

Quality of Life and Decisional Regret After Gender-Affirming Mastectomy Across Age Groups

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Introduction

- Gender-affirming mastectomy (GAM) is associated with improved chest dysphoria, body image, overall quality of life, and low decisional regret (~1%)¹⁻²
- Age-related differences in postoperative quality of life and decisional regret remain incompletely characterized; this study evaluates GenderQoL outcomes and decisional regret across age groups following GAM

Methods

- Cross-sectional survey of patients who underwent GAM between 2014 and 2024 with a 40.5% response rate
- Outcomes assessed using the UCSF GenderQoL instrument, including quality-of-life domains and decisional regret³⁻⁵
- Composite domain scores (0–100), with higher scores indicating greater quality of life and lower decisional regret

Demographics		N (%)
	All participants	196 (100)
Gender Identity	Transgender men	136 (69.4)
	Nonbinary	55 (28.1)
Age	<19	13 (6.6)
	19-21	45 (23.0)
	22-25	48 (24.5)
	26-30	38 (19.4)
	>30	52 (26.5)
Mean time since surgery (years)		5.17

Table 1. Patient Demographics

Results

Key Findings

Gender-affirming mastectomy is associated with **high quality of life across all GenderQoL domains** and **low decisional regret** with **no significant differences across all age groups**, supporting consistent outcomes regardless of age at surgery

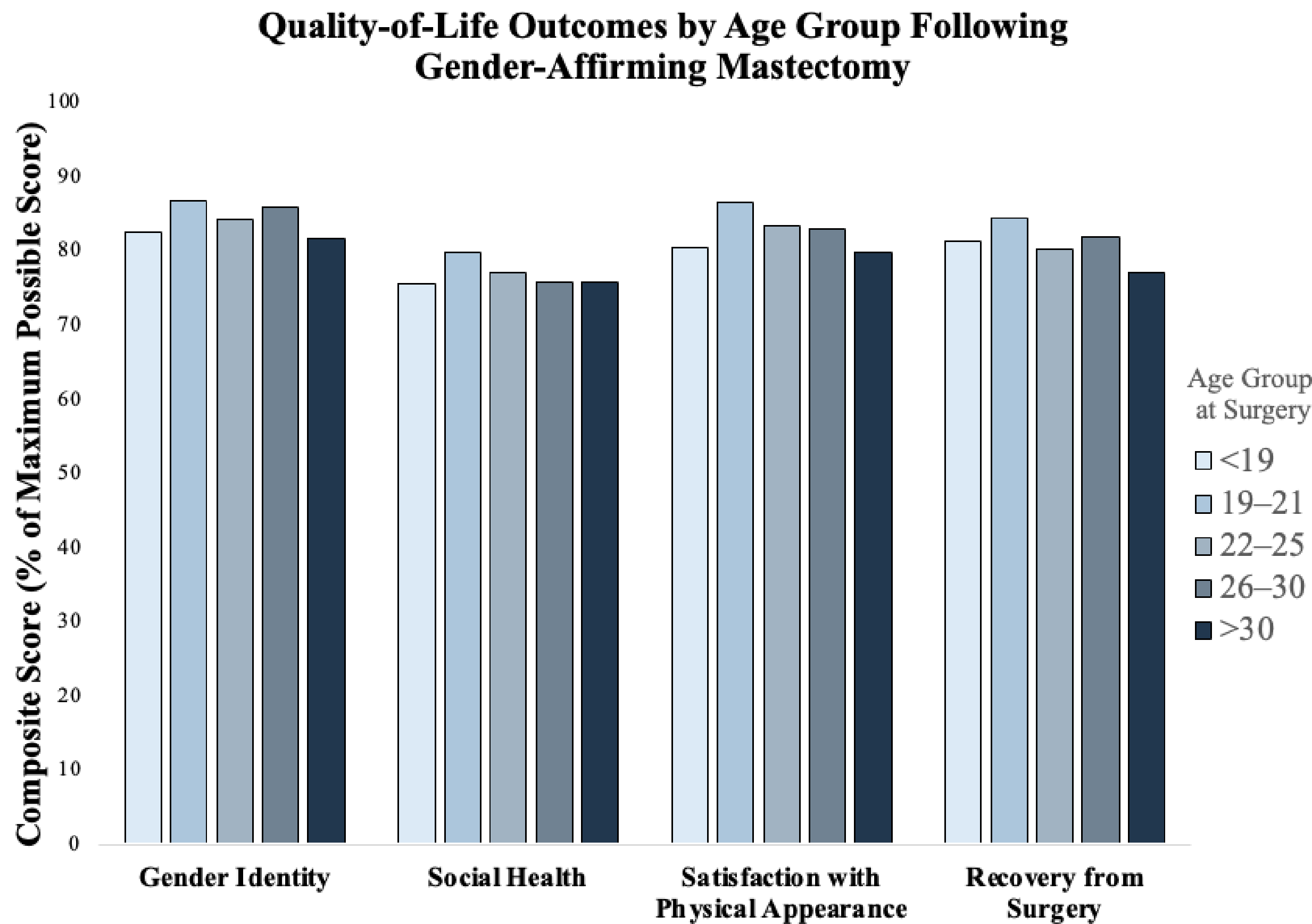


Figure 1: GenderQoL domain scores by age group following gender-affirming mastectomy

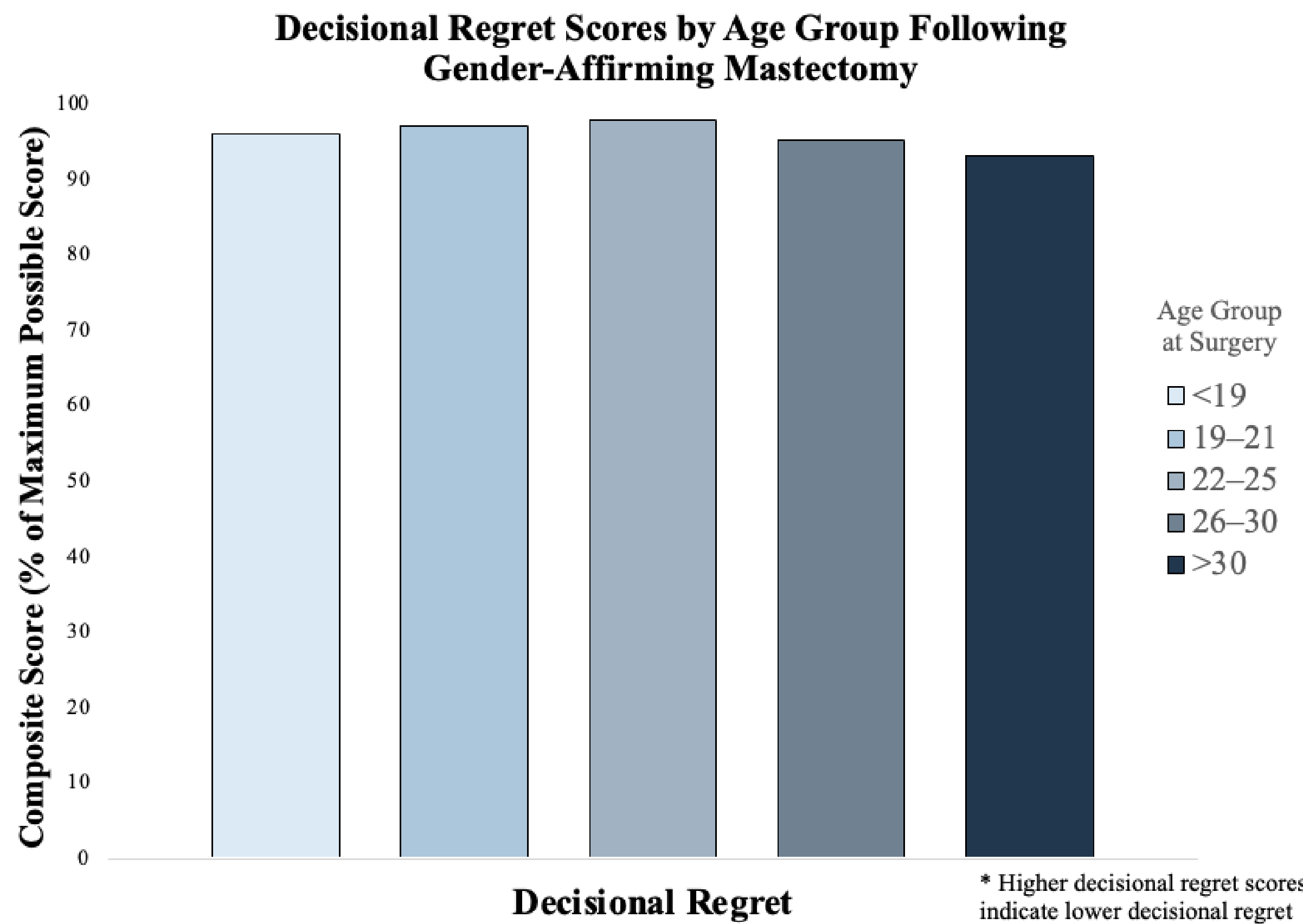


Figure 2: Decisional regret scores by age groups following gender-affirming mastectomy

Conclusions

- Quality-of-life outcomes were high across Gender Identity, Social Health, Satisfaction with Physical Appearance, and Recovery from Surgery domains across all age groups
- Decisional regret remained low across all age groups, indicating consistently high satisfaction with surgical decision-making
- No significant age-related differences were observed in postoperative quality-of-life or decisional regret outcomes
- Outcomes were largely consistent across time since surgery, supporting the durability of patient-reported outcomes, with modest differences across select domains by gender identity though overall trends remained consistent
- These findings support individualized, patient-centered decision-making and suggest that age alone should not be used to predict postoperative outcomes

References

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