

April 19, 2017

Dr. Mario Jarmuske - Top Surgeon Information

About Him

How long have you been doing top surgeries?

Since April 2016

Is there someone you modelled your techniques off of or were trained by?

He has professional relationships with Dr. Silverman and Dr. McLean and told me about different techniques that they use and how they are similar or different to what he does. He was not specifically trained by anyone though.

How many top surgeries have you done to date?

23 as of April 19, 2017

Are you currently training anyone to do top surgeries?

There is a plastic surgery residency program and students sometimes help with top surgeries.

Surgery Techniques and Procedures

What procedures do you do? What requirements are there for each?

He most commonly does double incision with nipple grafts, however he also commonly does keyhole. He can also perform what appears to be T-anchor and Buttonhole, though he did not use those terms, but informed me that he didn't recommend them because they require him to leave extra tissue to keep the nipple stalk alive during the procedure, meaning that the client would not end up with an entirely flat chest. He was able to show me a few pictures of those results. He didn't tell me the specific requirements for Keyhole, but they sounded pretty similar to what I've heard from other providers (small chest, good skin elasticity, etc).

Do you use drains? In what situations?

He is able to either use drains or to put in internal stitches to avoid the need for drains. Using internal stitches costs an extra \$300, charged to the patient. It's the patient's decision which they would prefer.

What are the chances of regaining sensation throughout one's chest? Specifically in the nipples?

For double incision with nipple grafts he said that you should expect a reduction in sensation throughout your chest and should expect to not have any sensation in your nipples. For T-

anchor and buttonhole there is a better chance of regaining nipple sensation. We didn't discuss Keyhole.

Where will the scars be placed? What shape will they be?

The scars are generally placed right under the fold of the client's chest. They are relatively flat and curve up slightly towards the arms. The scars don't touch in the middle and are extended under the arm as far as needed to reduce the chance of dog ears.

Where are the nipple grafts placed?

Nipple grafts are placed around 1cm above the incision. Nipples are often resized by removing the nipple from the areola and reducing its size before regrafting it to the areola which is also grafted to the chest.

How flat will the patient's chest be? Is any tissue left behind?

Tissue is removed to create a flat line with the tissue below the incision. Depending on the patient this would vary. For T-anchor and Buttonhole more tissue needs to be left to keep the nipple stalk alive during the procedure, resulting in a less flat chest.

How much skin is removed under the graft site?

The epidermis is removed before the graft is attached. According to an article I read by another surgeon, having a partial skin removal like that increases the chance of tactile sensation since sensation is maintained in the skin under the graft. <http://www.topsurgery.net/ftm-top-surgery-sensation.htm> Dr. Jarmuske said that this technique is quite standard.

Do you use liposuction?

Liposuction isn't covered by OHIP but may be used in some cases depending on the procedure and the individual. There is an extra cost to the patient if lipo is needed and this is determined with the patient ahead of time.

How long does the procedure take?

2.5 - 3 hours

Who else will be in the OR with the surgeon?

Someone else will be there. Likely a student in the plastic surgeon residency program or someone else.

Where will the procedure take place?

At the General or at Riverside.

Do you charge extra for chest contouring? Is this cost the same for everyone?

Yes there are several different costs that could be charged to the patient and this is determined ahead of time. It is also possible for these costs to be covered by private insurance.

Standard dog ears, chest wall recontouring - \$1500

If combined with chest wall recontouring - \$3000

Liposuction (SAL) with keyhole approach - \$2000

Quilting sutures (to avoid drains) - \$400

Nipple reduction - \$300

The office does not accept personal cheques. Payments can be made by: cash, visa, interac, money order.

Other costs: posted in reception area

Post-Op Binder - \$50

Scar revisions - \$250 and up

Pre-Op Prep

Is any blood work or other testing needed before surgery?

No.

How would you suggest one can best prepare for surgery?

Don't take any aspirin-type medications (Aspirin, Advil, Motrin, Aleve) for two weeks before surgery. Wash with an antibacterial soap the morning of surgery.

Will there be a pre-op appointment? What will happen?

Often the pre-op appointment is just a phone consultation. They may also require you to come into the hospital, depending on your responses to the background health survey.

Do you require patients to be off of Testosterone?

No.

Is there a maximum BMI that you operate on?

He stated that results may not be as good if the person has a BMI over ~30 and he recommends that clients lose weight, however he will still perform surgery if needed (eg.

someone who was having nerve damage from binding). He has not experienced any issues with performing surgery on people with higher BMI.

Are you willing to perform surgery without contouring?

He strongly recommends against it.

Post-op Follow Up, Care and Recovery

What scheduled follow-up appointments will there be.

Surgery generally takes place on a Tuesday. The first follow up appointment is a couple days later, that week. Another appointment takes place one week after the first follow up appointment and one more takes place two weeks after that. He then sees you a few months later and possibly more since he has started doing these procedures relatively recently and wants to follow patient progress.

How long does the patient need to stay at the facility after surgery?

A couple hours.

Do you ask patients to wear a post-op binder? For how long?

He recommends that patients wear a post-op binder for around 3 weeks, but only when you are up and doing things. You can loosen it or take it off when you are lying down.

What meds do you prescribe after surgery?

He recommends using Tylenol and Advil for a couple weeks. A stronger pain killer is prescribed but likely isn't needed after the first couple of days.

What do you recommend for scar care?

- Paper tape for 3-4 weeks after cleaning with alcohol swabs
- Massage
- Coconut oil

Can you give a general recovery timeline?

Going to school: 2 weeks or less

Being in the sun: Wait until scars are no longer pink

Exercise: 1 month

Sleeping on your side: When ever is comfortable

Living alone: Wait a couple days

Are post-op notes sent to the clients GP?

Yes, the operative report is sent to the patient's GP unless Dr. Jarmuske requests that it not be.

Complications

What are the chances of dog years?

Extending the scar under the arm reduces this risk. It can still occur and it depends on the body type of the individual.

What are the chances of a hematoma or seroma?

This is the most likely complication. Some people say up to 10-20% however he says that it is not likely. The risk is increased for procedures involving more layers such as buttonhole and t-anchor.

What is the risk of other complications?

Infections have a risk of ~1-2%

Who should you contact if you have a concern regarding a complication?

Call the office. Even on weekends there will be information for how to contact the person who is on call.

What are the options for dealing with Keloid scarring?

He has only seen keloid scarring once so far, but he can give cortisone injections to help with it.

What is your policy on revisions?

No patients have yet asked for a revision. They are not covered, but he will perform them at cost to the patient.

Scheduling

When are you currently booking?

As of April 19, 2017 the earliest available date is September 19th. Surgeries are usually only done on Tuesdays.

Notes

- Not good with they pronouns (told me they were difficult)
- Insensitive re: weight
 - Made comments about procedure being a lot harder on larger people

- Told me he has issues getting surgery covered because he is using two separate billing codes (mastectomy and nipple grafts) He's only been payed for around 5 surgeries total so far. They are all being manually reviewed.
- Endo @ CHEO is being told they need to take courses to be qualified to continue doing work
 - Only available in the states, week-long course, had to pay for it themself (not sure exactly what he was referring to)
- Didn't ask before taking photos (but the consent form I signed said that he could)
 - He also showed me pre and post op photos of other people with tattoos and stuff not blurred out (could be identifying)
- Showed me pictures of during surgery (open chest) to describe technique but didn't give any warning before showing them to me