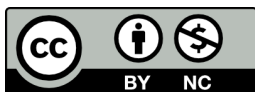


# "Like a Barrier Lifted:" The Top Surgery Caregivers Support Zine



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## WHAT IS TOP SURGERY?

Top surgery is a gender affirming surgery which removes excess breast tissue. In general, it is similar to a double mastectomy, but with different therapeutic goals. It is major surgery and requires general anesthesia, and is usually an outpatient procedure. However, the recipient will need care for about a week during the recovery period. They need someone to help them do that. Thus, this zine.

## WHO GETS TOP SURGERY?

Anyone who is: 1) assigned female at birth and who develops breast tissue as part of their secondary sex characteristics during puberty and who 2) experiences a lack of congruence between their gender identity and particular aspects of their body or how society perceives them, could potentially seek top surgery. A wide range of gender-nonconforming identities including but certainly not limited to transmasculine, androgynous, butch, multigender, FTM, transman, man of transgender experience, agender, nonbinary, genderqueer, and Two-Spirit people can (and do!) seek top surgery.



## WHY THIS ZINE?

I firmly believe that everyone should be able to access the lifesaving gender care they need.

Generations of transgender and gender-nonconforming people have faced violence rather than hide themselves. For



trans folks seeking top surgery, such an undertaking can represent a flowering of personal expression despite, and



in spite of, threats of violence and discrimination.

Transitioning helps people achieve congruence, wellbeing, self-determination, and authentic self-expression, and can alleviate internalized transphobia. Transgender and gender-nonconforming people create pathways themselves for a more fully lived life.

For generations, people receiving top surgery have relied on a friend, family member, or partner to provide care during the recovery period. As this surgery is often not covered by insurance, there are extra barriers to accessing care.

The trans and queer communities have a long history of DIY healthcare and mental health care. Ignored or pathologized by medical and psychological institutions, for decades people have swapped stories, cared for one another, traded resources and tips, and built best practices for transition and living authentically - from the bottom up. The zine is an embodiment of trans and queer people imparting wisdom across generations.

#### MEDICAL DISCLAIMER:

Medical research about treatment and medical standards is always changing. Unfortunately, science and medicine has neglected transition-related care for far too long. For transgender medicine, some of the answers are unknown, or are not the greatest.

I have tried my best to be sure that I am up to date and accurate, as of December 2016. However, transgender medicine is changing rapidly - hopefully for the better. I cannot guarantee

that the medical info in this book is 100% safe or accurate, or that it will remain this way over time. Please discuss questions and concerns with a trusted and knowledgeable clinician.



# Top Surgery:

I got top surgery cause I was sick and tired of binding. It was hurting my back and giving me sores.

I've Known Ray for years, and we've been roommates for ever. I wanted to help Ray get this surgery he'd wanted for years.

A NOTE ON IDENTITY, PRONOUNS, AND WORDING  
Because of the wide variety of personal identities held by people who get top surgery (who use all types of pronouns) I will stick with the gender neutral "they/them" when describing surgery recipients.  
Also, to describe those who have gotten top surgery, I sometimes use the word patient. I dislike this very medical word, but writing "top surgery recipient" many times is simply not feasible.



**MARK**

CAREGIVER

Pronouns: he/him

Hero: Alan Turing

**RAY**

TOP SURGERY: ☒

Pronouns: he/him

Hero: Grace Jones

# An Introduction

I wanted top surgery because I'm genderqueer! I like my body best in an in-between state, and for me that meant top surgery, but not taking T.

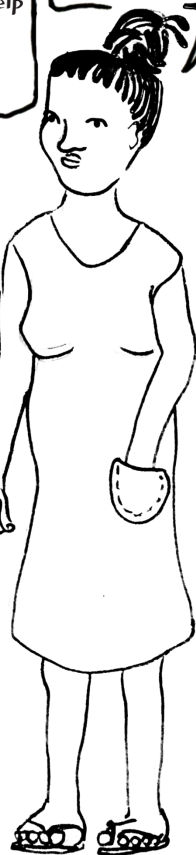
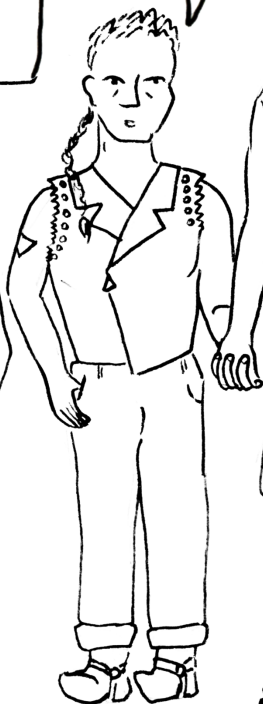
I wanted to spend time nurturing Bailey like I did when she was little. Oops, honey, I mean when THEY were little.

My breasts feel irrelevant, and they don't do anything for me sexually. A more masculine looking chest would help me feel more comfortable in my body.

Connie is my partner, and I love that she took ownership of her body.

It's ok, Mom.

Thanks.



## BAILEY

TOP SURGERY: ☒

Pronouns:  
they/them

Hero:

Octavia Butler

## BEARICE

CAREGIVER

Pronouns: she/her

Hero:

Georgia O'Keefe

## CONNIE

TOP SURGERY: ☒

Pronouns: she/her

Hero:

Sylvia Rivera

## KIT

CAREGIVER

Pronouns: she/her

Hero:

Audre Lorde

# Top Surgery Procedures

Top surgery includes: Removal of most of the breast tissue, removal of excess skin and the infra mammary fold, and the reduction and repositioning of the nipple.

The type of surgery you'll get depends on size, shape, and skin elasticity of breasts; whether it's important to maintain nipple

sensation, and sometimes aesthetic preference.

I got this, because my chest was pretty big. It's basically the same medical procedure as a double mastectomy.

## DOUBLE INCISION\*

Incisions are made at the base of each breast and breast tissue and excess skin are removed. Nipples and areola are removed, resized, and grafted back into the appropriate position, usually spaced wider apart for masculinization.

**BEST FOR:** large, saggy breasts; inelastic skin from years of binding

**CONS:** leaves sizeable scars; loss of erotic sensation to nipples (may return months or years later); possible need for revision surgery if flaps of skin are left under armpits.

\*A variation of this is T-ANCHOR, which may preserve some nipple sensation.

check out [transbucket.com](http://transbucket.com) for a collection of before/after photographs and surgeon reviews, sortable by procedure.



## PERIAREOLAR

(or KEYHOLE)

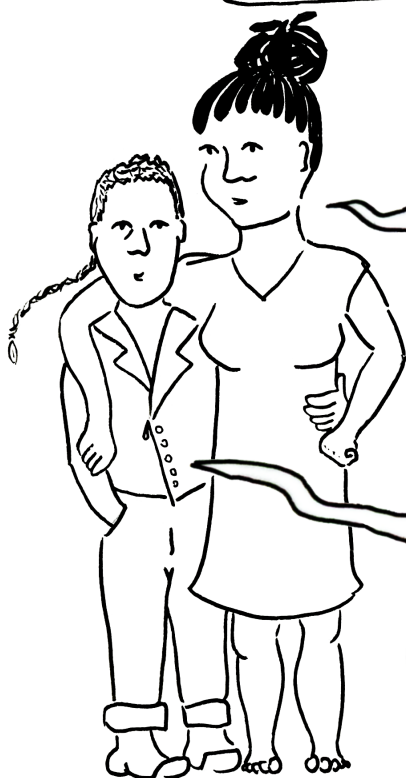
Incisions are made around the edges of the areolae, and breast tissue and some skin is removed through the incisions. The remaining skin is reattached to the edges of the areolae, preserving the nipple nerves.

**BEST FOR:** smaller chests

**PROS:** faster healing, preserved erotic sensation, minimal scarring.

**CONS:** Less control of where the nipple is placed.

Nip slip! LOL.



As the medical field adapts to transgender medicine, these surgeries are being refined and new techniques are being developed by surgeons. Also, specific surgeons have specific techniques that they may promote.

Just do your homework and figure out your priorities to make sure you get what you want.

# Consent: Do you



## QUESTIONS TO ASK YOURSELF:

1. **RADICAL ACCEPTANCE:** Are you fully behind their decision? People's bodies are their own. Examine any qualms you have with their decision to have surgery.

2. **INFORMED CONSENT:** Are you mentally, emotionally, and physically in a place to care for another person for a week?


3. **DUMPING OUTWARD:** Do you have a support system so if you are having trouble, you can turn to someone besides the person getting surgery? (see page 35)

**NOTE:** You don't have to be a perfect hero/angel... no one is! But you owe it to yourself, AND the surgery recipient, to really consider whether you are willing and able to do this.


# accept <sup>this.</sup> mission?

\*Quotes from anonymous survey respondents.

Hear cautionary tales!




"I was going to care for an ex of mine, but I realized that we were too codependent and it wouldn't be emotionally healthy. So I said no. He asked his sister to caregive instead."

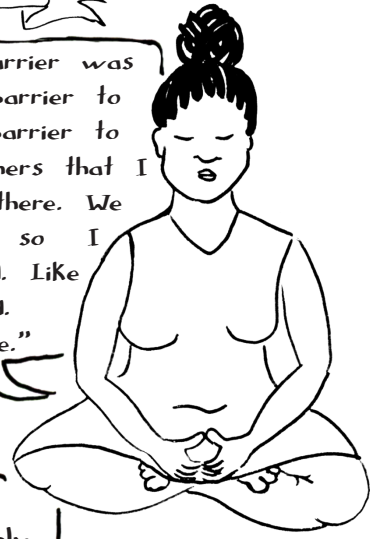


"I was originally going to get this surgery years ago, but at the last minute my partner bailed, saying that she would miss my breasts too much. I felt betrayed!"

See the possibilities!



"It was like a barrier was lifted. It was a barrier to her happiness. A barrier to connecting with others that I didn't know was there. We were close already so I was very surprised. Like a black cloud lifted. A bad energy gone."



"Regardless of the nature of your relationship, there is something deeply intimate about caring for a person at this level. It is humbling and enlightening."



# Recovery Timeline



While the timeline differs for each surgeon, at minimum the caregiver will need 4-7 consecutive days to care for the surgery recipient.

Plus any travel time!



## TIMELINE:

DAY 1. Travel (if surgeon is out of state)  
DAY 2. Pre-op appointment  
DAY 3/4. Surgery  
DAY ONWARD: Care for patient  
4-7 DAYS LATER: Post-op appointment with surgeon, reveal of chest.

## Conversations to have far before the surgery date

### MONEY: THE COST OF SURGERY & ASSOCIATED EXPENSES

Cost is often the biggest logistical barrier between trans people and surgery. The majority of gender-affirming surgeries are paid for out of pocket in the US. (Health insurance often discriminates by not covering transition-related costs).

Your friend may have saved up for years to cover the full cost of this procedure, often \$5,000-10,000. They may have turned to family or community to help with costs. Other costs may include plane tickets, lodging, renting a car, and a food budget.



Do you need to help your friend throw a benefit party to fundraise?

An important conversation to have is expectations around who will pay for what. If there is airfare costs involved, will you buy your ticket, or are they covering everything? Who is responsible for food for the week of recovery?







And you gotta talk about...

# EMOTIONS

Imagine, if you will:



What are your/their coping mechanisms? What does the surgery recipient know about how they respond to pain? Do they get irritable, snarky? Do they downplay their pain?

You will be involved in the recipient's bodily functions - talk through the normality and embarrassment of that.

You will need to do many things: feed them, wash their hair; adjust their pillows, keep track of meds - how do you feel about that?

Also, in case of emergency, establish a list or phone tree of loved ones to notify as backup support.







# Ritual & Meaning

For some folks, it feels right to enact a ritual marking this time of transition, saying goodbye to the old body and welcoming the new, and defining what this surgery means for a fully expressed life. If that feels good for you both, go for it! Do whatever feels right; it's all about intention. But make sure you aren't appropriating others' traditions.



My friends each made me a friendship bracelet. I was able to wear them around my ankle during surgery. It felt like I had their well wishes with me the whole time!



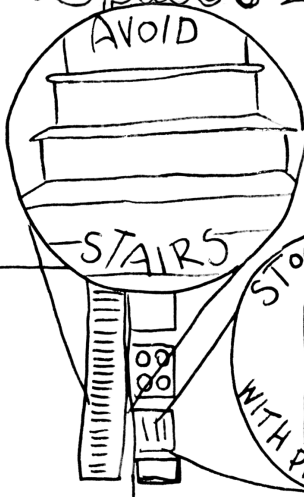
For me, it was just getting big hugs from all my friends - I knew I wouldn't be able to hug them tightly for a few weeks of recovery!



# Thinking through Space & Logistics

Bailey recovered at my house, so I set them up in the first floor guest room. That way they didn't have to navigate stairs.

Plus then Luke Skywalker could cuddle with Bailey.

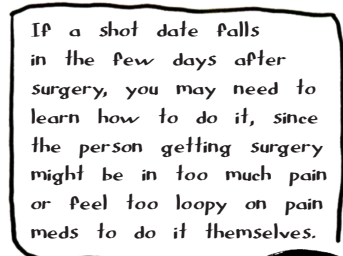
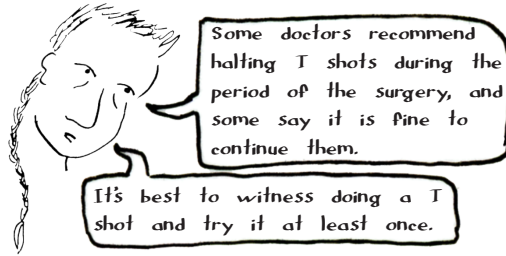


Mark slept on the couch in the living room, in front of the TV. The bathroom was right nearby.

We traveled out of state for the surgery, so we rented a condo near the surgery center. We made sure it had a recliner chair and a kitchenette.

# Medical Considerations

DOING THE SHOT



This can be a very intimate, vulnerable thing to ask someone to do, so be as respectful and careful as possible. At the same time, be sure to ask all the questions you need to do it confidently - it's a bit of a tricky process.



**CIGARETTES:** Cigarette smoke hinders recovery from surgery (even secondhand) so if possible, the caregiver should cut back or eliminate smoking, and definitely plan to smoke away from the person recovering.



# SUPPLIES LIST:

## OTC MEDS:

benadryl/zyrtec for itching

milk of magnesia or metamucil for laxative

## PRESCRIPTIONS (pick these up before surgery):

pain meds

anti-nausea meds

antibiotics

sleeping medication (may be prescribed this)

## FOOD/GROCERIES:

For indigestion: ginger ale, ginger or peppermint tea

For constipation from pain meds: prune juice

For probiotics: yogurt, Kefir, Kim chi, sauerkraut,

tempeh, or your favorite live culture food

For potassium: bananas (also easy on upset tummies)

For hydration: all the water (64-96 oz/day! :) herbal tea, broths, miso soup

For B12 and iron, etc: green salads, seaweed

\*\*\*Make meals ahead of time!\*\*\*

## SUPPLEMENTS (check with surgeon/PCP):\*

Good bacteria: probiotics

Anti-inflammatory: bromelain, quercetin, arnica

Antioxidant: CoQ10, elderberry, juniper berry, goji berry, rosehips

Omega fatty acids: flax seed or fish oil

\* See Jacoby Ballard's TRANS CARE SURGERY ZINE for more info on herbs and supplements! Site listed in resources section.



# What to wear, what to pack



It hurts (and strains the incisions!) to raise your arms, so stick with big button down shirts and zip up sweat-shirts. They should be loose and comfy, so the JP drains can fit underneath.

Wear loose underwear; and sweatpants, basketball shorts, or pajama pants. Bring lots of socks and slip-on shoes. (When you can't shower; at least a clean pair of socks feels good).



If you normally use contacts, plan on wearing your glasses - it's much less of a hassle. Get compression socks at the drugstore if you're traveling, to avoid Deep Vein Thrombosis.

My favorite thing was a loofah on a stick, so I could sponge-bath myself. You can't bathe until after the post-op visit.

Oh, and bendy straws. It seriously pulls on the stitches to raise a cup to your lips.



Baby wipes for pits and crotch. Lotion. Leave-in/dry shampoo. Cleanliness will feel divine, however you can achieve that.



# What to expect: pre-op consult



The surgeon will have to see the patient's chest, manipulate the tissue, and draw on it with a marker, in order to describe what will happen. This can trigger dysphoria.

The caregiver can help affirm name/pronoun usage.

They can also provide medical history details, if discussed beforehand.

(It is **VITAL** to be completely honest with medical history at this stage, even knowing the fraught relationships between the trans community and medical field.)



Bailey has a latex allergy. And uses they/them pronouns.



How do I look?

Excited. Now be sure to remove all jewelry.

Mark, remind me to take out my belly button ring!

The caregiver should take detailed notes, as the recipient might feel overwhelmed, excited, or dissociative. You can also record the conversation on your phone, to refer to later.

...no eating after midnight...no perfume...no ibuprofen or aspirin...



Traaalalaaaa! ....the last time  
I wore a dress, I was  
much younger - oh, I guess  
that was just in drag, last  
New Year's Eve.



# The big day



No food or water from midnight prior to the surgery, including gum and candy, no matter when the surgery is scheduled for.

Shower and wash your hair the night before. Remove jewelry, makeup, and nailpolish. Shave chest and armpits. Don't apply hairspray/gel, perfumes, or lotions.



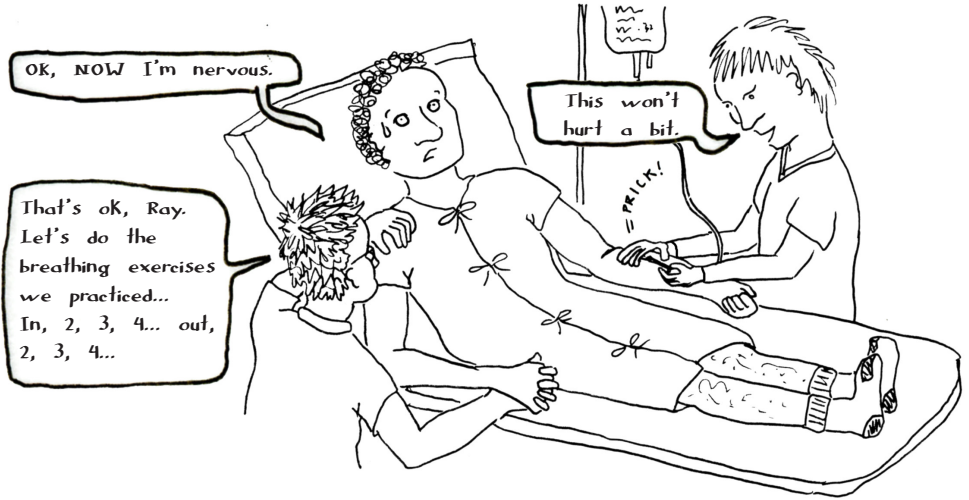
Pack a bag the night before to take to the surgery center:

The caregiver should hold on to patient's wallet, phone, and Keys. The patient can't drive after surgery, so arrange transportation.



- OK sweetie, we've got:
- \* big, baggy button down shirt
  - \* socks, slip on shoes, loose pants
  - \* glasses/contacts/dentures case
  - \* covered cup with a straw
  - \* stuff to do while you're waiting
  - \* a pillow for the car ride home

**PRE-SURGERY ANXIETY:** Any surgery can cause anxiety. Talk through: should the caregiver stay as the patient is prepped for surgery? Have a conversation about what you might expect while the patient is changing into a hospital gown, having an IV inserted, etc. What if a nurse misgenders someone? What if the patient suddenly feeling that the risks outweigh the benefits? Think of coping strategies that work for both of you.

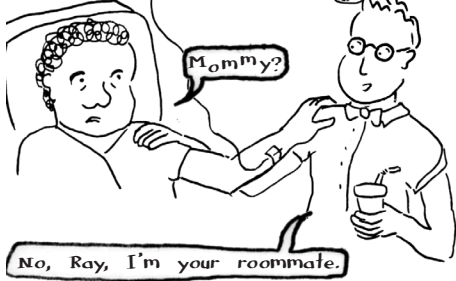


## MANAGING YOUR FEAR AND ANXIETY



It helps no one if you sit there in a mild state of panic for the whole surgery! You can't help your person by worrying. You CAN help them by using whatever calming tools work for you.

# Day-of Post-op Recovery



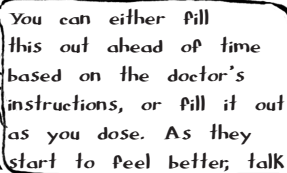
Eventually, you'll be called to meet your patient in the recovery room. They will be woozy, loopy, confused, maybe nauseous. They may not recognize you. Just try to project a calm presence.

The patient won't be able to drive. Plan a route to avoid potholes and rough roads. Drive slowly and carefully; the patient will most likely be in pain.




When home, install the patient in the prearranged sleeping area. Push fluids, broth, and a light meal if they feel up for it. Let them sleep as much as needed.

**POSTOPERATIVE CARE: MEDICATIONS:** One of your biggest jobs is keeping track of meds. Opening child safety bottles requires using the pec muscles, so the patient shouldn't even open the prescriptions. It is important to stay on top of the pain, and not wait until the patient is experiencing a lot of pain before the next dose.



# Meds

tapering off the pain  
meds according to the  
doctor's guidelines.  
Just be sure to note  
it on the chart.

[illegible]

Remember;  
no alcohol while taking  
pain meds! No tylenol  
or advil! No smoking/  
vaping/nicotine products!

sips tea\*

Take the pain meds with food because the pills can cause nausea.



If the doctor says it is ok to keep taking your other meds, then plan that into the meds schedule.





## EMPTYING JP DRAINS

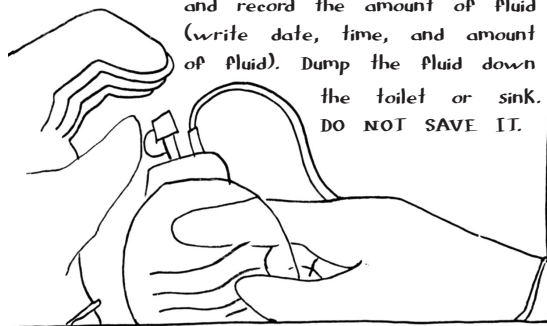
JP drains are pieces of long, thin tubing with plastic bulbs at the end, inserted at the incision site. They allow bodily fluid to drain from the surgical site. (NOTE: Not every surgeon uses them). Check the drains every 4-5 hours, maybe

more at first. To empty, wash your hands and put on gloves. Have the patient either in the bathroom or bring a disposable cup to where they are lying.

Open the stopper to allow air into the bulb. With the bulb expanded, read

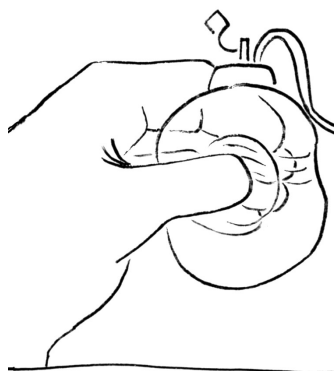
and record the amount of fluid (write date, time, and amount of fluid). Dump the fluid down

the toilet or sink. DO NOT SAVE IT.



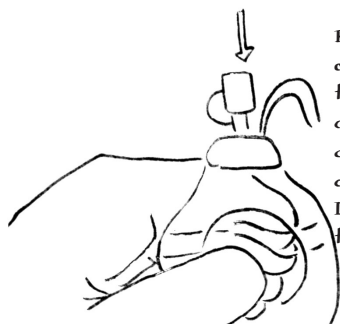
3.

With the stopper still open, compress the bulb to force air out until your two fingers touch. This creates the suction needed to draw out fluid.



4.

Recap the bulb. You can safely pin it to the ace wrap or binder. This is a sterile closed drainage system. Do not rinse out the tube or bulb!!



Okay, I guess. Can we empty the drains?







5.

Larger blood clots may clog the tube. Then the tube needs to be "stripped."



6.

Hold the tube **SECURELY** at the incision site with one hand, without pulling. With your other hand, squeeze the tube gently while pushing the clots toward the bulb. Do not pull vigorously or you may pull out the tube!!!!!!!!!!!!



### Normal:

It is normal to:

- \* have air bubbles or small blood clots in the tube
- \* have to drain it a few times a day during the first couple of days
- \* the discharge will start out bloody, then lighten to a pinkish/yellowish color:



### Not Normal:

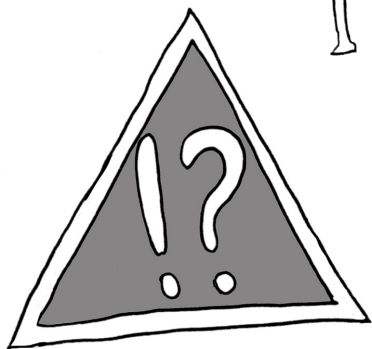
It is not normal to:

- \* see lots of bright red blood
- \* be emptying the drains many hours in a row
- \* pronounced swelling on one side but not the other; bruising in the armpit region



CONSULT the SURGEON

# Complications



MEDICAL COMPLICATIONS to watch for include excessive bleeding (bleeding through the bandages, or drains continuously filling with bright red blood); lots of bruising in armpits; excessive swelling on one side of the chest versus the other; excessive nausea or vomiting, fever, and/or severe pain. (\*\*THE AUTHOR OF THIS ZINE IS NOT A DOCTOR\*\*); when in doubt, get in touch with one! Call the surgeon. They should give you paperwork with a protocol to follow for emergencies.)

WRITE SURGEON'S NUMBER HERE

WRITE PRIMARY CARE DOC,  
SIGNIFICANT OTHERS, EMERGENCY  
CONTACT NUMBERS HERE

## A NOTE ON ICEPACKS:

Some surgeons will say absolutely no icepacks, while other surgeons give you icepacks after surgery!



If you do use icepacks, just make sure they stay on the top of the chest, just below the collarbone, rather than on the lower chest (where the incisions are).

# Recovery Week



## DOS and DON'Ts WITH YOUR TREX:

The patient cannot raise their arms above their head, or they risk tearing the incisions! A common list of things they may WANT to do, but will have to ask for help with, include:

opening jars and pill bottles; reaching for stuff further than a foot away; vacuuming; personal hygiene; driving a car; scratching their back; adjusting that pillow behind their head; pulling a shirt over their head, etc. This is Known wryly as "T-rex arms."

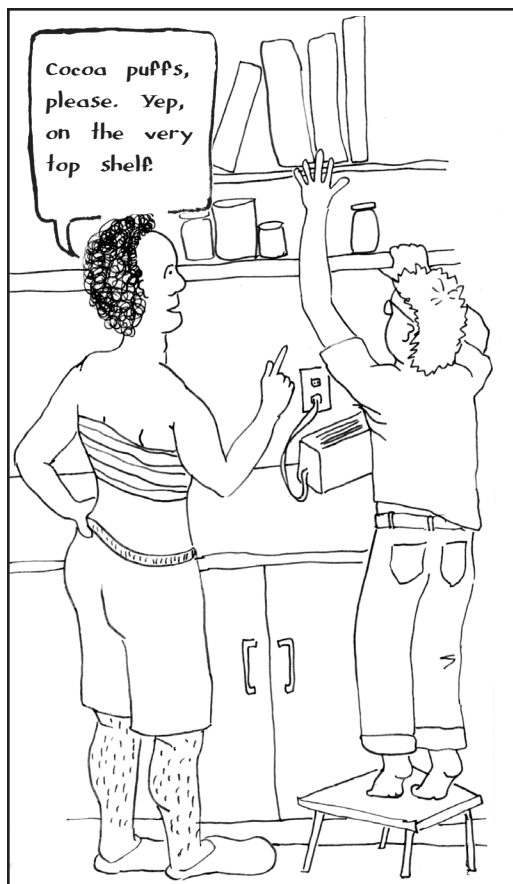
That means that YOU will help them with these things! Remember, it can be SO HARD to ask for such seemingly simple things, and hard to feel helpless. Do your best to anticipate needs and normalize these requests.

## OTHER TIPS:

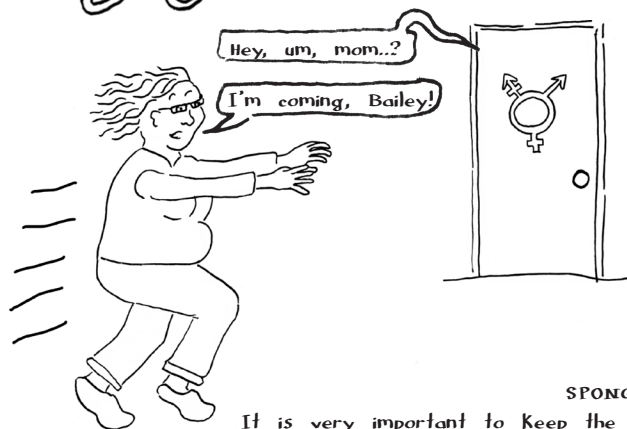
The patient may walk around as they are able, but do not elevate heart rate too much.

When sleeping and lying down, the patient must ONLY sleep on their back! No side or belly sleeping for six weeks. This can be a tough change for habitual belly or side sleepers, but it creates pressure on the incisions.

When lying down on the back, if the arms or legs feel swollen, elevate them slightly with pillows.



# Hygiene & Healing

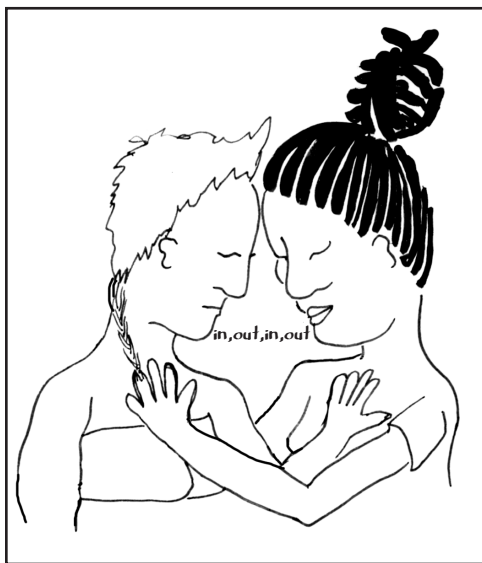


**WIPING THE BEHIND**  
Everyone has different sizes, shapes, and structures. Some people will need help with butt wiping; be sure to talk through this before the patient is sitting nervously on the toilet!

**OTHER CONSIDERATIONS:**  
Might the patient have a menstrual cycle during recovery week?

**SPONGE BATHS AND SHOWERING:**

It is very important to keep the chest bandages on and dry!! A hose fixture is handy for cleaning the lower half. Are you (and the patient!!) prepared for you to help with this? Have a conversation. You can sponge-bath the face, armpits, and neck (this can feel very refreshing!) but watch for drips on the surgery site.

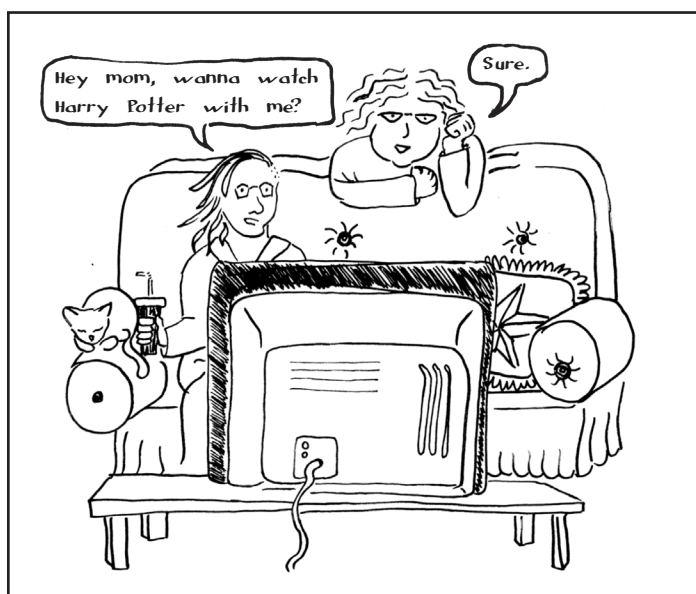


**OTHER HEALING TIPS:** drink LOTS of water. All the water!! Even if it's uncomfortable, breathe deeply as often as possible. No tylenol or alcohol with pain medications. No smoking. If the ACE wrap or binder feels really tight, you can loosen it a tiny bit; but do not remove it, or any bandages, all the way (follow surgeon's instructions).

# Occupying the time



**DO NOTHING.** This can feel liberating, or tedious (or both). It's Netflix and chill, but actually chilling; the patient's job is recovering, physically and emotionally, from surgery. Your job is to support them in that - and, potentially, to rewatch all of *Six Feet Under*. Eat nourishing foods, stay hydrated, go outside, meditate, take breaks from each other; do arts and crafts projects, go on short walks, have low Key Friend times - do what feels good, and communicate openly about each other's needs.



# B Caregiver Burnout &



Take care of yourself so that you can be more fully present and supportive of the surgery recipient. You owe it to them, and to yourself!

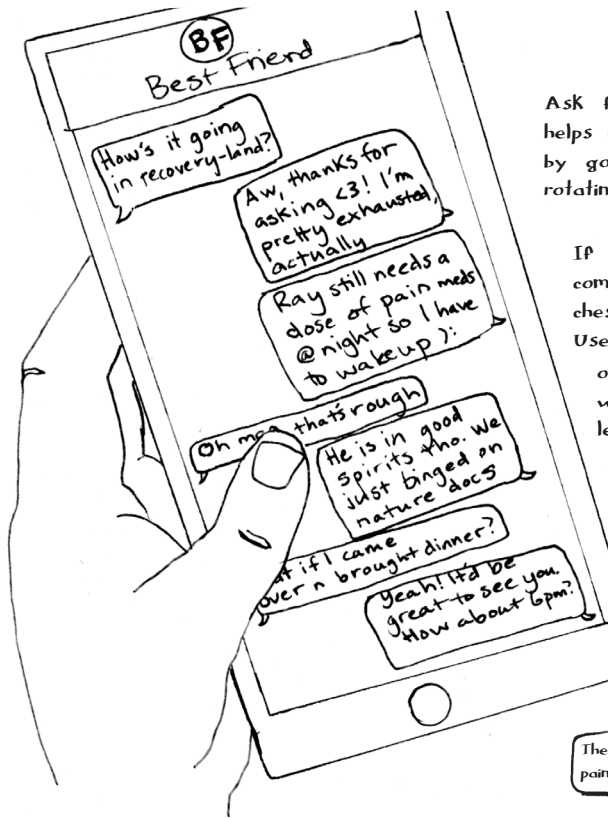
Set boundaries about what you can and cannot do, which will help you enthusiastically say yes to what you have agreed to do.



Take time away from caregiving to recharge, as you are able. Whether it's a short walk outside, or a different activity to switch gears and focus on yourself for a while, do that.



# Self Stewardship



Ask for help when you need it. It helps no one for you to be a "hero" by going alone. Some people set up rotating shifts of caregivers.

If you feel like you need to complain or get something off your chest, don't complain at the patient. Use the principle of "dumping outward"; reach out to a friend who knows the situation, but is less immediately affected by it, who can absorb what you need. Don't make the patient do that.

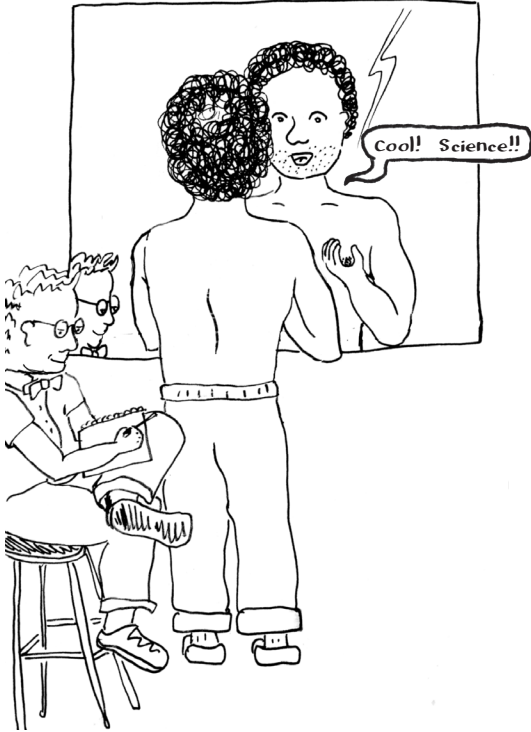
You may be feeling vulnerable or challenged, and so is the patient. Your feelings are valid; it's what you do with them that counts.

They will be experiencing pain, nausea, anxiety, discomfort, etc. It is distressing to see someone you care about in this state. But remember; this is not your fault! There is nothing you can do that will remove all their pain and emotions. You are doing the best you can, and it is immensely important that you are there to witness and care for them through the pain, rather than trying to fix it.

For pain, try distraction, mindfulness/meditation exercises, deep slow breathing, and reframing the pain as short-term sacrifice for long-term gains (seeing the big picture).



# 56 The Reveal: Post-op Appointment



Four to seven days later comes the post operative appointment, where the surgeon will “reveal” the new chest, discuss ongoing incision and nipple graft care, and talk through any concerns the patient has. They will also remove the JP drains, which is painless but weird feeling. They may snip out a few sutures that aren’t dissolvable.

The chest WILL look puffy and swollen, with redness and dried blood. This will decrease as time goes on, and the visibility of the incision sites will lessen over weeks and months. (Follow surgeon’s instructions regarding ongoing scar care, not covered in this zine as the patient generally does this themselves).

Beforehand, talk through your role at this appointment. The patient might be dazed, overwhelmed, vacillating between feelings of fear or letdown and excitement or happiness. It is different for each person.

Let the patient decide whether and how the experience should be documented. Photographs? Video? Just be sure to take notes on what the surgeon is saying.

Try to keep your reaction to yourself at first. Let the patient have their experience to themselves. They have worked hard to get to this point. You can share your congratulations later.





# In Conclusion

## JOY, MILESTONES, AND REVOLUTIONARY CARE.

It is truly a gift to be asked to caregive for someone getting top surgery. You join a long line of folks caring for each other outside of dominant systems which would rather see us disappear. Your action furthers a legacy of health and wellbeing for transgender and gender nonconforming people.

You get to experience the sheer joy of someone who hunched their shoulders for years stand tall and proud. You bear witness to the strength, resilience, and tenacity of transgender and gender nonconforming people. You learn about your own strengths and limitations in the face of difficulty.

Receiving support from meaningful people can be a life affirming - as well as gender affirming - experience.

## MANAGING THE PATIENT'S FEELINGS OF LETDOWN.

Unfortunately, transphobia still exists. They might still get misgendered. They might suddenly notice other parts of their body may still feel dysphoric. The mental picture of how they thought they'd look might be different than the reality. Empathize and listen; this means, don't respond with, "at least you could get top surgery," or "just count your blessings."

## DEEPENING RELATIONSHIPS (anonymous survey respondents).

- "Their enthusiasm and willingness to go through the surgery details and logistics was very encouraging as I didn't feel so alone in the whole process...Experiencing the depth of love and tenderness my caregiver towards me was so beautiful. Witnessing them being able to express such genuine care."

- "There is something deeply intimate about caring for a person at this level. It is humbling and enlightening."

- "My two friends took intimate care of me and my body and my emotions, and helped each other with the difficult work of caretaking. The strengthening of my relationships with my two friends was nearly as life-enriching as the surgery itself."

# Resources

(This list is not exhaustive, it's just what I found helpful in writing this zine).

## ONLINE INFO SOURCES:

TransbuckeT.com

[www.ftmsurgery.net/forums/private.php](http://www.ftmsurgery.net/forums/private.php)

<http://www.topurgery.net/>

<http://www.ftmguide.org/chest.html>

[www.ftmmagazine.com](http://www.ftmmagazine.com)

<https://neutrois.me/2012/02/14/top-surgery-analyzing-results>

<http://jacobyballard.com/product/surgeryzine/>

uppercaseCHASE youtube channel

## ORGANIZATIONS:

Rad Remedy - connects trans & gender nonconforming folks to safe, accurate, respectful, and comprehensive care. [radremedy.org](http://radremedy.org)

Jim Collins Foundation - their mission is to fund gender affirming surgeries. [jimcollinsfoundation.org](http://jimcollinsfoundation.org)

Minnesota Transgender Health Coalition - improving health care access and the quality of health care received by trans and gender nonconforming people through education, resources, and advocacy. [mntranshealth.com](http://mntranshealth.com)

## BOOKS:

Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health  
Graphic Medicine Manifesto

The Remedy: Queer and Trans Voices on Health and Healthcare  
Trans Bodies, Trans Selves: A Resource for the Transgender Community

Trauma Stewardship: An Everyday Guide for Caring for Self while Caring for Others

# About the Author

When I provided care for a transmasculine friend of mine getting top surgery in 2014, I lacked resources—online and off—to aid me in supporting him through the surgery and recovery process. I was fortunate enough to have a community of those who had gone before, to ask what it was like to care for someone in this manner. However, not everyone has a community context from which to draw.

As a gender-nonconforming emerging art therapist, I have a vested interest in revolutionizing the field which I am about to enter. In order to both add to the queer art therapy literature and to provide a service

for my transgender and gender-nonconforming community, I saw a need for a resource guide to aid caregivers of those getting top surgery.

Thanks for reading!  
I welcome feedback and suggestions at [hbrivenburgh@gmail.com](mailto:hbrivenburgh@gmail.com).





LIKE A BARRIER LIFTED: THE  
TOP SURGERY CAREGIVERS  
SUPPORT ZINE is a resource  
for those getting top surgery,  
and those caregiving for surgery  
recipients as they recover.

This zine covers emotional,  
physical, and mental health for  
everyone involved.

From outlining the different types  
of procedures, to what to expect  
at appointments with surgeons, to  
hygiene and meals post-surgery,  
this zine serves as a valuable  
guide to making the most of this  
vital and important experience.