

### **Reason for Visit & General Summary**

I met with Dr Jarmuske on the 26th of October 2016.

I had a morning consultation that was scheduled a few months before. I ended up scheduling my surgery for March 14<sup>th</sup> 2017.

I was in the waiting room (which was actually a hallway) for about 5 minutes before his secretary called me in to fill out some paperwork. She had me double check some forms so that she could make sure my file was up to date. The rest of the appointment lasted a little over an hour, from start to finish.

### **Respect and Safety**

He and his receptionist treated me with respect, there were no pronoun slip ups, no comments on my appearance or comparing with other guys going for a consultation and he seemed to be interested in learning more about my experience as a trans man. His main concern was making sure I was well informed of how he wanted to proceed with the surgery.

Dr Jarmuske was pleasant and friendly throughout the appointment, and he took the time to go through every question I had compiled onto a list. He answered concisely and elaborated when I needed him to explain more. He wasn't condescending, which was nice and I felt comfortable enough to ask any and every question I had for him.

Like with any stressful appointment, I highly suggest mentally preparing yourself before the appointment as you will have your picture taken (shirtless) and the surgeon will be examining your chest, making some markings and perhaps taking some measurements, as well.

The more you care for yourself mentally, the more you will be able to make the most out of this appointment. I'm saying this as someone with anxiety and other mental health related issues.

If you can bring a notepad or notes on a mobile device so that you can have a list of questions to ask in place of having to remember everything you want to ask your surgeon, I also highly recommend doing this.

### **Communication**

I'm one of a few trans patients he's worked with, so far, although I'm sure he's seen many more since my consultation. He asked me to tell him about myself, how long I'd been transitioning, and how long I'd been on T.

He went over the letter that had been copied and sent to me, explaining that while the double mastectomy is covered, other things like pectoral implants and contouring weren't covered by OHIP.

He explained that the doctor who referred me to him (my endocrinologist) typically is pre-approved for patients going to see him and that there's a 2 year window of opportunity to have the surgery scheduled, as is the custom now.

He asked about my physical health and if I smoked. At the time, back in October 2016, I was smoking half a pack of cigarettes a day, which was one of the only issues we really had to talk about throughout the appointment. He explained that in order to schedule the

surgery, I'd have to quit smoking.

For those of you not wishing to quit smoking permanently, Dr Jarmuske will want you to cease all nicotine for a minimum of 2 months prior to surgery, as well as a minimum of 2 months after the procedure.

He also explained the reason for this: Nicotine is a vasoconstrictor which narrows blood vessels and limits blood flow to the skin. If someone has any nicotine in their system while the body is trying its best to recover, then the chance of the recovering skin/wound going necrotic is much higher than for non-smokers.

I didn't fully understand this, at first, but if you smoke/have any nicotine in your system, then it basically means the edges of tissue meant to heal from the incisions can go black and die, which would leave the patient with blackened, rotting nipples/skin.

Even if this doesn't happen, then there are other factors caused by nicotine and the carbon monoxide from smoking cigarettes that can affect the quality of the scar's healing. If you're going to go through with the surgery, I highly suggest doing everything you can to remove cause for worry of health problems during recovery.

All of this to say, I've been cigarette/nicotine free for over five months now and don't plan on going back. He also advises you to quit without using the patch or gum, as those have nicotine in them and as I've said before, you have to be completely nicotine-free in order to even schedule the surgery.

He told me that some doctors make their patients wait for an entire year, so two months isn't too bad.

He also gave me information about the smoking cessation program that's run at the General.

This program offers group support and information sessions on all things smoking cessation-related.

He also mentioned a drug called Champix which saturates the pleasure centre of the brain so that taking a drag from a cigarette won't do anything for you.

For anyone concerned about fluctuations in weight from Champix: this drug CAN cause you to gain.

He also asked about what my height is and how much I weigh.

I'm not sure of what BMI number would cause him to want to avoid operating but I think the rules for this might be a little more lax considering how folks on T tend to have a higher number due to factors BMI just doesn't take into consideration.

He then asked what I know about the mastectomy procedure and we discussed that for a bit.

He explained the differences between periareolar and double incisions for mastectomies and why anything over an A cup warrants the double incision for better results.

His answer to this was that because of all the tissue being removed from inside the chest area, there would be too much loose skin, which would defeat the purpose of having top surgery.

Around this time, we moved to the examination room. He left a gown on the bed, told me to undress and to put on the gown backwards and then left the room.

A few minutes later, he came back and measured my chest. He measured the areolas and the rest of the breast tissue. He then made a few markings with a felt tipped pen.

He described the procedure and motioned to the areas that would have the incisions, then he explained the nipple would be taken off temporarily and then put back on after being made a smaller size: he said 2cm to 2.5cm in diameter.

He then used his phone to take a photo of my chest, then he told me I could close the hospital gown to cover myself.

After, he discussed the procedure in more detail, explaining the difference between a transgender mastectomy as opposed to a total mastectomy for someone with breast cancer.

For an FTM mastectomy, he explained how the breast tissue is removed and a scar is left along the bottom of the chest that needs to be smoothed down as much as possible in order to prevent the "dog-ear" effect.

Once the tissue is removed, there's a potential space that's created, which is where the fluid build up would occur. Some doctors would put a couple of drains there to help get rid of this build up, but Dr. Jarmuske uses quick sutures to remove all of the connections between the chest walls and the skin so that it's brought down and the body forms its own fibres to seal and develop its own scar connections. Afterwards, a surgical binder is used to compress the area so that no drains whatsoever are necessary.

He explained that taking the breast tissue out takes about half an hour, then the quilting sutures take another half an hour, making the entire operation last an hour or so.

After more discussion, he left the room to let me change back into my binder and shirt, then I met him back in his office. This next part details the conversation we had and the questions I asked him about the surgery and etc:

- 1.) He explained there's next to no risk of having a bad reaction to the anaesthetic.
- 2.) The chances of infection are going to be at 1%; very little.
- 3.) Any anti inflammatory medications (NSAIDs) should be avoided for at least 2 weeks before surgery.

These medications include: Ibuprofen, Advil, Aspirin and Motrin. If any of these are taken, the blood gets really thin and can create problems with "bruising and oozing".

- 4.) There will be scars. The quality of the scar is 90% how the individual takes care of it/ how the individual heals and 10% based on what the surgeon does.

**Here are his answers to many more questions I asked him:**

- 5.) He has been performing surgeries for 25 years now, he's done a lot of other breast surgeries, including reductions, as well as procedures to help cis men with gynecomastia.
- 6.) He said that the price of contouring ranges from \$1500-\$2000 depending on what size of chest you have.
- 7.) There is little to NO chance of retaining nipple sensation, however I've heard that many guys do regain nipple sensation afterwards. It just takes a while, and even so, you won't have the exact same level of sensation as before surgery.

- 8.) If you have nipple piercings, you do have to take them out beforehand. After the surgery, the nipples will be a lot smaller and flatter, which means they might not be as receptive to being pierced post-surgery.
  - 9.) The shape of the nipples can be sort of personalized. He usually makes them a round shape, but could make them more oval.
  - 10.) So far, since April of 2016, none of his patients have had to come in for revisions.
  - 11.) Revisions are NOT included in the OHIP coverage.
  - 12.) If there are complications and you have to go back into the operating room, OHIP would cover that, but only for emergencies.
  - 13.) In terms of a patient ending up with 'dog ears', he said that it's possible for anyone to end up with these, but he tries to drastically limit the possibility by making the scar longer so that the patient ends up with a much nicer, flatter chest scar, without bumps or ripples.
  - 14.) A revision would cost \$500-\$1000. He charges less than other plastic surgeons do, according to him.
  - 15.) A surgical binder needs to be worn for 2-3 weeks after surgery, this is the critical period.
  - 16.) The sutures will dissolve on their own.
  - 17.) You should be able to take a shower about three or four days after surgery, after the post-op appointment which also takes place around then.
  - 18.) Post-surgery: band-aids and medical tape are to be worn over the nipple area and put along the incisions.
  - 19.) Surgical binders cost \$50 and aren't covered by OHIP.
  - 20.) Dr. Jarmuske doesn't need his patients to quit taking hormones before surgery.
  - 21.) As long as the patient is eating a healthy, balanced diet then there's no need for supplements or dietary changes.
- If you have a restrictive eating disorder, please be honest with him about whether or not you restrict as this can create a TON of medical problems. If you're having acute eating issues then that's going to have to be taken into consideration, otherwise you're putting your life at risk.
- 22.) It's a day surgery, so no need to stay overnight and then leave not long after the procedure.
  - 23.) The way to tell if the skin is necrotic is to see if it's turning black and starts to smell bad (because it's rotting!).
  - 24.) There shouldn't be too much scabbing on the nipple. He said sometimes the top layer will flake up a bit, like a sunburn, but it won't fully scab.
  - 25.) Avoid ANY pectoral activity for 6-8 weeks.
  - 26.) If you want to pay for contouring, this can be done on the day of the surgery. Doesn't have to be ahead of time. You do have to make sure to bring it up while you're speaking to him, though. Don't be afraid to be pushy if you really want it.
  - 27.) The pain pills they give you post-op depend on what you've had in the past. (They gave me Dilaudid, for example)
  - 28.) A round of antibiotics are given in the operating room, just prior to surgery.
  - 29.) Most people need pain pills for the first day or two after surgery, but a lot of people also tend to stick with extra strength Tylenol or Ibuprofen.

- 30.) For scar care, he recommended cocoa butter as an inexpensive alternative to Bio-Oil.
- 31.) If you're experiencing major swelling after the surgery, call his office and then call emergency so you can meet him or one of his colleagues there so they can take a look at any issues taking place. Don't wait. If something's really wrong then don't hesitate to call the office.
- 32.) Wait a couple of months before resuming any erotic play involving your nipples/chest area.
- 33.) You will need to fast before the procedure. A nurse called me the week before surgery to give me this information (how long I need to fast, if I need to avoid food AND water and etc...)
- 34.) Dr Jarmuske and his staff recommend picking up an antibacterial soap from the hospital shop. It's important to wash the entire chest and around that general area for a couple of days before surgery to help reduce the amount of bacteria present.
- 35.) No further blood work is required before the surgery.
- 36.) There are no urine tests or anything that are used to determine whether the patient has been smoking. They're basically trusting us and going by our word. If you choose to smoke or ingest nicotine then that's going to be a risk you decide to take...and I doubt anyone would want to risk messing up their surgery or recovery!

That was the end of the appointment. Afterwards, both he and his receptionist said that if I needed anything or if I had any more questions, I could call his office and they would get back to me soon.

This is true, I did call them a couple of times because of some paperwork related stuff and both times, I ended up leaving a message which was responded to with a call back within half an hour of the call.

### **Privacy**

The waiting room was more of a hallway, but it was quiet. There were other patients who were in the hallway, but there was no way of telling which doctors they were going to go see.

Once you get to the hospital, you'll sit out in this hallway, then you'll go into Dr. Jarmuske's receptionist's office, then into HIS office, and then into the examination room. All of the rooms are extremely quiet, and you can't really hear anything going on outside any of the rooms.

### **Confidentiality**

I don't have any real fears regarding this aspect. When I was shown the photos of the post-operative trans man, there weren't any pictures of what his chest looked like before surgery. As I mentioned before, the photo he had of the dude didn't show anything above his shoulders, and nothing below his waist. The photo was just of his chest and abdomen. When he took my photo, he said he just needed it for a reference photo for my file so he could look it over in case there was anything else he needed to consider after I left his office.

If he mentioned the experiences of other trans men, he never said any of their names or gave any other information aside from how their results ended up after surgery.

I'm not at all worried about my information falling into the hands of anyone outside of Dr Jarmuske, his receptionist and the pre-op booking department of the hospital.

### **Support Staff**

The receptionist is the only person outside of Dr Jarmuske that I have had contact with throughout the appointment. She can seem a bit clipped, but she means well and she's very precise in getting the job done. She was quick to respond to my messages and was quick to schedule me in for surgery once I called back to tell her that I had quit smoking shortly after my consultation.

I've heard other people say her attitude was either curt or that she said inappropriate comments to other patients, luckily she didn't utter anything inappropriate to me. The difference between her mannerisms during the day of my consult and her attitude the time I saw her the day of my reveal were quite different, so she may still be learning to properly speak to trans people.

When I called her for some advice regarding what to do with post operative chest care, she was helpful and knowledgeable of what I had to do and I was grateful to not have to wait for Dr. Jarmuske to call me back. I recently saw her just the other day at my 2<sup>nd</sup> post op appointment and she was far friendlier than the first time I saw her so perhaps it just takes her some time to warm up to people.

### **Sensitivity to Trans Identity and Experiences**

In my personal opinion, he was way more sensitive than I expected him to be, and I can be pretty cynical when it comes to meeting people for the first time.

He may not be an expert at dealing with trans folks, but I can tell when someone's trying to be as sensitive and attentive as possible.

He never once misgendered me or the other trans fellows he mentioned, and he modified questions like:

"What bra size are you" to something more along the lines of "Are you a one or two binder kind of guy?"

He wasn't patronizing, nor did he have any mocking tone when discussing anything with me, and he treated each question I asked as important as the last.

I'm not sure of what he thinks of people identifying outside of the gender binary, so I can't speak to/for them.

His attitude the day of surgery was friendly, upbeat and comforting. You can really tell he loves his job.

### **Other (Suggestions/Recommendations)**

One suggestion I have is that he asks for consent before taking the photo as this might cause some issues for anyone who's had trauma in their life, or if they have anxiety issues and heightened dysphoria over having to take their shirt off.

**[Please post this part of the review in a separate comment as it deals with what my experience was like on the day of the surgery]**

Alright so in this next portion of my review, I'm going to be sharing my experience of the actual date I had surgery and what it was like to have been operated on by Dr. Jarmuske, as well as how the rest of his staff treated me that day.

I had surgery the 14<sup>th</sup> of March, 2017 at the General Hospital on Smyth. I was told to arrive at the hospital at 0915AM and I began to be prepped for surgery shortly after arriving, around 1000AM.

A nurse brought me to the pre op area, to the bed assigned to me, and I was given two hospital gowns and those hospital booties to wear, and a couple of bags to put my stuff in. I was able to bring two family members into the waiting room because there were so few people there at that time. The nurse went over a list of medical questions, asking if I had any allergies, and we just chatted for a bit. She also took my blood pressure and temperature.

Before I forget, I'll say that all of the nurses I dealt with during this time were really great, and none of them misgendered me to my face or to each other.

If you have any questions for the nurses, I encourage you to ask them; they're really nice at the General, and they're happy to answer any questions or concerns of yours.

I waited for about 20 minutes, sitting on the bed. If you're cold, you can ask them to turn on the air machine which fills the hospital bed sheet with warm air.

They brought my two family members back for a little while before I was called in for surgery.

When I got there, Dr Jarmuske was finishing up with another patient, I was told there was a good chance he would be finished early, and I'm pretty sure he did so.

Around 11AM or so, they wheeled the hospital bed to the area just outside of the operating room where I waited as they prepared the table and the instruments.

While this was going on, Dr. Jarmuske and another staff member brought me into a sort of side room where they marked up my chest with a felt tipped pen. This part was nerve wracking but they were fairly quick about it, which made it better. Neither he or his staff member made any comments triggering dysphoria, which was nice because being marked up was a little troublesome for me in that current state of heightened anxiety.

While waiting, there were Ottawa U medical students (possible soon-to-graduate interns) receiving training from both Dr. Jarmuske and the anaesthesiologist, everyone was great, upbeat, friendly and informative. The students made me nervous, at first, but they were knowledgeable and were guided by Dr Jarmuske or the anaesthesiologist.

One of the students came over and asked me about my history with the following:

- 1.) Medications
- 2.) Substance abuse/addiction

- 3.) Allergies/reactions to medications
- 4.) Smoking and nicotine ingestion
- 5.) Use of NSAIDs
- 6.) History of mental illness such as depression, anxiety, and so on.

Shortly afterwards, the anaesthesiologist came out and asked all of the questions I've mentioned above and then explained that I'd have an IV, an oxygen mask and would also have an oxygen hookup to my nose throughout the surgery. She also asked me to tilt my head back to show what my neck extension was like.

In the operating room, everyone busied themselves with the final preparations before putting me under. One of the medical graduates approached me and hooked me up to the IV under the supervision of the anaesthesiologist after I was transferred to the operating table. They placed those little sticky sensors which were hooked up to the heart monitor and took my blood pressure one last time.

Dr. Jarmuske checked in with me one last time, smiling from behind his surgical mask, which was helpful because I could tell he was feeling very positive about the procedure. Finally, with the IV in place and the general anaesthesia nearly prepared, a nurse placed the oxygen mask over my mouth and nose and had spoke in a soothing voice as the anaesthesia kicked in.

For those of you wanting to fill your prescription for pain meds while you're in the hospital, the pharmacy at the General is open until 6pm.

After waking up, I was given a cup of ice water with 4 Tylenol to help with the swelling. I was extremely tired after coming out of the anaesthesia, they had me bundled up in the bed, tucked under the heated blanket. They took my blood pressure several times just to be sure, and asked how I was feeling.

I woke up wearing the surgical binder, and was covered in a pinkish dye left over from when they used the antiseptic to cleanse my skin before operating. The pressure from the surgical binder was far worse than the actual pain I felt from the incisions. I wasn't given any further numbing injections for the pain, but they gave me an anti nausea medication as I was feeling pretty sick from the anaesthesia.

I didn't sense the passage of time while I was under, but if I recall correctly, here's a brief time line to summarize my entire stay:

- A.) Arrived at the hospital at 915AM
- B.) Changed and led to the hospital bed by 1000AM
- C.) By 1110AM Dr. Jarmuske was ready for me and the bed was wheeled to near the operating room
- D.) After all of the pre surgical preparations and the room was ready, I was wheeled in shortly after noon.
- E.) The surgery must've been underway around 1220-1230
- F.) The surgery lasted a little over an hour, so I was probably in recovery by 130-200PM
- G.) I think I woke up a while after and was fully awake by 430-500PM
- H.) I was able to go home around or a little after 620PM

Upon leaving the hospital, I was given a carbon copy of a sheet with post op instructions

and the date for an appointment that would take place two days after the surgery. The post op sheet basically gave details of what pain meds they recommended. I was prescribed hydromorphone (Dilaudid), but I was also told I could take extra strength Tylenol and Ibuprofen if I didn't want to take the aforementioned pain pills. Throughout the first few days of the first week of recovery, I just took the Tylenol and Ibuprofen.

If you're like me and you have difficulties with nausea and eating after anaesthetic, take it easy with the pain meds as they could cause you to have an upset stomach (which may be even more upset if you're sensitive to anaesthesia).

I vaporize cannabis, and a nurse told me it might be good to hold off on that for a day or two after surgery because combining it with the other drugs might make me dizzy or tired.

I was told not to touch the dressings that were placed over the incisions and nipple grafts until they were to come off at the first post op appointment. I was also told to keep the binder on 24/7, even while sleeping, until the appointment, and I couldn't shower until then, either.

Luckily, Dr. Jarmuske stayed true to his word and I didn't have to have drains along with everything else, this made the worst part of post op recovery way better than it could've been.

After a couple of days, I had the post op appointment on the morning of March 16th. Dr. Jarmuske gently peeled off the dressings and medical tape that covered most of my chest and I was able to finally see what it looked like, post op. Afterwards, he placed paper tape over the incisions and put the binder back on.

He has you sit down for the reveal, which is a good idea because, for some people, taking off the surgical binder can cause you to feel dizzy due to how tight it has to be for those couple of days. He did not ask to take a photo during this appointment.

Afterwards, he gave me the OK to take a shower but recommended I do so with my back turned to the water so as to not disrupt the nipple grafts' healing process.

Afterwards, I was given a date for the next post op appointment that would take place during on the 29<sup>th</sup> of March. I'll try to add an update to this post shortly after to give an idea of what the second post op appointment with Dr. Jarmuske is like.

The appointment on the 29<sup>th</sup> of March was very short, and it basically was just so that Dr Jarmuske could check on the healing process of the incisions and nipple grafts. He had several other trans mascs waiting to see him so he didn't have very much time to chat, but I was able to ask him some questions as he cleaned the incisions and changed the dressings covering the nipple grafts.

Since I'm only 2 weeks post op, I've been told not to do anything that raises my heart rate, including having sex or exercising beyond going for a walk. Everything else aside from this has basically been normal. I still can't raise my arms over my head, but my range of motion is coming back, as well as my energy levels, both of which he was glad to see. At the end of this appointment, he scheduled me in for another in 2 more weeks to check up

on the progress of one of my nipple grafts which is taking longer to heal than the other which is doing well.

Thanks for reading my review, I hope I was able to give enough information throughout.