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Background

- Gender-affirming mastectomy (GAM) is a commonly performed procedure associated with high satisfaction and improved quality of life.
- The double-incision technique results in prominent scars that traverse the chest
- While surgical outcomes are well studied, **patient preferences for scar orientation remain poorly characterized.**

Aims

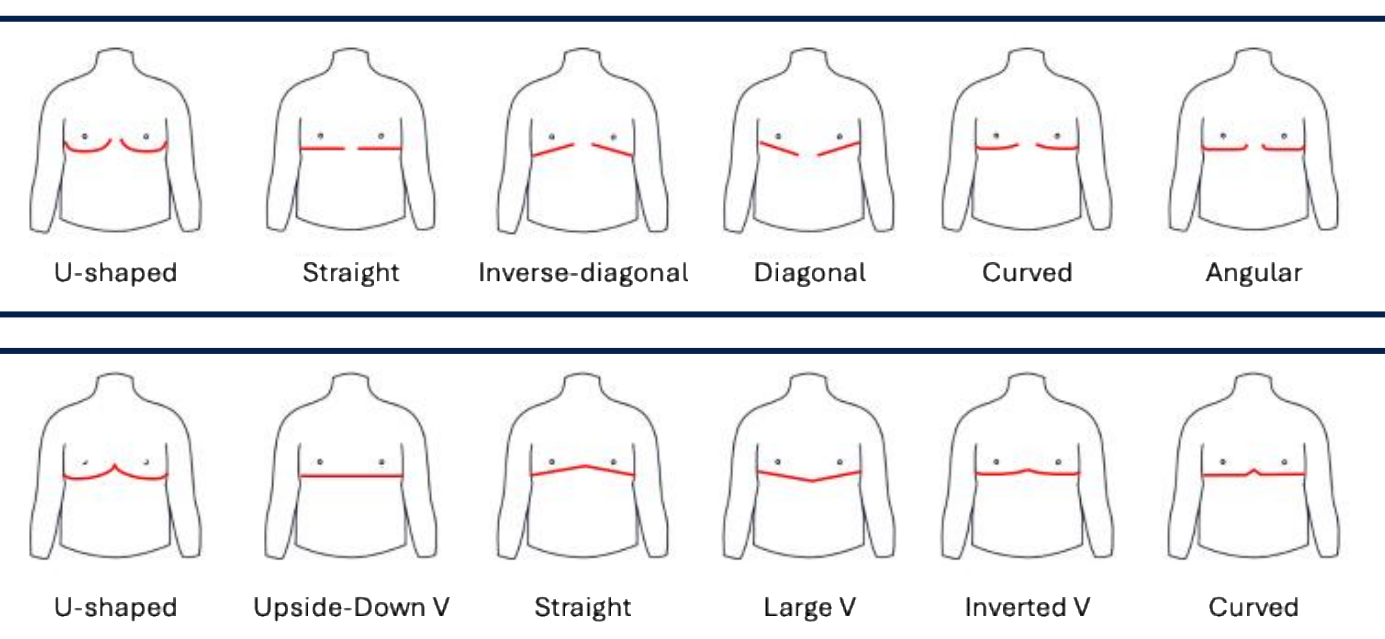
To evaluate patient preferences for scar orientation and incision pattern after gender-affirming mastectomy, including differences between connected and non-connected designs and variation by gender identity.

Methods

Schematic Design: 12 schematic scar patterns created (connected, non-connected), ranked most → least aesthetic

Population: A cross-sectional survey was distributed via Qualtrics. 104 participants with prior or planned GAM completed the survey (response rate 24%).

Analysis: Borda count weighted ranking, Friedman testing with Wilcoxon post-hoc testing



Rank each set of 6 from most to least aesthetically pleasing

Patient Characteristics: 66% of patients identified as transgender males, 84% had prior GAM, of which 86% underwent DIGAM

Results

Non-Connected

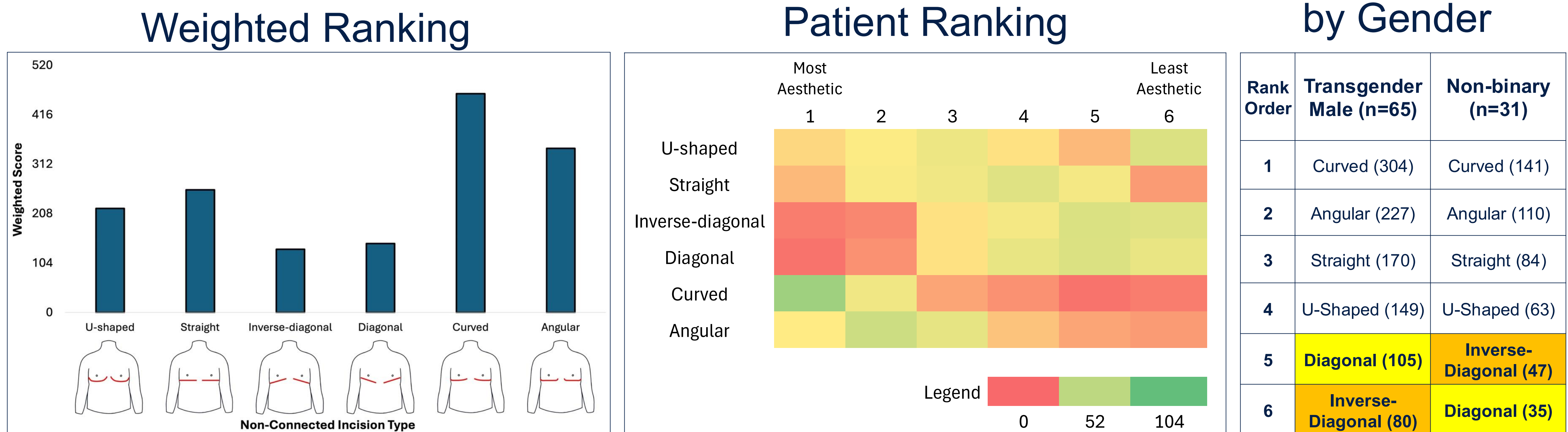


Figure 1. Left: Borda-weighted preference scores for non-connected scar patterns based on participant rankings (n = 104), with higher scores indicating greater overall preference. **Middle:** Distribution of individual patient rankings for each pattern (1 = most aesthetic, 6 = least), demonstrating variability in preference. **Right:** Preference rankings stratified by gender identity (transgender male and non-binary) using weighted scores.

Connected

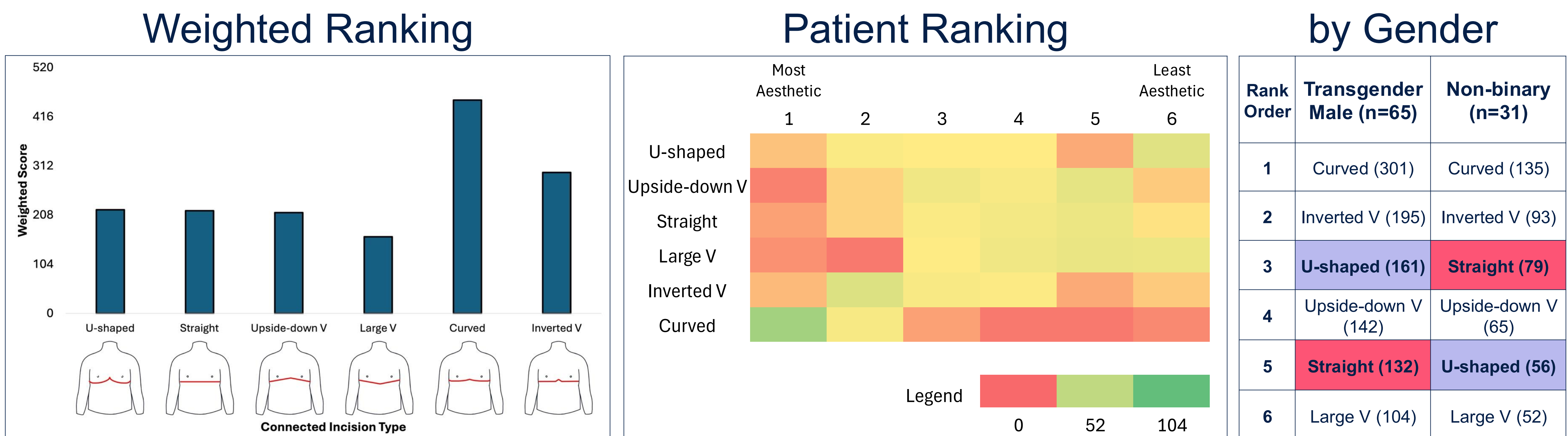


Figure 2. Left: Borda-weighted preference scores for non-connected scar patterns based on participant rankings (n = 104), with higher scores indicating greater overall preference. **Middle:** Distribution of individual patient rankings for each pattern (1 = most aesthetic, 6 = least), demonstrating variability in preference. **Right:** Preference rankings stratified by gender identity (transgender male and non-binary) using weighted scores.

Key Findings

- 65% of participants ranked curved scars as most aesthetic.
- Preferences were heterogeneous, with all scar patterns ranked first by at least one participant.
- No single scar orientation is universally preferred.
- Findings highlight variability in patient aesthetic priorities, including across gender identities

Overall, preferences were diverse despite a strong signal toward curved designs, supporting individualized scar planning and patient-centered preoperative counseling.

Discussion

- Scar orientation is constrained by patient anatomy but remains modifiable within the double-incision approach.
- These findings suggest that incision design can be tailored when multiple options are feasible.
- Subtle differences across gender identities indicate that aesthetic goals are not uniform.
- Patient preferences should therefore be explicitly elicited rather than assumed.
- Preoperative consultation could incorporate:
 - Visual examples of scar options
 - Discussion of aesthetic priorities and trade-offs
- Incorporating these considerations may improve alignment between surgical outcomes and patient expectations.

Conclusions

These findings support the integration of patient-specific aesthetic preferences into surgical planning, representing an opportunity to enhance satisfaction and promote shared decision-making in gender-affirming care.