



Addressing the Grey Zone in Gender Affirming Mastectomy: Outcomes and Technique Choice in Fischer Grade 2 Patients



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Background:

Choice of surgical technique in gender affirming mastectomy (GAM) can be challenging for Fischer grade 2 patients. In grade 1 the peri-areolar (PA), and in grade 3 the double incision with free nipple graft (DIFNG) are usually chosen. The decision is more challenging in grade 2 patients where the PA fails to address the skin excess and the DIFNG is overly aggressive. To expand options for this sub-population we have developed a novel technique, the Batwing. A decision algorithm is included in our work (Figure 1).

Methods

Single-surgeon retrospective chart review of all GAM patients operated on between 2014 and 2021. Patients were evaluated for Fischer Grade, surgical technique, complications and aesthetic revisions.

Results

There were 444 patients who underwent GAM, 51 (11%) were classified as Fischer grade 2. Of this group there were 21 patients (41%) who were classified as 2A and 30 (59%) who were classified as 2B. The surgical techniques used were PA (25%), Transareolar (2%), Batwing (39%), NSDI (24%) and DIFNG (10%). Four patients developed hematoma requiring take-back for a complication rate of 7.8%. Complication rates for Batwing, NSDI, and PA were 10%, 8% and 7.7% respectively. 12 patients (24%) opted for minor aesthetic revisions under local anesthesia; PA (31%), Batwing (10%), NSDI (17%) (table 1). There were no complications or revisions recorded in the DIFNG group.

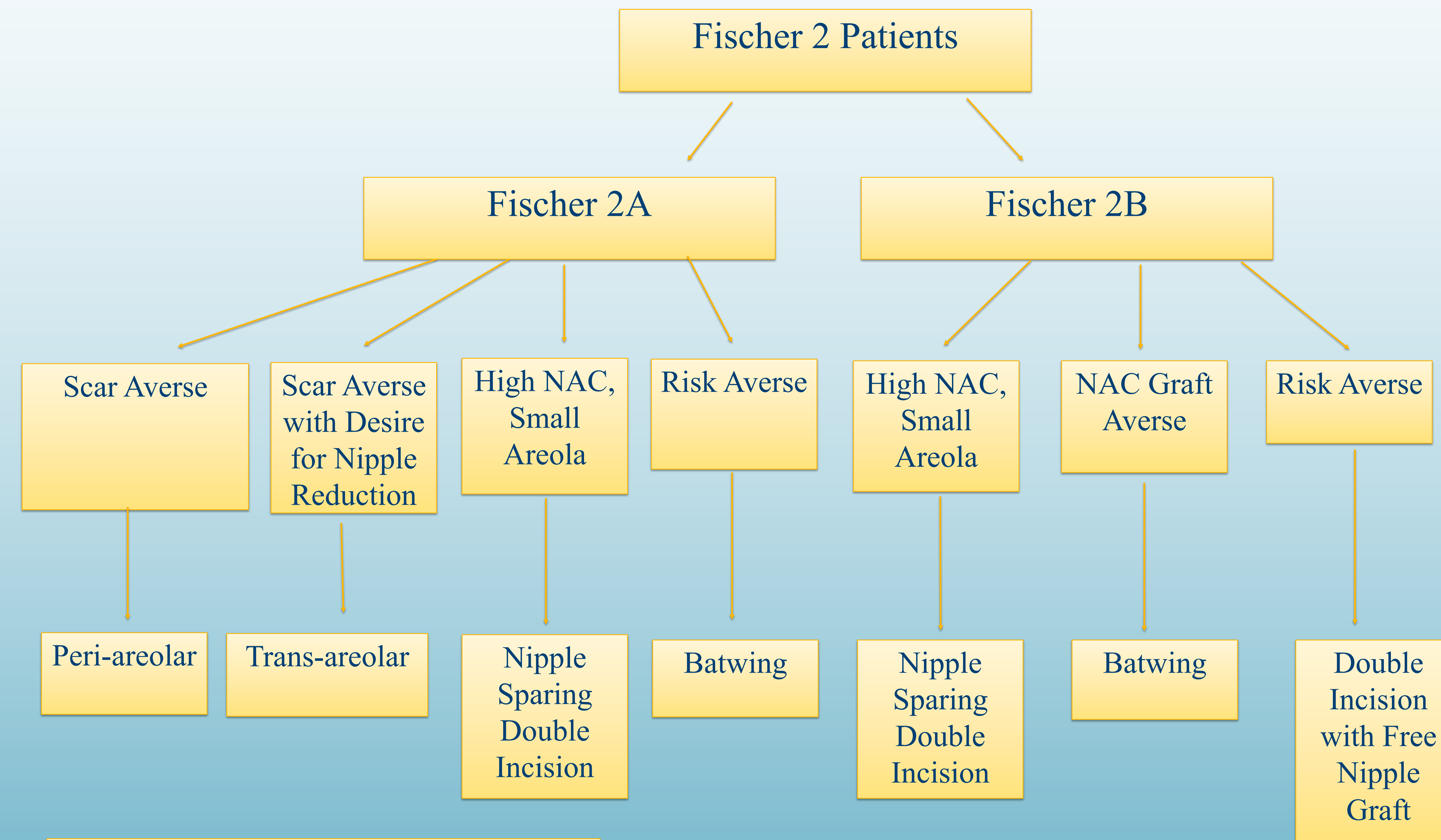


Figure 1: Decision Making Algorithm

Conclusion

In Fischer grade 2 patients, the Batwing and NSDI techniques provide better exposure, allow for better control of NAC position and have a lower aesthetic revision rate than the PA technique (table 1) with a comparable complication rate. Our algorithm accounts for Fischer grade, unique patient characteristics and desires.

Batwing



Nipple Sparing Double Incision



Table 1: Complications Requiring Aesthetic Revision

