



SEPTEMBER 2019

MASTECTOMY

INFORMATION BOOKLET

PART A

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1 GENERAL INTRODUCTION

Thank you for choosing Complexe Chirurgical CMC for your surgical experience.

This booklet has been designed to support you from the beginning to the end of your surgical process. It is divided into three parts:

PART A. This part will provide information on the surgical procedure as well as on its risks and possible complications.

PART B. This part will be sent to you once you have been given a date for your surgery; it will provide information on the process of your surgical procedure and how to prepare for it.

PART C. This part contains several tips on hygiene, mobility, and pain relief. These recommendations will help you recover faster and make your convalescence easier.

This booklet contains essential information for your preoperative care, your surgical procedure, and your postoperative care. Please bring it with you on the day of your surgery.

The GrS Montréal team will remain available to answer all your questions and any additional requests for information from you or from the healthcare professionals involved in your surgical process. All our contact information can be found further along in this booklet.

1.1 COMPLEXE CHIRURGICAL CMC

Complexe Chirurgical CMC is comprised of 3 entities:

- **GrS Montréal**
- **Centre Métropolitain de Chirurgie**
- **Maison de convalescence Asclépiade**

The Complexe Chirurgical CMC has over 110 employees across its 3 entities. The surgical team is composed of Dr. Pierre Brassard, Dr. Maud Bélanger, Dr. Éric Bensimon and Dr. Chen Lee, as well as their authorized representatives and delegates, their administrative staff, their care staff and their attendants. Furthermore, Complexe Chirurgical CMC includes other physicians and other independent health professionals who provide medical care, other types of care, and other health treatments on the premises of the Centre Métropolitain de Chirurgie (CMC), or in association with the surgical team.

GrS MONTRÉAL

GrS Montréal is composed of three teams:

- **Administrative services**, who are in charge of the progress of your file, from processing your documents to giving you a surgery date;
- **Clinical nurses in preoperative care**, who evaluate your file in collaboration with the surgeon and/or the anesthesiologist;
- **Clinical nurses in postoperative care**, who provide postoperative care and can address your concerns following your surgery and upon your return home.

GrS Montréal also offers services for the coordination of your stay. We invite you to contact us to know more about your eligibility to the different options we offer.

CENTRE MÉTROPOLITAIN DE CHIRURGIE

The Centre Métropolitain de Chirurgie (CMC), **accredited with Exemplary Standing** by Accreditation Canada, is the only private hospital center in Quebec. All the surgeries that we offer are performed at the CMC, which has four operating rooms, a day surgery unit, and a hospitalization unit. Its priority is safety and quality throughout all its operations, while meeting the highest standards in the field regarding continuity of care.

MAISON DE CONVALESCENCE ASCLÉPIADE

The Maison de convalescence Asclépiade has been designed to provide post-surgical hospitalization for patients who have undergone genital surgery. This warm and nurturing environment allows our patients to focus on their postoperative care and healing. Our competent staff accompanies patients, teaches them how to conduct their postoperative care, and provides self-care instructions in order to prepare patients for their return home.

1.2 WHO IS ACCREDITATION CANADA?

Accreditation Canada is an independent non-profit organization that has been contributing to the improvement of the quality of health care since 1958. Through its standards and accreditation programs, it collaborates with healthcare organizations to help them improve in terms of quality, safety, and efficiency, so that they can provide you with the best possible care and services. It represents institutions that you can count on for safe, high-quality care. It promotes collaboration and is committed to quality, customer service, and professional growth. Its values are excellence, integrity, respect, and innovation.

Source <https://accreditation.ca/>



1.3 PHONE RESOURCES

BEFORE AND DURING YOUR VISIT TO THE CENTRE MÉTROPOLITAIN DE CHIRURGIE

General information _____	514 288-2097
Admission or change in your health status the day before your surgery _____	514 322-7091 extension 232
Holiday Inn Laval _____	1 888 333-3140 (toll-free)

DURING YOUR CONVALESCENCE AT HOME

You can communicate with the Maison de convalescence Asclépiade for any questions regarding your postoperative care or if your family doctor has any questions about your surgical procedure. Please note that response time is normally between 24 and 48 hours. If you believe this is an emergency, dial 911 or go to the nearest hospital.

Maison de convalescence Asclépiade _____	514 333-1572 asclepiade@cmcmontreal.com
Info-Santé _____	Quebec : 811
Emergency services in your region _____	Canada : 911
Your family doctor _____	_____
Your pharmacist _____	_____
Community health services in your region (Quebec: CLSC) _____	_____

COMMUNITY RESOURCES

Action Santé Transvesti(e)s et Transsexuel(le)s du Québec (ASTT(e)Q) _____	www.astteq.org/fr/
Aide aux Trans du QC _____	atq1980.org/
Help-line and 24h intervention _____	ecoute@atq1980.org Toll free : 855 909-9038 #1
Fondation Émergence _____	www.fondationemergence.org
LGBT Family Coalition _____	www.familleslgbt.org/main.php?lang=fr

1.4 DISCLAIMER

The information provided in this document should not be considered as medical advice. It does not replace a consultation with a doctor, nurse, or other healthcare professional. If you have questions about your personal medical situation, please consult your healthcare professional.

2 WHAT IS A MASTECTOMY ?

A mastectomy is a surgical procedure in which the mammary tissues and glands of the chest are removed.

2.1 THE 2 SURGICAL TECHNIQUES USED

SUBCUTANEOUS OR PERIAREOLAR MASTECTOMY

1. Small, half-moon shaped incisions are made on the line following the lower contour of each areola.
2. Through these small incisions, the mammary glands are removed.
3. The incisions are closed with dissolving sutures.



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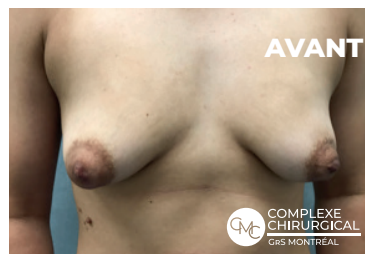


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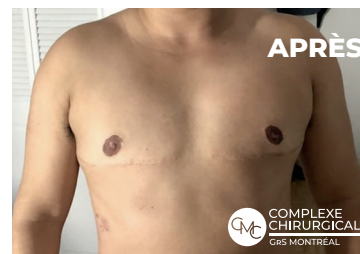
*Results may vary from one individual to the other.

DOUBLE INCISION BILATERAL MASTECTOMY WITH NIPPLE GRAFTS (WITH NIPPLE AREOLAR COMPLEX GRAFT (NAC))

1. The areola and nipple are removed in one section, thinned and then grafted.
2. Incisions are made on each side of the torso in the sub-pectoral region.
3. The skin situated between the top of the nipple and the sub-pectoral incision is removed and, at the same time, the mammary tissues and glands are removed.
4. The sub-pectoral incisions are closed with dissolving sutures.
5. The size of the nipples is reduced and then are attached to the natural location of the male torso.



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*Results may vary from one individual to the other.

The surgeon will determine the appropriate surgical technique to obtain the best results based on the morphology of each individual.

2.2 BODY MASS INDEX

A high body mass index (BMI) may have significant consequences on your health and your quality of life. If you suffer from severe obesity (BMI ≥ 35), increased monitoring will be required at all stages of your surgical procedure. In patients with a high BMI, there is a decrease in healing potential as well as in satisfaction with surgical results. Additionally, a BMI over 35 increases the risk of surgical complications. If this is your case, additional test results will be required in order to ensure a safe surgical procedure. Your involvement is essential to the overall success of your surgery.

2.3 INFORMED CONSENT

The decision to undergo surgery must be made in an informed manner and after obtaining all the necessary information as well as answers to all your questions. Complications may occur during the procedure but also in the weeks that follow. Certain complications are common to all surgical procedures and others are more specific to mastectomy.

In Section 3 of this booklet, you will find the “Risks and Complications” section which provides a partial but precise list of complications that may occur during or after a surgical procedure.

2.4 L'INTERVENTION CHIRURGICALE

AVERAGE DURATION OF THE PROCEDURE	HOSPITALISATION AT CMC	ANESTHESIA	CONVALESCENCE AND WORK LEAVE	RESUMPTION OF PHYSICAL ACTIVITIES AND SPORTS
1 h 30 to 2 h	Day surgery	General	4 to 6 weeks/ depending on the nature of your work	6 to 8 weeks
YOU MUST BE ACCOMPANIED AT THE TIME OF YOUR DEPARTURE FROM OUR FACILITIES.				

2.5 DRAINS

Drains may be installed during your surgical procedure and you may have to keep them for a certain period of time following your departure from the CMC. More information on this subject will be available in part C of this booklet, which will be given to you further along in your surgical process.

2.6 THE ELASTIC BANDAGE

You will be required to wear an elastic bandage for one month following your surgical procedure. It should only be removed when taking a shower. The bandage will be affixed by the One day surgery staff after your surgery; you can, however, wear your own if it is equipped with a Velcro strip. To prevent the formation of a hematoma or a seroma (see section 3.3), it is essential that you wear the elastic bandage for the entire recommended period.

2.7 PAIN RELIEF

It is normal to feel pain after undergoing a surgical procedure. You will be given a prescription for pain relief medication before your departure from the CMC. Additionally, you will find advice on pain management in part C of this booklet.

2.8 HEALING

During the first 9 to 12 months following surgery, there is normally a natural contraction of the skin, allowing for the correction of a residual sagging.

Due to several factors that are specific to each individual, results may vary from one person to another. Rest assured that our surgical team works with each patient to achieve the best results possible.

3 RISKS AND COMPLICATIONS

RISKS AND COMPLICATIONS : GENERAL INFORMATION

Although all surgical procedures involve risks, our surgical team works continuously to prevent them by maintaining and developing a safe surgical practice. Additionally, a treatment plan with pre and postoperative follow-ups allows early detection and management of any complications that may occur.

The following list is non-exhaustive and most complications are minor. Some may require a longer period of hospitalization or convalescence without necessarily compromising the final results of the procedure.

It is important to note that certain lifestyle habits like an unbalanced diet, smoking, alcohol or drug use, physical inactivity, and one's health history may increase the risk of complications.

You must disclose all current and past health problems to your surgeon and your anesthesiologist before your surgical procedure takes place. Certain problems may significantly alter the procedure's parameters and may also increase the risk of complications. Be sure to note your medical issues and health history in your Health Questionnaire and notify us of any changes that could affect your health.

Smoking increases your risk of complications. Smokers experience increased risks of infectious, pulmonary, respiratory, and cardiovascular complications. Smoking can also affect the appearance of scars, delay healing of surgical wounds, and result in partial or total necrosis of grafted nipples.

3.1 BLOOD CLOTS AND PULMONARY EMBOLISMS

Immobilization during surgery may increase the risk of blood stagnation in the veins of the lower limbs and pelvis and result in a blood clot that could cause a pulmonary embolism. These problems require treatment in a hospital centre along with a follow-up with a medical specialist. Early mobilization following surgery helps to prevent complications related to blood circulation.

3.2 BLEEDING

Bleeding that requires a blood transfusion is rare but may occur.

3.3 HEMATOMAS AND SEROMAS

A hematoma is an accumulation of blood beneath the skin while a seroma is related to the accumulation of clear bodily fluid. This accumulation may be mild or severe; while the former usually isn't much cause for concern, the latter may cause more serious complications and require drainage to remove the excess fluids.

3.4 INFECTIONS

An infection occurs when tissues are affected by microorganisms such as bacteria and/or other pathogens. A local infection is treated with antibiotic ointment while a general infection is treated with antibiotics taken orally or intravenously. A local infection with an accumulation of pus (abscess) requires drainage. Infection is a common risk to all surgical procedures. You may receive preventative antibiotics to reduce the risk of infection.

3.5 ALLERGIES OR SENSITIVITY TO PRODUCTS/MATERIALS USED

In rare cases, an allergic reaction or sensitivity to soaps, ointments, adhesive tape, or sutures may occur during or after the surgical procedure. This complication is generally treated fairly easily. Serious allergic reactions are extremely rare and may require hospitalization.

3.6 REOPENING (DEHISCENCE) OF WOUNDS AND/OR SLOW HEALING

The healing process is influenced by a series of factors: edema, infection, strain on wounds, deficient blood circulation, alcohol use, smoking, poor nutrition, etc. These factors can slow healing and cause wounds to reopen, requiring a longer healing period. Generally, this does not affect the final appearance of the operated area. However, if the final appearance is affected, scar revision surgery may be indicated.

3.7 INJURIES TO OTHER PARTS OF THE BODY

In rare cases, blood vessels, nerves, and muscles may be damaged during a surgical procedure.

3.8 LOSS OF SENSATION AND PAINFUL HYPERSENSITIVITY

It is possible that the nipples will not regain their sensitivity or, on the contrary, that some areas remain hypersensitive and painful. It is also possible that numbness persists in some areas and that sensation does not return completely.

3.9 LARGE AND THICK SCARS (KELOIDS)

The scarring process differs from one person to another and scars may become larger and/or thicker. Your own scarring history should be a good indication of what you can expect. If your scars are large and/or thick, it is possible to correct them with medications such as injectable steroids, silicone dressings, or, if necessary, scar revision surgery.

3.10 UNSATISFACTORY RESULTS AND/OR NEED FOR CORRECTIONS

Corrective surgery may be suggested if the surgeon judges results to be unsatisfactory. It is important to note that some corrections may be made for purely cosmetic purposes and that this type of surgery is not covered by provincial health insurance programs. This type of surgery includes:

- Any correction of a scar located elsewhere than on the face or neck and which does not cause a functional problem;
- Any removal of excess, asymptomatic fatty tissues or excess mammary glands.

Corrective surgeries performed for cosmetic purposes are at the patient's expense.

3.11 SOUTIEN PSYCHOSOCIAL

Gender affirmation surgeries generate multiple changes in the lives of patients. To successfully adapt to all these changes, it may be essential to receive the help of health professionals in addition to the help of your loved ones.

You may sometimes experience feelings such as:

- discouragement with postoperative care;
- boredom or isolation during your recovery period;
- sadness over the negative reaction of certain people close to you;
- exhaustion due to pain and the urge to cease important care for your recovery;
- regrets or doubts about your decision to seek surgery;
- etc.

Should you find yourself in one or more of the above situations, do not hesitate to seek help from local resources for psychosocial or psychological support, or to contact a professional you trust.

CONSENT

If you have any questions, consult your surgeon before signing this document.

I _____
Please PRINT patient's name

attest to having had the necessary time to read this document and to have understood the information it contains;

attest that I was able to ask my question and that the answers received were satisfactory.

Signed in

Montreal, this _____ day of _____, 20_____.

Patient's signature

Witness' signature

Please PRINT name of witness

Please bring with you this signed document on the day of your surgery.

CMC



**COMPLEXE
CHIRURGICAL**

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