



Accessing Chest Surgery in Ontario

Chest surgery is a gender-affirming procedure that transgender, gender-diverse and Two Spirit people may access to align their body with their gender-identity. Chest surgery can look like many different things including:

1. **Mastectomy with contouring** (removing chest tissue and using surgical techniques to shape the chest). This is often what is referred to as “top surgery”.
2. **Mastectomy** (removing chest tissue only)

Chest surgery is partially funded in Ontario. If you have **OHIP (Ontario Health Insurance Plan)** coverage you may have the **mastectomy** (chest tissue removal) portion of your surgery covered. If you are seeking **contouring** to shape your chest (a step usually involved in “top surgery”), an additional cost will be charged directly to you. If you are looking for information about applying to OHIP-funded surgery, further information can be found [here](#).

OHIP funds chest surgery to occur at any publicly funded hospital where there is a plastic surgeon who can perform this procedure, as well as at two private clinics (McLean Clinic in Mississauga, Ontario and GRS in Montreal, Quebec).

Some folks may want to see a certain surgeon in another country. In this case, surgery would be private pay. Private pay means that the entire cost of the surgery would be billed to you (not covered by OHIP). If you are accessing private pay surgery, you may contact your surgeon of choice directly.

Once you know whether you will be accessing surgery publicly (through OHIP), you may have questions about which surgeons you can see in Ontario and which provider may be the best fit for you. This resource is meant to provide information about options and limitations related to chest surgery in Ontario, differences you may expect to see between providers and how to choose a surgeon.

Chest surgery options and limitations

Chest surgeons in Ontario offer many different chest surgery techniques such as:

Double incision with nipple graft	Two incisions are made on the chest through which chest tissue is removed. Nipples are re-sized and placed on the chest as grafts.
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	An illustration of what this procedure can look like can be found here .
Double incision without nipple graft	Two incisions are made on the chest through which chest tissue is removed. Nipples are not placed on the chest, but some people may choose to have them tattooed on at a later point in time (this tattoo is not covered by OHIP). A photo of what this procedure can look like can be found here .
Periareolar	An incision is made around the nipple through which tissue is removed. Nipples may or may not be re-sized. An illustration of what this procedure can look like can be found here .
Keyhole	An incision is made around part of the nipple through which tissue is removed. Nipples may or may not be re-sized. An illustration of what this procedure can look like can found here .
Inverted T	Two incisions are made on the chest through which chest tissue is removed. An additional vertical incision and incision around the nipple is made. The nipple is re-sized and repositioned but remains attached to the body (is not grafted). An illustration of what this procedure can look like can found here .

People **may or may not be a candidate for certain techniques** due to chest size or other considerations. For example, periareolar and keyhole are most appropriate for smaller-chested people. Your surgeon will speak with you about the type(s) or procedures most appropriate for your goals, so be sure to let your surgeon know what your goals are including:

- Scarring
- Nipple sensation
- Chance of revision (additional surgery(s) needed such as removing additional tissue or nipple resizing)
- Nipple placement
- Flatness of chest

Surgeons may also have **limitations or restrictions** on who is a candidate for surgery. Age, BMI (weight) and medical conditions may impact someone’s ability to have surgery or surgery at a certain facility. Surgeries at hospitals with intensive care units are usually the best equipped to care for people who may need additional supports.

Differences between surgeons

Surgeons practices, approaches and the facilities they operate out of will differ. This is important to understand as it will impact a number of factors related to your surgery, such as:

Surgery technique(s) available	Some surgeons provide all of the techniques, some will only provide one or two. Surgeons may also have different comfort levels with different techniques.
Cost	The cost of contouring, which is not covered by OHIP, will differ between surgeons (estimated range between \$1500-\$5000). There are also some surgeons who do not take OHIP funding at all for chest surgery and are only accessible through private pay.
Location	Ontario is a big province and the closest surgeon to you may be a fair distance away. Many surgeons are located in large cities like Toronto. There are surgeons in other cities, such as London, Peterborough, Ottawa and Sudbury. You may choose to see a surgeon closer to home, especially if travelling for surgery will be a challenge for you.
Wait-time	Surgeons have differing wait times (estimated range between 6 months-1.5 years).
Facility Type	This surgery is done in a variety of different facilities including private office facilities, ambulatory (day surgery) hospitals and in-patient hospitals. Different facilities will have different restrictions based on factors like age, BMI and other medical concerns.

How to choose a surgeon

You may choose a surgeon for several reasons such as where they are located, the type of facility they work out of, what techniques they offer and their reputation. Often, people find that they may be choosing between a few options, and it may be difficult to decide. The following steps may help you search for and identify your surgeon of choice:

1. **Make a surgery priority list.** This list includes all the factors that are important to you in selecting a surgeon, such as:
 - a. Surgery close to home

- b. OHIP covered surgery
 - c. Cost for contour (lower end being \$1500 and upper end being \$5000)
 - d. Nipple sensation
 - e. Minimal scarring
 - f. Having no nipples
 - g. Having surgery at your current BMI
2. Consider **speaking with support groups, friends, and online community platforms** about your surgery decision-making. These supports are not medical and cannot provide medical advice, but may be helpful to read about or listen to other people's stories and talk through some of your questions with others. **Remember:** no two experiences are the same.
3. Speak with your primary care provider about your surgery priority list and your desire to be referred for surgery. Your provider may or may not be knowledgeable about surgery referral pathways, but resources exist that they can refer to for more [support](#).