



Quality of life improvement after chest wall masculinization in female-to-male transgender patients: A prospective study using the BREAST-Q and Body Uneasiness Test[☆]

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Summary *Background:* Chest reconstruction in many female-to-male (FTM) transgender individuals is an essential element of treatment for their gender dysphoria. In existing literature, there are very few longitudinal studies utilizing validated survey tools to evaluate patient reported outcomes surrounding this surgery. The purpose of our study is to prospectively evaluate patient reported satisfaction, improvement in body image, and quality of life following FTM chest wall reconstruction.

Methods: Our study was a prospective analysis of FTM patients who underwent chest reconstruction by a single surgeon (C.A.) between April 2015 and June 2016. The patients were surveyed preoperatively and 6 months after surgery utilizing the BREAST-Q breast reduction/mastectomy questionnaire and the Body Uneasiness Test (BUT-A). Analysis was performed on their self-reported demographic information, survey results, and chart review data.

Results: Of 87 eligible patients, 42 completed all surveys and could be linked to their chart data. From the BREAST-Q surveys, significant improvements were observed in the domains of breast satisfaction, psychosocial well-being, sexual satisfaction, and physical well-being. From the BUT-A surveys, we observed significant improvement in body image, avoidance, compulsive self-monitoring, and depersonalization. Groups with mental health conditions had poorer initial BUT-A scores and greater degree of improvement after surgery.

[☆] Parts of this article have been presented at the following meetings: 1. Mountain West Society of Plastic Surgeons (MWSPS) Meeting, March 18, 2017, Park City, Utah; 2. World Professional Association of Transgender Health (WPATH) Meeting, June 17, 2016, Amsterdam; 3. US Professional Association of Transgender Health (USPATH) Inaugural Meeting, February 2, 2017, Los Angeles. ASPS 2017 Residents Day, October 7, 2017.

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Conclusions: As the prevalence of gender affirming surgery increases and as health policies are being developed in this area, the need for evidence-based studies surrounding specific interventions is essential. This study demonstrates significant improvement in a number of quality of life measurements in FTM patients after undergoing chest masculinization surgery.

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Introduction

Transgender individuals feel a discrepancy between their perceived gender identity and the gender assigned to them at birth. Gender dysphoria occurs when these individuals experience significant distress from this condition.¹ Along with counseling, hormones, and other modalities, gender affirming surgery can be an important element for treating gender dysphoria by allowing the individuals to present and interact socially as their perceived gender.² The frequency of gender affirming surgery has increased in recent years including, but not limited to, chest wall masculinization, hysterectomy, phalloplasty and/or metoidioplasty for female-to-male (FTM) patients, and breast augmentation, vaginoplasty, and facial contouring for male-to-female (MTF) patients.³ Not every patient desires surgery and not every surgery is required or indicated for each patient. In FTM patients, chest reconstruction, sometimes referred to as chest wall masculinization or “top surgery,” is often the initial surgical procedure performed and sometimes the only surgical procedure performed.^{4–9} While cross-sex hormone treatment goes a long way in allowing FTM patients to “pass” in public as their preferred gender, distress over the presence of their breasts contributes to numerous social, physical and psychological problems. Most have to bind their breasts daily in order to conceal them, a process that is uncomfortable, cumbersome, and can lead to rashes, acne, restriction in activity, and even difficulty breathing.

Existing literature has shown that chest wall masculinization offers a number of important benefits to FTM transgender patients including improvement in psychological functioning, reduction in gender dysphoria symptoms, improvement in self-esteem and physical well-being. Pauly and Lindgren first showed that body image was improved in transsexuals after surgical treatment in a cross-sectional analysis of a large population in 1976.¹⁰ Fleming et al. demonstrated increased body satisfaction and increased self-esteem in

FTM patients after a variety of medical and surgical interventions.¹¹ The most comprehensive demonstration of improvement in psychological functioning after medical and surgical treatment in transgender patients was by De Vries et al. in which 55 patients were followed longitudinally over their entire treatment utilizing the “Dutch approach” which involves a three step sequence of pubertal suppression, cross-sex hormones, and finally gender affirmation surgery.¹² These patients not only experienced improvements in psychological functioning, but also alleviation of gender dysphoria symptoms and overall improvement in well-being. Other studies demonstrated similar findings, but most used a cross-sectional population with multiple variables and were not prospective.^{13–16} As health policy evolves in developing standard of care for transgender patients, prospective studies with outcomes data and validated measurements of improved quality of life are needed to convincingly argue for the medical necessity of specific surgeries.

At our institution, female-to-male transgender patients undergo chest wall reconstruction in accordance with the guidelines set out by the World Professional Association for Transgender Health (WPATH) Standards of Care, Version 7.² Surgical techniques for chest masculinization include predominantly double incision with free nipple grafting, with less often techniques being periareolar mastectomies, and hybrid techniques with nipple areolar complexes maintained on a pedicle with various patterns of skin excision (Figures 1, 2). Techniques and surgical outcomes in a larger cohort have been described in detail in recent publications.^{17,18} The aim of this study was twofold: to evaluate the demographics of patients undergoing FTM chest masculinization, and to prospectively evaluate changes in body image, physical well-being, sexual satisfaction and breast satisfaction following chest masculinization surgery using validated questionnaires. We selected the BREAST-Q survey and the Body Uneasiness Test (BUT-A)^{19,20} as together they provide a broad evaluation of body-part specific questions and also address



Figure 1 Example of patient before and after chest wall masculinization utilizing “double incision” technique with free nipple grafts.

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