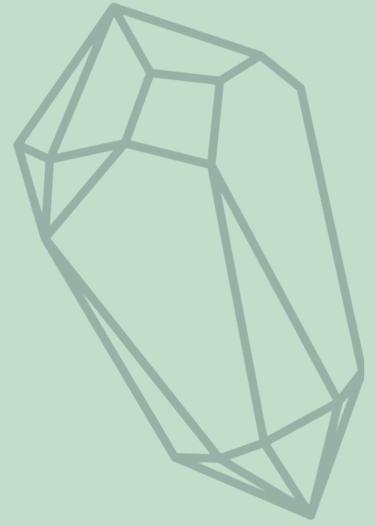


Trans Scar Care: *Conversations*



On Wednesday 18th January 2023, The Diversity Trust hosted the first of five Trans Workshops, funded by the Somerset Equalities Officer Group (SEOG). The session invited Professor Phillip Drew (PD) of the Royal Cornwall Hospital and Max Branagan (MB) of The Diversity Trust to facilitate the session.

The workshop ran for two hours with the first hour consisting of a presentation by Professor Drew on post-surgical trans scar care, followed by an hour with Max Branagan who explored the ways in which trans and non-binary people can support their relationship with their body and scars.

This document consists of questions raised during the workshop, which Professor Drew answered after delivering his presentation on scar care. Max Branagan answered questions around wellbeing, and a lived experience contributor (LEC) with experience of surgery provided their input for questions that were relevant to them.

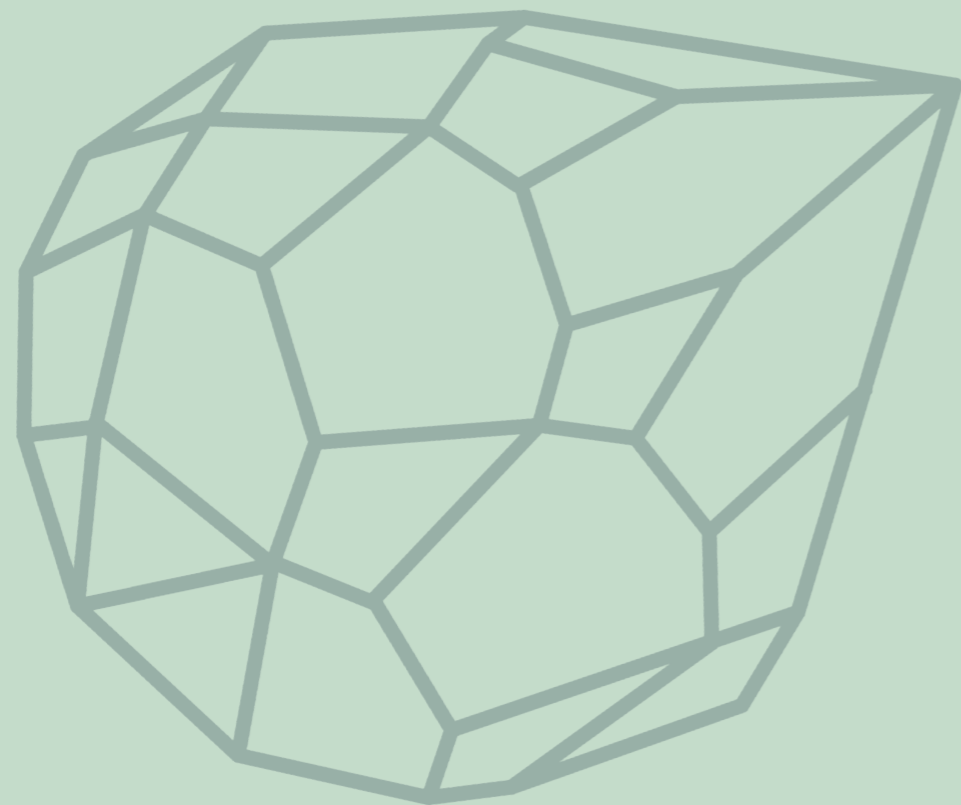
The responses contained within this document are not intended as medical advice; if you have any specific experiences or concerns, contact your physician.

“How is scarring affected by health conditions such as psoriasis or fibromyalgia?”

PD: Psoriasis can certainly be an issue with an increased chance of psoriatic lesions occurring in the scar. Fibromyalgia is a multisystem disorder with various clinical manifestations, including increased pain sensation, so pain could be an issue. However, there is little data available concerning the direct impact of Fibromyalgia on wound healing, other than the general debilitation associated with the condition, that can have an obvious impact.

LEC: My recovery took a bit longer than the general timescale provided, and I'd done a fair bit to anticipate this. I don't think my Fibromyalgia impacted how my scars healed, but I know that it impacted the healing process as a whole; I was tired for a long time after the op and I needed more rest than had been suggested. I also got fatigued very quickly.

It's been several years since my surgery and I've found that I do experience a bit more pain than I anticipated in my chest. Fibromyalgia, for me, has always caused some pain in the tissues in my chest and ribs - it's part of the condition - and I've found, over the years, that my scarring, particularly internal, is now part of that experience as well. It's not agonising by any means, I just have to do some extra bits to keep the tissue in my chest soft and supple.



“How long should you wait before doing any massage?”

PD: Normally a couple of weeks but it's best to wait until the wound is properly healed. Discuss scar care and management with your doctor or surgeon as they will best be able to provide you with the advice relevant to your situation.

LEC: I waited a few months before I started exploring massage on my chest, mainly because I needed a longer recovery period. It took a while for me to find the most effective way to massage my scars and chest.

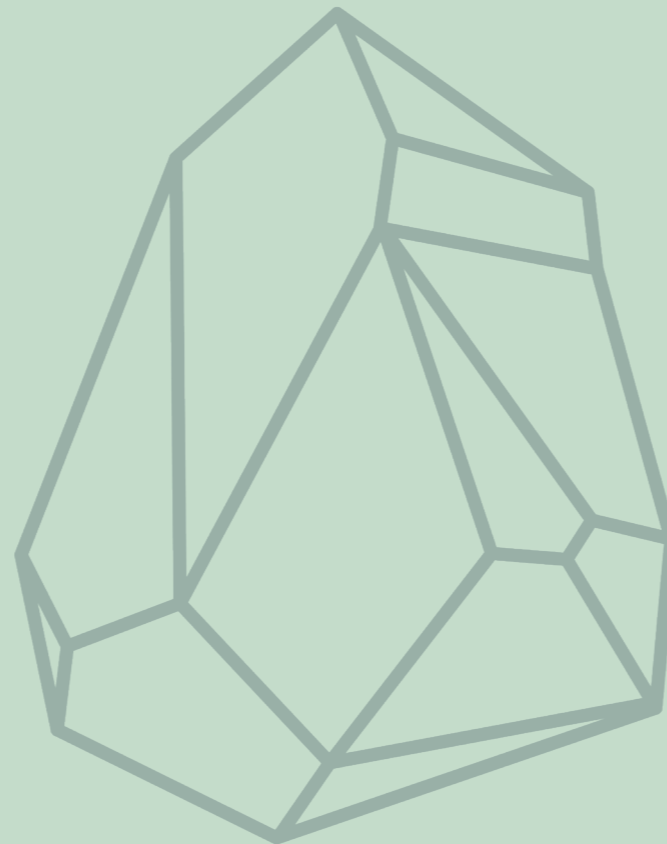
“If someone has had sutures ‘spit’ before, are they more likely to in future?”

PD: In my experience, this is an issue. I have moved away from vicryl to monocryl as my absorbable suture of choice and this seems to have reduced the problem of sutures spitting. However, the monofilament (monocryl) is not as strong as other types.

Spitting sutures can be managed with appropriate dressings but this can impact the final appearance of the scar. Each case of spit sutures has to be judged on an individual basis which is why it's important to discuss them with your doctor, particularly if you've experienced the problem before.

“Do previous or current piercings affect nipple grafts?”

PD: In my experience, as long as they have been in a while i.e. they're established piercings with no rejection, and they are removed with no issue prior to surgery, they don't seem to have much of an impact. There is always some “die back” from the nipple tip with a graft so the piercing hole may well be lost as the graft heals. Each individual is different so it's really important to discuss this with your surgeon.



“Are there any products that shouldn't be used on scarring, like certain moisturisers or anything?”

PD: The general rule is keep it simple to start with. Non-perfumed, simple moisturiser is fine but equally products with antioxidant activity (vitamin E), such as Bio-oil, have some research support to suggest that they are beneficial for scar care. However, such products are expensive.

Keep things simple at the start, when you're first working with your scars. If hypertrophy starts to develop, move onto a product that could help support this. Again, consult with your surgeon around any concerns.

Silicone sheets and Kelocote, the silicone cream or spray, also have good research support for scar management. You only need to apply a small amount to the scar itself, but it isn't used for massage, only direct topical application. It's widely available but like Bio-oil, is costly.

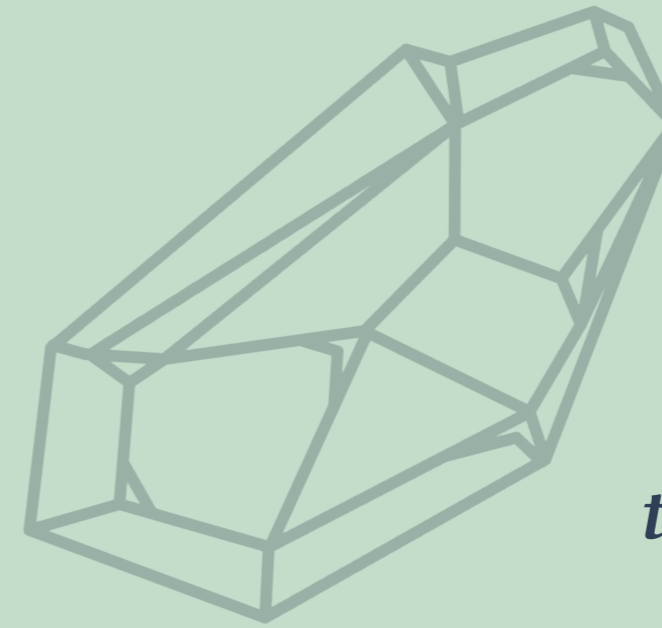
LEC: Definitely stay away from perfumed products and anything that might introduce bacteria into the area - someone once suggested coconut oil to me - but I kept to the simple, fragrance-free moisturisers that my doctor had recommended, when I was ready to begin using them.

“What stretching exercises would you recommend for reducing tightness and pain in the chest and shoulders?”

PD: Most clinics will have leaflets on exercises post mastectomy, and your doctor will be able to guide you on appropriate movements for your body and post-surgical experience. In general, shoulder girdle movement with retraction of the shoulder blades (pushing chest out and shoulders back), and a full range of shoulder movement, can support effective stretching of the chest.

In the trans community, a learned, poor “slouching” posture can be an issue. Transmasculine people often have a slouched posture from efforts to minimise the appearance of, or hide, their chest. This results in a person’s chest being tight and painful before surgery has happened, so it’s important to find the best exercises and therapies for you to address your posture. Chiropractic, deep tissue massage, or physio may help if severe, along with mass exercises which open up the chest, decompress the spine, and strengthen your back and core e.g. pilates, yoga, resistance work.

LEC: I began rehabilitative movements quite a while after my surgery and, upon reflection, I feel that I would have benefited from some physio support earlier in my healing process. It’s never too late, however! I now have a good enough routine to help me keep my chest loose and this, combined with deep tissue massage, are great for reducing the tightness and some of the pain.



“Can a mastectomy or implants cause scar tissue that can affect the use of any muscles and movement?”

PD: Yes, we know that scar tissue can impact the range of motion in the chest, especially when you have poor posture and/or don’t incorporate movement to keep the area limber. However, data in the trans community is lacking; we know that after mastectomy around 10-15% of patients develop pain in the chest or shoulder, and stiffness that impacts on muscle strength. Whilst no actual muscle is cut during a mastectomy, implants may be placed in a submuscular position and have an impact on strength of the chest muscles.

LEC: The scar tissue is more than the visible parts you see on your skin; it can also be internal. Personally, I do experience more tightness and pain in my chest since my surgery, and I know that this is a likely combination of having Fibromyalgia, and having a desk job. More research is needed around the experience of post-surgical tightness and pain in transmasculine people, and there definitely needs to be better provision for therapeutic support like physio and massage, to help facilitate healing.

“Can older scars be improved by products and massage?”

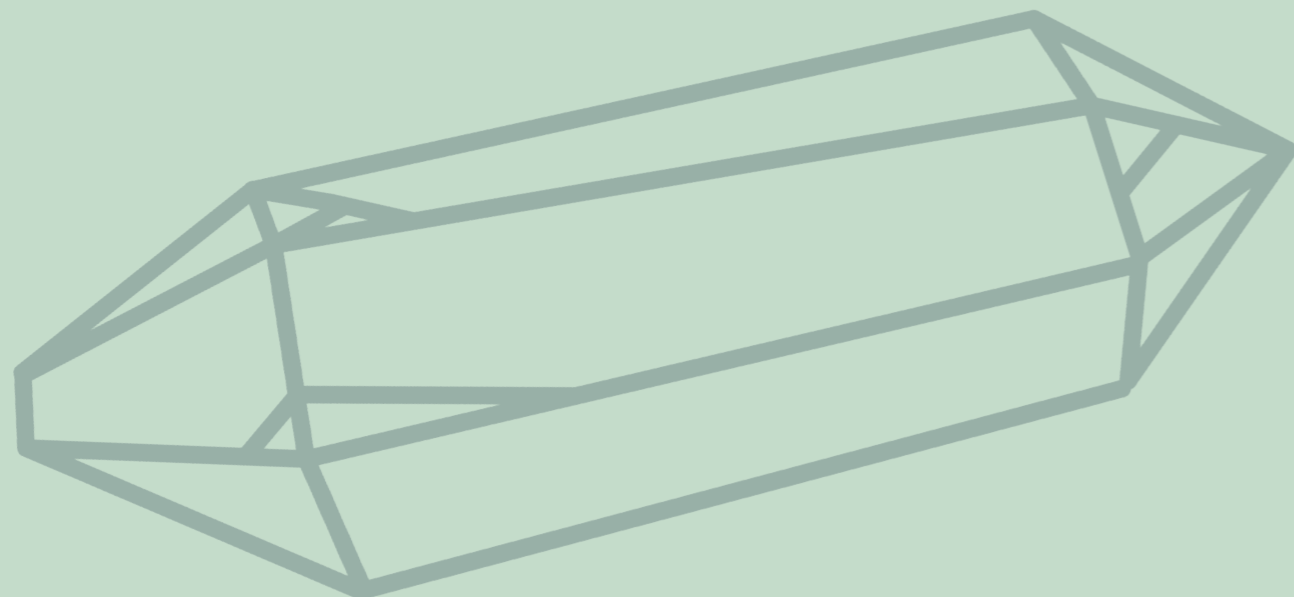
PD: Time is often the best thing for simple hypertrophy (raised, red, and thickened scars) as this tends to lighten and soften the older the scars become. However, it's worth trying microtape, moisturiser, and silicone as soon as possible. Steroid injections may help flatten an older, more established scar and this avenue of treatment will require a referral to a relevant and qualified specialist.

LEC: I have hypertrophic scarring and it has faded over time. To this day, I regularly use cocoa butter moisturiser on my scars to help keep them in good condition. Sometimes I lapse in the practice of applying it and I start to feel dryer, tighter, and a little achy. It's not long before I go back to my routine.

“Is it good to improve posture pre-surgery?”

PD: Absolutely, prevention is always better than cure, especially when it comes to posture! Yoga can be a gentle way to help stretch and move areas of your body that might be stiff or tight. Movements such as 'wall peels' and 'doorway pec stretches' can be helpful in improving posture, and there are plenty of videos on platforms such as YouTube where physiotherapists and personal trainers demonstrate these sorts of exercises. As always, consult with your doctor(s) before engaging in any new exercises or activities, especially if you are experiencing any pain or extreme tightness/limited movement prior to starting, and if you have any underlying health conditions.

LEC: I agree with Professor Drew; early interventions which address your posture are only going to benefit and support your experience with surgery. I did little work on this prior to mine and it left me with more work to do after I'd recovered from the operation. Even if you do a little bit a day, it's going to pay off.



“How should microtape be applied to scars?”

PD: The microtape is simply stuck on top of the scar, following the same parallel line. The tape is left in place until it is literally about to fall off by itself. How long an application of tape lasts depends on how often you get it wet through showering, or how your clothes sit against it e.g., tops might catch the edges. When it does get wet in the shower, it can be dabbed dry afterwards and remain in place. Oil will prevent the tape from sticking in place so it's best not to use it at the same time as applying tape. Finally, changing microtape too often can irritate the skin and cause soreness and itching, so it's best to leave it in place for as long as possible.

LEC: I used microtape on my scars for a couple of months and would just stick it over the top of them. A single application would last 3-4 days but that's mainly because my skin is very sensitive and I'd have to take it off because the adhesive would irritate me. If you experience any irritation from tapes, have a chat with your doctor or pharmacist as they may be able to recommend a different product to use.

“How different is healing for people who opt for no nipples?”

PD: This is the simplest operation with the fastest recovery as there's no repeat dressings for grafts, or worries about the nipples with a pedicled transfer. The only area of healing in this instance is centred around the scars for the mastectomy.

Patients who opt not to retain their nipples can have a nipple reconstruction at a later date. This involves tattooing the areolas at a site on the chest which they're happy with, followed by the nipples being created from small skin flaps in the centre of the tattooing. This isn't mandatory for people but you can discuss this option with your surgeon or doctor if you're looking to have a reconstruction instead of a graft.

LEC: I opted for the 'nipple sacrifice' route, followed by a reconstruction, and found that my healing was pretty straightforward. It was nice to tend to one thing at a time.





“What kind of products are recommended but might be difficult to access when it comes to this kind of scar care? What can be done by manufacturers to improve access to suitable dressings?”

PD: In my experience, all products are available through chemists or even outlets such as Amazon. The exception to this are steroids, which must be prescribed and administered by a trained health care professional.

LEC: I found getting hold of larger dressings from my local chemist could be a bit challenging because they didn't have the size I needed in stock. When I did get access to some, it was only enough for a single dressing change, so I had to scout around a bit. Supermarkets generally don't sell the bigger dressings, or wider tapes.

PD: Anecdotally, you would be more likely to get adherent scar and puckering if the skin is not kept mobile on the chest wall, but there is also an element of surgical technique and individual anatomical heterogeneity in terms of subcutaneous fat on the underside of the mastectomy flaps. There would be no reason to expect an impact on nerve regeneration but getting used to not having breasts by touching the new chest will help with developing appropriate proprioception (knowing where the chest is).

LEC: Personally, I was intermittent with massage and I feel that made my healing a bit longer and slightly more challenging. Sensation was one of the harder things for me to manage because I had areas that were numb and areas where there was a bit of nerve damage, so it felt a bit spikey and uncomfortable to touch it.

Would regular and appropriate massage have changed this for me? I think so. Now that I do have a routine where I moisturise and massage my chest/scars, sensation is better and I've noticed that some of the places that were most uncomfortable to touch, early on, give me no major issues now.

“How does lack of massage impact the healing process and the possibility of regaining sensation?”

“What can we do to support our mental and emotional health during our run-up to surgery and during our recovery?”

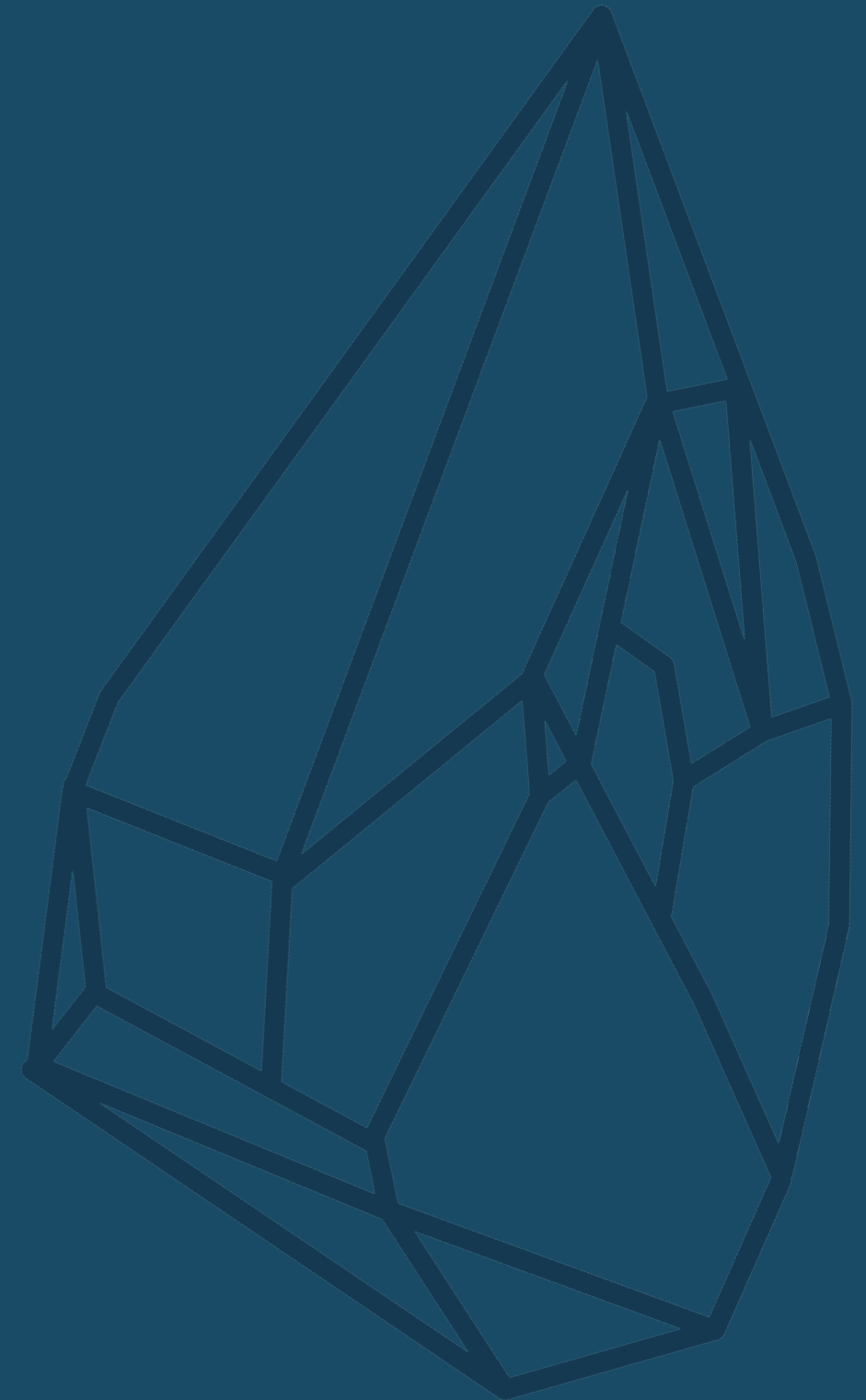
MB: For many people, the waiting period for gender affirming surgery is longer than we would ideally like and so there can be a tendency to rush through the preparation period to get to the final goal. It's important to keep in mind that while the outcome of the surgery is what we ultimately want, there can be layers of complexity involved in the whole process that we benefit from taking into account. Taking time to plan for aftercare, and arranging for mobility / comfort aids ahead of time will be beneficial - if you don't have the means for this try to reach out to your local trans community groups.

Our relationship to our bodies is complicated at the best of times, and what surgery means symbolically for each individual is different. Some may find that they will grieve the loss of something, while at the same time embracing what feels more like their true body. Others may experience the total disavowal of the part they are leaving behind. Everyone can however, benefit from having some counselling ahead of and during recovery from surgery - if only to help them relate to their new body. It's important to give time to our complex body feelings.

In recovery, remember that general anaesthetics have an effect on mood so try to be compassionate with yourself in that respect. Keep your mind busy, and stay on top of your pain relief. Don't rush yourself to recover, but stay curious about what your body can do each day within your limits.

LEC: All of the things I did to better support myself, I did quite some time after my surgery. I've no doubt that earlier application would have been really good for me so I encourage people to explore, build, and apply that support as early as possible. That said, it's never too late.

For me, the support has been around doing some trauma work and reconnecting with my body. Gender dysphoria (and other challenges) made me feel like I couldn't attend to myself, so being able to address that and learn how to nourish my body through better food, movement that I enjoyed, and understanding that this is my body and mine alone, all lead to me having a better relationship with myself, and my scars.



“How do we become comfortable with our scars?”

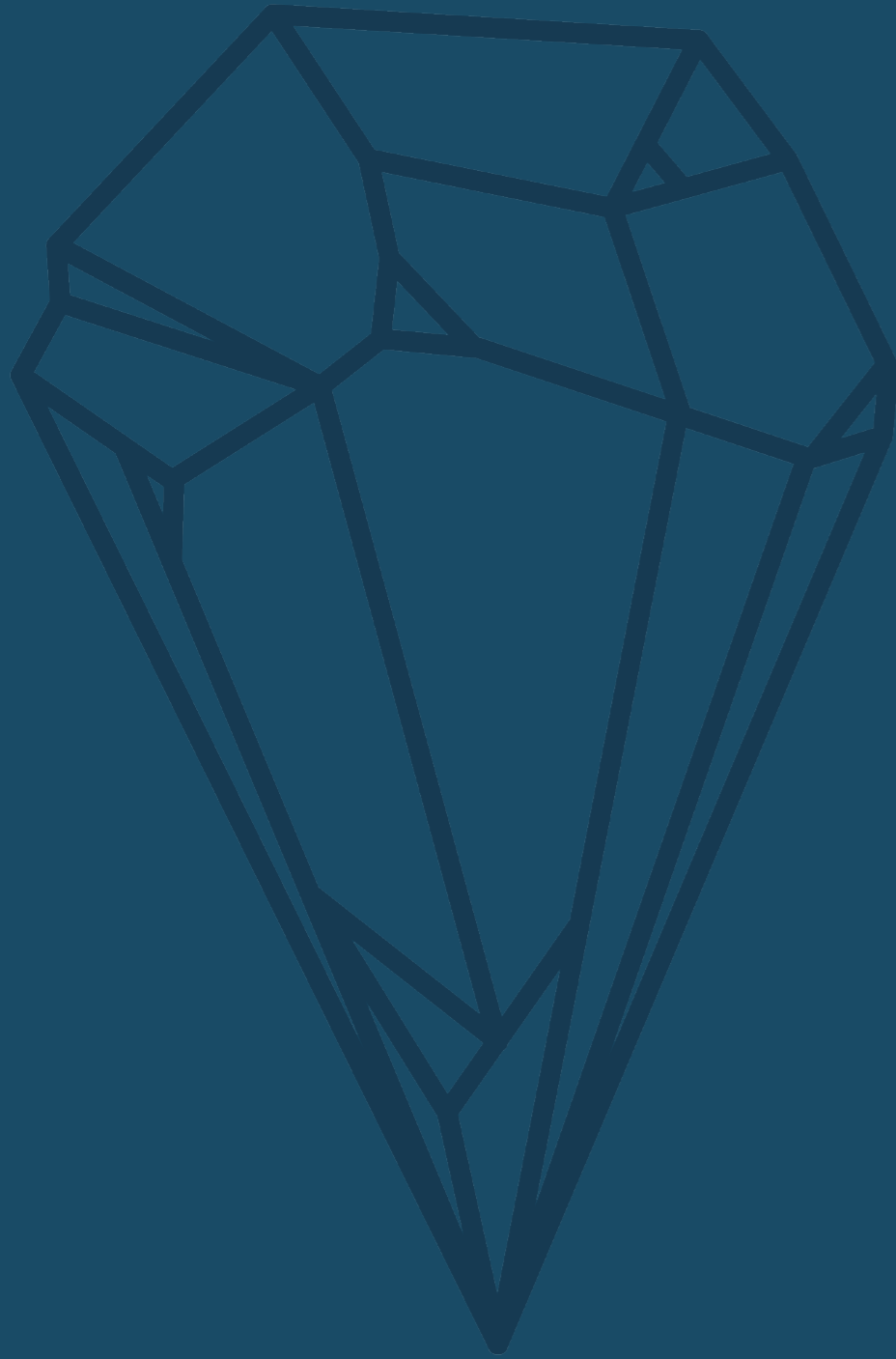
MB: It's important to remind ourselves that bodies are by their very nature imperfect, and that a trans person's body is no different in that respect. The first step to building a good relationship with your post-surgical trans body is to start having a relationship with your body. This may include taking time to look at your body in the mirror and affirming what you see. You may also want to touch or otherwise interact with your scars once you've passed the initial healing phase and so massaging the areas with scar care products or moisturisers is a good place to start.

It's important to remember that we often see only a very narrow category of people representing the post-surgery trans body and that these figures are often thin, white, and able-bodied. That may or may not be the case for you, so if you can, try to cultivate your social media to include greater body diversity - it's often easier to see beauty in others than it is to see it in ourselves, but it becomes easy to link the two when you can see yourself in others.

Finally, take some risks with what you're comfortable with. This can start small, maybe you want to wear a vest, or a crop top, to somewhere public. Allow yourself to be surprised at how that feels. Spend time with other trans people if you can, so that you can be supportive of each other: peer relationships are full of abundance for both parties.

LEC: This is going to be an individual experience for everyone reading this, and there are so many things tied into it. Immediately, I think about challenging the standards of beauty and attractiveness we encounter in society, the things that tell us that scars are ugly or shameful. After doing the work I needed to reconnect with my body, I realised that my scars are part of the landscape of who I am; they're a part of my experience of being alive. I became comfortable with my scars by accepting them into my narrative, by reclaiming them.

Massage was the physical path I took to become comfortable with my scars. I sought the help of massage therapists who used myofascial release techniques to soften the hypertrophic tissue, and create safety in that area of my body. Massage is now a practice I use weekly to feel softer through moisturising my skin, massaging my scars and muscles, and spending time nurturing myself.





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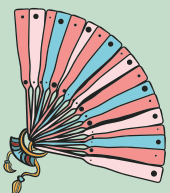
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