- **Measurements of your chest and breasts** during will be made during first consultation as well as **photographs** from different perspectives (frontal, 45 degree oblique and 90 degree from side)
- 1-2 weeks later you will receive our **outpatient letter** by mail, which, along with your **psychological/psychiatric indication letter** (endorsing the mastectomy/breast augmentation), can be submitted to your health insurance (for self-paying patients, the outpatient letter serves to document the initial consultation)
- After receiving the **written cost approval from the health insurance** or, for self-paying patients, the **signed cost estimate** or fee agreement, please send these documents (plus the psychological indication letter) by mail, fax, or email.
- Upon receipt of the written cost approval or the signed cost estimate/fee agreement (for self-paying patients) and the indication letter, our Central Admissions Management will contact you to **schedule a suitable surgery date**. The current lead time for surgery appointments is approximately 3-4 months.
- Any ongoing **hormone therapy** (e.g., Testogel) should be paused about one week before the planned surgery - or Testo injections (e.g., Nebido) should not be administered in the week before surgery - and can be resumed about one week after surgery. Anesthesia and plastic-surgical consultation usually occur one day before the surgery, and the inpatient admission takes place on the day of the surgery.
- Anesthesia and plastic-surgical consultation (**for written informed consent**) usually occur one day before the surgery, and the **inpatient admission takes place on the day of the surgery**.
- For **long-distance travelers**, accommodation near the hospital before surgery or before the admission day can be arranged (our Central Admissions Management can provide hotel options).
- A **sick note** can be issued for a maximum of 2 weeks if covered by the health insurance; thereafter, the continuation of the sick note (depending on the occupation) should be provided by your general practitioner; for self-paying patients, unfortunately, a sick note cannot be issued by us.
- **Self-paying patients** may consider taking out **follow-up cost insurance** (e.g., medassure beautyprotect safe4beauty).

Postoperative Wound Care „Mastectomy“

In case double incisions (DI) with free Nipple/NAC grafts:

- **Inpatient stay of approximately 2-3 days**
- **Removal of drains** near home (e.g., by a general practitioner, gynecologist, surgeon) or in the PLC outpatient clinic/ward 42 when secretion in the bottles is <30ml/24h. Markings at the same time (24h) on the outside of the bottle with a marker are possible.
- **Removal of bolster dressings** on the 5th postoperative day (POD) (the weekday is marked on the dressing).
- **After removing the bolster dressings** on the nipples on the **5th POD**: dark bluish discolorations are normal, as are slight yellowish crusts, minimal bleeding. Change **fatty gauze** on the nipples daily (e.g., Atrauman or Adaptic) combined with loose unsterile compresses for about one week after discharge, then only apply loose unsterile compresses. Avoid using plasters or new Steristrips to prevent tension blisters, skin irritations, and pimple formation. Air the area several times a day for 2-3 hours.
- **Compression with abdominal binder or compression vest** for 6-8 weeks. The compression vest (Bolero) is provided by our medical supply store (Fa. Tonn). The abdominal binder or compression vest is measured at the pre-admission appointment.
- **Suture removal 14 days after surgery** at the outer edges of the nipples (remove blue thin non-absorbable sutures) and at the breast fold (clip transparent suture loop at skin level as it is self-absorbing); the inner suture dissolves - suture removal can also be done near home (e.g., preferably by a general practitioner).
- **Showering** the upper body is possible from the 15th day after surgery with normal skin-friendly pH-neutral shower gel.
- **For scar care: 2 weeks after surgery** (after removing Steristrips), thinly apply, e.g., Bepanthen wound and healing ointment on the wounds including the nipples.
- **4-6 weeks after surgery**, silicone ointments, silicone patches, etc., can be used (e.g., Contractubex, Dermatix, Scarsil, Bepanthen scar roller).
- Dark and light crusts on the nipples usually resolve themselves over time; applying a thin layer of Bepanthen ointment helps speed up the resolution of crusts.
- **Targeted scar massage** and, in some cases, manual lymph drainage can be useful from 2-3 weeks postoperatively to reduce hardening and swelling (1-2 times/week for 30-45 minutes for about 6-8 weeks).
- **Avoid sun exposure** for 6 months, then use a high sunscreen factor (SPF 50) or cover the scars.
- **Sports and physical activities**: no swimming, bathing, sauna, or any sports for 6 weeks.
- Avoid bench press, competitive swimming, bouldering, climbing, burpees, push-ups, butterfly, or **any extensive upper body training for 6 months** to prevent poor scar healing.
- **Follow-up appointments** are possible based on availability. Recommended 2 weeks postoperatively for suture removal (preferably near home), at least after 6 months, and preferably after 1 year or in the long term for check-ups anytime. For long-distance travelers follow-up by photo via email to: info-tgz-pbc@sana.de are preferred, but personal follow-up is preferred in the long term ☺

For “periareolar” incisions just around the nipples

- As above, but initially **apply fatty gauze** and compresses **for about one week** after discharge.
- **Air the area for 2-3 hours daily**, if necessary, dab the nipples with Betaisodona solution.
- **Mandatory follow-up for suture removal 3 weeks after surgery!**
- The **final postoperative result** is visible at the earliest after 6 to 12 months. Slight dents, swellings, etc., usually disappear over time.
- **Scar massage and manual lymph drainage** can be useful from 2-3 weeks postoperatively (manual lymph drainage: 1-2 times/week for 30-45 minutes for about 6-8 weeks; must be prescribed by a general practitioner or specialist).
- **Compression bandage or compression vest** for 6-8 weeks as above; the same applies to scar care and sports abstinence.

Postoperative Wound Care „Breast Augmentation“

After insertion of a silicone implant:

- **Wear a compression bra and Stuttgart belt** for 6-8 weeks.
- **Suture removal 14 days** after surgery: clip the suture loop at skin level in the breast fold (self-absorbing); the inner suture dissolves - suture removal can also be done near home (e.g., by a general practitioner).
- **Showering** the upper body is possible 2 weeks after surgery with normal skin-friendly pH-neutral shower gel.
- **For scar care:** 2-3 weeks after surgery, thinly apply, e.g., Bepanthen wound and healing ointment on the wounds.
- **4-6 weeks after surgery**, silicone ointments, silicone patches, etc., can be used (e.g., Contractubex, Dermatix, Scarsil, Bepanthen scar roller).
- **Targeted scar massage** can be useful from 2-3 weeks postoperatively to reduce hardening and swelling.
- **Avoid sun exposure** for 6 months, then use a high sunscreen factor (SPF 50) or cover the scars.
- **Sports and physical activities:** no swimming, bathing, especially jogging, sauna, or any sports for 6 weeks.
- Avoid bench press, competitive swimming, bouldering, climbing, burpees, push-ups, butterfly, or **any extensive upper body training for 6 months** to prevent poor scar healing.
- **Follow-up appointments** are possible based on availability 2 weeks postoperatively for suture removal (preferably near home), at least after 6 months, and preferably after 1 year and in the long term for check-ups anytime. For long-distance travelers, inquiries by photo via email to: info-tgz-pbc@sana.de are preferred, but personal follow-up is preferred in the long term ☺

General possible postoperative complications "Mastectomy / Breast Augmentation":

- **Hematoma:** If the breast becomes blue and increasingly swollen, this may indicate an acute hematoma - immediate re-presentation in our clinic for surgical evacuation (surgery).
- **Infection:** Redness, swelling, warmth, and fever may indicate an infection - immediate re-presentation in our clinic (possibly surgery or antibiotic therapy).
- **Seroma:** If the breast feels like a waterbed or is increasingly swollen, this may indicate wound fluid (seroma), which is usually a harmless complication but should be punctured - prompt presentation in our clinic or a nearby gynecological or surgical practice for an ultrasound and possible puncture of the wound fluid.

Our goal is to reintegrate you into your usual environment and tasks as quickly as possible.

The team of the Clinic for Plastic and Aesthetic Surgery wishes you a pleasant stay and a speedy recovery!

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Leading Physician**

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