



An Analysis of Gender-Affirming Breast Augmentation Access and Outcomes: A Comparative Study Between a County Hospital and Academic Medical Center

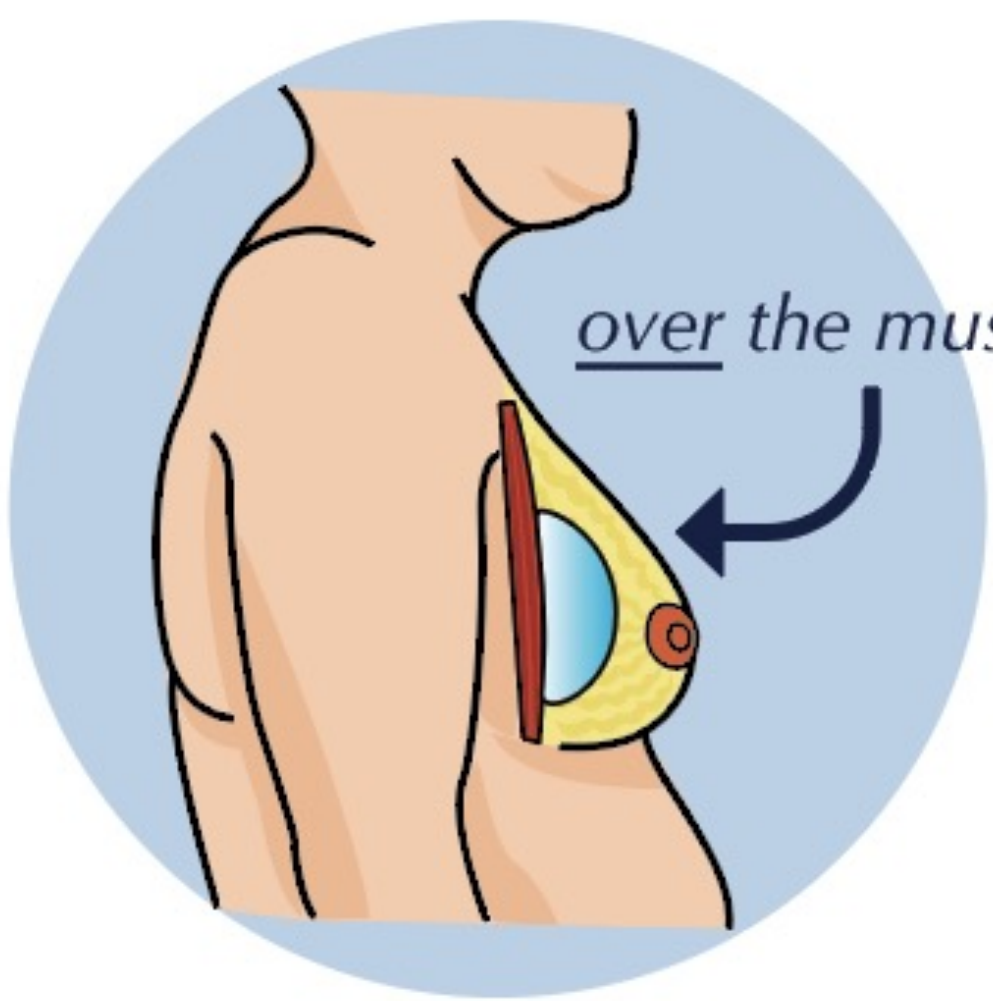
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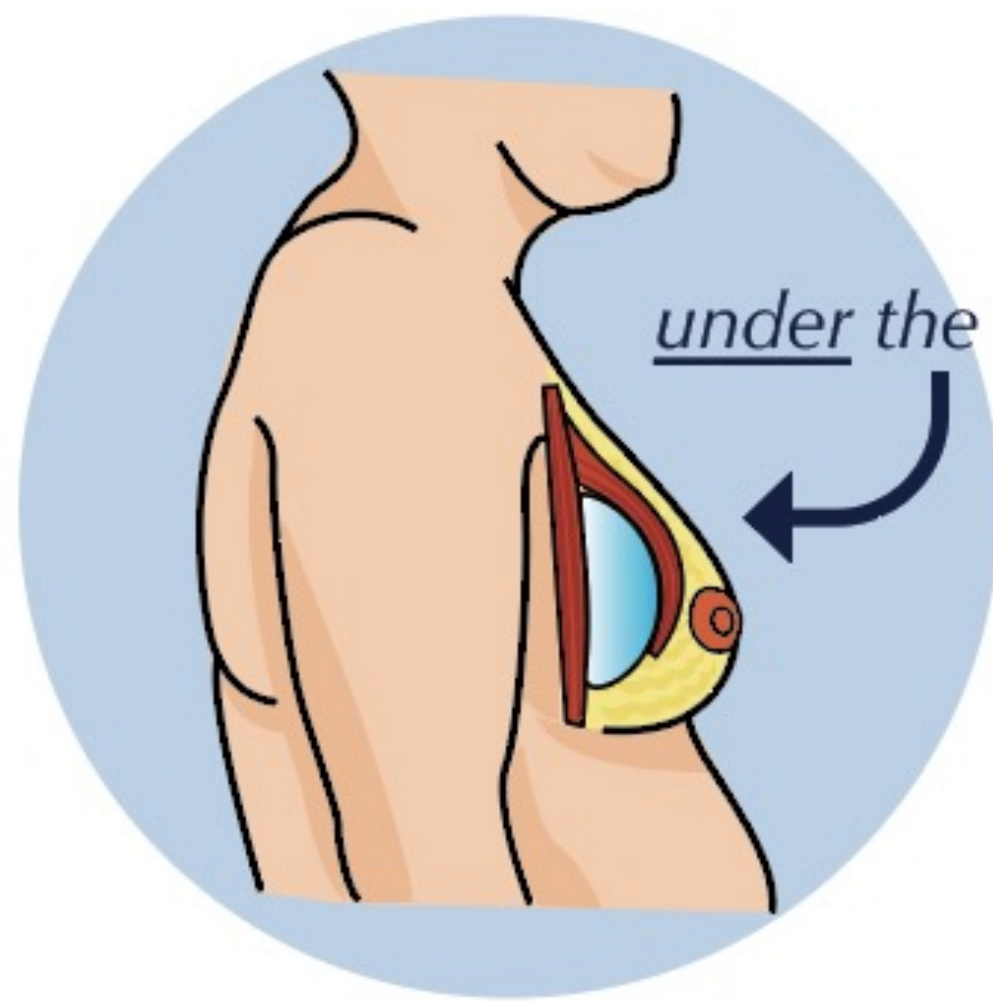


Introduction

- Transgender adults make up approximately 0.6% of the US population and experience significant health and healthcare disparities compared to their cisgender counterparts^{1,2}
- Gender-affirming breast augmentation improves psychosocial and sexual well-being among transgender women with low rates of complications^{3,4}
- There is a lack of long-term, high-volume data on this patient population with very few studies assessing disparities in access or outcomes by patient factors
- We sought to identify differences in patient characteristics and surgical outcomes of transgender individuals undergoing gender-affirming breast augmentation at Zuckerberg San Francisco General (ZSGH), a county hospital, and University of California, San Francisco (UCSF), an academic center



Subglandular



Dual Plane

Methods

- Retrospective review of all transgender and gender diverse patients who received primary bilateral breast augmentation between March 2015 and June 2023 at UCSF and between August 2019 and June 2023 at ZSFG
- Access to surgery was estimated by evaluating time intervals between initial referral and date of surgery
- Stratifying by health site, Pearson’s chi-squared, Fisher’s exact, and Student’s t-tests were used to assess differences in sociodemographic characteristics, surgical access, and outcomes

Results

Sociodemographics

- The most prevalent race/ethnicity was non-Hispanic White (**45%**) among UCSF patients and Hispanic (**44%**) among ZSFG patients
- ZSFG patients were more likely to be **unstably housed**, have **a tobacco smoking history**, **obesity** and be **living with HIV**
- ZSFG patients had a **shorter referral-to-surgery interval**

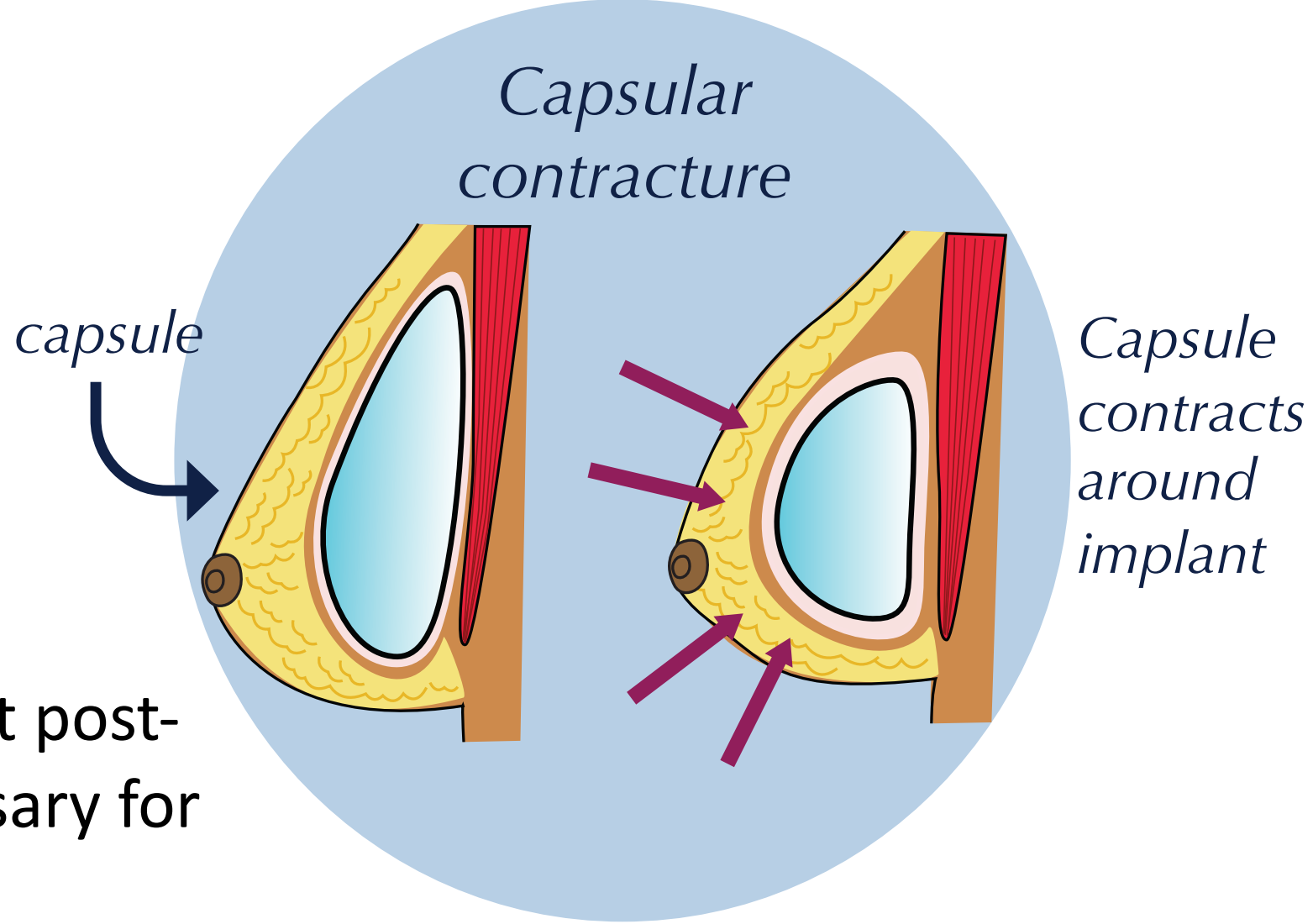
Surgical characteristics and outcomes

- ASA statuses were similar between groups
- ZSFG patients were more likely to have **subglandular implant placement**, had **longer operative times**, and were *less likely* to receive **post-operative antibiotics** (0% vs. 81%)
- There were no differences in major or minor surgical complications between groups
- ZSFG patients had **shorter follow-up intervals**

	UCSF (n = 122) n(%)	ZSFG (n = 73) n(%)	P value
Age, mean (SD)	37.2 (13.7)	38.7 (14.6)	0.477
Unstably housed	7 (5.7)	18 (24.7)	0.000
Comorbidities			
Tobacco use	41 (33.6)	39 (52.5)	0.019
Obesity (BMI > 30)	29 (23.8)	30 (41.1)	0.011
HIV	18 (14.8)	24 (32.9)	0.004
Time from referral to surgery (days), median (IQR)	188 (119-288)	144 (104-180)	0.024
Surgical approach			
Subglandular	37 (30.3)	38 (52.1)	0.003
Dual plane	85 (69.7)	35 (48.0)	
Operative time (min), mean (SD)	104.2 (31.6)	124.5 (23.7)	0.000
All-cause surgical complications	6 (4.9)	5 (6.9)	0.750
Aesthetic complications	39 (32.0)	14 (19.2)	0.067
Follow-up (months), mean (SD)	9.7 (15.3)	4.8 (5.5)	0.008

Discussion

- Our prevalence of major complications (2.1%) was consistently low as those reported in prior studies
- Only one ZSFG cohort developed a periprosthetic infection, suggesting that post-operative antibiotics may not be necessary for this procedure
- Multiple factors likely contribute to better surgical access among ZSFG patients, including differences in OR/surgeon availability and comprehensive patient support at the county that optimizes patients’ social and medical conditions prior to surgical referral
- Due to the low prevalence of complications, additional high-volume studies are needed to determine factors associated with surgical outcomes



Conclusion

- Despite more comorbidities and socioeconomic barriers to surgery, gender-affirming breast augmentation can be performed safely and effectively in patients receiving care in a county hospital setting
- Multidisciplinary teams involving social work, peer navigation, and behavioral health should be advocated for at institutions performing this procedure to improve surgical access, post-operative retention, and long-term outcomes

References

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