



Chest Reconstruction

Surgery is never the first step in a gender transition. It is something that happens after you have already explored social and medical transition options. People who choose to undergo surgery usually do so after taking other steps in the gender affirmation process, such as taking supplemental hormones.

To qualify for chest reconstruction at Boston Children's Hospital, you must meet the following criteria:

Age

You must be 18 or older or be 15 or older with parental consent. The maximum age for patients at Boston Children's is 35.

Hormones

There is no hormone requirement.

Please note: If you are taking testosterone, it is helpful for you to be on it for one year prior to surgery. This is particularly true for people who are athletic. However, this is not a requirement.

Smoking and vaping

You cannot smoke or vape (tobacco, marijuana, or other substances) or have any other nicotine exposure for 60 days before surgery and cannot smoke, vape, or use any other nicotine products for six weeks after the surgery.

Medical letters

Clinician letter

You will need a letter from your medical doctor or nurse practitioner stating that you have "persistent, well documented, gender dysphoria." It can be from the clinician who prescribes you hormones or your primary care provider.

It should address any medical conditions that may be relevant to surgery, how well they are controlled, and any other medical information the surgeon should be aware of.

If you are not undergoing hormonal affirmation, the letter should state why. If you are, the letter should mention whether you have had good initial masculinization.

Behavioral health letter

You will also need a letter from a mental health provider stating that you have the capacity to consent and that any significant mental health issues are being addressed. This letter should specifically address any mental health concerns that might affect your suitability for surgery.

The WPATH standards of care recommend that all behavioral health letters include the following:

- your legal name, your affirmed name, and your date of birth
- basic information about your gender identity (i.e. male, non-binary)
- results of your psychosocial assessment, including any diagnoses
- the duration of your relationship with the mental health professional, including the type of evaluation and therapy or counseling to date

**"It's a whole team approach.
We're always available to
provide support."**

- an explanation that you have met the criteria for surgery, and a brief description of the clinical rationale for supporting your request for surgery
- a statement about the fact that you are capable of providing informed consent/assent
- a statement that the mental health professional is available to coordinate your care and welcomes a phone call to establish this

All letters should state:

- length of time provider has known you
- procedure you are being referred for
- length of time you have been presenting/living as your affirmed gender
- the provider's credentials

Other information about letters

- Letters should be on provider letterhead.
- Letters should be addressed to:
Oren Ganor, MD
Center for Gender Surgery
Boston Children's Hospital
300 Longwood Ave., Boston, MA 02115
- Letters with no name, or a different insurer's name, may not be accepted by the insurance company for authorization.
- Letters can be:
 - » emailed to gendersurgery@childrens.harvard.edu
 - » faxed to 617-738-1657
- Letters should refer to you by your affirmed name and pronoun, but also include the name that is on your insurance. For example: John Smith (Jane Smith, DOB 10/19/99).

We cannot submit for prior authorization without letters. If possible, please submit your letters prior to your initial consultation or bring them to that appointment. If not, please submit them once they are available.

Sample letters are available on request from gendersurgery@childrens.harvard.edu.

