

# **Technical Communication of Nipple Sensation-Sparing Bilateral**

## **Mastectomy: Project Report**

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### **Document Goal**

This technical document is meant to be printed and available in a clinic or hospital where surgeons consult with transgender patients for chest masculinization surgery<sup>1</sup>. Its primary goal is to offer concise yet accurate information about the optional procedure that the patient and/or surgeon may make additional personalized notes on over the course of the consultation.

### **Proposed Design**

The document should be printed on regular 8.5"x11" copy paper and in color for the best legibility and annotating accessibility. Glossy and/or folded paper will make writing more difficult. Although there is blank space purposefully available for an open conversation with a consulting surgeon, since the rest of the document has useful information that does not need further explanation by a qualified doctor, the document may also serve as a flyer to be offered by physicians or therapists who work closely with transgender patients. That way, it may also help to offer options to transgender individuals who are beginning to consider top surgery<sup>1</sup> as well as those who are far along enough in the process to already have a consultation.

### **Value and Design Strategies**

As a medical brochure, the document generally follows the structure of the genre. The information is organized into sections of text only lightly simplified by bullet points,

justified into square blocks, and separated by subheadings and colored rows. The document heading uses an image and the common phrase ‘patient guide.’ To make the document more engaging than a typical medical flyer, the heading image features a masculine person holding a transgender pride flag, which should be visible regardless of how much of the rest of the document is covered by other flyers. The flyer also includes a color diagram of the operation that is helpful for visualizing the process without showing gory images of bloody intraoperative<sup>2</sup> breasts. To encourage the patient and consulting surgeon to personalize the document’s information, there are checkboxes included in the section “Patient Candidacy<sup>4</sup>,” blank lines for additional notes, blanks on the back for recording the consultation information, and moderate white space for marginal annotation. As a finishing touch, the text is in Constantia font, which is a clean antiqua semi-serif slightly larger and more legible than Times New Roman, with a gentle flair for a more comfortable expression.

The document is intentionally designed for transgender patients as a niche demographic rather than to a broader, gender-neutral demographic of mastectomy<sup>3</sup> patients. This technique was developed on and for women, so communicating it to a new audience of transgender patients allows the information to move further. In particular, the iconography of the pride flag will draw the attention of patients who fit the demographic of the surgery. The heading also references the surgery as “chest masculinization” rather than the gender-neutral “bilateral mastectomy<sup>1</sup>” to further connect with transgender patients. The document is not *exclusive* to transgender patients, but rather purposefully *inclusive* to

them. Since trans-inclusive healthcare is often overlooked as a marginal aspect of medicine, this shift in direction is important to take.

## **Conclusions and Recommendations**

Ideally, this flyer is one among many other documents which detail options available so that the consulting surgeon may select *only* the relevant documents for each patient. As such, it is my professional recommendation that this brochure design be adapted to expand into a series of brochures available to consulting clinicians.

### *Brief Glossary of Medical Terms*

1. Chest masculinization surgery: a surgical procedure of removing breast tissue to re-contour the chest toward a more masculine-presenting appearance. It is a gender-affirming procedure for both cisgender and transgender patients. Also bilateral mastectomy and top surgery (colloquially).
2. Intraoperative: referring to a time during which a surgical procedure is being performed.
3. Mastectomy: a surgical procedure of removing breast tissue. It is broadly used as a method of controlling the spread of breast cancer, and may remove one (unilateral) or both (bilateral) breasts as needed.
4. Patient candidacy: an analysis of a patient's suitability for a procedure, considering the potential complications, medical history, ability to recover, and presence of any necessary physical traits.