

# Breast Augmentation in trans-women Mastectomy F-M

by PD Dr. Richard Fakin

Zurich - Madrid

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**RICHARD FAKIN**  
PLASTIC SURGERY





# PD Dr. Richard Fakin

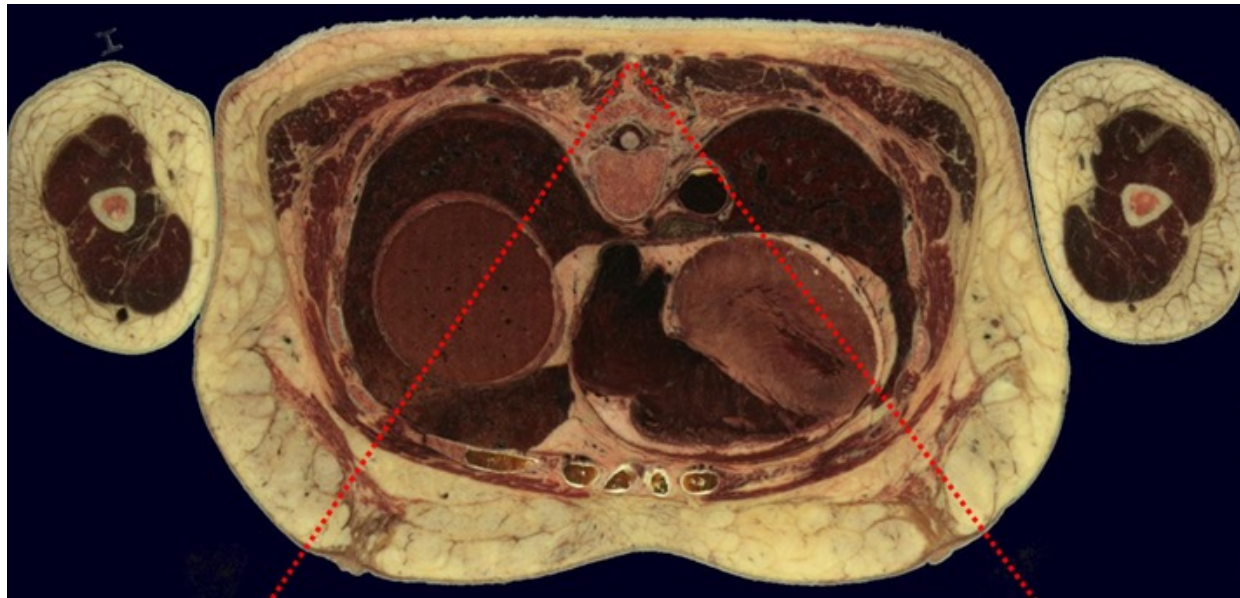


- Surgical experience over 15 years
- Specialization in Zurich, Switzerland (FMH)
- FFS in Thailand and Marbella
- Director of GRS Programme at the University Hospital Zurich since 2014 till 2019
- Over 25 original articles (PubMed) contributions
- Habilitation at the University of Zurich (PD) in 2018
- Practicing in Zurich and in Madrid

# Breasts augmentation (BA) in trans-women

## Introduction

- Anatomy and position of the breast and the nipple vary
- Hormonal glandular growth: individual and often not sufficient



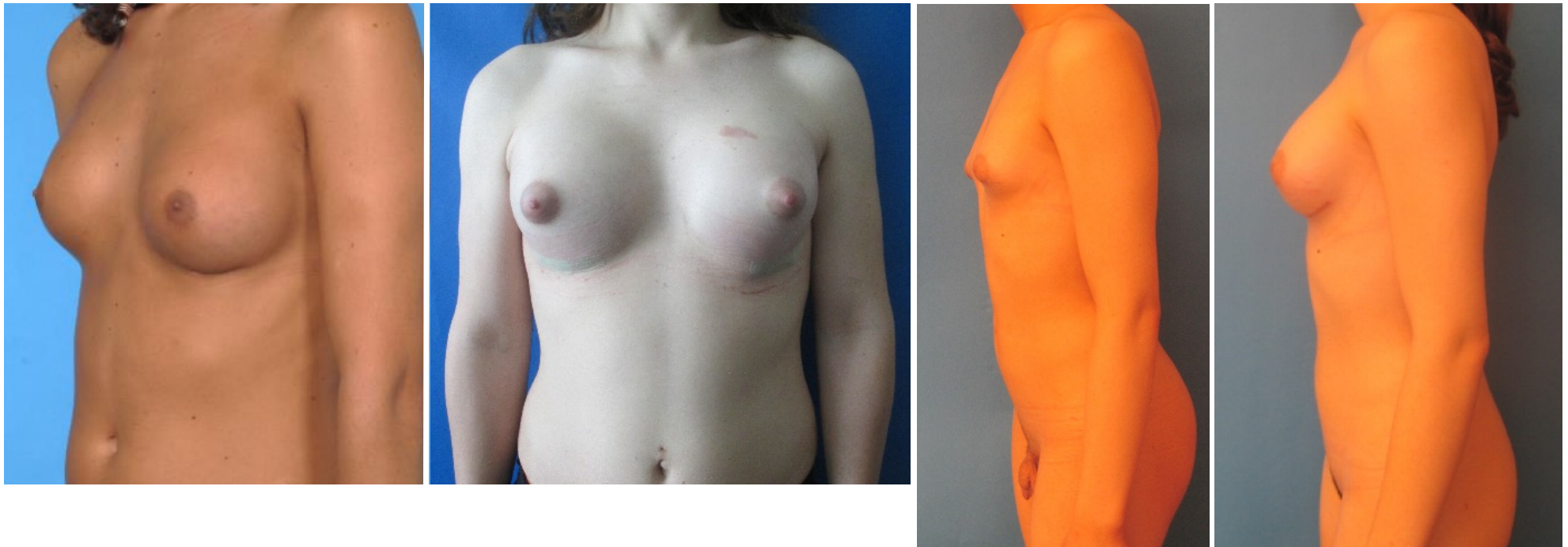
## Concepts of BA in trans-women



# BA in trans-women

## Individual

- anatomic / round / ergonomic implants
- sub-pectoral / epi-pectoral / dual-plane
- scar: inframammary, peri-areolar, axillary
- Implantats: Motiva®, Mentor®, B-lite® ...





# Study

## Breast Surgery



THE AMERICAN SOCIETY FOR  
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- Tran
- retrc
- goal

## Long-Term Outcomes in Breast Augmentation in Trans-Women: A 20-Year Experience

Richard M. Fakin, MD; Simon Zimmermann, MD;  
Kai Kaye, MD; Lukas Lunger, MD; Geraldine Weinforth; and  
Pietro Giovanoli, MD

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### Abstract

**Background:** Breast augmentation in trans-women requires special consideration and thorough preoperative planning.

**Objectives:** This study aimed to present our long-term outcome and experience gained over the past 21 years.

**Methods:** Trans-women who have undergone breast augmentation since 1995 were reviewed for primary surgery, type of incision, implant site, implant size and shape, and revisions.

**Results:** A total of 138 patients with a follow-up of 4.6 years (range, 2.0–13.3) were included. In 112 patients (82.4%), the inframammary incision was chosen. Subpectoral implantation was performed in 70 patients (51.5%). Round breast implants (91 patients, 66.9%,  $P = 0.010$ ) with low projection (103 patients, 75.7%,  $P < 0.001$ ) were favored. The implant size used during 2011–2016 of  $363.3 \pm 97.3$  cc was significantly increased as compared to the implant size reported during 1995–1999 (mean difference, +142.1 cc,  $P < 0.001$ ) and 2000–2004 (mean difference, +113.5 cc,  $P < 0.001$ ). Simultaneously, revision rates dropped significantly over time (52.9% during 1995–1999 as compared to 6.9% during 2011–2016,  $P < 0.001$ ). Overall, request for larger implants was the most common indication for revision (13 patients, 9.4%) after 6 months (range, 4.0–18.7). At revision, implant volume was  $355.4 \pm 132.8$  cc, showing significant increase of  $107.0 \pm 48.1$  cc as compared to primary implants (+30.0%,  $P = 0.048$ ).

**Conclusions:** Request for larger breast implants was the most common reason for revision. Depending on the various degrees of breast tissue growth due to hormonal therapy, whenever applicable, we recommend round, low projection implants with a mean size of 360 cc in the prepectoral pocket.

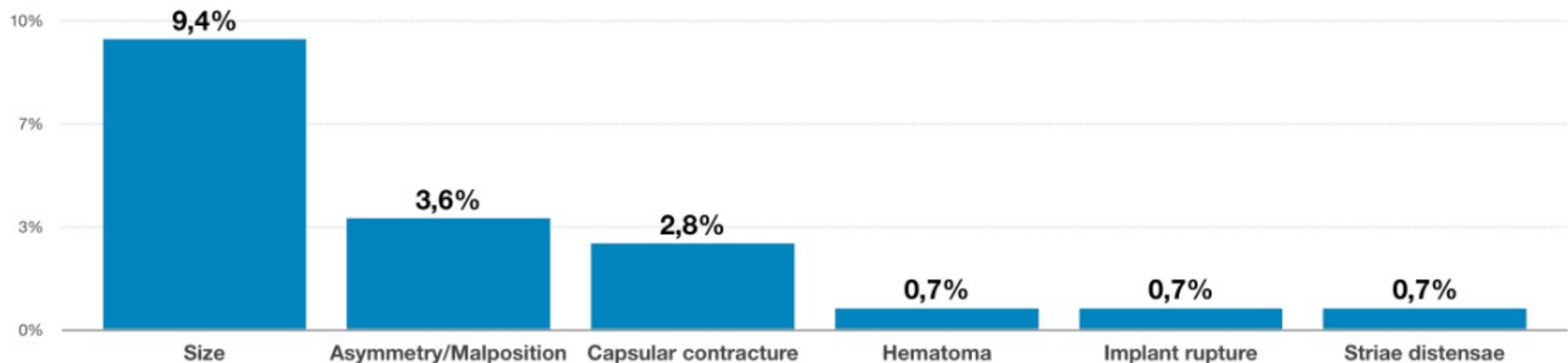
### Level of Evidence: 4

on date: May 15, 2018; online publish-ahead-of-print June 12, 2018.



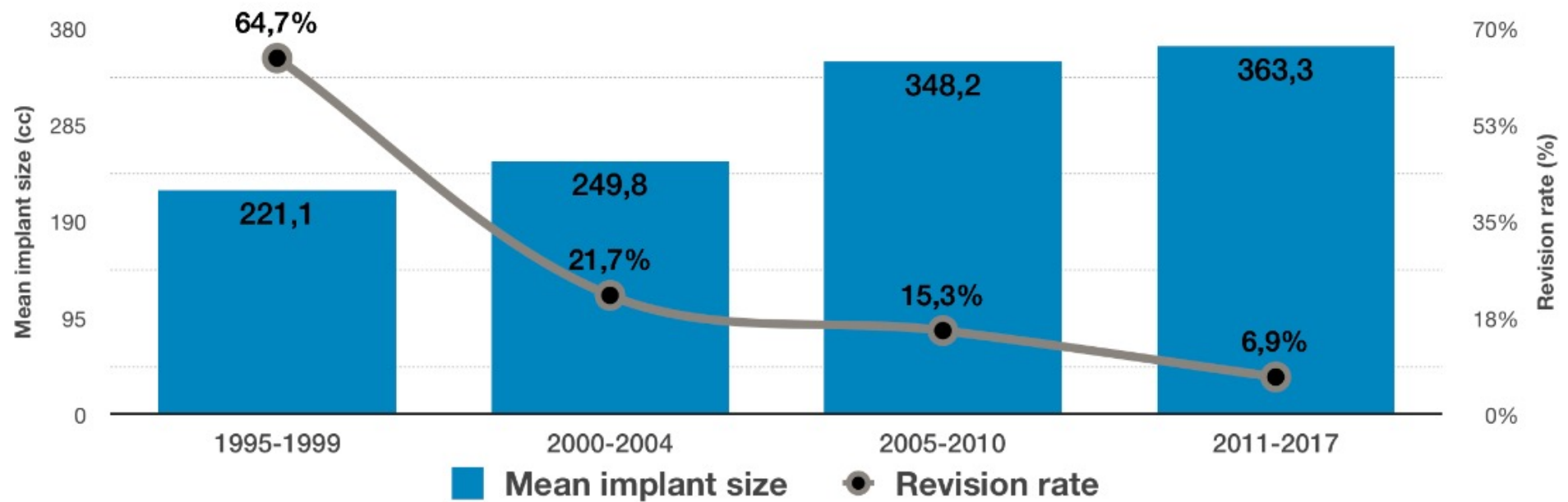
## Breast augmentation in trans-women

Most common complication: still small breasts



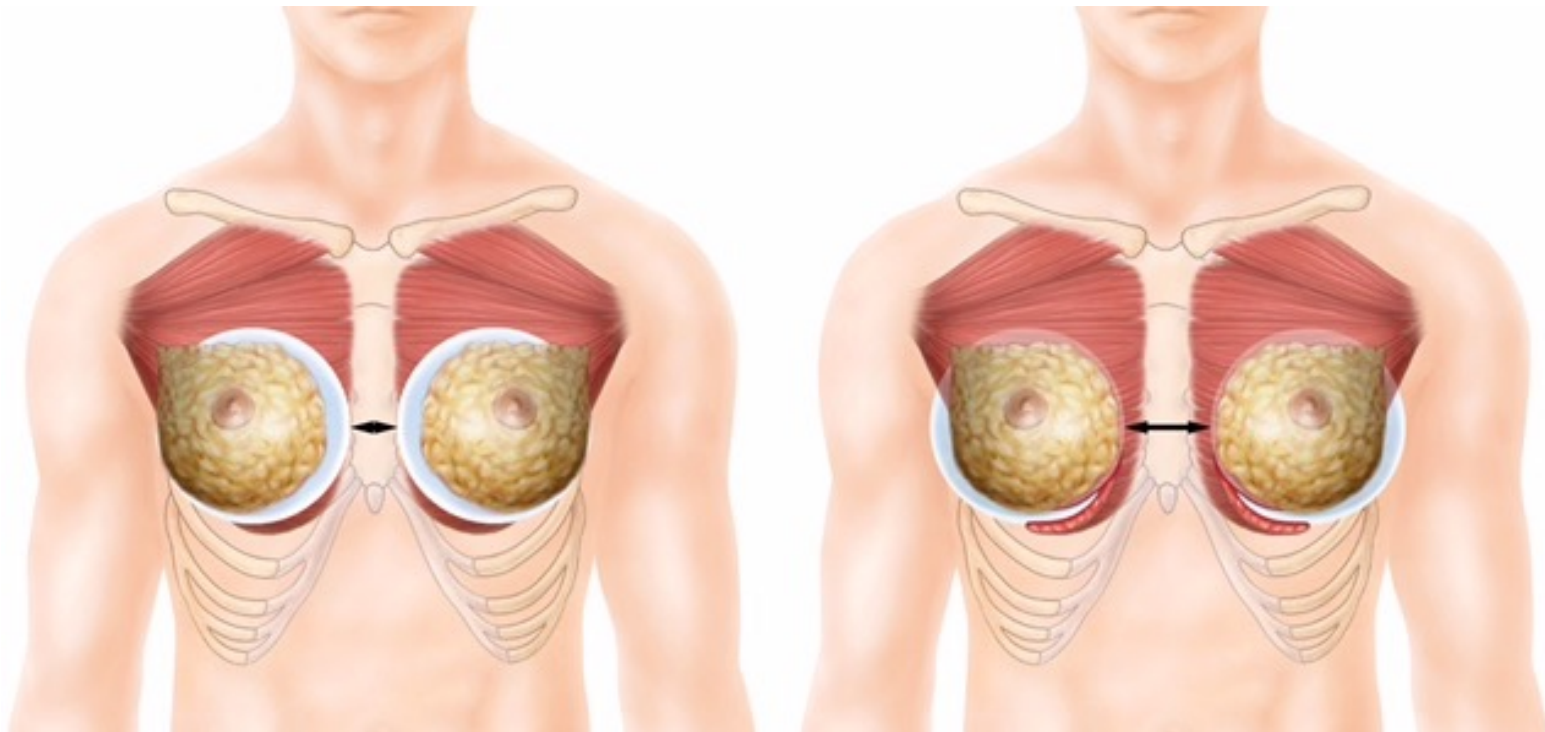
Primary vs. secondary augmentation:  
significant increase in implant size of  
 $107.0 \pm 48.1$  cc (+30.0%,  $p < 0.001$ )

## Breast Augmentation in trans-women



# Breast Augmentation M-to-F

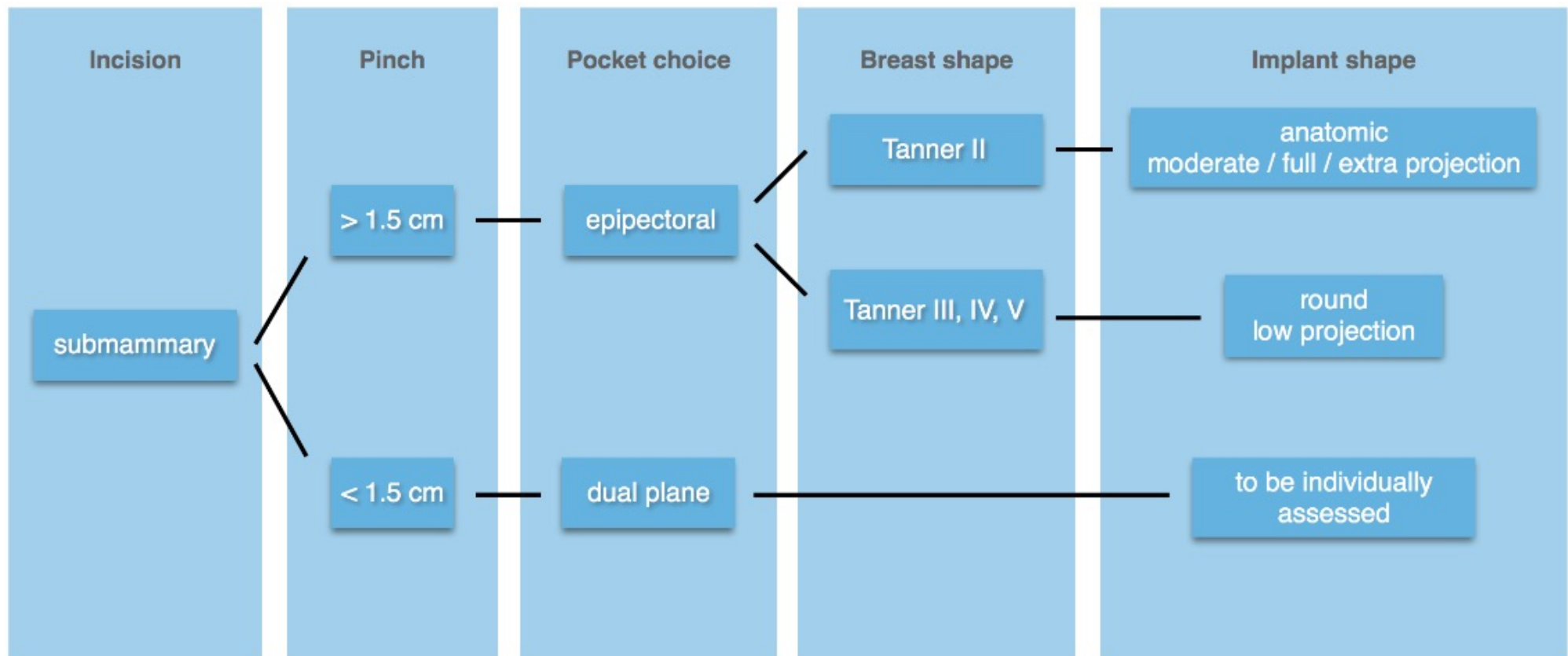
Epipectoral pocket

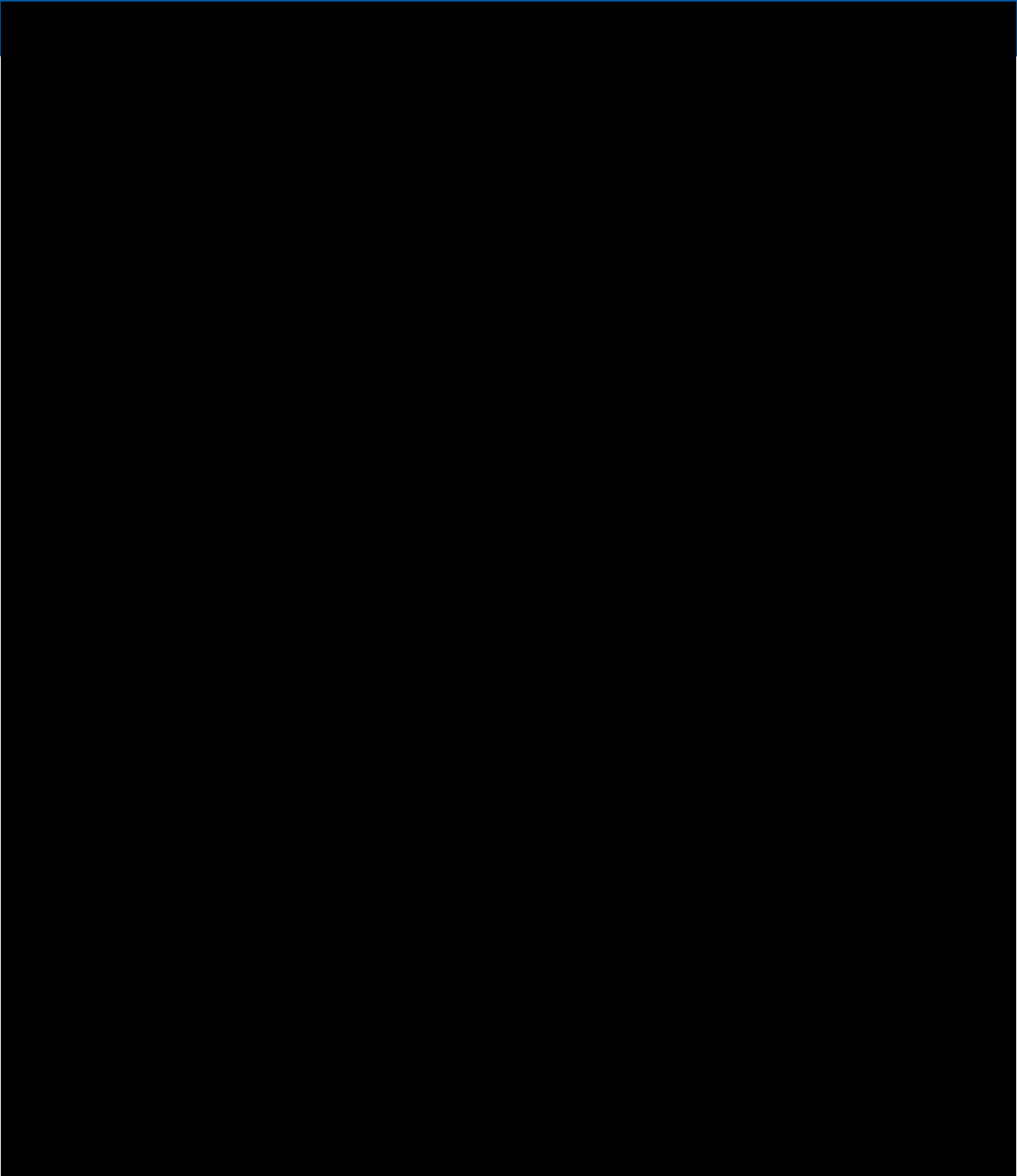




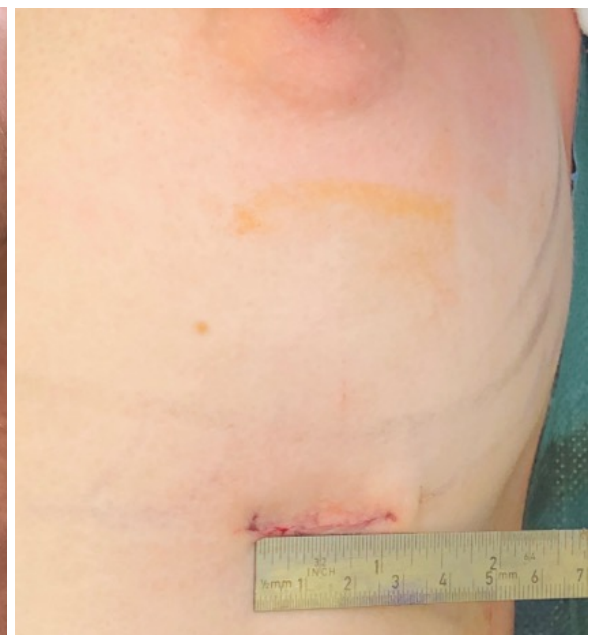
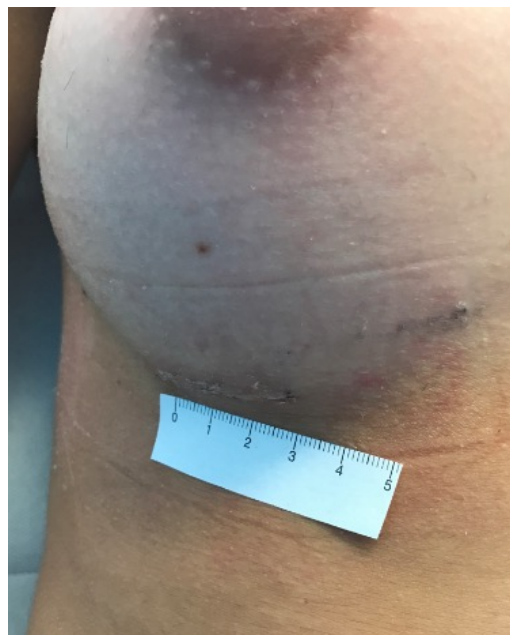
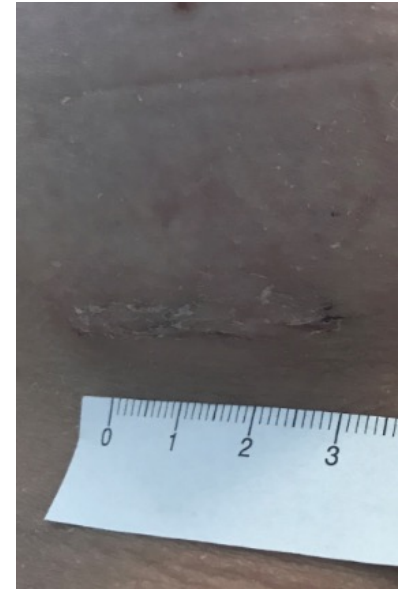
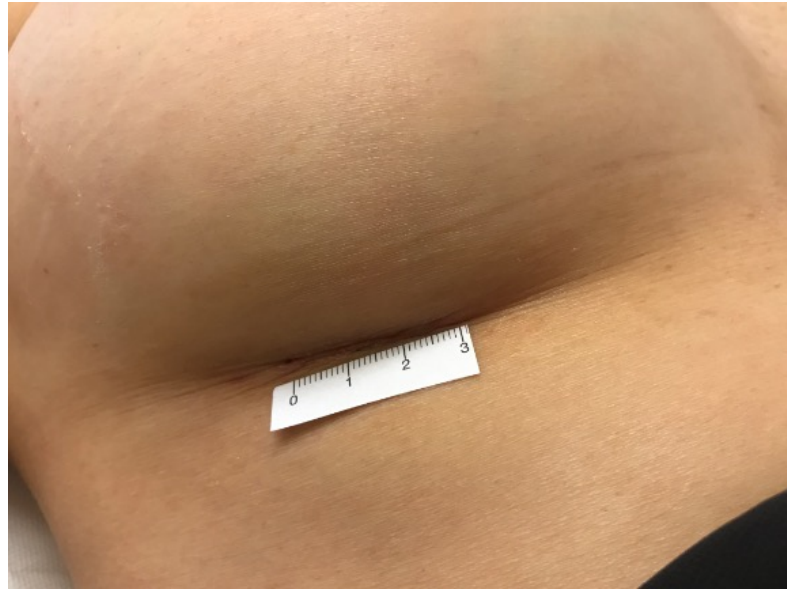
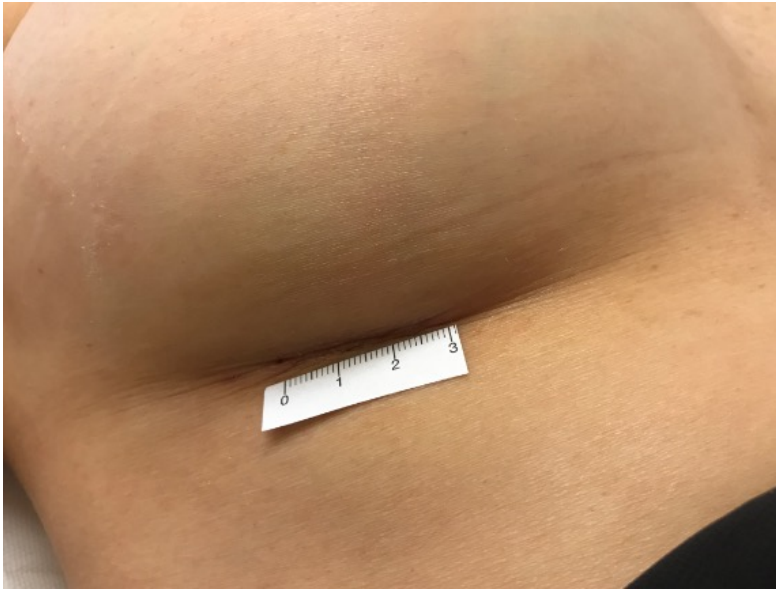
# Breast Augmentation M-t-F

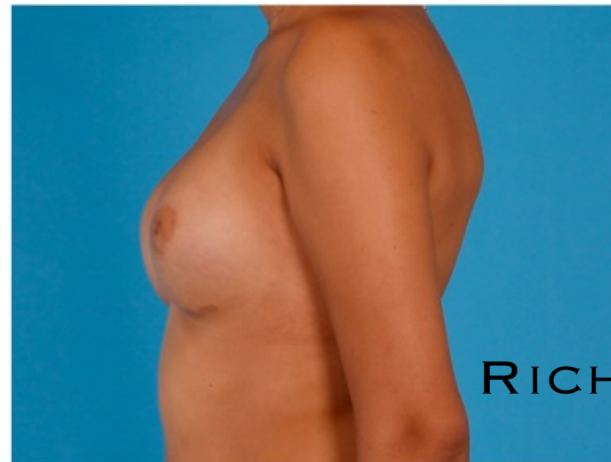
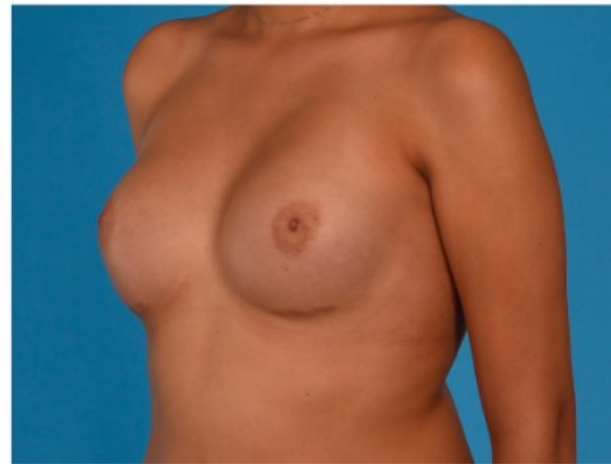
## Algorithm



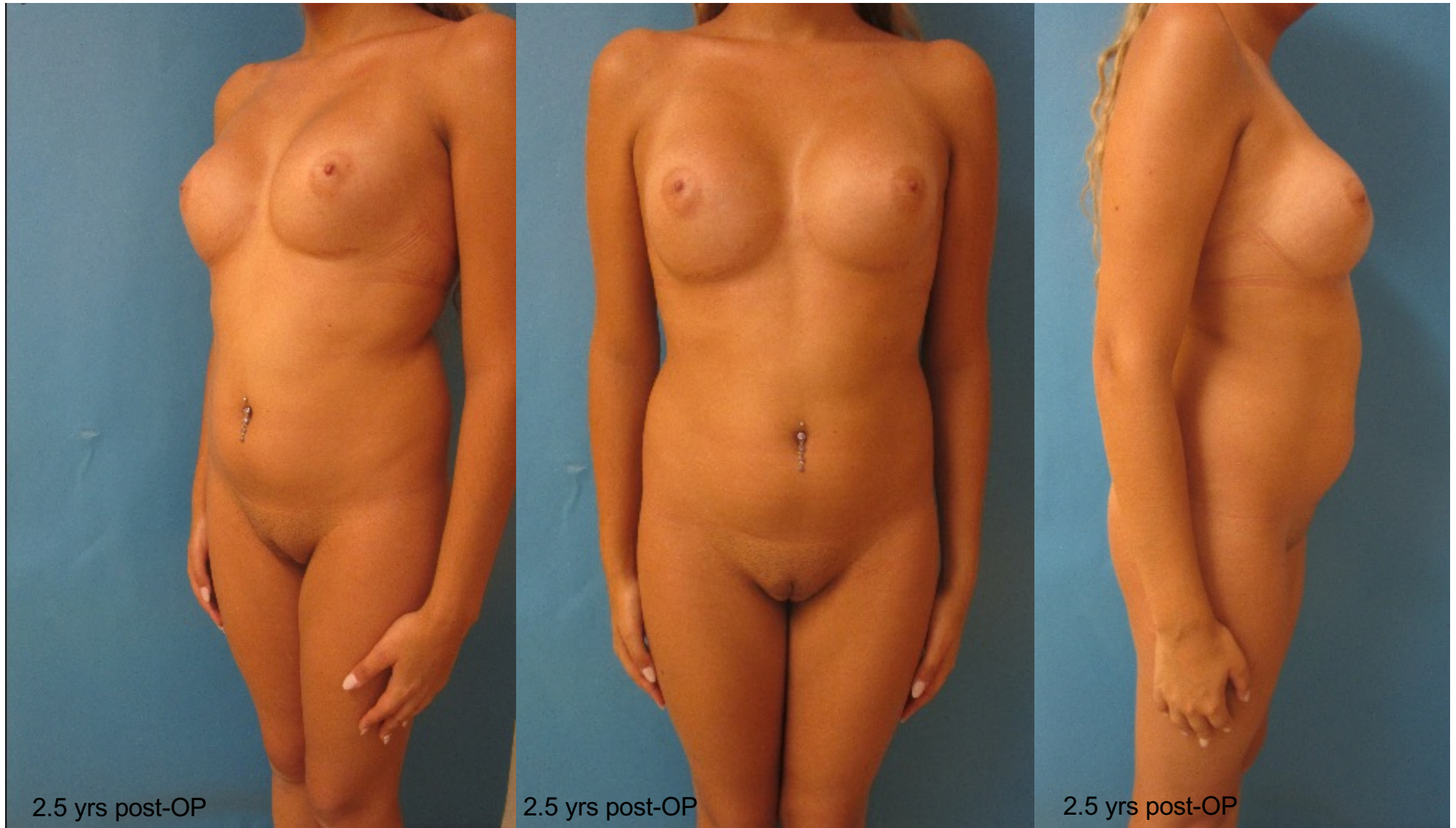


## Small incisions (2.3-2.8cm)











2.5 yrs post-OP



2.5 yrs post-OP



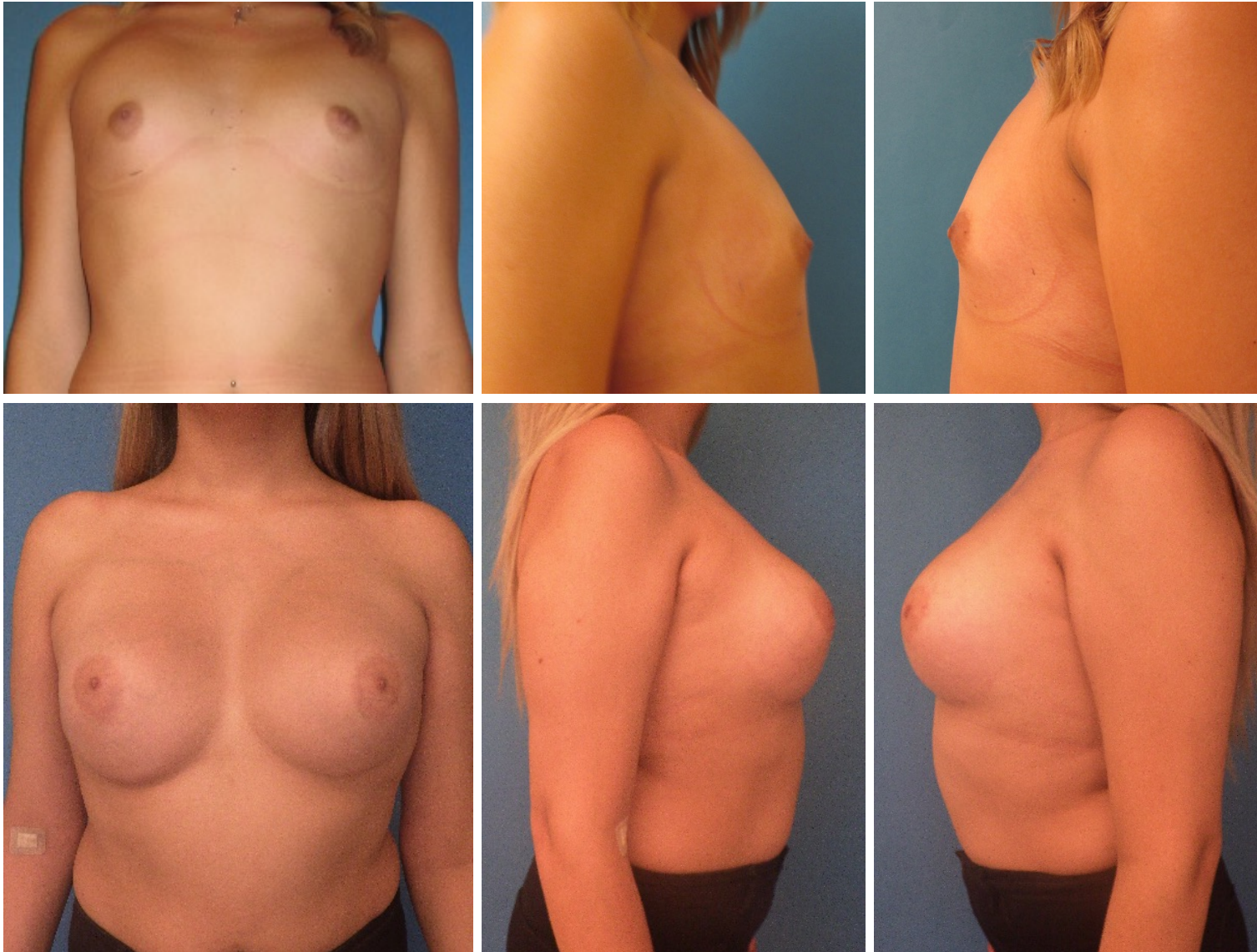
2 yrs post-OP



6 months post-OP

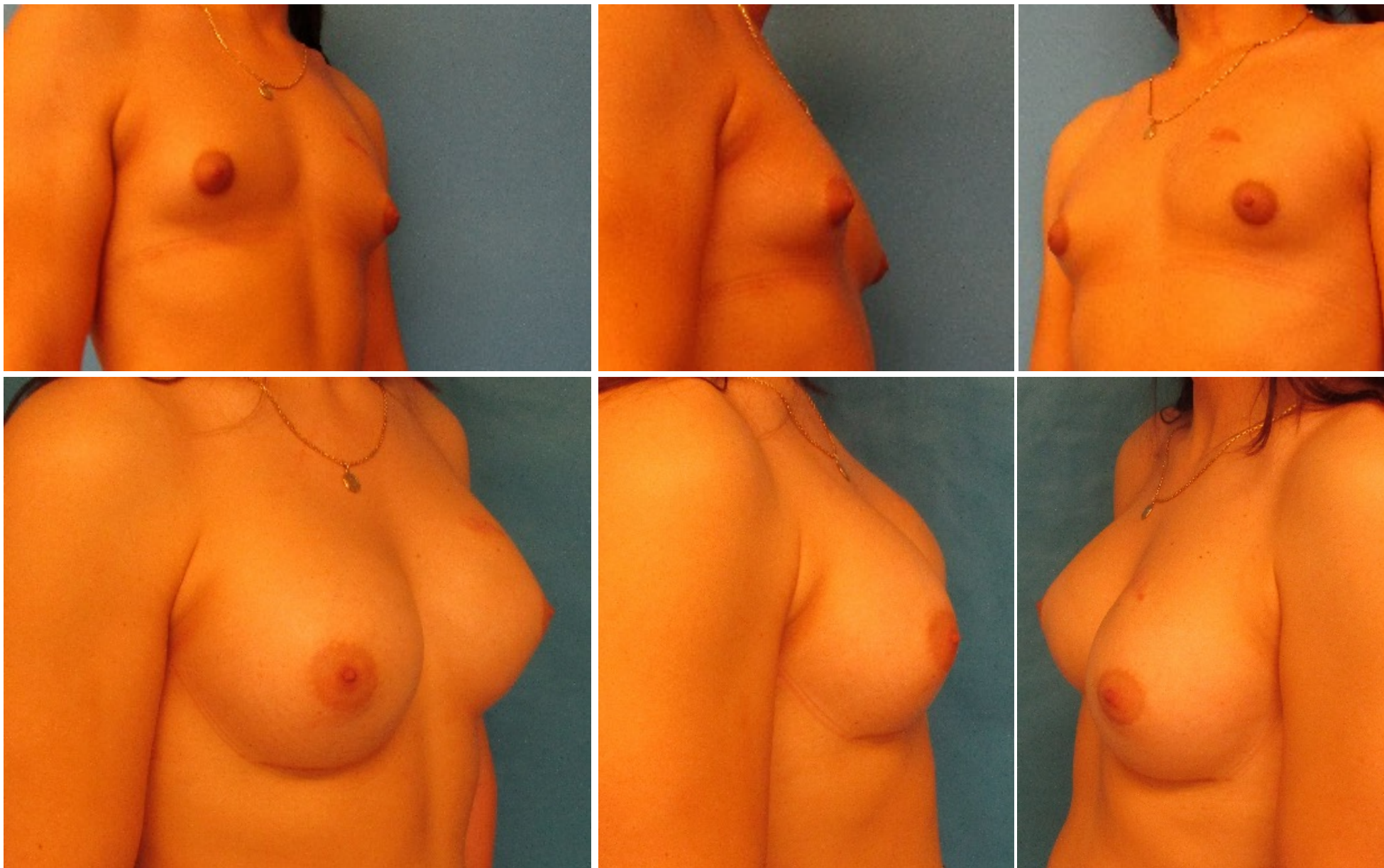


2 yrs post-OP

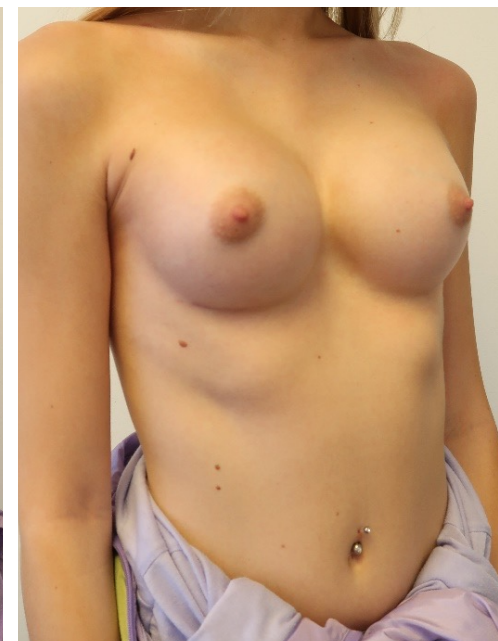




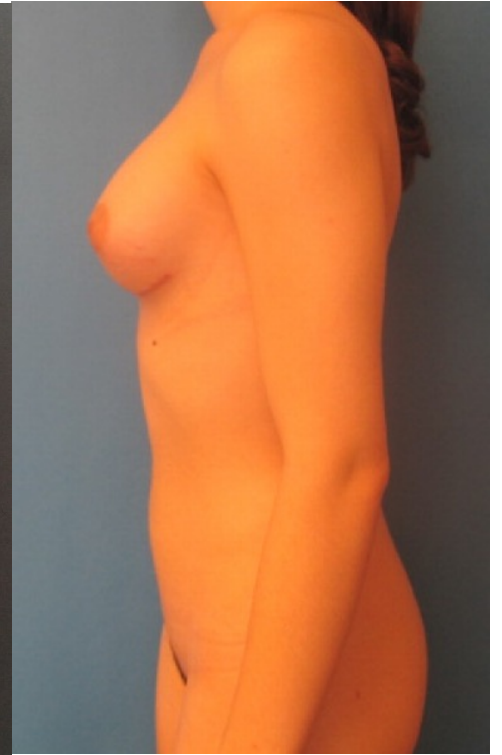
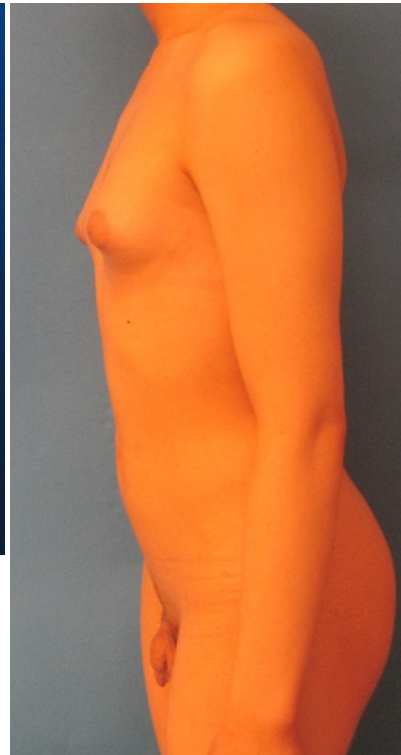
6 months post-OP

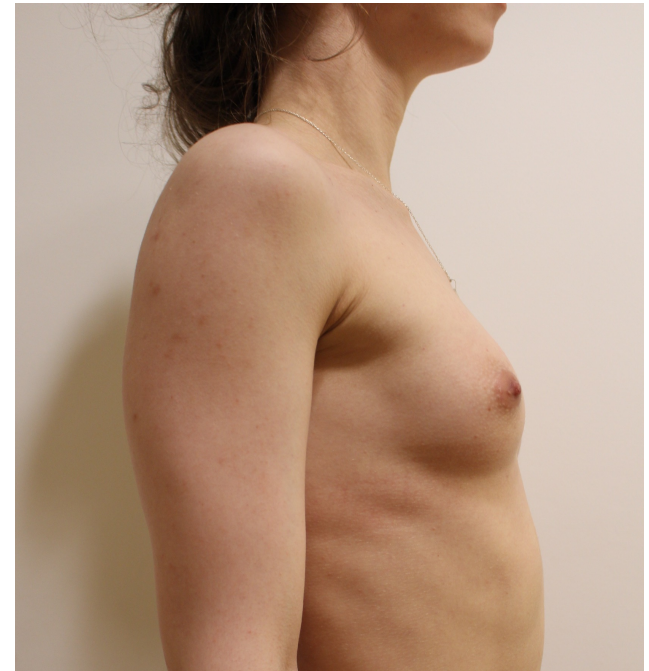
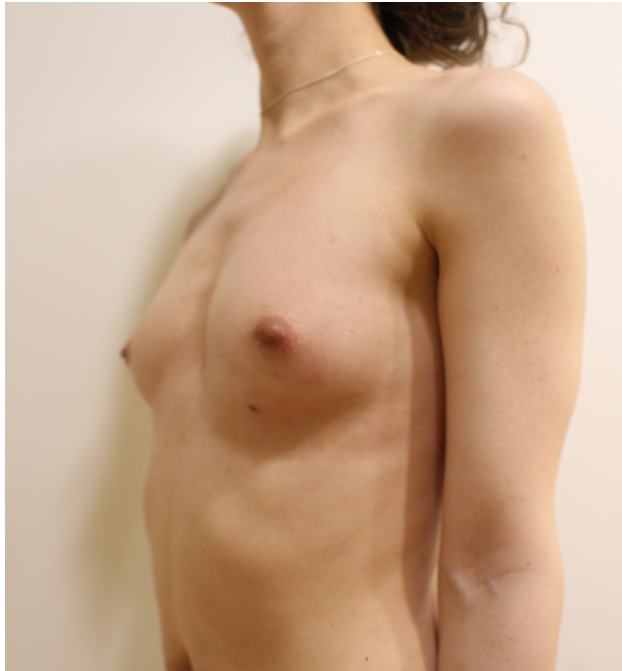
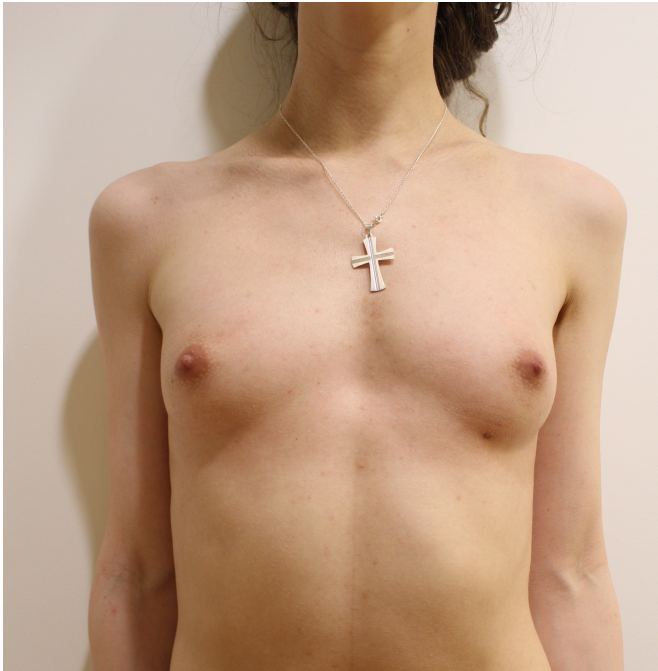


3 months post-OP



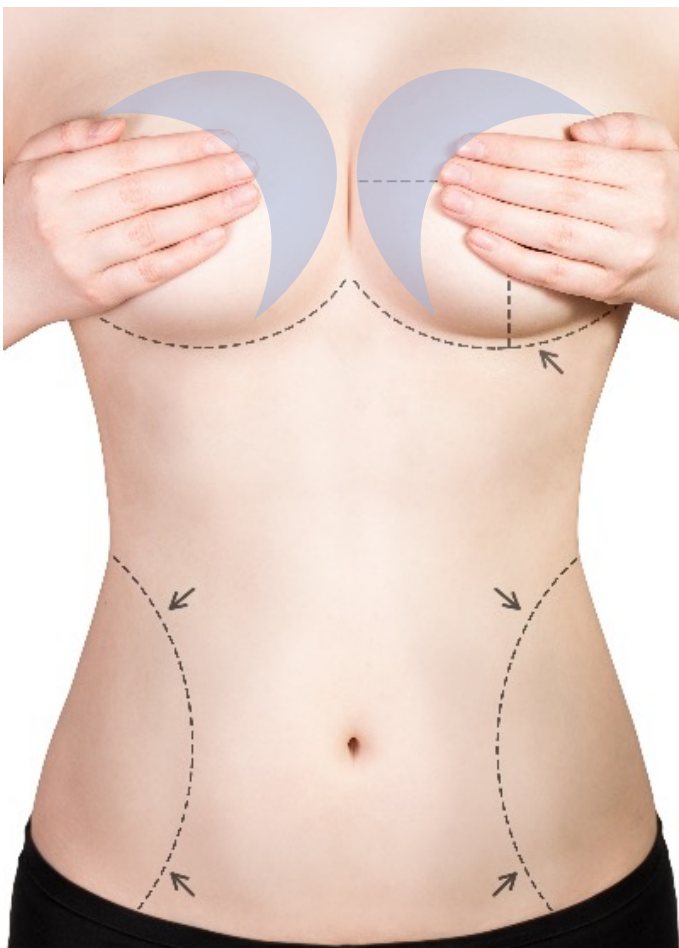








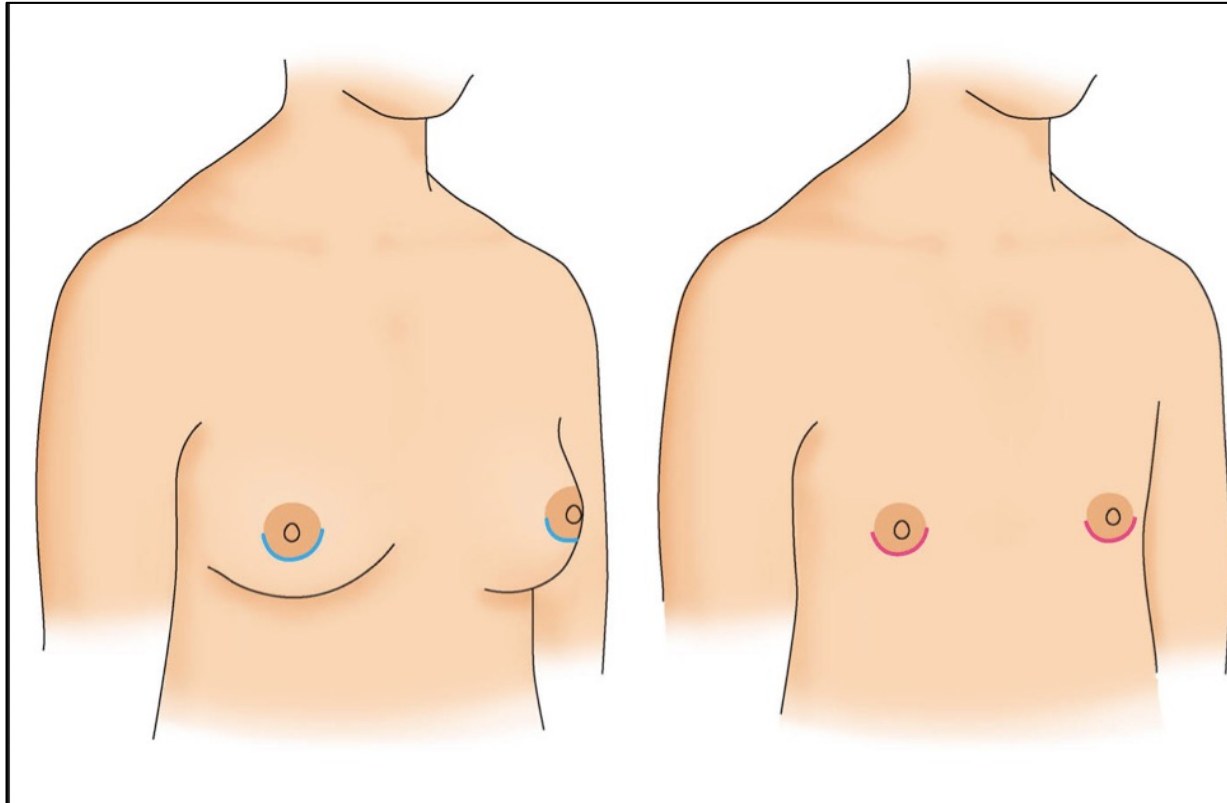
## Autologous fat transfer / hybrid BA



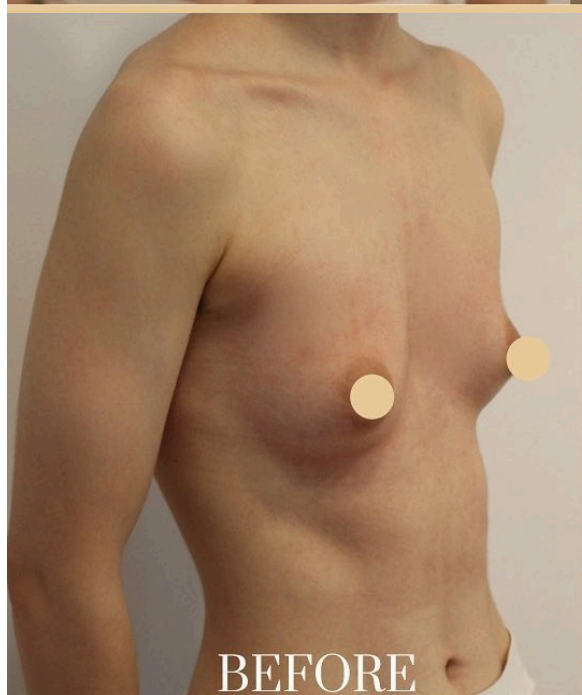
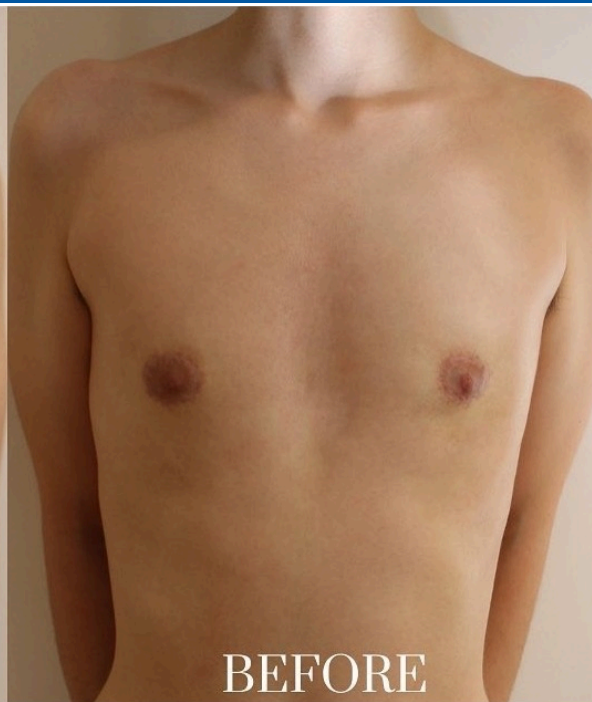
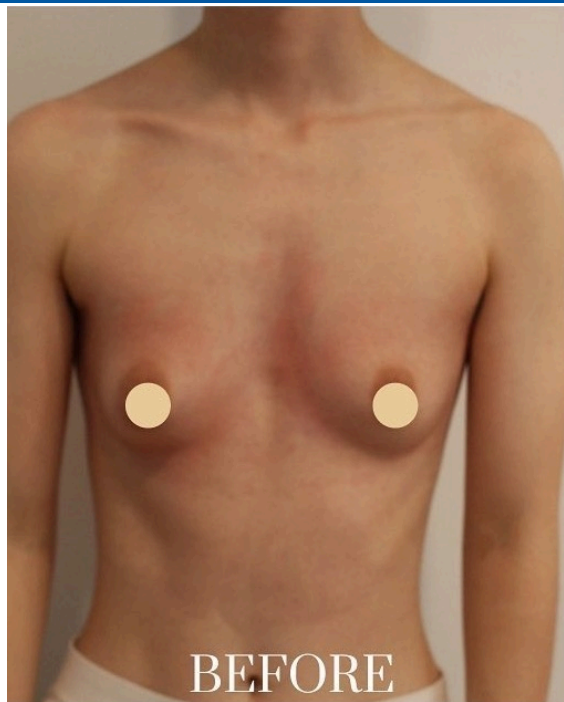
## Mastectomy F-t-M

- Different scar techniques
- Shortest scars possible
- Always with feminization of the areola-nipple complex and a perofical liposuction

## Periareolar

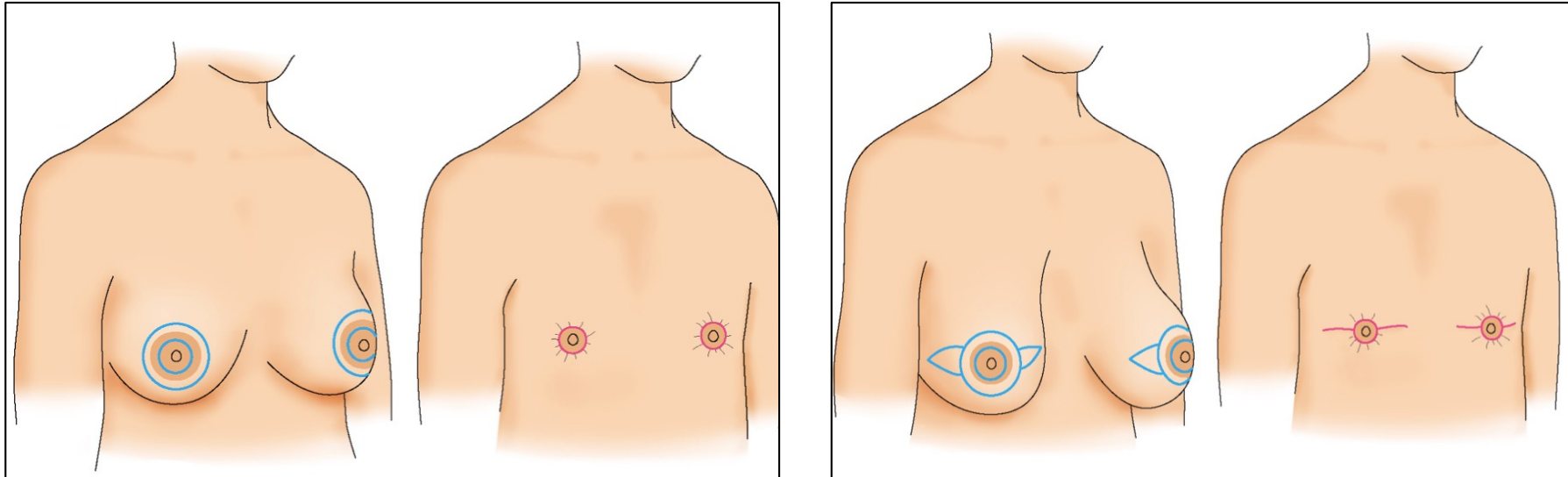


- With feminization of the areola-nipple complex and liposuction



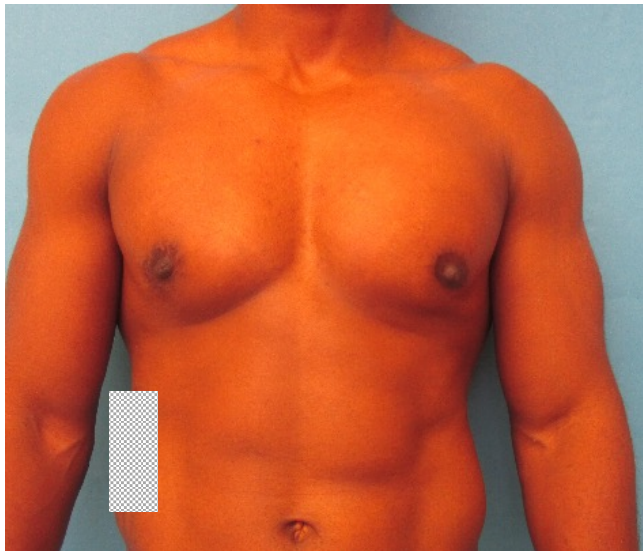
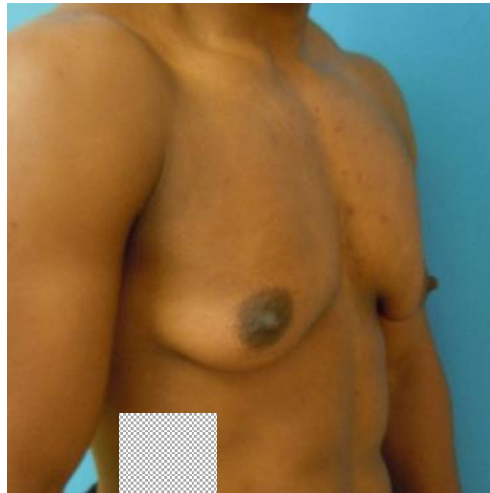
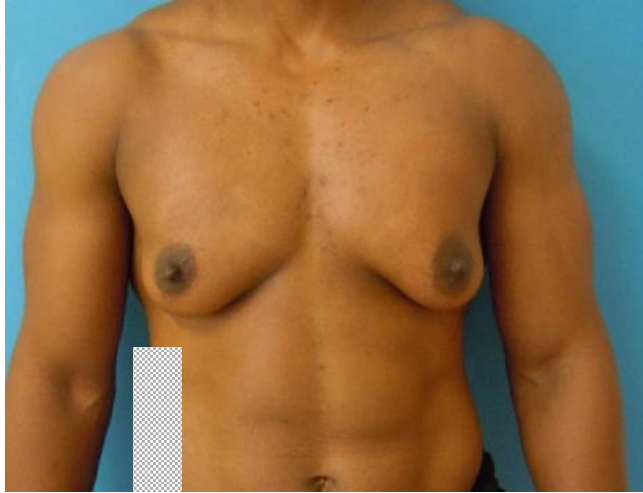


## Periareolar with additional horizontal scars

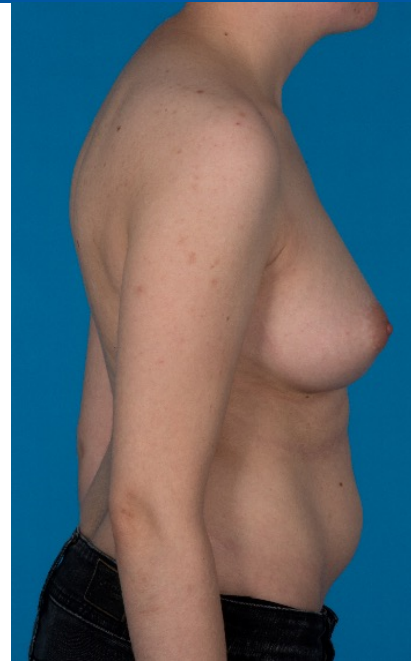


- With feminization of the areola-nipple complex and liposuction

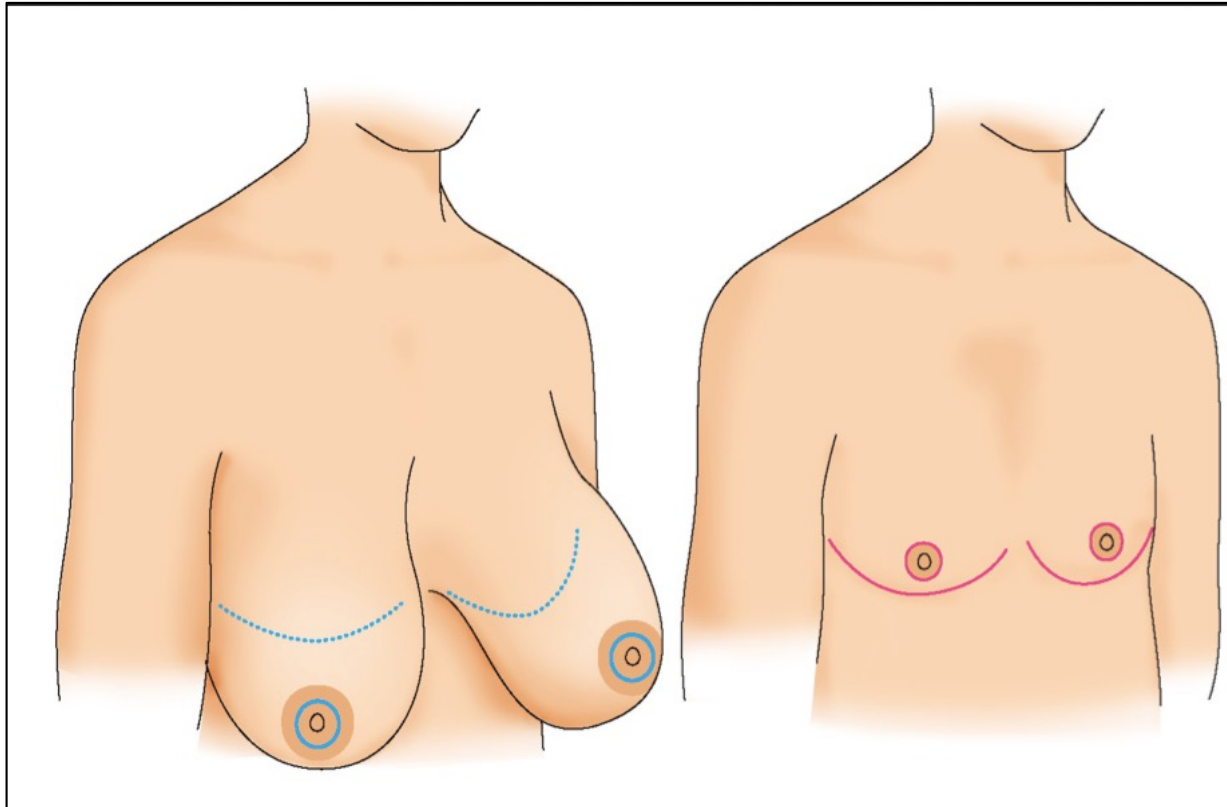








## Free Nipple Transfer



- With feminization of the areola-nipple complex and liposuction

# Facial Feminization Surgery (FFS) Facial Masculinization Surgery (MFS)

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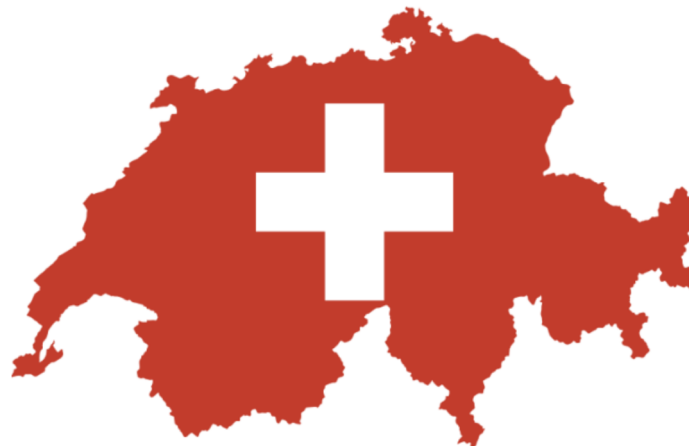
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# FFS

- Key surgical concept in healing of gender dysphoria
- Individual assessment
- Priorities set by patients
- Insurance company coverage

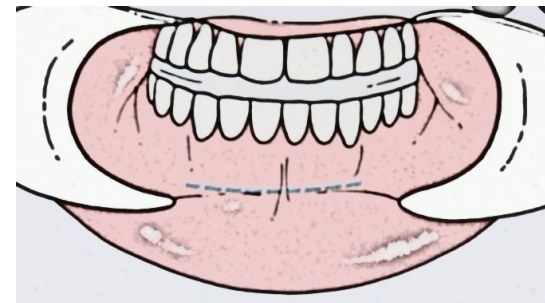
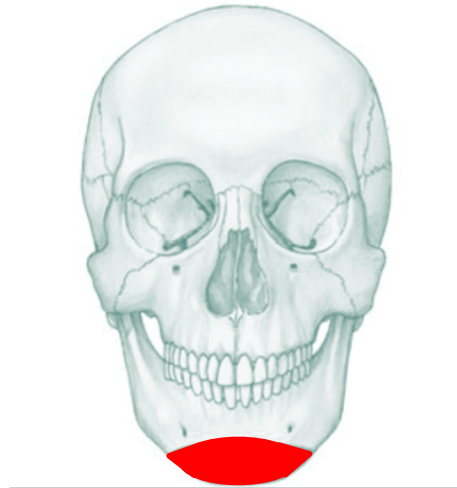


# FFS

- Supraorbital bone modulation surgery
- Chin surgery
- Septo-rhinoplasty
- Jaw feminization
- Lip lift, Bichetectomy
- Face and neck lift (PAVE, 3D, hybrid)
- Frontal lift, brow lift, blepharoplasty
- Injectables
- Skin quality – dermatological products
- Peelings



# Chin Surgery

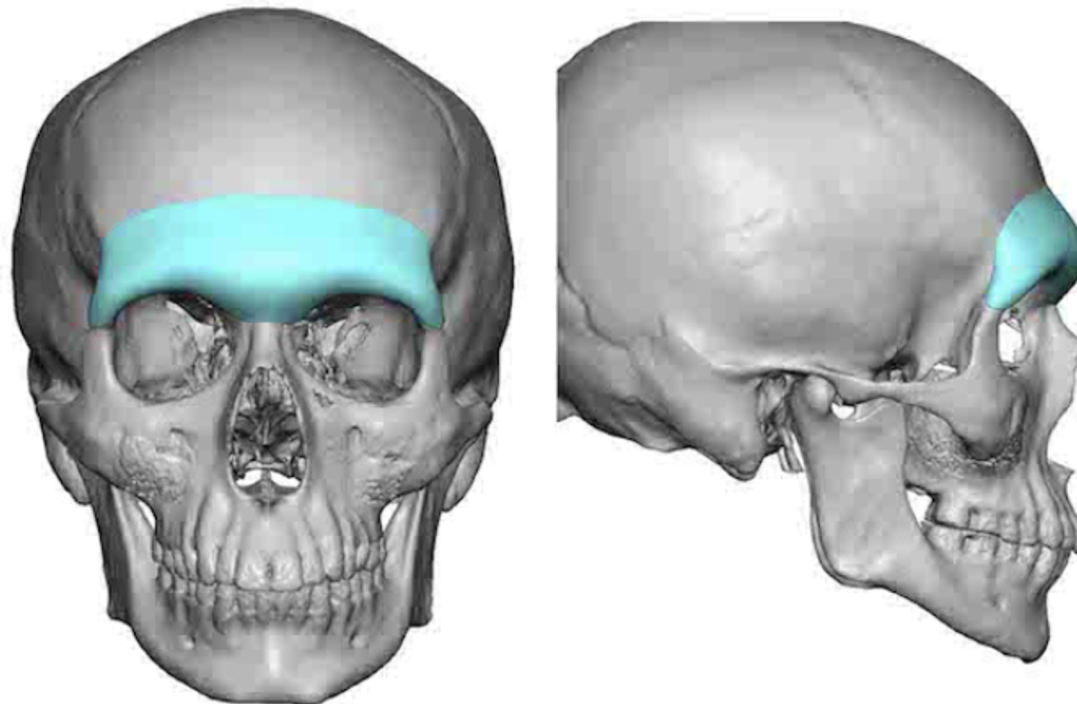


1 month post-OP

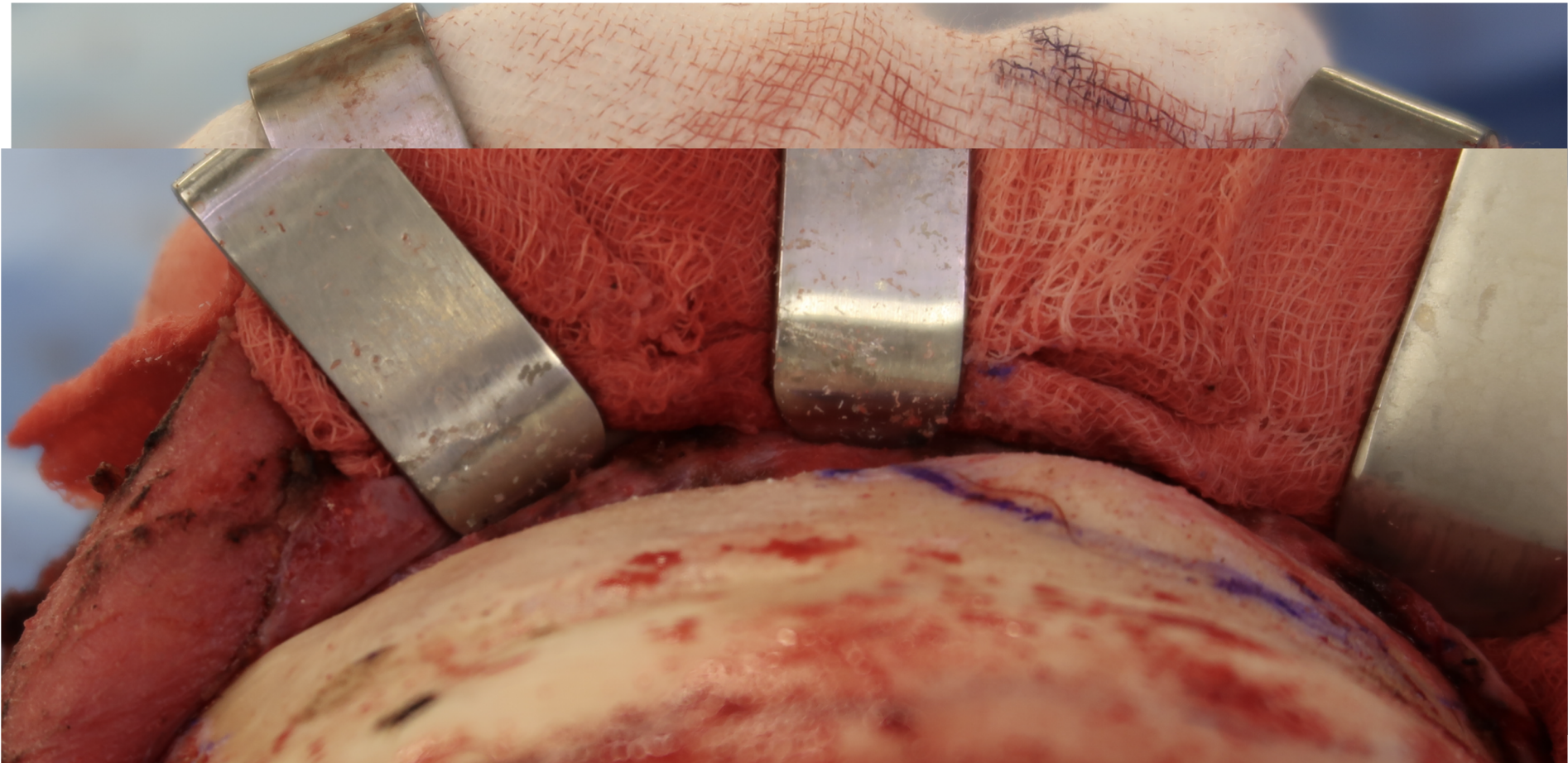


# Forehead bossing / Supraorbital bone modulation surgery

- Coronal scar - invisible
- Supraorbital bone modulation
- Enlargement of superior eye pockets
- Indirect brow lift



# Forehead bossing





## Frontal bossing





## Frontal bossing / Indirect brow lift



## Forehead bossing





# Forehead bossing



## Lip lift





## Lip lift



# Facial fat grafting





## Facelift - Facial fat grafting - Lip lift - Chemical peeling



# Bichectomy

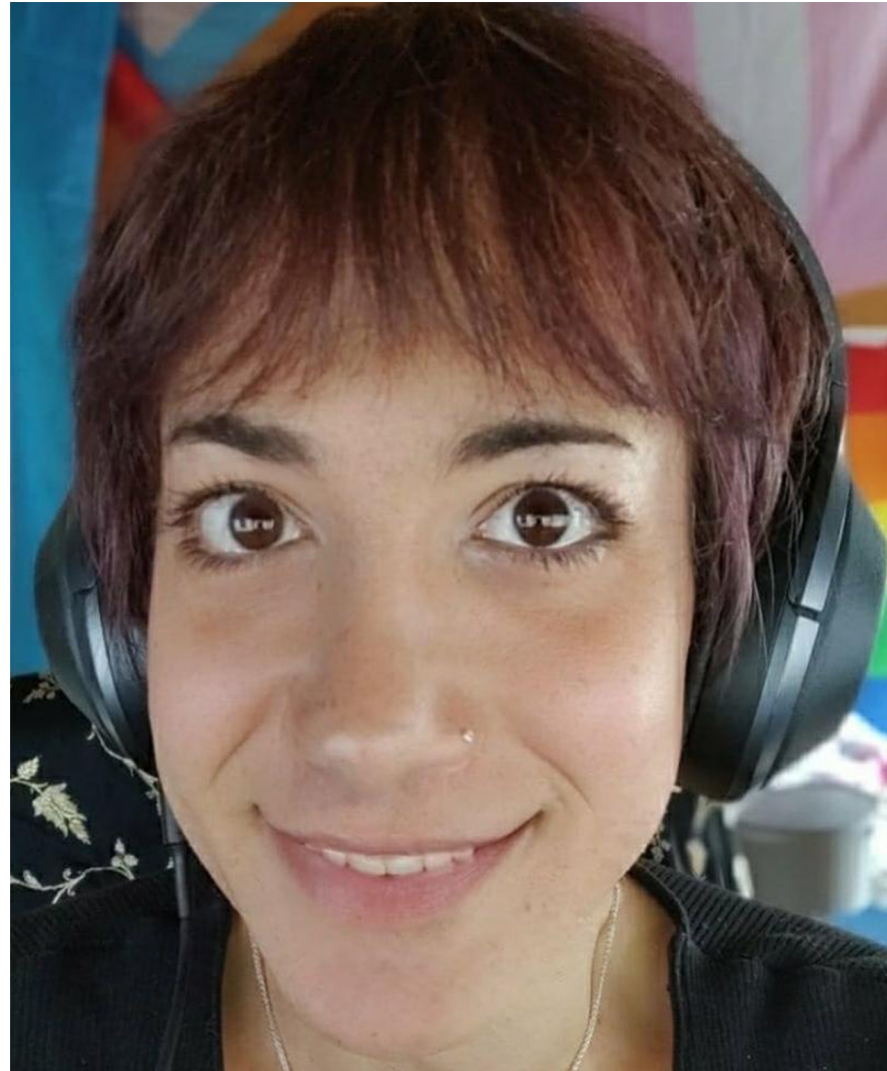




## Nose (Septho-Rhino Plasty)



## Nose (Septho-Rhino Plasty)



## Nose (Septho-Rhino Plasty)





## Facial Feminization (1)

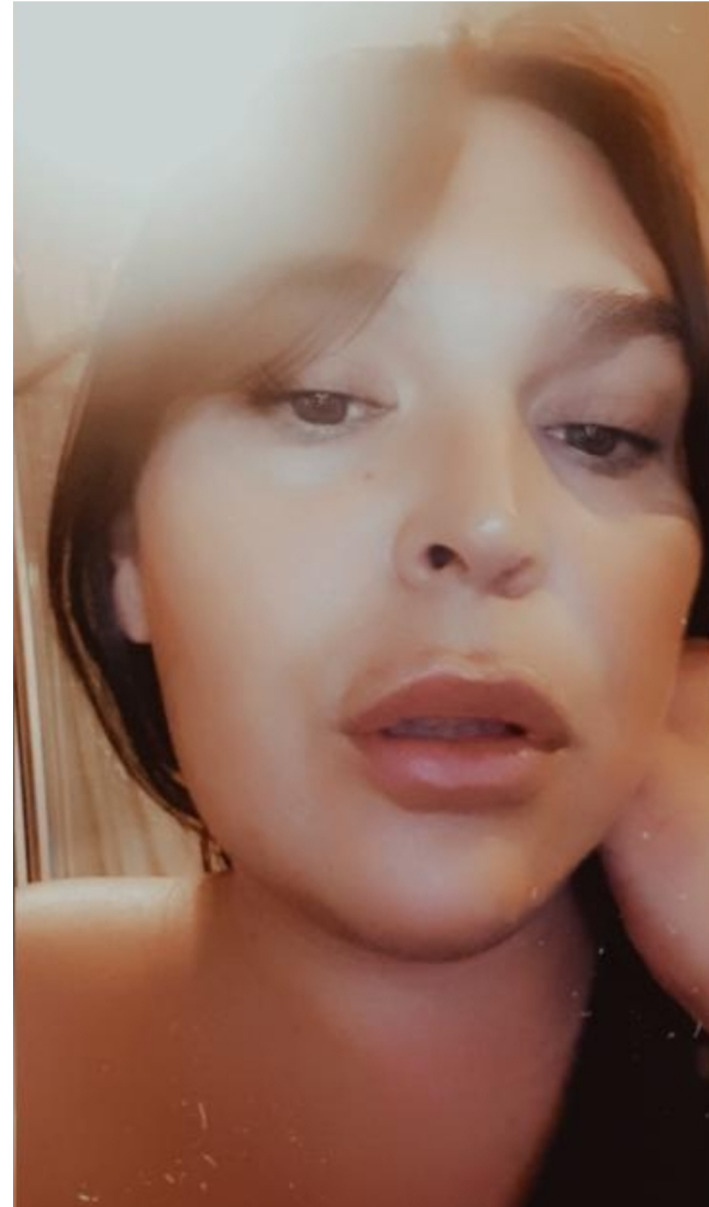




## Nose (Septho-Rhino Plasty)

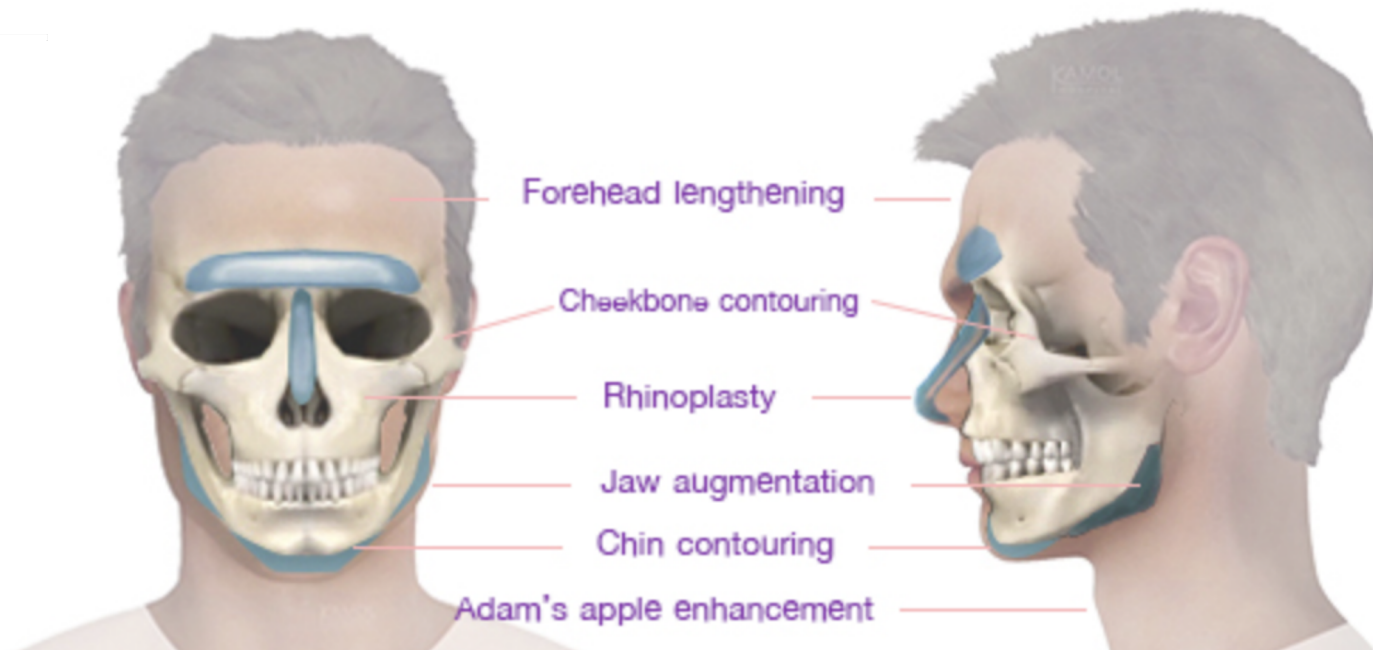


## FFS- front, chin, lip filler



# Facial Masculinization Surgery

- Chin implants
- Septo-rhinoplasty
- Jaw masculinization with fillers / lipofilling
- Tread Lift





# One-Stop-Shopping

- Professional make-up
- Wigs
- Laser for skin and hair
- Skin quality: peeling, needling, PRP, nanofat
- Medical skin care
- Inter-disciplinary treatments

