Complication Profile of Primary Breast Augmentation in Transgender Patients

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Background
Primary breast augmentation is an extremely common procedure, with reported complication rates between 1.4% to 14.5% in cisgender patients. Unfortunately, such data does not exist for transgender patients. This study seeks to address this paucity by examining the complication profile of primary breast augmentation in male-to-female transgender patients.

Methods
A retrospective chart review was conducted identifying all male-to-female transgender patients who underwent breast augmentation for gender affirmation surgery at a single institution between 2017–2019. Preoperative clinical parameters, procedural details, and postoperative surgical outcomes were compared.

Results
A total of 96 patients were identified who underwent breast augmentation between 2017–2019. Mean age was 37.9 years (range, 21 to 60 years). Primary augmentation was performed in 81% of patients, and 19% presented for secondary augmentation. Ninety-two patients returned for follow-up, with a mean follow-up time of 5.5 months (range, 4 days to 27.4 months). The overall complication rate was 20.5% in primary augmentation patients and 44.4% in secondary. Of the 24 patients who developed complications, 19 required revision. Complications included 17 cases of capsular contracture, 4 wound dehiscence, 2 seromas, 2 symmastias, 2 implant migrations, 1 hematoma, 1 SSI, 1 implant infection, and 1 implant extrusion. Baker grade III/IV capsular contracture was noted in 7.7% of primary augmentation patients and 33% of secondary augmentation patients.

Conclusions
In this first study of its kind, complication rates after primary breast augmentation in transgender patients may occur at a higher frequency than those seen in cisgender patients. However, much like cisgender patients, secondary augmentation transgender patients are reasonably more likely to have new and recurrent complications. This study is the first to examine in-depth the complication profile of primary breast augmentation in male-to-female transgender patients. As gender affirming surgery increases in frequency, an understanding of the complication profile is crucial for optimal management of this unique patient populations.