



**IN**

**Ioannis  
Ntanos**



# Top Surgery for Gender Affirmation

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**Dr Ioannis Ntanos**  
He/him

# Important to remember

You do not have to be on testosterone or identify as male to have access to top surgery. To have a surgical consultation for top surgery for gender affirmation the following documents are required:

- 1 A supporting referral from a qualified professional, for example a counsellor, psychologist, psychotherapist, etc.
  - 2 A completed copy of the registration pro forma, a copy of which will be sent to you on request. It can also be downloaded here: [www.ioannisntanos.com/prepare-for-consultation](http://www.ioannisntanos.com/prepare-for-consultation).
  - 3 A picture of your chest, which will be added to your medical record.
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In line with the latest WPATH guidelines (SoC8) (September 2022), a single referral is sufficient for all patients wishing to undergo top surgery. Referral letters should contain a diagnosis of gender incongruence. Revision operations do not require a referral.

All surgical referral providers are accepted.

Ioannis Ntanos currently offers the procedure to patients aged 18 years or older. This is the legal age of majority in the UK.

Radical reductions are currently not available.

# The pathway to top surgery



## Surgical Appointment

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The first appointment you will be invited to is a surgical consultation. This can be carried out either face-to-face or virtually (by video), depending on your preference.

All video consultations are carried out using a secure video-consultation platform. Full access details are shared along with a link upon confirmation of your consultation date.

Please note, if the proposed date does not suit you, we can rearrange your appointment if necessary. On occasion, more than one appointment may be required.

## What to expect

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The consultation will include:

- a detailed discussion of your medical history
- an exploration of your hopes, preferences and expectations
- a visual inspection of the chest (this can be omitted if you have shared pictures in advance)
- a discussion on the proposed surgical approach and everything else that is related to the procedure itself.

Virtual consultations can accommodate up to four people logging in at the same time. For in-person consultations feel free to bring along anyone you wish.

Our appointment will take a maximum of sixty minutes. If we agree on a surgical plan, we will discuss the operating dates at the end.

## Pre-operative assessment

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Your second appointment will be your pre-operative assessment. This will take place up to 30 days prior to your operation. A specialist nurse will carry out your pre-operative assessment either in person or over the phone.

The period from receiving and reviewing all the necessary information to consultation is between 8 and 12 weeks. Allow between 5 and 7 months from a satisfactory consultation to an operating date.

### What is this step for?

As part of the pre-operative assessment, you will have blood tests. These include full blood count (FBC) and urea and electrolytes (U&Es). If there are any pre-existing medical conditions, we may require additional bloods.

Sometimes there may be the need for additional investigations e.g.:

- an electrocardiograph (ECG) to examine the heart
- spirometry to check the lungs and respiratory function
- thyroid function tests or other.

Please have available any recent investigations or reports from other specialists, as these may be helpful.

All patients over the age of 40 are required to have a pre-operative mammogram.

### At a glance:

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Surgical consultation	Pre-operative assessment
up to 16 weeks from initial contact	1-4 weeks prior to admission
1st appointment	2nd appointment
Face-to-face or video	Face-to-face or phone call
Medical history	Medical history
Visual inspection of chest	Face-to-face for blood tests
Discussion about preferred surgical approach	If required because of pre-existing conditions, may have additional tests.
Discussion about preferred and available dates for operation.	-

# Things to think about before you attend your surgical appointment

Please write down a list of the things that you would like to discuss during your first appointment. It is also useful to think about what factors and outcomes are most important to you.

## Things to consider:

- the overall contour
- nipple size
- nipple position
- position of scars
- nipple sensation.

## Surgical techniques

Choosing the most suitable surgical technique will depend on a number of factors:

- what you consider to be the most important outcome
- your body and chest shape
- your general health.

Our aim is to give you the best possible outcome, however it is important to be aware that the best surgical technique for your body shape may not be the same as your preferred option and may require a compromise in terms of the finished look.

It may be that the way you want to look after surgery is not achievable; equally you may be surprised by what is possible. It can be useful to do some research online, look at photos and read about the individual experiences of others who have had the procedure. The more informed you are, the better able we will be to work together towards a satisfying result.

Everyone's experience is unique, and there is a lot of misinformation online, so do your research to get a general feel for what is possible and then use the consultation with Mr Ntanos as an opportunity to discuss how this applies to your particular situation.

## Before your consultation consider...

- What key outcome do you want to achieve?
- How do you want your chest to look?
- Do you want to have nipples?
- What is your preferred nipple size?
- Is preservation of nipple sensation important?





# Surgical techniques - an overview of the procedures available through Mr Ntanos

## 1. Concentric circumareolar incisions and PDS or Gore-tex reconstruction

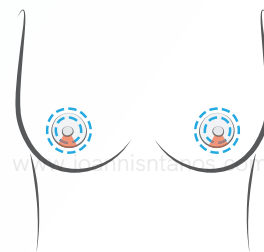
Suitable for people with a small chest with little or no chest skin ptosis (droopiness).

A small amount of skin is removed to reduce the chest skin. A scar is placed around the circular areola (the tissue that surrounds the nipple). The areola can be made significantly smaller if desired. A permanent Gore-tex or PDS stitch is placed around the newly sized areola in a bid to prevent it from stretching post-operatively. This is a permanent stitch which will remain inside your body without causing any side-effects.

**The advantages of this technique are that it can be performed through a small scar, which is positioned just around the edge of the areola.**

The disadvantages are that it can be difficult to reach the very edges of the chest tissue and to disrupt the junction between the chest tissue and the chest wall. This can mean that there could be "ghosting" of the chest disc - the visual illusion that there is still a circular chest shape on the chest wall. In addition, it can be hard to reposition the nipple if it needs moving to a more lateral position on the chest. Hairy chests may be troubled by chronic infections after this type of operation. The areolar area may appear larger if the skin stretches postoperatively.

Pros	Cons
Minimal scarring	May be difficult to reach the edges of the breast tissue, which may lead to "ghosting" of the chest disc (visual illusion that the shape of the chest is circular)
Retention of nipple sensation unless the nipple is surgically reduced in size.	The position of the nipples remains roughly the same. If the chest is hairy, there is an increased risk of peri-operative infections.



The blue lines show the sites where the scars are placed.



This diagram shows the chest after the operation.

## 2. Double incisions and inferior dermal flaps

This technique is suitable for people with medium-sized chests who specifically want to try to retain sensitivity in their nipples. The scars are placed at the bottom of the chest area and around the circular edge of the areola. The aesthetic result is a “double incision” scar. The technique is an alternative to nipple grafting. It is worth noting that dermal flap and nipple grafting both result in the “double incision” scar, but they are different surgical techniques.

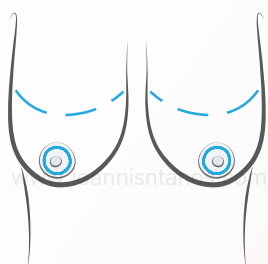
The dermal flap is the skin from the bottom area of the chest, which has its top layer removed, so that the nipple can be placed inside the chest area and re-positioned in a typically masculine position, while remaining connected to its blood supply.

**The advantage of this is that nipple sensation can be preserved in up to 70% of patients.**

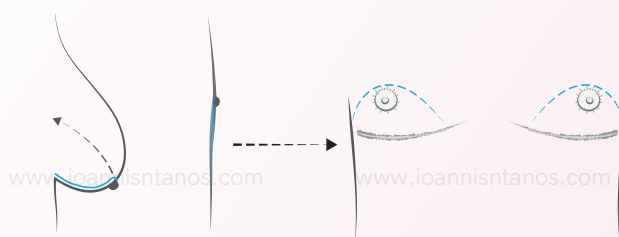
Disadvantages include that there may be slight bulging on the lower part of the chest below the areola. This is because of the surgical technique, which requires part of the original skin that feeds the areola with its blood supply (dermal flap) to remain under the “new” skin of the chest. This also causes increased risk of infection and bleeding.

This procedure is not recommended for those with hairy chests or smokers, due to the associated increased risk of complications both during and after the operation. Nor is it suitable for those with a high risk of developing breast cancer. This is because it results in more tissue being left behind than other techniques.

Pros	Cons
Up to 70% of nipple sensation may be preserved.	It is associated with increased risk of infections and decreased vascular perfusion (blood feeding) of the tissues. Therefore, it is contraindicated for people with hairy chests and those who smoke.
	The position of the nipples depends on the length of the dermal flap, which depends on the anatomy of your chest. If not carefully chosen, the results may be suboptimal.



The blue lines show the sites where the scars are placed.



This diagram shows the chest after the operation.

### 3. Double incisions and free nipple grafts

This is the most straightforward of all the techniques and can be carried out on any chest size, unless it is very small. It is the most commonly used technique worldwide. There are variations between surgeons, but the technique usually offers consistent results, particularly in relation to the positioning of the scars.

Patients often choose this technique when preserving nipple sensation is not a priority. It is a good option in cases where the chest is large and the removal of a large volume of chest tissue and skin is required, as it results in a flat chest.

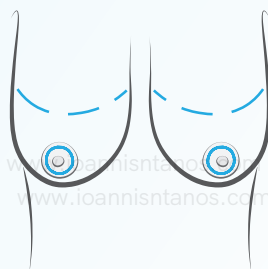
**The advantages of this are that it is a quicker operation and requires a shorter period of time spent under anaesthetic. This is particularly important in cases where there may be an increased risk with general anaesthesia, for example due to an underlying health condition. Another advantage is that the complication rate tends to be lower.**

The technique offers flexibility and different options regarding the position of the nipples. They can be placed in a stereotypically male position, according to the patient's wishes, or they can be omitted altogether.

This approach also offers the opportunity to minimise the risk of "dog ears", by extending the scar towards the axilla.

Free nipple grafts are resilient and very rarely fail, although it is not impossible for them to do so.

Pros	Cons
The nipples (free nipple grafts) can be positioned anywhere on the new chest.	The nipple loses its sensation. It can also lose the brown/pink colour.
It requires shorter operation time and shorter anaesthetic time.	According to published data, in 2% of operations, the nipple-areola can fail to obtain blood supply and may be partially or completely lost. In such a rare case, the scar that is formed is enough to resemble a nipple.



The blue lines show the sites where the scars are placed.

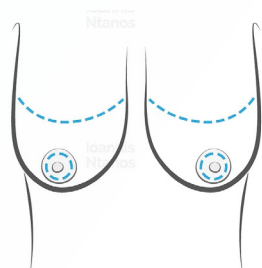


This diagram shows the chest after the operation.

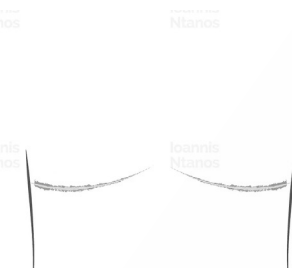
### 4. Double incision mastectomy and chest wall reconstruction without nipple reconstruction

No nipple reconstruction is something that can be accommodated for those individuals that either do not want nipples on their chest or aim to have 3D nipple tattoos at a later stage. Free nipple grafts are resilient and very rarely fail, although it is not impossible for them to do so.

Pros	Cons
Shorter healing time, a post-operative appointment for dressings is not necessary, tattoos can be very realistic and you can dictate the aesthetics in real time (position, size and colour).	No nipple real projection, nipples cannot be preserved and reconstructed at a later stage, no piercing is generally possible.



The blue lines show the sites where the scars are placed.



This diagram shows the chest after the operation.



# Potential complications and risks of surgery

**1. Pain** – Pain is a common complication after any type of surgery that requires general anaesthetic. Individual pain thresholds vary greatly but most patients report positive results with effective pain control. A local anaesthetic is applied at the end of the operation, and this works very well for immediate post-operative pain control. Regular painkillers (commonly paracetamol and codeine) are also prescribed upon discharge.

Occasional intermittent pain may persist for a long time after the operation.

**2. Infection** – This is a risk with any operation. A wound infection can affect your final aesthetic outcome. To minimise this risk, antibiotics are administered during the operation.

**3. Scarring** – This will depend on the type of the procedure you are having, as well as your skin type and any post-operative complications that may occur. It can be unpredictable, and scars can stretch and widen with time.

**4. Bleeding** – This is the most common surgical complication. Sometimes (in 1.4% of all operations) this will require a second short operation to stop the bleeding within the wound. This complication is most common in the first 4-6 hours after surgery. If it does occur it will be detected and managed while the patient is still in hospital.

**5. Asymmetry** – This is the uneven appearance between the two sides of the chest. There can be asymmetry in chest contouring, scarring, nipple position, size or shape. It may be possible for certain asymmetries to be corrected with further surgery. The revision risk with Ioannis Ntanos in practice is less than 3%.

**6. "Dog ears"** – The name given to the bulges that can occur at the outer edges of the lower scar of the double incision. To minimise this risk, the lateral sail extension surgical technique is used.

**7. Loss of nipple sensation** – When we use the free graft technique, the nipples lose their sensation completely. Nipple sensation is preserved in up to 70% of operations with the other procedures outlined in this brochure.

**8. Loss of nipple** – In order to minimise the risk of nipple loss (0.5%), patients will need to follow the instructions provided regarding dressings and wound care.

**9. Seroma** – This is a collection of fluid under the skin at the site of operation. Sometimes, a seroma requires aspiration (the removal of the fluid by suction) in clinic.

**10. Deep vein thrombosis and pulmonary embolism (DVT & PE)** – This is when blood clots form in the veins of the leg (DVT). Such a blood clot can potentially travel to the veins of the lungs (PE). To minimise this risk, a nurse will give you compression stockings that you will wear during your operation. You should continue wearing these until your level of physical activity is back to normal after surgery.

## Other complications

- Wound dehiscence
- Delayed stitch reaction
- Delayed haematoma
- Skin reaction to the dressings
- Prominent stretch marks
- Loss of nipple natural projection
- Risks related to the general anaesthetic
- Persisting nausea and tiredness
- Post-operative depression

# General advice in preparation for chest contouring surgery

- 1. Weight** – BMIs above 40 may be problematic but all individuals are assessed on a case-by-case basis. Patients looking to lose weight should do so prior to the date of the operation. Major weight fluctuations after surgery may compromise the aesthetic outcome.
- 2. Smoking** – Smoking increases the risk of chest infections and heart problems during and after an operation. It also increases the risk of wound infection and decreases the blood supply to the surgical site. Smokers will need to stop using nicotine products for at least six weeks before and after surgery (at least 12 weeks or three months in total). Any drug use, including cannabis, must be stopped for at least two weeks prior to the operation.
- 3. Testosterone** – There is no convincing evidence to indicate that testosterone increases the risk of blood clots or bleeding. It is, however, recognised that pausing testosterone can have adverse emotional and mental health impacts. As such, it is advised that patients using testosterone should continue to do so throughout their surgical pathway. This can be discussed further at the patient's first consultation with Mr Ntanos.
- 4. Binding** – Patients are required to minimise time spent binding two to three weeks prior to their operation. This will help with breathing during anaesthesia as well as improving skin elasticity. Peri-areolar mastectomy may not be possible in cases of prolonged binding due to the way in which binding can stretch the skin.
- 5. General health** – All patients undergoing elective surgery are advised to give themselves the best outcomes by making the effort to be in optimal overall health. Please liaise with your GP to address any significant health issues (for example, uncontrolled diabetes) well before your operation.

## On the day of surgery

Patients will be asked to arrive at the hospital in the morning on the day of the scheduled operation. Please shower at home before coming to the hospital. Body hair should not be removed prior to the operation, if there is a need to do so it will be removed in the operating theatre at the start of the operation.

Patients will be admitted and allocated a single room on a mixed-gender ward.

All efforts will be made to facilitate discharge in the evening of the same day. An overnight stay is included for anyone who wishes to remain in the hospital overnight.

**Please note:** should the preference be to leave on the day of the operation, all patients are requested to remain in Manchester for the first night.

All piercings and other jewellery must be removed before arriving at the hospital, including tongue piercings. If this is not possible we will do this prior to the operation. If necessary, these can be replaced with plastic piercings. This is a requirement for the process of undergoing general anaesthesia.

# What to bring with you on admission



Please note: The hospital can accommodate vegetarian dietary requirements but is not set up to cater to a vegan diet.

## You will need:

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- suitable footwear and, if you want, slippers
- toiletries
- a towel
- something to occupy you, such as a book to read
- glasses/hearing aids if used
- mobile phone and charger
- any medication
- an identification document, such as a driving licence, passport etc.

## What will happen on arrival at the hospital?

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Hospital admissions are scheduled to take place **before 7.30 in the morning** unless otherwise indicated. The anaesthetist reviews the patient to ensure that everything is on track to proceed. Patients are provided with a surgical gown and compression stockings by the nurse, which they must wear. Mr Ntanos will then greet the patient and mark the chest area for surgery. Please be aware that the operating list takes place all day and as such patients may have to wait until the afternoon for their operation.

Chaperones, visitors and other restrictions will be discussed during the initial consultation.



## After the surgery

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1. All dressings must be kept in place until the two-week follow-up appointment with Mr Ntanos. Patients will be provided with the contact details for the attending physician at the hospital should they have any operation-related queries in the first 24 hours after discharge. Mr Ntanos' contact details will also be provided so that he can be contacted directly, if required.
2. Avoid over-stretching and lifting heavy weights for at least six weeks.
3. Do not drive until you feel comfortable and are able to react appropriately if required.
4. Sick notes can be provided upon request for up to six weeks. Any requests for extended sick notes beyond the six-week period should be referred to the patient's GP.
5. DRESSINGS MUST NOT BE REMOVED before the follow-up appointment with Mr Ntanos, unless specific instructions to do so have been provided. This is especially important with free nipple grafts.



# Follow up

Follow-up appointments take place approximately two weeks after surgery. Appointments are face-to-face. At this appointment, dressings will be removed and the wounds will be checked. For those who live at a considerable distance from Manchester, alternative arrangements for the follow-up appointment can be made. Additional appointments can also be arranged as needed.

## Checklist

Admission for surgery	
The day before your surgery	<ul style="list-style-type: none"> <li>■ Fast for at least 6 hours before admission.</li> <li>■ Remove all piercings and any other jewellery. Leave these at home.</li> <li>■ Don't forget to pack:               <ul style="list-style-type: none"> <li>• suitable footwear</li> <li>• slippers</li> <li>• toiletries</li> <li>• a towel</li> <li>• a book/magazine</li> <li>• glasses/hearing aids if used</li> <li>• mobile phone and charger</li> <li>• any medications</li> <li>• an identification document, such as a driving licence, passport, etc.</li> </ul> </li> </ul>
The morning of the day of your surgery	<ul style="list-style-type: none"> <li>■ Have a shower before leaving.</li> <li>■ Remove all jewellery including piercings/earrings.</li> <li>■ Do not shave any chest hair.</li> <li>■ Do not have breakfast.</li> </ul>
Arrival at the hospital	<ul style="list-style-type: none"> <li>■ Arrive at the hospital before 7.30am.</li> <li>■ If pre-operative blood tests have not been carried out these will be done on the day.</li> </ul>
In the hospital	<ul style="list-style-type: none"> <li>■ Patients are placed on a mixed-gender ward.</li> <li>■ Change into a surgical gown and wear compression socks (these will be provided).</li> <li>■ The operation list is performed all day, so patients may need to wait until the afternoon.</li> <li>■ The hospital can accommodate vegetarian diet. Vegan diet is not available.</li> <li>■ Every effort will be made to discharge patients on the same day. Stay local.</li> <li>■ Patients can spend the night at the hospital, should they choose to do so.</li> </ul>



# Important to remember

1

Chest contouring surgery for gender affirmation is irreversible.

2

Patients will need to remain chest aware for the rest of their life. A mastectomy will not eliminate the risk of developing breast cancer in the future. Where a strong family history of cancer exists, additional considerations will be explored. A pathologist examines all surgical specimens.

3

With this procedure the aim is to remove the breast tissue in its entirety to create a flat projection. This procedure does not allow for chest feeding. If this is of interest, it should be discussed prior to top surgery.

## The information in this booklet is not exhaustive.

Financial packages are available for surgical procedures with Mr Ntanos. Any questions relating to financing should be emailed to: [info@jw-medical.co.uk](mailto:info@jw-medical.co.uk) for the attention of Mr Martyn Prendergast.



# About me



## **IOANNIS NTANOS, MD, MA, MBA, MAcadME**

*Top surgeon, ethicist and active trans ally*

Ioannis Ntanos (pronounced Danos) is one of the UK's leading gender affirmation surgeons, specialising in top surgery for trans masculine and non-binary individuals.

Born in Thessaloniki, Greece, Mr Ntanos obtained his medical degree from the University of Ovidius in Constanta, Romania in 2002. From there he returned to Greece to complete his general surgical training and to work as a consultant. In 2010 he completed his oncoplastic training at the Gustave Russy Institute, in Paris, France, qualifying him as a specialist breast surgeon. In 2013, he moved to the UK where he took up a surgical position within the NHS.

Mr Ntanos' passion for ethics and how they relate to healthcare led him to obtain a degree in Ethics and the Law from the University of Manchester in 2011. While at North Manchester General Hospital (NMGH) Mr Ntanos began specialising in top surgery for trans masculine and non-binary individuals and in 2019 he became the lead for gender affirmation surgery, a role he held until his resignation in September 2023. He now focuses full time on his private practice.

During his time working as a specialist in this area, Mr Ntanos has performed more than 600 cases of top surgery. In 2019 he was named doctor of the year at NMGH and in 2020, he was appointed as chair of its clinical ethics committee.

Specialising in top surgery for the trans and non-binary community has seen Mr Ntanos combine his dual passions of ethics and healthcare and he has since gone on to complete his MBA studies, with a thesis focusing on improving trans surgery and top surgery provision in the UK.

Mr Ntanos is continuously expanding his knowledge in this area and participates regularly in national and international conferences and workshops. He also provides training at all levels to those wishing to better understand this area of surgery and how best to support this patient cohort. Mr Ntanos is launching the first in a range of Masterclasses in Top Surgery in 2023 and has contributed the first ever chapter on top surgery to the 7th edition of Breast Surgery: A Companion to Specialist Surgical Practice, due for publication in October 2023.

Mr Ntanos has a number of professional affiliations including: membership of WPATH (World Professional Association for Transgender Health), BAGIS (British Association of Gender Identity Specialists), AoME (Academy of Medical Educators) IME (Institute of Medical Ethics) and CMI (Chartered Management Institute).

Outside of his passion for providing excellent care to transgender individuals, Mr Ntanos also enjoys reading poetry, playing the piano and travelling.

To find out more about me, visit:

**[www.ioannisntanos.com](http://www.ioannisntanos.com)** where you will find resources ranging from blog posts to podcasts.

I look forward to meeting you.

**Ioannis**





“Being true to oneself creates the integrity and self respect we need to have if we are to extend that respect to others.”


– Jamison Green, Becoming a Visible Man



## Contact details

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