



GUIDELINES

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- Text—maximum of 500 words (not including references)
- References—maximum of five
- Figures/Tables—no more than two figures and/or one table

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Viewpoints

Minimal Impact Double Incision with Free Nipple Graft Technique for Gender-Affirming Top Surgery

Gender-affirming top surgery can have a notable impact on the quality of life of gender dysphoric individuals transitioning to the masculine phenotype. These transitions are growing in demand because of wider societal acceptance of transgenderism,¹ posing great responsibility on surgeons to ensure quality, efficacy, and best practice of emerging innovations in transgender surgical services.

At our high-volume transgender surgery center, we practice and advise other surgeons to use minimal impact surgery when performing double incision with free nipple graft bilateral mastectomy. Minimal impact double incision with free nipple graft bilateral mastectomy includes the following: breaking with the

common practice of postoperative drain placement, streamlining surgical technique for obliterating mammillary dead space, and shortening postoperative binder use. Each of these aspects has contributed to improved patient experience, and overall less taxing transition. This study was conducted with institutional review board approval, and all authors adhered to the Declaration of Helsinki throughout the entirety of the study period.

Five years ago, our practice abandoned the use of postoperative drain placement, mainly because of patient complaints of discomfort. We found that patients' subjective sense of easier postoperative care regimen and decreased comments regarding pain outweighed the proposed benefit of drains. Furthermore, we have not experienced a noticeable difference in our rates of complication. In the past 5 years, only one patient needed return to the operating room, because of hematoma, early in our experience. Similarly, Gallagher et al.² and McEvenue et al.³ have reported comparable (and in some cases significantly lower) rates of complication following double incision with free nipple graft bilateral mastectomy without drains. Efficacy has also been shown in obese individuals.⁴ Our experience and published evidence suggest that postoperative drain placement should be phased out when practicing double incision with free nipple graft bilateral mastectomy.

In addition, our practice uses a streamlined technique for obliterating dead space. The two major reports of drainless double incision with free nipple graft bilateral mastectomy^{2,3} use progressive tension sutures to obliterate dead space—similar to methods of drainless abdominoplasty.^{2,5} Using only four deep flap sutures (Fig. 1), four to six additional subdermal sutures at the skin incision, and with the aid of absorbable staples (Fig. 2), we achieve comparable obliteration much quicker and with less impact.

To further improve the patient experience, we limit postoperative binding to 5 to 7 days, without

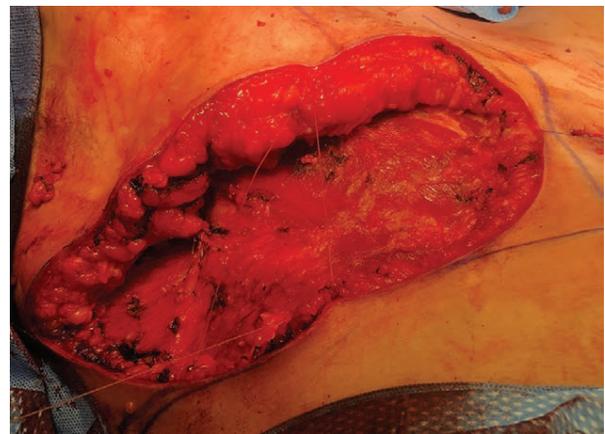


Fig. 1. Intraoperative closure of the superficial fascia with four 0-0 Vicryl sutures (Ethicon, Inc., Somerville, N.J.).

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Fig. 2. Closure of wound with minimal impact absorbable staples.

evident negative consequence. This is a significant reduction from previous reports suggesting 3 to 6 weeks of postoperative compression. Although no data exist to quantify the exact patient benefit of shortened compression garment use, chest binders are known to be particularly uncomfortable, difficult to use, and despised among our patients. Freedom from extended chest compression is a perceived major patient benefit.

Lastly, we have streamlined clinic follow-up. We require an appointment at 1 week after surgery, but limit further follow-up in those patients without complication or concerns. Because many individuals travel to undergo transgender surgery, eliminating an unnecessary follow-up visit decreases logistical barriers to care. This has further decreased the burden our patients face from limited geographic access to expert transgender surgical care. Phone, text, or e-mail are used by our office to maintain contact with patients, as much as is required. We believe that this minimal impact double incision with free nipple graft bilateral mastectomy program improves access to surgical care and lessens patient discomfort, with results that are equal to or superior to classic techniques.

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DISCLOSURE

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Functional Testing Using a Force Motion Capture Device for Hand Surgery Outcome Assessment: A Proof of Concept

Osteoarthritis is the leading cause of loss of hand function in America and most commonly affects the carpometacarpal joint of the thumb. Although medication and exercise are possible treatments in mild cases, in cases of severe thumb osteoarthritis, surgery may be the only treatment option. One surgical approach is Mini TightRope (Arthrex, Inc., Naples, Fla.) suspensionplasty, which uses a suture wire to attach the base of the thumb metacarpal to the second metacarpal after removal of the trapezium. Current methods of clinical outcome assessment following hand surgery, such as questionnaires and goniometry, do not provide data that are well suited for improving surgical or mechanical design. Also, current *in vivo* studies investigating changes following this operation have primarily focused on pain, and not function. Surgical design and surgical devices require engineering, and data from patient outcomes by questionnaires and current clinical tests may not provide data that are well suited to improving surgical or mechanical design. To improve patient care and to foster device design, it is critical to understand how the function of the thumb—specifically, motion and forces—changes because of surgery to give patients the best treatment possible.