Informed Consent

Bilateral Female-to-Male Breast Change/Chest Shaping Surgery; Subcutaneous Mastectomy with Direct Excision versus Liposuction,
Possible Free Nipple Graft

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INSTRUCTIONS

This document explains female-to-male breast change/chest shaping surgery. It will also outline its risks and other treatments.

It is important that you read this whole document carefully. Please initial each page. Doing so means you have read the page. Signing the consent agreement means that you agree to the surgery that you have talked about with your plastic surgeon.

GENERAL INFORMATION

There are many kinds of female-to-male breast change/chest shaping surgeries. Some of them are subcutaneous mastectomy with direct excision versus liposuction, possible vaser-assisted technique(s), and possible free nipple graft. The following are the most common among transgender men.

In a subcutaneous mastectomy, the glandular breast tissue is removed. It leaves the breast skin, nipple, and areola (the darker circle around the nipple) in place. It is done through a cut around the areola. Inframammary mastectomy is another common method. The position and size of the areola can be surgically fixed. Excess skin may be reduced. This can lead to more scars. There may be solid breast tissue under the areola. This may need to be removed and tested for cancer. Fatty tissue around the chest may be removed with liposuction. This tissue may be sent to the lab for more tests.

All of these surgeries are done to create a manly-shaped chest. This should match the patient's body and have visible abs.

The technique depends on the surgeon’s experience and the patient’s choice. It also depends on the patient’s breast size, shape, and skin quality.

This surgery cannot be undone. You must give a letter of recommendation from a qualified provider stating

1. Persistent, well-documented gender dysphoria
2. Capacity to make a fully informed decision and consent to treatment
3. Age of majority in a given country
4. Significant medical or mental health concerns, if any, are reasonably controlled

OTHER TREATMENTS

Other treatment options include not having surgery. Some may wear undergarments that help hide their breasts. Some may use liposuction to reduce their breast size. These treatments have their own risks.

RISKS OF FEMALE-TO-MALE BREAST CHANGE/CHEST SURGERY

Every surgery has risks. It is important that you understand the risks and what can result from them. Every procedure has its limits. Choosing to have surgery means comparing the risks and benefits. Most patients do not have these problems, but you should talk about them with your plastic surgeon. Make sure you understand all possible outcomes of the female-to-male breast change/chest shaping surgery.

_____ **Patient Initials**

SPECIFIC RISKS OF FEMALE-TO-MALE BREAST CHANGE/CHEST SURGERY

Chest Asymmetry:
Most people have uneven beasts. Differences in chest and nipple shape, size, or symmetry may occur after surgery. More surgery may be needed to fix this.

Nipple/Areolar Asymmetry:
The nipple on one side may look different from the other. Some asymmetry is common. Noticeable differences can be fixed with surgery.

Change in Sensation:
You may have less sensitivity in your nipples and the skin of your breast. This may go away after several months. Nipple grafts remove the nipple and replace it as a skin graft. This causes a permanent loss of sensation.

Nipple Necrosis:
The nipple, or part of it, may fall off. If it happens within hours of surgery, doctors may save it. Otherwise, it may be replaced using grafts and tattooing. This problem is rare.

Shape Irregularities (Skin Excess, Bulges, Puckering):
The skin tissue may not be the expected shape. This can be fixed through liposuction or fat grafting.

Scars:
Scarring is normal. Severe scarring may require surgery. You can try to reduce scarring by following your surgeon's advice. You must rest, avoid sun, and use massage exercises, ointments, and compression garments.

Need for Revision:
More surgery may be needed. This is done if you have more chest tissue to remove or less skin elasticity. This can be decided 6-8 months after surgery. Typical revisions include:
- Liposuction or fat grafting to improve shape
- Scar removal
- Removing excess skin and fixing bulges or puckering (dogears)
- Fixing the location and size of the nipple or areola

Unsatisfactory Results:
There is no guarantee of the surgery. You may be disappointed with the results. There may be asymmetry in nipple location, unexpected breast shape and size, loss of function, open wounds, poor healing, or loss of sensation. Healing may result in a lost nipple. Scars or visible deformities may occur. Additional surgery may be necessary to thin other breast tissue. You may need more surgery to improve your results.

Breast Disease:
You can get breast disease and cancer without doing a female-to-male breast change/chest shaping surgery. People who have had breast cancer or whose family members have had breast cancer may be at a higher risk of developing breast cancer. If you find a lump, more tests may be needed. Androgenic

hormonal therapy and surgery do not decrease the risk of breast cancer, particularly among patients with a history of the disease. Mammography cannot be used to screen for breast disease after surgery.

DISCLAIMER

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Informed Consent – Bilateral female-to-male breast change/chest shaping surgery; subcutaneous mastectomy with direct excision versus liposuction, possible free nipple graft

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Informed consent documents give you information about a surgery you are considering. These documents explain the risks of that surgery. They also discuss other treatment options, including not having surgery.
However, informed consent documents can't cover everything. Your plastic surgeon may give you more or different information. This may be based on the facts of your case.

Informed consent documents are not meant to define or serve as the standard of medical care. Standards of medical care are determined based on the facts involved in an individual case. They may change with advances in science and technology. They can also change with the way doctors practice medicine.

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

_____ Patient Initials

CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Vishwanath Chegireddy and the doctor's assistants to do the procedure **Bilateral female-to-male breast change/chest shaping surgery; subcutaneous mastectomy with direct excision versus liposuction, possible free nipple graft**

2. I got the information sheet on Bilateral female-to-male breast change/chest shaping surgery; subcutaneous mastectomy with direct excision versus liposuction, possible vaser-assisted technique(s), possible free nipple graft

3. I understand that, during the surgery, an unexpected situation may require a different medical procedure than the surgery listed above. I permit the doctor listed above, the assistants and/or designees to provide any treatment that my doctor thinks is needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the surgery.

4. I understand what my surgeon can and cannot do. I understand that no warranties or guarantees have been hinted at or stated outright about the outcome of the surgery. I have explained my goals. I understand which outcomes are realistic and which are not. All my questions have been answered. I understand the surgery's risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the surgery.

5. I agree to the anesthetics that are needed or helpful. I understand that all types of anesthesia have risks and may result in complications, injury, and even death.

6. I am aware of the serious risks to my health when blood products are used. I agree to my doctor using them if my doctor, assistants, and/or designees think they are needed or helpful.

7. I agree to the disposal of any tissue, medical devices, or body parts taken out during or after surgery. I also agree to any additional surgeries or treatment that is needed or helpful.

8. I agree to have parts of my body photographed or televised appropriately before, during, and after the surgery for medical, scientific, or educational reasons, if the pictures do not reveal my identity.

9. For medical education, I agree that onlookers can be in the operating room.

10. I permit my Social Security Number to be given to the right agencies for legal reasons and medical device registration, when necessary.

11. I agree to the charges for this surgery. I understand that the doctor's charges are separate from the charges for the hospital and the anesthesia. I understand that there may be more charges if more procedures or treatments are needed or helpful. I agree to those charges, if any.

12. I understand that not having the surgery is an option and that I can opt-out of having the surgery.

13. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:

    a. THE ABOVE SURGERY TO BE PERFORMED

    b. THERE MAY BE OTHER SURGERIES OR TREATMENT OPTIONS

    c. THERE ARE RISKS TO THE SURGERY

Signature page follows

I CONSENT TO THE SURGERY AND THE ITEMS THAT ARE LISTED ABOVE (1-13).
I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS.

 _____ Patient Initials

Patient or Person Authorized to Sign for Patient	Date/Time
Witness	Date/Time

_____ Patient Initials