Jay’s Journey to Top Surgery

UK Medical Transition Timeline:
Diagnosis to 4 weeks post-op

Before we get started…

I decided to go private for my Gender Dysphoria diagnosis and Top Surgery due to the NHS waiting times being agonizingly long and only getting worse. I am grateful that I was able to pursue this course of treatment, because otherwise I would have been waiting to get surgery for at least another 5 years.

I was able to afford private care because I was awarded PIP last year. This came with a back-dated lump sum of money made up of what they should have been paying me since I applied. It took 13 months to be awarded PIP after applying.

Not all of this information will be representative of what Top Surgery will look like for everyone, and there may be information that needs updating. Everything in this document was true to me in the moment.

If you can, find someone to speak to in person. It was the most helpful thing for me when I was preparing for Top Surgery and you can ask specific questions about things that may not come up in a Reddit post or Vlog.

Helpful Resources

- Video on recovery tips
- Everything you may want to know about Top Surgery
- Getting medical care as a trans disabled or neurodivergent person
- Health Care Passport template
- HSGC Top Surgery Surgeon directory

18th June 2024

Book Diagnosis Appointment (£575)

I went with Harley Street Gender Clinic (HSGC) as I had heard good things about their treatment of nonbinary patients, and their wait times were very short. Specifically, I had also seen good reviews for Dr Vickie Pasterski, one of the lead psychiatrists.

On their website, I found the descriptions of the appointment types confusing and was anxious to make sure I knew what I was getting into. After some email exchanges I was clear on the fact that the “Initial Consultation” would provide me with a diagnosis letter and referral for surgery.

It is stated on the web-page that some patients may require a follow-up appointment after the Initial Consultation, which does come at an additional cost. This may be needed for more complicated cases, including lengthy mental health histories or unstable living situations.

30th July 2024

Pre-Assessment online Q&A

After booking my appointment, was sent an invite to an online Q&A with Dr Pasterski. It was designed to outline what happens in the assessment, what is recommended to get done before-hand, and she shared an example of a diagnosis and referral letter (all one document). Assessments are also usually done via video call, which was ideal for me.

HSGC recommend you have completed a Deed Poll (not every trans person wants to change their name so don’t feel you have to if you don’t want to), informed work or school about your identity, and been referred to a GIC before attending the assessment.

If you intend on gaining a referral for surgery it is recommended, but not essential, that you have a surgeon in mind. I believe this is so they can process and send off paperwork as swiftly as possible. HSGC do provide a directory of surgeons they commonly work with.

The goals of the assessment are to establish gender dysphoria, establish health and social history and determine a treatment pathway.

You are allowed to bring someone with you into the assessment video call but I would recommend notifying HSGC in advance.

I found it very helpful to attend this session as it de-mystified assessment very thoroughly. If you chosen clinic provides this kind of session then try your best to attend. I felt prepared for assessment after this session, and knew that I wouldn’t be taken by surprise, especially by more sensitive questions.

Nothing I learned in this session was unexpected or sounded unreasonable.

Pre-assessment Questionnaires

I had to complete multiple extensive questionnaires were sent to me via email after booking my Initial Consultation. The questionnaires sent were titled “*Long Patient History Form*” (LPHF), “*Patient Health Questionnaire*” (PHQ), “*Gender Narratives*” (GN), and “*Information Provision Statement.*” (IPS)

You must also upload an image of your Photo ID, and Deed Poll if you have one. HSGC do provide a link to compose a “Name Change Statement” if you do not have a Deed Poll.

The LPHF was mostly general stuff such as pronouns and DOB, GP info and contact info. Also included family history, education, and medical history.

PHQ must be completed in the 2 weeks leading up to the assessment, and this is literally just the PHQ-9 and GAD-7 tests.

GN was an extensive gender history going into gender expression throughout your life, feelings of dysphoria throughout your life, and time stamps for milestones including coming out and starting to present as your gender full-time.

The IPS was just me signing permission for HSGC to receive and handle my information.

7th August 2024

Initial Consultation Appointment

Dr Pasterski came across as very professional, to the point and sympathetic. She always told me what we were about to talk about as we moved on to a new topic. I never felt like she needed convincing of my gender, experience of dysphoria or my need for Top Surgery. She always felt attentive and sympathetic to my situation and experience. I came out of the appointment with overwhelming relief; I could not have asked for a better experience with a clinician.

For reference on what can be covered in a Gender Dysphoria diagnostic appointment, here is the list of topics included in my diagnostic letter from HSGC:

- Referral History; Transition Summary; Transition Goals; Background; Social Support; Education; Employment; Medical History; Puberty & Sex Development; Medications; Substance Use; Psychiatric History; Trauma; Deliberate Self-Harm & Suicidality; Counselling History; Gender History; Parenting Concerns; Nature of Dysphoria & Expectations; Gender Change Summary.

“*Transition Summary*” is the milestone timeline mentioned earlier.

“*Background*” includes birth place, family structure, relationship with family (or lack thereof), relationship status and current living situation.

“*Medical History*” includes current diagnoses, significant medical events (hospitalisations, conditions etc.), and family medical history including risk of cancer.

“*Puberty & Sex Development*” covers the onset of puberty and how this effected dysphoria.

“*Substance Use*” includes illicit and additive substances such as nicotine. You do not have to disclose illicit drug use. The only person who absolutely has to know that information is your surgeon.

“*Psychiatric History*” general mental health history including conditions experienced in the past and presently. As a general rule of thumb, it is okay to lie to downplay stuff like this as this can simplify conversation. While it is helpful for them to be aware of your general mental well-being, they are not entitled to know absolutely everything. Stuff like hallucinations and delusions are big concerns for psychiatrists, so do not share this information unless it feels 100% relevant to your gender experience.

“*Parenting Concerns*” is about your decisions on having children, and fertility preservation.

Was asked to attend a follow-up appointment to iron out my mental health history and family relationship stuff. I am estranged from my biological family, so Dr Pasterski felt it was needed to go into more detail to make sure I was safe and secure in my living situation.

Talking so much about my personal life and mental health is never fun, and it can be frustrating. Unfortunately, it is required to be discussed during Gender Dysphoria assessments. Luckily, Dr Pasterski treated everything relatively gently and was sympathetic throughout. While we were on a time limit, I was welcomed to take a sec when I needed it.

13th September 2024

Follow-Up Appointment (£350)

Went much the same as my Initial Consultation, except the talking points were more scattered as we were primarily filling in gaps throughout my diagnosis and referral letter.

Once everything had been covered, Dr Pasterski explained that the diagnosis and referral letter would be sent to me for review and signature. I was able to request minor changes (phrasing, pronoun errors etc.) which would be completed by Dr Pasterski, who would then send me and my chosen surgeon the revised letter.

The letter was extensive, detailed and comprehensive. The letter did sate that I acknowledged that my feelings about my gender may change in the future, and that my decision to not go on HRT may change. This very much felt like something they had to put in so my surgeon knew this was explained to me. I was adamant that neither may gender or decision on HRT will change in my assessment.

In the letter, Dr Pasterski did use the incorrect pronouns in one instance, and used the wrong name that sounded similar to mine in one instance. She changed them once I pointed them out.

18th September 2024

Received revised Diagnosis and Referral Letter

This was sent to both myself and my chosen surgeon, Dr Philip Rubin, at the same time.

Dr Pasterski had completed all the requested corrections, which were minor and few in number.

30th September 2024

Book Surgery Consultation (£260)

I had decided to have surgery with Mr Philip Rubin. He had the most accessible results, which were found on his personal website, and his results were the best I found. He works out of

London which isn’t too far for me as I am Birmingham-based, and his general reviews on Reddit were positive. There was some concern about his bed-side manner being very dry and not chatty at all, but that was preferred for me so I didn’t see this as an issue.

Dr Pasterski told me that Mr Rubin’s secretary would contact me once my letter had been reviewed. After a week I had heard nothing back, so I emailed Mr Rubin’s secretary directly myself with a copy of my D&R letter. Within days of sending this email I was given an appointment for an in-person Surgery Consultation.

Mr Rubin works out of two London hospitals, and the hospital you choose to have surgery at will be the same one where you have your consultation. The price for surgery was roughly £1,000 cheaper at the New Victoria Hospital, so I decided to go there. The price of the Consultation was the same for both hospitals.

Ahead of my consultation I was asked to complete a form that covered general health information and more specific things such as cancer history and recreational drug use. You do not have to mention drug use to your diagnostic clinician, but you MUST mention any recreational drug use to your surgeon no matter what! Certain drugs can delay or complicate surgery depending on when they were taken so please make sure that you tell your surgeon everything you have consumed over the last 3 months or so (include dates as best you can). I disclosed to my surgeon that I had taken a dose of MDMA in August 2024, and everything was completely fine. I did not get into any kind of trouble for disclosing that information.

29th October 2024

Surgery Consultation

Mr Rubin ran late by about 30 minutes due to a surgical procedure taking longer than expected. Nurses and staff kept me informed as I waited, although there was some confusion about what floor I needed to be on so I was passed between floors a little. This ended up being frustrating but ultimately harmless.

He conducted a physical inspection which was very quick. I had my top off for about 5 minutes, and had a nurse chaperone present.

I requested to not be made aware of my weight when I stepped on the scales. We figured out that I could step onto it backwards to I couldn’t see the read-out, and my surgeon didn’t mention my weight other than that I was within the ideal BMI range.

Most of the appointment was spent discussing complications and how they are prevented. I was not prepared for this, so I found it quite anxiety inducing even though complications are rare.

Mr Rubin explained that in order to achieve such good post-op results he leaves slightly more skin than most surgeons so there is less tension on the scar itself.

I was welcomed to ask questions towards the end of the appointment, and was never made to feel like I was asking a “stupid question.” I asked questions on what it’s like being on anaesthetic, results, and likelihood of complications.

I had an MRSA swab done after the consultation, but this is unusual. I had mine done same day as I had quite far to travel. It is a swab to test for certain bacteria on the skin that increases risk of infection for yourself and other patients.

I did not book a surgery date during my consultation, but I was told I would be contacted in a few days to arrange a date.

Mr Rubin was straightforward and not very chatty at all, although this was not a problem for me and meant we got on with things very quickly. I never felt like he needed convincing of my need for Top Surgery; he exclusively talked me through the procedure and complications.

I was misgendered as “he”, but Mr Rubin corrected himself once I explained I use they/them pronouns.

7th November 2024

Book Top Surgery Date (£8650)

After 1 ½ weeks of not hearing back, I contacted Mr Rubin’s secretary about booking in for surgery. Within days, they gave a very apologetic reply and offered a surgery date.

Once I confirmed my surgery date, I was invoiced for the surgeon fee (which included my anaesthetist fee) (£4062) and was then separately invoiced for the hospital care fee (£4588). Both invoices together came to within the expected price range for Top Surgery.

I was asked to complete an extensive online medical questionnaire that took about an hour to complete. This covered physical and mental health conditions, medications, family medical history and symptom-checking.

The day after completing the online questionnaire, I had a telephone call with one of the nurses to confirm my answers and discuss any further information they needed.

Preparations for Top Surgery

I had one week between booking in for surgery and my surgery date so I felt like I was scrambling preparations. My first priority was booking accommodation for the night before and night of surgery so me and my friends had somewhere to stay. I also had to arrange travel, purchase supplies, shower as instructed, and mentally prepare as best I could.

When arranging travel, try to find someone who can drive you home after surgery. Public transport and trains are very difficult soon after surgery. Make sure you also prepare a pillow to go between yourself and the seat belt to protect your chest and increase your comfort.

I spent around £300 sorting out accommodations and food in London, and sourcing supplies I needed for recovery.

I felt that one week was not enough time to mentally prepare for Top Surgery, so be aware that this is something you will need to account for when booking your surgery date.

I had to shower every day for the two days leading up to surgery, and the morning of the day of surgery. I had to use an anti-microbial shower gel that I had to source myself, but this only cost me £12 and was easy to find through amazon or local pharmacies.

I was instructed to fast from midnight the night before surgery, and not drink anything from 7am onwards. This is to prevent vomiting while under general anaesthetic. If you consume anything during this fasting period, your surgery can be suddenly cancelled.

Jay’s Essential Supplies for Top Surgery and Recovery

- Mastectomy Pillow
- Slippers
- Dressing Gown
- Loose Clothes
- Bed-side table
- Straws
- Fybogel for constipation
- Baby Wipes
- Dry Shampoo
- Strong Painkillers
- 3m Charging Cable
- Stock up on regular medications
- Lots of easy to prepare meals that are high in protein to promote healing
- Lengthy media to fight the recovery boredom

14th-15th November 2024

Top Surgery Day and Hospital Stay

I stayed in a hotel with two friends the night before surgery so we could be ready for hospital check-in at 7am. Soon after arriving and signing in, I was taken to my private room. I was allowed to have 2 visitors at a time during visiting hours. My two friends were allowed to stay in the room while I was in for surgery.

The private room had an en suite bathroom with a shower. I had a small chest of drawers that locked to keep valuables in. There was a window looking out to the hospital courtyard, and a TV. The room was also ventilated, and the ventilators were noisy but not too bothersome as it wasn’t constant. The room was spacious, comfortably fitting myself, my visitors and any medical staff that were caring for me.

Before going into surgery, I had to fill-out my order for dinner and had several visits from staff.

Nurses checked my vitals and took a urine sample. They also provided me with a hospital gown, dressing gown, compression stockings and grippy socks for me to get changed into.

My anaesthetist came to talk me through what it is like going under on general anaesthetic, and I was able to ask any questions I had. I specifically asked for the cannula to be put in my elbow rather than my hand, and he was more than happy to comply.

Mr Rubin came in to do final checks on the surgical method (I had chosen double-incision without free nipple graft), and he marked up my chest with an alcohol pen. A chaperone was present.

I was very nervous on the day. Nurses and Mr Rubin did talk me through ways to help myself feel calm, and spoke to me in a very kind manner.

I was called in for surgery at around 12:30pm. I was taken to a prep room with a set of double doors leading to the operating theatre.

My anaesthetist had me lay on my back on a hospital bed (although it was more like a bench tbh) and inserted the cannula into my elbow as requested. I was feeling very anxious but trying my best to keep calm and breath deeply.

As the anaesthetic was injected, I felt coldness slowly travel up my arm but it wasn’t at all uncomfortable.

After about 30 seconds of being injected with the anaesthetic, I felt my entire body go really heavy. The anaesthetist made some small talk with me then I was asleep within seconds.

After what felt like a couple minutes, I woke up in the recovery bay (not my private room) with a new cannula in my left hand, drains, compression wrap around my chest and compression boots on my calves. I am unsure how much time I spent there. I had my vitals checked, had some painkillers administered as I had a burning sensation across the top of my chest, and was then returned to my room at around 4:30pm.

As soon as I came back to the room and started talking with my friends, I felt a huge wave of relief because I HAD HAD TOP SURGERY. I was ecstatic despite the exhaustion. It was genuinely just pure joy and I wish everyone that kind of feeling if they pursue gender affirming surgery.

I was incredibly loopy and out-of-it for the rest of that afternoon. I was not very conversational and spoke very slowly. Emotionally, I felt great, but I had a lot of brain fog. I had no appetite but made sure to eat plenty from dinner anyway. Being unconscious under anaesthetic is not the same as sleep! I felt exhausted and drained.

Going to the bathroom for the first time was really rough and painful, but nothing unmanageable. The nurse accompanied me the entire time to make sure I was safe. The tubes for my drains were very long with collecting jugs at the end. I was given a small carrier back to carry them with me as I went to bathroom.

At some point that afternoon, Mr Rubin visited me to check-in and make sure I was feeling okay. I don’t remember specifics apart from that there wasn’t any physical inspection involved.

I had to stay in the hospital overnight. I had my vitals checked by nurses every 4 hours, including through the night.

New Victoria Hospital does allow visitors to stay overnight under specific circumstances, but I elected to not have anyone stay with me.

The compression boots were the worst part of my stay. They pumped air in and out of the wrap around my calves, which was very noisy and uncomfortable. This made it very hard to sleep. In the early hours of the morning, the nurse allowed me to take them off for a few hours so I could get some sleep.

The drains were only uncomfortable when I took in a deep breath. I could feel them there the entire time but this wasn’t uncomfortable.

At around 7am I had the boots put back on, and was given a breakfast menu to fill out. My friends were allowed to return to my room. After some sleep I felt a little more clarity in my head but still felt exhausted, drained and had a lot of brain fog.

I took the boots off at around 9/10am. Around this time, Mr Rubin came in to check my drain jugs. One of the jugs had lost suction in the night and had not been draining anything, so it needed to be replaced and allowed time to drain the excess fluid from my chest. This caused a 2 ½ hour delay in getting my drains removed and being discharged from hospital.

At midday, my cannula and drains were removed by a nurse.

I was told ahead of my drains being taken out that it was uncomfortable but manageable. The nurse did everything she could to reassure me. Taking my drains out was incredibly painful, and left me with no energy for about an hour. Luckily, actually taking them out took no more than 20 seconds each side. The nurse said that my pain was unusual, so it is unlikely someone else will have as much trouble as I unfortunately did. I was told to lay on my back for half an hour after having the drains removed so the entry wound could close up.

After my drains were removed, and when I had regained some energy, I had my final check-up with Mr Rubin. He discussed the recovery process, how to take care of myself, and he inspected my chest. This did involve lightly lifting up the top of the compression binder which caused no discomfort. I was given some documents detailing my recovery timeline and needed care. After all that was done and I had changed into my normal clothes, I was free to head home.

The journey home was tiring but comfortable. I had a pillow to place between myself and the seat-belt which I would consider essential practice as it alleviated and prevented a lot of discomfort. We stopped off at a services for a break, and being in that kind of environment was very overstimulating. Luckily, I had two friends with me the entire time, so I felt very safe and cared for.

Overall, I felt my stay at New Victoria Hospital was very positive. I felt very well cared for by staff, everyone was friendly and professional throughout my stay. Nurses were always happy to help me when I needed it.

This was a private hospital, so the food was actually incredible. The room itself was comfortable and clean. I did end up missing my own room during my stay, but this is unavoidable and I was in the best possible environment for my hospital stay.

I didn't have a chance to explore the courtyard, but it looked incredibly nice through my window.

The only negative was that I was misgendered by everyone. I use they/them pronouns, and most defaulted to he/him. After correcting her, one nurse decided to only refer to me by name as much as possible. This was appreciated and I was grateful to not be misgendered, but this was still not the greatest.

I would recommend staying at the New Victoria Hospital for Top Surgery recovery if you have the option.

Recovery and Disability

Due to my mobility issues I usually need a cane to get around, making it an essential component of my daily living. Getting top surgery will basically put your entire upper body out of commission for at least two weeks, meaning that I was completely unable to use my cane. I avoided using it as much as possible for the first four weeks of recovery, although I felt able to use it for light support after the two week mark.

I wasn't leaving the house much, and I kept walking to a minimum so I didn't feel like I was markedly worse off because I didn't have use of my cane.

I know that there are disabled folks who would be much worse off than I was. Renting a wheel chair that someone can push for you is the best alternative to using my cane that I found, and I'm not sure there is much beyond that. Be aware that I did not do much research in this area so there may be more options available. I also decided not to rent a wheelchair to save money, so I cannot say how effective it would be as an alternative mobility aid during recovery.

On top of my mobility issues, I am also neurodivergent with sensory issues. My sensitivity to certain sensory inputs sharply increased due to the constant low-to-mid level discomfort I was feeling during recovery, and not leaving the house much. I repeat this during the sections below, but do be mindful and careful of your limitations when it comes to sensory input and social outings during recovery. Take it very slowly and build your tolerance back up over time rather than diving straight back in once you feel energised enough, or bored enough.

Resisting the desire to go see all your friends and attend fun events during recovery is really hard. You can feel very bored and isolated during recovery so it’s a completely understandable thing to want to go do. However, you are going to very sensitive to everything, and taking it easy is going to be best for you in the long run.

I found that inviting friends over as much as possible, engaging with high-investment media and starting with gentle, quiet events or small gatherings is the best way to prevent yourself pushing past your limits.

Recovery isn’t forever, just be gentle with yourself and have patience. Especially if you have disabilities like me.

Recovery

Week One

Once I got home after surgery I was so relieved to be back in a familiar environment. The night I got back home I watched Mulan and it was the best.

I needed a lot of help getting up to bed; my helper carried my pillows, blankets, glasses of squash and other personal items up for me. I was only capable of getting myself up the stairs wearing my mastectomy pillow for the first week.

Sleeping was difficult. I had to sleep at a 45* incline on my back for the first few days. This was uncomfortable and tricky to adapt to, but I was so exhausted from recovering in this first week that sleep came pretty quickly. I slept wearing the mastectomy pillow as this provided a soft layer of protection between my chest and my arms which prevented there being any pressure put on my very sore chest.

I had to wear the compression wrap 24 hours a day. Sleeping in it was not fun at all but I eventually decided to loosen it for sleep so that I was more comfortable. I was instructed to keep it on at all times for at least 3 days after surgery so I wasn’t able to adjust it at all until then. Sleep these first few days was difficult. The compression binder was awful and caused a lot of discomfort. It started chafing under my arm pits, so I soon started tucking socks into the top of it. This helped massively.

For sleeping, but also in general, you want LOTS of pillows. This includes a reading pillow if you can get one. My normal pillow arrangement would be the reading pillow against the wall/arm of sofa with two bed pillows stacked length ways on top of each other. I brought the pillows down lower for a softer incline when I was sleeping or napping.

I had a small bedside table moved to next to the middle part of my bed so I didn’t have to twist round to reach it. This is where I kept my overnight drink, painkillers, and other personal comfort items like moisturiser.

I needed help getting dressed. The only thing I felt comfortable doing myself was getting underwear on. Now, everyone says that loose button-up shirts are the way to go, but I personally advocate for loose t-shirts or long-sleeves. You are able to get them on by holding your arms out in front of you with someone else pulling it over you. This was a lot easier than button-ups, and I felt no discomfort dressing this way. Avoid wearing anything tight or cumbersome such as jeans, dungarees, dresses and tight tops. Keep it loose and simple for the first four weeks.

I was only capable of lifting small cups when they were full, so make sure you avoid large cups and glasses until you can comfortably lift them.

In general, I needed help with everything. I had my helper refill my drinks, cook all my food, adjust my pillows and blankets, carry my things and she was also there for me emotionally. I did have help from other people, but most of my help came from one person. Make sure you ask your network ahead of surgery to see who is able to help with what and when.

Make sure you also arrange for people to come visit you during the first few weeks of recovery. You are going to stuck inside most of the time, and you will get bored so having people over to hang out alleviates a lot of boredom and feelings of isolation.

Three days after surgery, I was allowed to take off my compression binder for the first time, which also meant I could shower. There was cotton batting underneath the compression binder that could be removed but the surgical dressings needed to stay on.

This was my first time seeing my chest without the compression wrap on. I had my helper with me because I knew this would be an emotional experience, and it really was. There was a lot of euphoric crying, relief and amazement. It was all positive feelings, but it was also very overwhelming. Be prepared for large emotions.

I needed a lot of help showering as I was still only capable of minimal movement, but I also couldn't get my dressings wet. I leant over backwards over a sink while my helper washed my hair for me. I then stood in my shower, wetting my wash cloth and wiping myself clean. I did not stand in the water stream. My helper wiped my back and lower legs for me.

Going to the toilet remained to be difficult, but I was able to do everything myself which was a big relief. Just so long as you minimise twisting as much as possible, you will be fine.

I felt like I had a bruise on the back of my hand where the cannula was for a few days after discharge. I also felt a lump in my throat for a few weeks after discharge, which I think was from the breathing tube while I was on anaesthetic.

I experienced a lot of new body sensations through this week and week two. This included twinging along my left scar and in my right arm pit. These caused a lot of anxiety as I didn't know that was "normal" and what wasn't. Email your surgeon as much as you need, contact your GP and review your any notes on complications and recovery. You will be okay.

Mentally I was doing fine. I was still riding the high of relief from having top surgery which felt amazing. I experienced a lot of brain fog and had a lot difficulty focusing on anything. Two nights after surgery I was comparatively a lot more conversational and "with it" in general.

Overall, this first week is one to properly focus on doing as little as possible and resting as much as you can. I was exhausted and fragile the entire week, although I did start to improve at the end of the first week. Take it easy and slow, give yourself permission to be a bit of a sofa gremlin.

Week Two

By the start of week two, I was a lot more clear headed as the majority of the brain fog had cleared up. I was more able to engage and focus on anything which was a big relief. This did however mean that boredom started to set in so I occupied a lot of my time with high time investment media like D20 series, movies, longer video games, and books.

While mentally I was a lot more with it, I was still very physically fragile. This increased mental clarity did mean my anxiety spiked a bit. This was mostly due to the uncomfortable twinges I was experiencing around my chest. The twinges on my left side did go away by the end of this week, but I did have more odd sensations start happening.

My upper chest muscles tensed up a lot, and felt hard to the touch. With this, on top of the swelling around my chest, I had a lot of anxiety about whether I had a seroma or not. Here is more information on what a seroma is: https://www.healthline.com/health/seroma. I had a friend check my chest for me, and everything was fine. Do not hesitate to get a second opinion if you feel worried about something.

I think a root cause of a lot of the anxiety I was experiencing was that everything was very new and overwhelming. My body was a completely new shape, I was recovering from my first ever major surgery and I felt very fragile. There is nothing wrong with being worried about your recovery and I think it’s very normal. Being gentle and forgiving to myself, and reminding myself that I was doing everything I could to make sure my recovery went smoothly eased a lot of anxiety in the moment.

This week I slowly started being able to do more things for myself, but I made sure to take it very slowly. I was able to re-fill my own water, get dressed and walk around a lot more by the end of this week. I also started doing the movement exercises my surgeon had given me to prevent stiff shoulder.

The compression wrap was the worst, and started really getting to me this week. It was uncomfortable, breathing felt difficult, my ribs were hurting and it kept riding down. My shoulders were also being ridden up so I had a lot of upper back pain while wearing it. This is by far the hardest part of recovery, and can be difficult to cope with at times. Throughout recovery, I had multiple meltdowns and cried a lot because of how much I hated the compression wrap. I emailed my surgeon explaining my trouble with it, and he advised me that I wear it on top of a t-shirt, and to loosen it up. Both of these things helped a lot with my general comfort once I started doing them. The compression binder genuinely felt like the final challenge of the binder gauntlet and it was tough, but it will be over before you know it and then you never have to wear a binder ever again!

I had my surgical dressings removed on day 8 of recovery. My surgeon was okay with me going to my GP nurse for this because I didn’t have a free nipple graft, which requires specialist attention. My nurse removed my dressings, cleaned the incision and put medical micro-pore tape over the incisions. I had not sensation at all along my incisions so I felt none of this.

Dealing with numbness can be tricky as it’s another new and strange sensation. I have numbness above and below my scar, down my sternum and on the sides of my ribs up into my armpit. Numbness is a temporary thing for most people, so I found that finding fun in the novelty got me through a lot of any anxiety I was feeling about being numb.

I still needed help showering and washing my hair but I was more able to clean the bottom half of my legs myself by the end of this week.

Overall, this week was full of boredom and anxiety so making sure you take things slow and simple is the key. Lean on friends and medical resources you have available to you, and occupy your time as best as you can with things you enjoy.

Week Three

I was starting to get a lot more comfortable and feeling more capable this week. I reduced how many support pillows I needed during the day, I was able to prepare my own breakfast and sort out my own drinks, get dressed by myself, and my carry capacity increased (this was the week I was able to pick up my cat again, which was amazing!)

My general physical comfort and pain levels were improving with every passing day, and had reached a point in week three that I felt almost normal. It was still a little uncomfortable to twist my torso and extend my arm to reach. My range of motion in my shoulders was increasing, but I needed to make sure to be very careful when testing my limit, and to listen to my body as much as possible.

You are not going to pop a stitch or injure yourself if you over-exert accidentally. It won’t feel good on your body, everything will be very tight and tense, but so long as you are careful afterwards you will be okay. Putting strain on the incision by moving beyond your limits is going to have a negative effect on healing if you over-exert all the time. Keep going back to your discharge papers and recovery timeline for what is best advised for your stage in recovery. Remain to be careful and slowly test your limits as you heal, and you will be okay.

Post-op depression started to set in during this week. I experienced feelings of regret, anger and hopelessness. It was really horrible feeling so down after such an incredible thing like Top Surgery, but I was expecting this to happen so I was somewhat prepared. I knew that these feelings were not coming from any place of honesty or truth in my head, nor did they reflect my true desires and needs. Keeping myself occupied, making sure I was going outside every day and seeing my friends really helped me cope with post-op depression. Another thing that really helped was giving myself reminder of what I was looking forward to once I was done with recovery. Leaning on your friends is super important throughout all of recovery, but especially when you are experiencing post-op depression. People are really nice, and will care for you if you are struggling.

The compression wrap was continuing to bother me a lot, but with the strategies suggested by my surgeon I was generally more comfortable. I stopped doing my mobility exercises and decided to continue them once the wrap no longer needed to be worn. This was because when I did my exercises the wrap rode down and rubbed against my skin uncomfortably. I would not advise this as I think it stunted my rehabilitation of my shoulder muscles.

Showering was still something I needed help with, although I was wrong in thinking that I couldn’t get the micropore tape wet so I actually could have managed to shower mostly on my own (including washing my hair), if I knew this. I found out I could get it wet in week 4.

I was allowed to sleep on my side now, which was the best! I had missed it so much as a natural side sleeper. I did still need to sleep on a incline, but that was something I was very used to by now. I was also still using the mastectomy pillow for comfort and protection at night.

Overall, this was a week of great improvements and feeling more normal than ever! Post-op depression sucks and will happen to almost anyone. Continue to lean on your network, and know that the end of the tunnel is coming when you are over half-way done with recovery!

Week Four

The main thing that propelled me through this final week was my excitement to never have to wear my compression wrap again. I started taking very short relief breaks, especially after showering. I was more than over it, and wanted it gone more than anything.

I did start to feel squeamish about the idea of not wearing it. Despite the discomfort, I felt protected and held together by the wrap. This squeamishness did alleviate a lot by looking at my bare naked chest, and gently placing my hand on my chest.

As mentioned before, week 4 was the week I learned that I could actually get my micro-pore tape wet. My tape hadn’t been peeling off like I was told it would at all, and I think this was because I was keeping it protected and dry. After learning I could get the tape wet, I took my first solo shower in weeks and it was glorious. I could go fully under the shower stream which felt incredible, and finally having privacy again was a massive relief.

I continued to gain more mobility within my advised limits and had more confidence in my ability to do things for myself again. I cooked my first meal from scratch towards the end of this week. I could have done this sooner but I was being extra cautious.

Post-op depression continued to effect me, but it was becoming more manageable. Sticking to my previously mentioned strategies, and focusing on the positive progress I was making helped a lot.

Boredom was the worst it had been so far, so my normal tactics of keeping myself occupied with media and seeing friends was continuing to stave it off. This wasn’t entirely effective though, and I did start getting the itch to go to events again.

I attended a poetry open mic night during this week which was ultimately a bad idea. I also tried going into my local city centre which was also a bad idea. I was very easily overstimulated and being around so many people was incredibly overwhelming. I would not recommend going to a populated or high-energy event as your first proper outing since surgery. Be gentle, and work yourself back up slowly to avoid feeling terrible.

At the end of the fourth week, I took the compression wrap off for the last time. I was so relieved to have it gone. It sucked so much to have to deal with, but it was worn to allow for a smooth recovery and prevent complication. Understanding the medical need for it did mean I felt an amount of kindness for the wrap, but ultimately I still hated it so was euphoric at it being gone.

After taking off the compression wrap, I continued to sleep with my mastectomy pillow for a few days just to be careful. This was very much for my personal comfort rather than because of anything that was advised or medically recommended.

This last week of recovery went by very quickly, but I also struggled to stay within my limits this week more than any other. The end was so close and I was sick of being restricted and having to be careful with myself. This feeling is completely normal. Doing your best to be gentle with yourself, and have patience with the growth of your limits is really important for this fourth week.

Where Am I Now?

Top Surgery is the best thing I have ever done for myself. The relief at not having to worry or think about an uncomfortable part of my body any more is so worth the difficulty of recovery. I don’t have any regrets at all.

Trans health care needs to be protected with the utmost vigour. It genuinely saved my life, even when all I could do was hope that one day it would happen. Take care of yourselves and your trans siblings as much as you can because the world is fucking scary.

I have expanded my wardrobe, given lots of great hugs (which do feel different, and very nice!), and have started exploring more of my gender expression. I feel like I have so much more mental space freed up to explore what I have wanted to for years.

Recovery feels like forever ago now (March 2025), but I vividly remember what I went through. It was hard and challenging, and keeping myself sane felt almost impossible at times. However, I also know that I did everything I could to make sure I had a smooth recovery which makes me feel really good, even now.

Making this document has been challenging but also the most satisfying thing I have done in ages! I made it to be the resource I hoped I had had when I was planning for Top

Surgery. I very much feel like I am paying my dues to the trans community, and I hope that lots of people can find use in this resource!