

Welcome to UVM Project ECHO: A Primer on Gender Affirming Surgeries

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- RECORDING OF SESSION TO BEGIN



Agenda

- Introductions
- Objectives
- Didactic Presentation (20-25 min)
- Case presentation
 - Clarifying questions
 - Participants – then hub
- Discussion
- Recommendations
- Summary
- Closing Announcements
 - Submission of new cases
 - Completion of evaluations



Objectives

1. Understand common gender affirming surgical options for gender diverse patients
2. Understand how to optimally medically prepare patients for gender affirming surgeries



CME Disclosures

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- As an organization accredited by the ACCME to sponsor continuing medical education activities, UVMCMIE is required to disclose any real or apparent conflicts of interest (COI) that any speakers may have related to the content of their presentations.



CME Disclosure

No disclosures.

Introduction

- Social transition and hormonal/medical management both key to transitioning for majority of trans* folks
 - 70% have received HT
- Surgeries often provide immediate physical gender affirmation and relief – help align body with identity
 - 48% underwent gender-affirming surgical treatment
 - 97% of those with surgery also received HT
 - 1/3 received neither treatment

<https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2019.19010080>



Introduction, continued

- Sex Reassignment Surgery (SRS) = Gender Confirmation Surgery (GCS) = Gender Affirmation Surgery (GAS)
- There is no “The Surgery”
- GAS are not simply “cosmetic” or “aesthetic”
- Heads up: Today’s slides include a few surgical and genital photos



WPATH: “Sex Reassignment Surgery Is Effective and Medically Necessary”

- “Surgery – particularly genital surgery – is often the last and the most considered step in the treatment process for gender dysphoria. While many transsexual, transgender, and gender-nonconforming individuals find comfort with their gender identity, role, and expression without surgery, for many others surgery is essential and medically necessary to alleviate their gender dysphoria (Hage & Karim, 2000). For the latter group, relief from gender dysphoria cannot be achieved without modification of their primary and/or secondary sex characteristics to establish greater congruence with their gender identity. Moreover, surgery can help patients feel more at ease in the presence of sex partners or in venues such as physicians’ offices, swimming pools, or health clubs. In some settings, surgery might reduce risk of harm in the event of arrest or search by police or other authorities.”
- “Follow-up studies have shown an undeniable beneficial effect of sex reassignment surgery on postoperative outcomes such as subjective well-being, cosmesis, and sexual function (De Cuypere et al., 2005; Gijs & Brewaeys, 2007; Klein & Gorzalka, 2009; Pfäfflin & Junge, 1998).”

The Standards of Care VERSION 7 World Professional Association for Transgender Health
pp. 54-55 www.wpath.org



Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study

Richard Bränström , Ph.D., John E Pachankis, Ph.D.

Published Online: 4 Oct 2019 |

<https://doi.org/10.1176/appi.ajp.2019.19010080>

Oct 04, 2019

Study Finds Long-Term Mental Health Benefits of Gender-Affirming Surgery for Transgender Individuals

Findings: The odds of receiving mental health treatment were *reduced by 8% for every year* since receiving gender-affirming surgery over the 10-year follow-up period (did not find same association for HT)

Conclusion:

“In this first total population study of transgender individuals with a gender incongruence diagnosis, the longitudinal association between gender-affirming surgery and reduced likelihood of mental health treatment lends support to the decision to provide gender-affirming surgeries to transgender individuals who seek them.”

GT

SHAME GAME ARE YOU ASHAMED OF BEING GAY?

WHAT A MAN! The incredible journey of Aydian Dowling



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+

YOUTUBER PORN SCANDAL THE REAL STORY

*Lost legends
The gay and bi
men who
changed
the world*

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Surgical Procedures for Transgender Men / Transmasculine Individuals (WPATH)

- **Breast/chest surgery:** subcutaneous mastectomy, creation of a male chest;
- **Genital surgery:** hysterectomy/salpingo-oophorectomy, reconstruction of the fixed part of the urethra, which can be combined with a metoidioplasty or with a phalloplasty (employing a pedicled or free vascularized flap), vaginectomy, scrotoplasty, and implantation of erection and/or testicular prostheses;
- **Nongenital, nonbreast surgical interventions:** voice surgery (rare), liposuction, lipofilling, pectoral implants, and various aesthetic procedures.



Chest Masculinization

- Prior to top surgery, many do chest binding → rashes, skin damage (ptosis, skin laxity), rib pain, restrictive breathing
- Procedure depends on goals, anatomy, surgeon
- Not a typical mastectomy → Chest Reconstruction
- 4 main procedures:
 - Keyhole
 - Periareolar (circumareolar)
 - Inverted T/buttonhole
 - Double-incision with or w/o nipple graft (vs tattoo)



Top Surgery / Chest Reconstruction

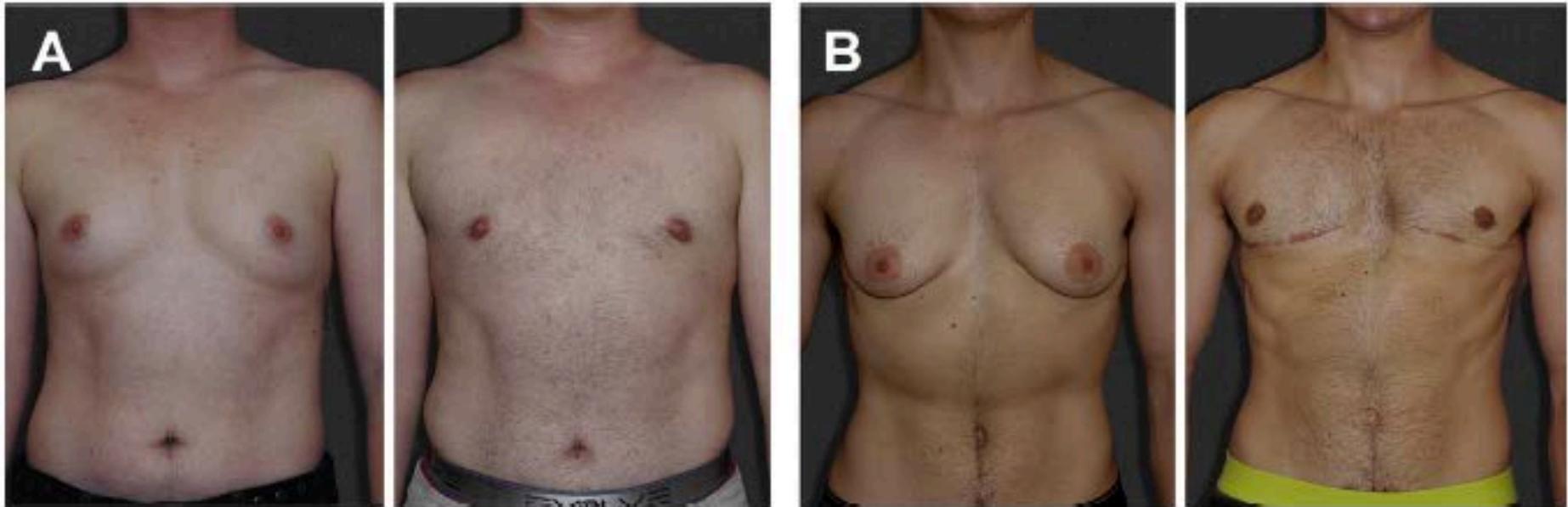


Fig. 5. (A) Patient before and after keyhole type chest masculinization. (B) Patient before and after double-incision and free nipple graft. (Courtesy of Scott Mosser, MD, San Francisco, California.)

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Hysterectomy +/- Salpingectomies +/- Oophorectomies, aka “Hysto”

- Minimally invasive: laparoscopic (TLH) or vaginal (TVH)



Laparoscopic Surgery
myhealth.alberta.ca



- Tubes

- Decision re ovaries is complex; currently many conserve one or both ovaries as a ‘safety net’
 - For possible future fertility
 - Lack of long-term data re effects of gonadectomies in patients on gender affirming hormones
 - In case of possible future reduction/cessation of HT
 - Sociopolitical uncertainties re future access



Genital (Bottom) Surgery

- Clitoral release, Metoidioplasty (“Meta”), Phalloplasty, Vaginectomy, Urethroplasty, Scrotoplasty, Testicular implants



Fig. 7. Patient before and after metoidioplasty.
(Courtesy of Daniel Dugi, MD, Portland, Oregon.)
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Fig. 9. (A) Healed radial forearm free flap phalloplasty.
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Surgical Procedures for Transgender Women / Transfeminine Individuals (WPATH)

- **Breast/chest surgery:** augmentation mammoplasty (implants/lipofilling);
- **Genital surgery:** penectomy, orchiectomy, vaginoplasty, clitoroplasty, vulvoplasty;
- **Nongenital, nonbreast surgical interventions:** facial feminization, voice surgery, thyroid cartilage reduction, liposuction, lipofilling, gluteal augmentation (implants/lipofilling), hair reconstruction.



Breast Surgery

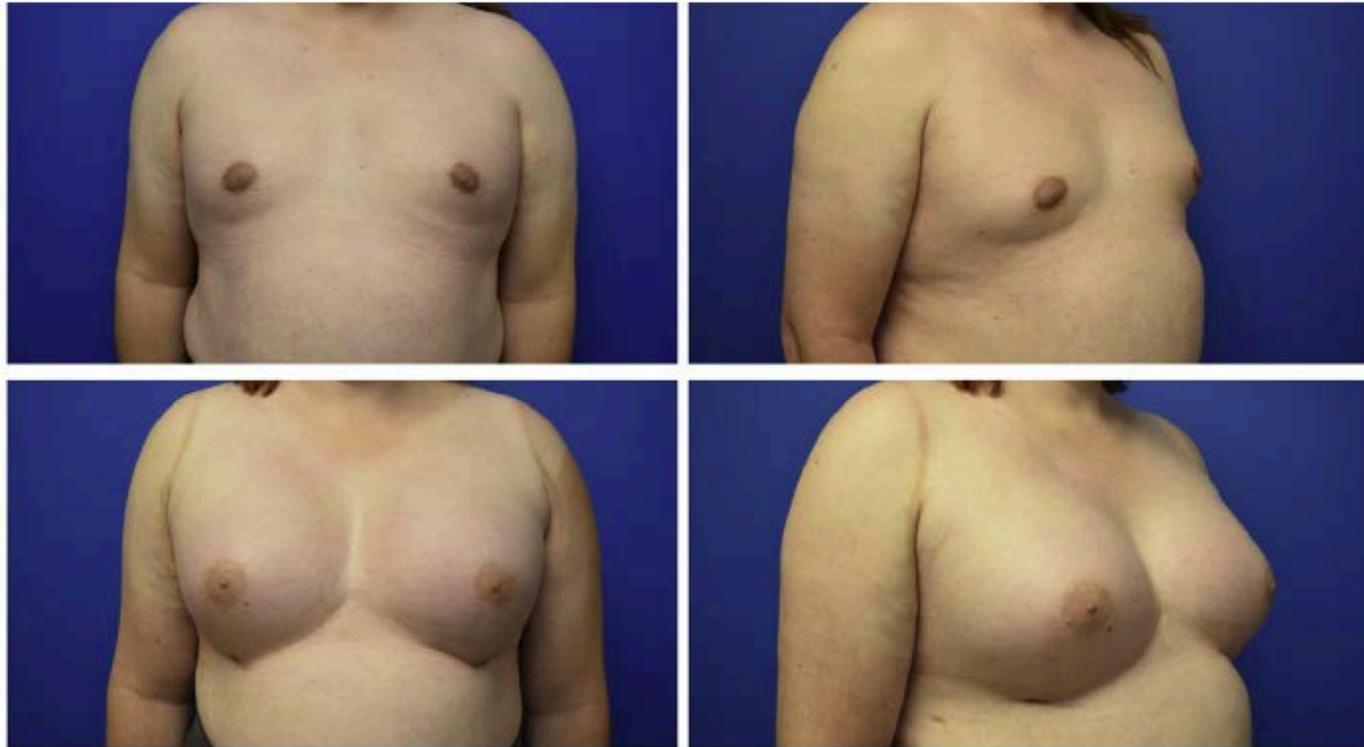


Fig. 4. The androgen-derived chest frequently presents with a wider breast base width and higher body mass index. This patient underwent subcutaneous augmentation using a 685-mL implant. (Courtesy of Jens Berli, MD, Portland, Oregon.)

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Genital Surgeries

- Orchiectomy
- Vaginoplasty or vulvoplasty
 - Vaginal canal between rectum and bladder, dissecting through pelvic floor muscles – skin flaps vs grafts vs bowel
 - Hair removal if skin is used
 - Glans penis -> neoclitoris
 - Scrotal tissue -> labia majora
 - Penile tissue -> labia minora
- Dilation to maintain caliber
- Post-op issues



Fig. 6. Patient before and after feminizing vaginoplasty. (Courtesy of Daniel Dugi, MD, Portland, Oregon.)

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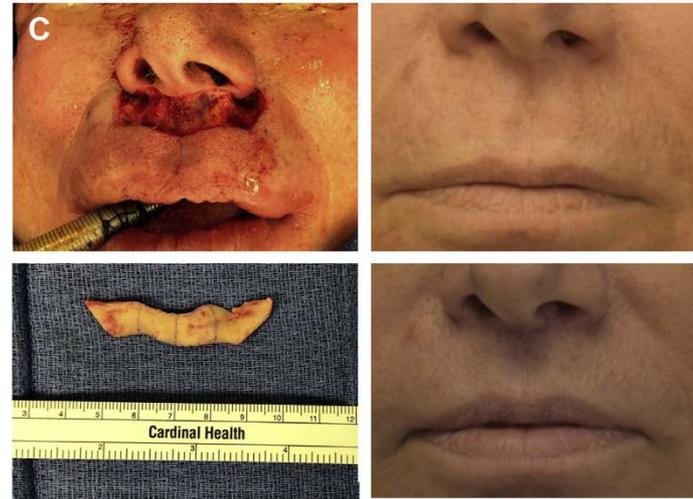
Other Feminizing Surgeries: Facial

Table 1
Overview of soft tissue and structural facial procedures

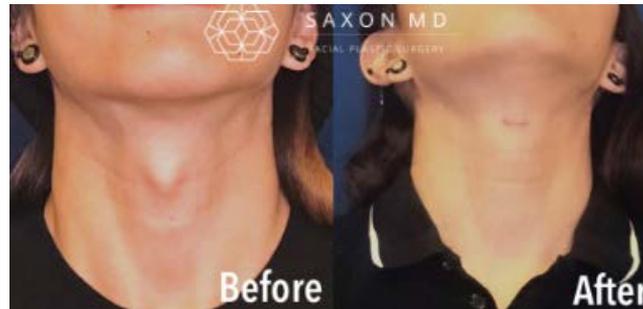
Structural Procedure	Associated Soft Tissue Procedure	Can Be Combined in One Surgery ^a
Frontal bone reduction with or without frontal sinus setback	Brow lift	Yes
	Hairline advancement	Yes
	Hair transplantation	Yes
	Upper eyelid blepharoplasty	No
Rhinoplasty	With or without reduction of the skin envelope	Yes
	Lip lift	Yes
Cheek bone augmentation	Midfacial fat grafting	Yes but often either/or
	Lower eyelid blepharoplasty	Depends
Zygomatic arch reduction	Temporal fat grafting	Yes
Jawline shaping	Face lift/neck lift	No
	Masseter resection	Yes
Chin reduction and/or advancement (alternative chin implants)	Face lift/neck lift	No
Adams apple reduction	Neck lift, neck liposuction	Yes

^a Author's opinion.

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Patient status after lip lift (bottom right). (Courtesy of Jens Berli, MD, Portland, Oregon.) Endocrinol Metab Clin N Am 48 (2019) p. 407



<https://saxonmd.com/facial-feminization-surgery/>

Criteria for Surgery (per WPATH, insurance requirements vary)

- 1. Persistent, well-documented gender dysphoria;
- 2. Capacity to make a fully informed decision and to consent for treatment;
- 3. Age of majority in a given country (if younger, follow the SOC for children and adolescents);
- 4. If significant medical or mental health concerns are present, they must be reasonably well controlled;
- 5. Prior hormone therapy +/- living in gender congruent gender role – varies per procedure.

https://www.wpath.org/media/cms/Documents/SOC%20v7/Standards%20of%20Care_V7%20Full%20Book_English.pdf



Team Approach

- Patient
- Primary Care Provider and/or Ob/Gyn and/or Endocrinologist
- Mental Health Provider(s)
- Surgeon(s)
 - Skilled in specific procedures (specialized training and skills affects access)
 - Knowledgeable re Trans* health
 - Conscientious / Conscious / Compassionate



Referral for Surgery

- Per WPATH:
 - “Surgical treatments for gender dysphoria can be initiated by a referral (one or two, depending on the type of surgery) from a qualified mental health professional. The mental health professional provides documentation—in the chart and/or referral letter—of the patient’s personal and treatment history, progress, and eligibility. Mental health professionals who recommend surgery share the ethical and legal responsibility for that decision with the surgeon.”

https://www.wpath.org/media/cms/Documents/SOC%20v7/Standards%20of%20Care_V7%20Full%20Book_English.pdf – page 27



Preparing / Clearing for Surgery

- As with all preop patients, optimize health before surgery
- Quit smoking at least 4 weeks preop
- Stop stimulants before surgery
- Control diabetes – target HgbA1C less than 7%
- Stop estrogen 2-4 weeks preop
- Likely ok to continue testosterone



Adolescents

- Need often affected by hormone management, either blocking and/or adding hormones
- Fertility impact, especially if removing gonads
 - Counsel re options, risks, benefits and alternatives
 - Cryopreservation: sperm and oocytes
 - Consider preserving one or both ovaries at time of hysterectomy
- Transfemales with hormone blocking
 - Facial structure and hair growth less masculine → avoid some procedures
 - But less scrotal and penile tissue → might require alternate graft site for vaginoplasty
- Insurance requirements vary Recent VT Medicaid changes

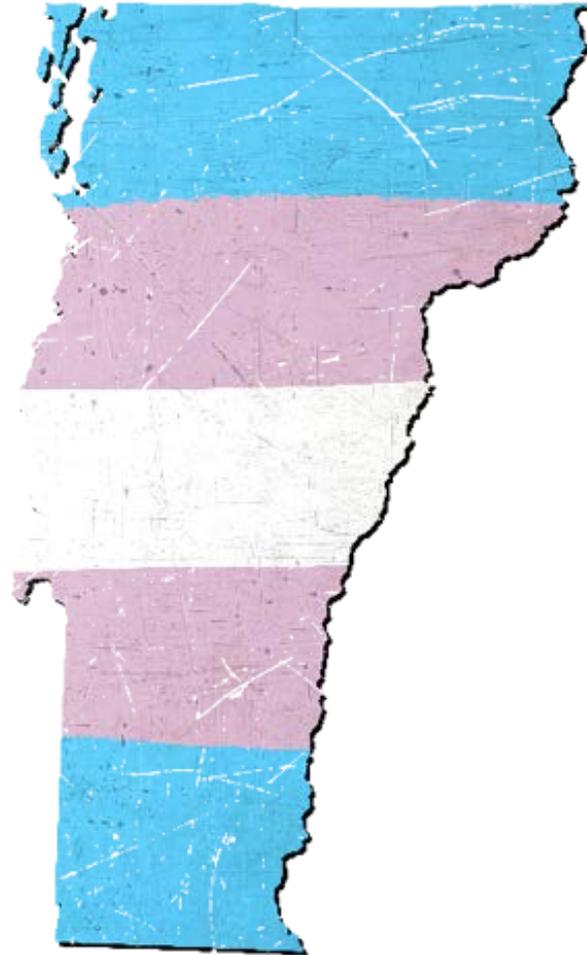


Insurance / Financial Considerations

- Pre-authorization often required, generally recommended
- Name and sex with insurance may differ from current identifiers; gender “mismatch” with some procedures
- Letters of support often required (most insurers), not always (BCBS)
- Out of pocket expenses without insurance = many thousands
- Health insurance coverage varies by state and insurers
- Recognizing medical necessity, VT law requires coverage (except ERISA and out-of-state plans)
- Coverage varies for out-of-state surgeries



Thanks - Questions?



<https://gaydayshirt.com/d/vermont-silhouette-transgender-pride-flag/az/1496612065.html>



Cases/HIPAA

- Names
- Address
- DOB
- Phone/Fax #
- Email address
- Social Security #
- Medical Record #



The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.



- RECORDING TO BE STOPPED

Conclusion

- Volunteers to present cases (this is key to the Project ECHO model)
 - Use the case template form posted at www.vtahec.org
 - Return completed case forms to Katherine.Mariani@uvmhealth.org
- Please complete evaluation survey after each session
- Claim your CME at www.highmarksce.com/uvmmed
- Please contact us with any questions, concerns, or suggestions
 - Katherine.Mariani@uvmhealth.org
 - Elizabeth.Cote@uvm.edu
 - ahec@uvm.edu

