

# TOP SURGERY GUIDE

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FEMINIZATION /  
AUGMENTATION



# ABOUT THE GUIDE

This guide is designed to help you to better understand what the process is like leading up to, during, and after feminization / augmentation top surgery. Since Spectrum is based in Ontario, this guide is specific to the provincial guidelines laid out by the Ontario Ministry of Health. If you're outside of Ontario, the process for receiving funding and what you'll need in order to access top surgery may be different, but the general care and what the surgery looks like will be the same. If you'd like to know more about gender-affirming care in your province, go to the ministry of health for your area.

**Disclaimer: This guide is meant to be a helpful tool for people considering receiving or preparing for top surgery but should not be confused with an actual medical document. Please make sure to listen to the advice of your doctors.**

**Trigger Warning: Throughout this document there are discussions of surgical procedures, as well as some drawn illustrations of different surgical choices when it comes to augmentation. No blood or needles are shown. On page 8, a drawn illustration of muscle tissue is shown to express where an implant can be placed.**



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# THE BASIC PROCESS OF OHIP FUNDING

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## HOW TO APPLY & RECIEVE FUNDING

In Ontario, feminization / augmentation top surgery is covered under OHIP. This means that the surgery itself is completely covered by the provincial health insurance plan. Keep in mind that revisions (especially if they're just cosmetic) are rarely covered by OHIP. The process will need to be aided by a doctor in order to receive your funding.

“*You are who you are. No one can tell you who you are but you. Whoever you know yourself to be, you are right.*”

- Maybe Burke is an artist and educator

# BEFORE YOU BEGIN

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The process for receiving OHIP funding can take time, but if you apply for funding you're not obligated to follow through on your request. If you're even remotely considering top surgery, it's recommended to start the process as soon as you think it may be something that interests you. At any time leading up to the surgery (until you're going under anesthesia) you can change your mind and you'll not be penalized for having applied for funding.

Keep in mind that while the surgery itself is covered, travel expenses and the aftercare time off are not covered. If you have benefits through your work, check to see if your benefits packages cover time off for surgery or work with your HR representative if you feel comfortable to do so. If you don't have benefits, it's recommended that you have enough money saved to support yourself through the possibility of not working for up to 6 - 8 weeks while you recover. The exact time off needed after surgery will depend on your recovery, as well as the type of job you have; the more physical your work, the more time off you're likely to need.

## THE FUNDING PROCESS

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When you have decided that top surgery may be something you're interested in, the first thing you need to do is find a healthcare professional to aid you on your journey. In Ontario, to be eligible for breast augmentation, you must have been on hormone replacement therapy (HRT) for at least 12 months, and not gotten past Tanner Stage 1. This means before you even start the surgery process, you'll have to have started hormones. If hormones are not recommended for you, there are cases where they'll accept your funding without it. If you're looking for doctors who are knowledgeable about gender affirming care, go to [Rainbow Health Ontario's Service Provider Directory](#) to find someone in your area.

What is Tanner Stage 1? The Tanner Stages are the stages of puberty. For people who are taking estrogen after having gone through their natural puberty years before, Tanner Stage 1 is less concerned with height or weight differences, and more with breast growth. Generally Tanner Stage 1 means you have little to no breast growth from your time on HRT. Some doctors may help fund your surgery as long as you're not past Tanner Stage 2, but this is up to the discretion of the doctor.

# THE FUNDING PROCESS

If you have the above criteria met, you can then start your process for top surgery itself. In order to receive funding, you must have an application sent in by a qualified healthcare provider (HCP); in the case of feminization top surgery, that means a qualified Physician, Nurse Practitioner, Psychologist, Registered Nurse, or Registered Social Worker (Master's Degree). For top surgery in Ontario, only one HCP is needed to help with your funding application.

Once you've found or contacted an HCP, you'll need to have a meeting with them in order to be assessed for your needs. Unfortunately, within Ontario, in order to receive funding for top surgery, you must be given a diagnosis for persistent gender dysphoria and have already started HRT (as we mentioned above). If you have an HCP who is knowledgeable about gender-affirming care, this may be a relatively simple process and more of a formality. If your HCP is not familiar with gender dysphoria or how to diagnose it, suggest they go to [Trans Primary Care](#) to better understand transition related care within Ontario. It is not necessary that you go to a gender specialist to get this diagnosis (especially since so few exist within Canada). Make sure your doctor understands that it's their job to learn to care for their patients' needs, otherwise they are denying you care.

Once you have a successful assessment with an HCP, they will need to fill out a funding form which is called: [Request for Prior Approval for Funding of Sex-Reassignment Surgery](#). All required fields must be filled out by your HCP before being sent into the ministry.

It's possible that your application may be denied, but generally this is due to missing information and it can be sent back with the fields corrected. While rare, if your application is denied for some other reason, you have to write to the ministry to request an internal review of your application and a Health Services Appeal and Review Board hearing.

Once your funding application goes in, the waiting begins. At the time of writing this document, funding processing may take 6 - 9 months.<sup>1</sup> Once funding is approved, the HCP who helped with your application will contact you to let you know. From there, they will put in a referral to a surgeon alongside the Funding Approval Notice they would've received. Once your referral to a surgeon is submitted, you are back to waiting for the next step.

<sup>1</sup> Updated September 2024.

# PAYING OUT-OF-POCKET

Depending on your financial situation, or if you want to skip some of the waiting period to receive top-surgery, you also have the option to pay out-of-pocket for top surgery in Ontario. This means you pay for the entirety of the surgery yourself. In this case, you will contact the clinic of your choice directly and begin your process from there. Within Ontario, top surgeries can cost anywhere from \$5,000 - \$10,000, and in some cases this may or may not cover the consultation fees. If you're choosing to pay for the surgery yourself, make sure to discuss with the clinic about all the potential fees and get an accurate number for what you'll owe. Most likely they will ask for a down payment upfront (anywhere between 10% - 50% of the cost).





# THE LEAD-UP TO SURGERY

## THE SURGERY CONSULTATION & CHOICES FOR SURGERY

This next section is to help lead you through the surgery consultation, as well as better understanding the choices in surgery that are available to you. There are some decisions you may need to make in order to get your preferred outcomes. Always listen to the advice of your surgeon, but don't be afraid to speak up for preferences if you have them.





# THE SURGICAL CONSULT

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By this point, your OHIP funding has been approved and you have a referral to a surgeon. At the time of writing this, the wait time to hear from a surgeon after referral can be six months or longer depending on demand for the surgery, so prepare to wait. This is also why we suggest starting the process as soon as you think surgery may be something you want in the future (again, you can opt out at any time).

Once you're next on the waiting list, the surgeon will call you to book an appointment for the coming months. This first appointment is just a surgical planning meeting. In a surgical planning meeting, the surgeon often goes over things like: what you're looking to get done, the risks of surgery, the irreversibility of surgery, and other ways you might need to prepare yourself for the procedure (stopping certain medications, taking time off work, etc.)

Generally, this is the point where you tell the doctor what you're hoping to get out of the procedure, so it's good to know what you're looking for. Let's talk about the kind of options you'll have for breast augmentation so you can have some knowledge about what you might like going into the procedure.

**Trigger Warning: The next three pages have illustrations of different types of surgical choices. No blood or needles shown. In the 'implant placement' section (page 8), there is illustration of muscle tissue, but no blood is shown.**

# TYPES OF IMPLANTS

## SALINE IMPLANTS

Saline implants are filled with sterile salt water inside an outer shell. Saline implants can come pre-filled to a desired size, or may be filled with saline during the operation once the shell is in place. These implants can vary in firmness and feel more liquid-like to the touch compared to silicone implants. Your surgeon should give you the option to feel different types of implants so long as their office offers both types.

- Potential Issues:
  - May produce a 'sloshing' sound during vigorous activity
  - A 'ripple effect' may become present on the skin depending on the size of the implant, scarring, and the placement.

## SILICONE IMPLANTS

Silicone implants are filled with silicone inside an outer shell. Silicone implants generally come at a predetermined size to be implanted during the surgery. This type of implant is usually more firm than saline implants, and feels a little more viscous and gel-like as well. Your surgeon should give you the option to feel the different types of implants so long as their office offers both types.

- Potential Issues:
  - Other than the usual complications that may happen, silicone implants have no known issues

**Note:** *Both silicone and saline implants have different outer shells (smooth or textured). In recent years, there are some very rare associations with textured outer shells and Breast Implant-Associated Anaplastic Large Cell Lymphoma (BIA-ALCL), which is a form of cancer. Trans Care BC has a [very informative PDF](#) about this issue.*

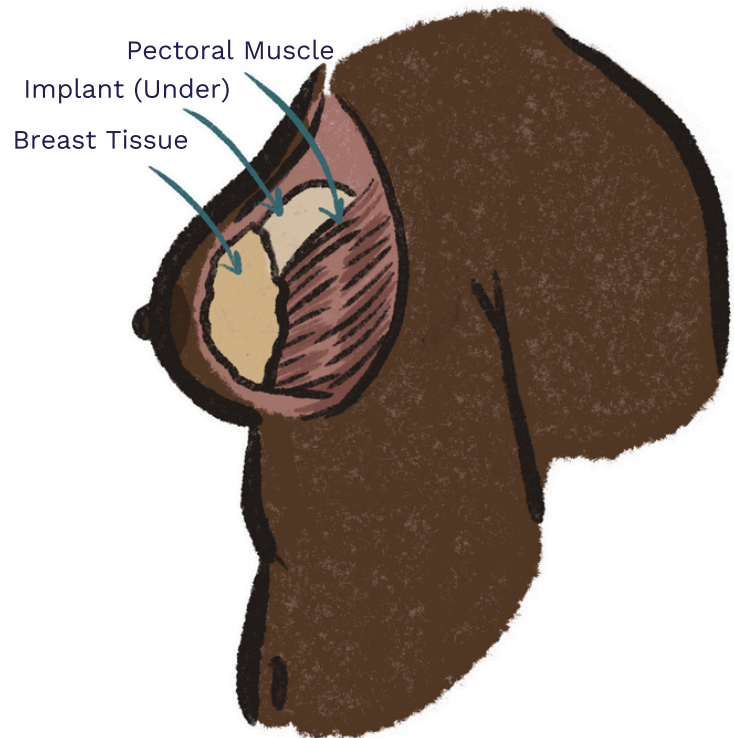
## FAT GRAFTING

Fat grafting is another way breast augmentation can be done, however it is very rare and highly unlikely that the general surgeons you're being referred to will do it. This form of augmentation removes fat from other parts of the body via liposuction then injects it into the breast in small quantities. Fat grafting tends to be uncommon because it generally takes more procedures to perfect and the highest chance of complications.

# IMPLANT PLACEMENT

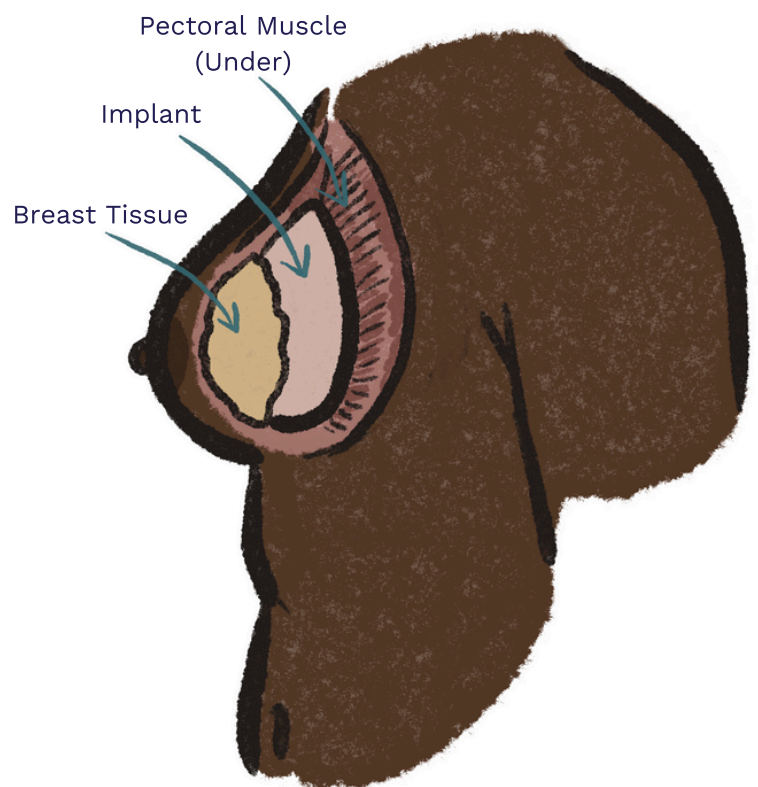
## UNDER THE PECTORAL (SUBPECTORAL)

More often than not, the breast implant will be placed either fully or partially beneath the pectoral muscle, as this tends to help lessen the risk of something called capsular contracture—basically a shrinking of the scar tissue around the implant which can cause the implant to become misshapen. When the implant is placed beneath the pectoral muscle, it tends to push the implant more towards the side of the chest. You will also notice that when the muscle itself contracts, it will affect the look and shape of the implant.



## OVER THE PECTORAL (SUBGLANDULAR)

The other option is to place the implant over the pectoral muscle and beneath the breast glands. This tends to push the breast more towards the centre of the chest, and also creates a more round appearance.



# SCAR PLACEMENT

## BELOW THE BREAST

This incision is made at the fold of where the breast tissue meets the chest, which can help to conceal it in the fold of the breast. The scar may still be partially visible depending on the size of the implant, placement, and the way your body heals.



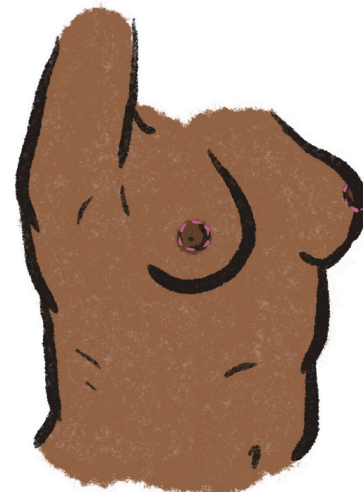
## TOWARDS THE ARMPIT

Another option is to have the incision made close to the armpit. This tends to make the scar slightly less visible, but may still be visible depending on the placement and how your body heals.



## AREOLA (PERIAREOLAR)

In this case, the incision is made partially around the areola. This also helps to make the scar less visible, but again depends on how your body heals.



# AFTER THE CONSULTATION

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Once you've had the consultation with your doctor to discuss what you're hoping to achieve, the risks, etc., you will receive a call from the surgeon soon after (sometimes this will be done in the consultation itself) to book your surgery date. Usually, the booking for surgeries will be about six months out from your consultation, but it's common for these dates to be moved up if you're flexible with time off, etc. In some cases, you may be called a week or two in advance of a date if there are last-minute cancellations. If you're someone who is able to take your time off more flexibly, make sure to let them know you're open to being called for cancellations should they arise.



# PREPARING FOR SURGERY

## COMMUNITY CARE, TRAVEL, AND PREPARING YOUR SPACE

Before our body goes through a major surgery, it's always best to try to prepare your space and life for being out of commission for a few weeks. Depending on your ability level or lifestyle, you may be able to do this preparation alone—but don't be afraid to ask for help where you need it. The following section will run through some ways to prepare yourself for surgery.



# TIME-OFF

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While the day itself may be a few months away, it's great to start preparing in advance for your surgery while you can. As we mentioned earlier, this is a really good time to contact your HR representative (if applicable) to start setting up how time off for your surgery will go. By this point, you'll have a good idea from the surgeon how much time will be needed for your case, so you can prepare your workplace in advance for your absence.

***Tip:** You do not need to disclose the type of surgery you're having to your HR representative, boss, or anyone else working at your company. The only people who will need to know the kind of surgery you're having is the insurance company to prepare your coverage, but no one else has the right to your private medical information.*

# COMMUNITY CARE

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It is also highly recommended you start looking for people who can help you through your recovery as well. Top surgery is a major surgery, and you will be unable to do a lot of things that are needed to care for yourself. This is a great time to start putting a plan in place for recovery. If you have a partner(s), family, or close friends, see if they are able to take any time off in order to help support you. If you have many people who are able to care for you, maybe put a schedule in place so the workload is eased for people.

***Tip:** If you do not have someone who can provide care for you, or are houseless and need a place to recover, there are resources available for you as well. For those needing caregivers after surgery, consider looking into [Ontario Healthcare at Home](#). If you're a houseless person who needs a place to recover from surgery safely, start looking into services from [Support Your Way](#), specifically their respite services, to see which would work for you. This site is specific to Waterloo Region, but acute respite sites exist across Ontario.*



# TRAVEL ACCOMODATIONS

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Depending on your location and the location of your surgeon, you may also need to start planning on your travel accommodations. For some, that may mean a long drive or possibly a flight in order to get to your destination. After surgery you will not be able to drive, so you should make sure you have someone to help take you home and get you set up the day you're released from surgery (usually this is the same day so long as there are no complications).

*Tip: If you do not have a way to travel to and from your surgeon, there are a few options available to you. The first is to look into medical travel assistance through your benefits provider if you have one. Another option is to look into [Ontario 2-1-1's Health Care portal](#) for help in reaching your medical appointments. If you're in Northern Ontario and need to travel a longer distance to your surgery, look into the [Northern Health Travel Benefit](#) (payment is needed upfront but given back to you) or [HopeAir](#). If you still need help, consider contacting your original HCP to see if they have resources that may be able to help you in your area.*

# SUPPLIES FOR RECOVERY

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Outside of having helpers on hand, we have a list of items that you may find super helpful for your recovery from surgery. **Not all of these things are necessary**, but many are helpful to have. Look around the community to see if people may have some of these things to lend you or tips on where you can purchase these items inexpensively. In some cases, we've provided less expensive alternatives with items you may already have around.



# MEDICAL/LIFESTYLE SUPPLIES

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- Ice packs
  - **Tip:** *Make your own by putting ice in sandwich bags, then wrap in a tea towel or t-shirt.*
- Thermometers to keep track of possible infections/fevers
- A small cart to help move things around your home without lifting
- A reacher/grabbing tool
- Ginger chews or throat lozenges
- Clipboard/schedule for medications/logging side effects, etc.
- Scar tape or scar gel (for scar management)
- Sunscreen (for scar management)
- Compression socks (most handy if you're flying after surgery or prone to swelling)
- Step stool

# CLEANLINESS SUPPLIES

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- Mild soap (fragrance-free)
- A shower chair or detachable shower head can aid in showering rituals
- **Tip:** *any plastic chair that can be wiped down can work in a shower, look for a cheap option through the community or at thrift stores.*

# CLOTHING/SLEEPING SUPPLIES

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- Extra pillows / body pillow for more comfortable sleeping
- Extra roomy button-down or zipper-front shirts/sweaters
- Slip on shoes/sandals
- Non-underwire bras

Sources: <https://queerdoc.com/9-25-chest-flattening-top-surgery-checklist/>,  
<https://www.genderconfirmation.com/post-top-surgery-diet-nutrition/>,  
<https://www.topsurgery.net/resources/shopping-packing-checklist.htm>

# FOOD SUPPLIES

- Bendy straws
- Prepared meals & snacks (~ 1 - 2 weeks of meals is suggested)
  - **Tip:** *Many doctors suggest low-sodium and high protein diets for after surgery to prevent swelling, but consult your surgeon for their instructions.*
  - **Tip:** *See if people in your community are able to cook a meal or two in advance for you that freezes well. If you have people who want to help but don't have time to cook or come over, offer that they buy you a gift card for a food delivery service or restaurant so you can get food delivered to you during your recovery. Community care can make a huge difference!*
- Possible snacks to include:
  - Meal replacement shakes/drinks
  - Squeezable applesauce/pudding
  - Low-sodium crackers
  - Pudding/fruit cups
  - Granola bars
  - Frozen dessert bars
  - Cans or microwavable soup
  - Bread for toast or easy sandwiches
  - Water and juice
- Try to eat the following foods (high in salicylates) just in moderation:
  - Almonds
  - Apples, apricots, berries, cherries, grapes, currants
  - Cucumbers and tomatoes
  - Prunes (good source of fibre if needed, but don't eat too many!)
  - **NO** wine or alcohol at least one week before or after surgery



# THE WEEK OF SURGERY

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## WHAT TO EXPECT BEFORE, DURING, AND AFTER SURGERY

Sometimes, knowing what to expect going into a procedure before it happens can help take some stress off an already scary time. The following section will run you through what to expect in the 24 hours before, the day of, and 24 hours after your surgery should you have no complications.

“*We have to be visible. We are not ashamed of who we are.*”

- Sylvia Rivera, Transgender Activist

# THE DAYS BEFORE SURGERY

The week of your surgery has arrived and you want to make sure you're prepared. First of all, make sure you've reviewed all the information supplied to you by your surgeon. This will include guidelines on what medications you need to stop taking, what foods you may need to avoid, and what type of fasting you need to do before your surgery. Usually it's recommended that all medications are stopped at least a week before surgery (even simple pain medications like ibuprofen and acetaminophen as they can thin the blood), but in some cases they need to be stopped earlier. Follow the direct instructions of your surgeon.

In terms of lifestyle, make sure to prepare your home, room, or space (if you have one) for your recovery. It will be handy to do some cleaning in advance so you don't need to clean too much during your time off, and consider doing some cooking in advance too to fill in some of those meals for your recovery. In the 24 hours before your surgery, it may be helpful to set up all the things you might need in those first few days of recovery. This will lessen the burden on you or your carers in the immediate time after your procedure. The more ready your home is, the easier it will be!

The night before your surgery, it's suggested you eat a large meal to help carry your body through the next day, but make sure to follow the direct fasting instructions provided by your doctor.



# THE DAY OF SURGERY

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The day of your surgery you will need to fast before your procedure, as having liquid or solids in your stomach can lead to major complications with anesthesia. This means **no** water, coffee or tea, or food of any kind. As mentioned above, be sure to follow the direct instructions given to you.

It's common for these surgeries to be done in the morning, so be sure you have alarms set and you have the correct location to go to. Think of it similar to getting up to catch a train or a flight, you want to be all packed and ready to go, and aim to be early. Be sure to bring along some pillows for the car ride home, especially one to place between your chest and the seatbelt to protect yourself while still being comfortable.

When you get to the surgery clinic, you often start by going through registration with your healthcare card. Then, you'll be guided by the administrators as to what the next steps for you are. Every clinic has their own way of running things, but prepare to have downtime between visits from various health care professionals. It's a good idea to bring along a book or something else to occupy your downtime.

Generally, these visits will be to get you into a surgical gown, administer an IV, and meet with the anesthesiologist. Since most top surgeries only take 1-2 hours to complete. It's encouraged that your support person is there for all visits to take notes on aftercare instructions.

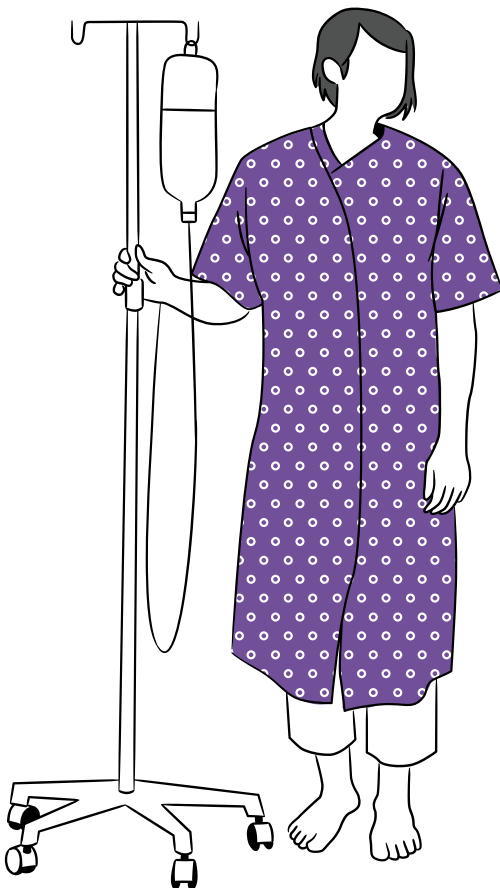
Once everything is prepared for your procedure, you'll be brought into the operating room and given sedation to put you to sleep. You'll remember nothing of the procedure, and will wake up once everything is finished!

# THE HOURS AFTER SURGERY

When you wake up after surgery, you'll generally be monitored in the recovery room for about an hour. Even if you feel hungry, you may consider waiting some time before eating as it can sometimes cause you to become nauseous or sick to your stomach. Drinking small amounts of water or juice is recommended until you feel more yourself.

Since this is day surgery, you will normally be released just a few hours after your surgery is completed, so long as you have no complications. You will not be able to drive home from your appointment, so be sure that you have a plan in place to get home or to your place of respite.

You will likely be tired for quite some time after your surgery. Do your best to rest as much as possible over the next week. When you feel up to eating, try to eat light for the first meal, or even just have a small snack, so your body doesn't get overwhelmed. Continue to drink plenty of water, juice, and other drinks with electrolytes over the next week.



When it comes to pain management, depending on the type of surgery and your own pain tolerance, your pain levels may vary from mild discomfort to pain that requires prescription medication. Before your surgery, your surgeon will have prescribed you painkillers and antibiotics to take in the days after your surgery. If possible, try to pick them up on the way home so you have them to take in the next 24-48 hours. If you're able to, try to keep a log of when you take painkillers (or any of your other medications) to be sure you're not taking more than needed.

Once you get home or to your place of respite, get lots of rest! Your body will need it.



# THE HEALING PROCESS & AFTERCARE

## HOW TO CARE FOR YOURSELF IN THE WEEKS AFTER SURGERY

Overall, the healing time for top surgery is around six weeks, but can sometimes be more depending on your overall health and complications. The first three weeks is the hardest part of healing, with the first week being the most arduous on your body. It's incredibly important to remember that even if you feel good, you don't want to force your body to do anything overly difficult. Be kind to yourself and your body as it works to heal.



# COMPLICATIONS

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During the initial visits or the surgical visit, a nurse or the surgeon will have gone over warning signs for complications from your surgery, so be sure to keep an eye out for them. Likely, they will be something similar to the following. If you experience any of these, go to an emergency room immediately:

- Chest pain (internally, in the lungs or heart)
- Shortness of breath
- Excessive bleeding or pain
- Pain in the calf or leg, especially with redness or swelling in the area

The following are less-severe side effects, but call your surgeon if you experience any of the following:

- Fever
- Moderate pain that isn't being helped by medications
- Any bleeding, swelling, bruising or redness that wasn't present previously

# CARING FOR YOUR BODY

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Dressings for your surgical site should not be removed until you've been instructed to in your post-operative instructions. You'll usually be expected to remove, clean, and replace dressings on your surgical site for a few weeks after your surgery. The first time especially you may feel lightheaded or nauseous, so it might be best to sit and have help for the first time.

Physical activity will be at an extreme minimum. You may have lower arm function depending on your incision site and you will not be able to lift anything heavier than 5 lbs (about a large milk container). You probably will not be able to lift your arms above your head for a certain amount of time, sometimes up to three weeks, but your doctor will give you explicit instructions. It's also suggested you minimize stairs. However, you don't spend all your time in bed, either. To prevent blood clots, it's a good idea to get some kind of gentle movement that your body is capable of.

Lastly, driving will also not be possible for at least 1 - 2 weeks after surgery, and should only be done when you've been cleared by a surgeon to do so.

Around the three or four week mark, you'll be able to resume some minor physical activity. Most patients tend to be back at their full capacity after six weeks.

# POSSIBLE ISSUES WITH THE SYSTEM

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## HOW BIASES AND OPPRESSION MAY AFFECT YOUR EXPERIENCE

Since top surgery is a medical procedure, other issues may arise outside of just complications from surgery – sometimes even before surgery begins. Like all systems, the medical system does not treat people the same, and you should be aware that different identities may have more restrictions and issues with accessing appropriate care. In the section below we've covered a few ways these problems may arise, but more may exist depending on your situation.

*“When you show up as your authentic self, whatever that may be, you allow others to do the same, creating the world we all deserve.”*

- Shanna Katz Kattari, Professor & Activist

# WEIGHT/SIZE DISCRIMINATION

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Despite [studies showing that it's safe](#), many doctors have preconceived ideas that people must lose weight before undergoing top surgery. If you're a fat-bodied person or a person living in a larger body, the doctor or surgeon who you've been referred to may have a BMI limit for who they will do surgeries on. If that is the case, or you've got control over who you can be referred to, consider finding a clinic that does not have these restrictions. At the time of writing this document, a great example is the [Women's College Hospital in Toronto](#), which currently has no BMI restriction and is often where larger bodied people turn to if they're turned down from their other referrals.

# DISABILITY/ILLNESS DISCRIMINATION

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Similar to the discrimination that fat-bodied people may face, people living with disabilities, illnesses, and other conditions may also face issues accessing the care that they need to undergo gender-affirming care. While your body's ability to undergo surgery will vary wildly from diagnosis to diagnosis, you will definitely face additional obstacles in the system. While we wish there was a one-size-fits-all approach to this issue, our bodies are all very different, and each illness and disability presents different potential complications. That being said, we recommend you be upfront early and often about your ability level and health history with your surgeon. If there are ways to work around or help alleviate the stress on your body, they'll be the best to help you through it.

It may also help to do research into disability and illness-friendly surgeons across Canada, as they do exist. You may also look into surgeons in the USA; if you can prove that they offer something someone in Ontario cannot (including unique to your circumstances) OHIP will cover the additional cost, but be prepared for a longer wait time and more obstacles. Depending on how helpful your healthcare provider is, you may be tasked to do some of the footwork yourself (not that you should have to). Also be prepared to advocate for yourself and your needs (something you're probably already used to) and search for community resources as well.

# ISSUES FOR NEWCOMERS/ REFUGEES/INTERNATIONAL STUDENTS

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In order to have your top surgery fully covered by the Ontario government, you have to be covered underneath OHIP. For many newcomers and refugees, you may begin your time in Canada under the Interim Federal Health Program (INFP). The INFP covers primary care doctor's visits, which means that you can begin your process for gender affirming surgery with them by writing you a referral. You can also access gender-affirming medications (like hormone replacement therapy) under INFP. However, surgical consultations and surgeries are not covered underneath the INFP. This means, in order to undergo the surgeries themselves, you will have to be covered under OHIP or be prepared to pay out-of-pocket for the surgery.

If you're an international worker who has a work visa for Canada, you will be covered under OHIP after three months of living and working within Canada, and therefore, after you're covered by OHIP, you will be covered for surgery.

International Students are often covered under the University's Health Insurance Plan (UHIP). At this time, UHIP may cover top-surgery within Ontario, but generally it has to be pre-approved by the insurance provider which means you will have to contact them for more information.





# WANT TO LEARN MORE?

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## ABOUT SPECTRUM

Spectrum is an organization that serves, affirms, and supports the well-being of 2SLGBTQIA+ individuals in Waterloo Region and the broader community through peer support, community partnerships, education and training, resources, and events.

We offer many other wonderful resources and guides, like hormone replacement (HRT) and bottom surgery guides for transfeminine and transmasculine folks. Access them through our website!

## CONTACT US

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