Feminizing Surgery What is it and is it right for me?

CHA is committed to providing the transgender community access to high quality health care and services. We offer hormone therapy for adults and adolescents who are 16 or older and access to services to those under 16. Our CHA providers will work with you to support the decision that is best for vou.

What is feminizing surgery? Feminizing surgery includes specific procedures that change the masculine features of your body to match your gender identity. Feminizing surgery includes many different options, such as "top surgery" which increases the size of your breasts and "Bottom surgery" which can involve the removal of your testicles or the removal of your testicles and penis and the creation of a vagina, labia and clitoris. You may also consider facial procedures or body-contouring procedures to create a more feminine look and appearance.

Feminizing surgery isn't for all transgender women. These surgeries can be expensive, carry risks and complications, and involve follow-up medical care and procedures. Prior to some types of surgery, you might be required to get recommendations from behavioral health providers, live as a female and be on feminizing hormone therapy for a specific period of time. Your CHA primary care provider, as well as people who have had these surgeries, can help you weigh the risks and benefits.

Why is Feminizing Surgery Done? Some people who seek feminizing surgery experience discomfort or distress because their gender identity differs from their sex assigned at birth or sex-related physical characteristics. Surgery can alleviate this discomfort for many people. For some transgender women, feminizing surgery is a natural step — important to their sense of self. Others may choose not to have any surgeries or minimal surgeries. Transgender people need to make individual choices that best suit their needs. Feminizing surgeries are typically deferred until adulthood.

Feminizing Surgery Options Include:

- Surgical removal of the testicles alone (orchiectomy)
- Vaginoplasty, a procedure that includes the following: Surgical removal of the penis (penectomy), Surgical removal of the testicles (orchiectomy), Surgical creation of a vagina using penile or colon tissue (vaginoplasty), Surgical creation of a clitoris (clitoroplasty), Surgical creation of labia (labioplasty)
- Top Surgery to increase breast size (breast augmentation)
- Facial plastic surgery
- Body-contouring procedures, such as a tummy tuck (abdominoplasty), buttock lift (gluteal augmentation) and a surgical procedure that uses a suction technique to remove fat from specific areas of the body (liposuction)
- Therapy and surgery to raise the voice pitch
- Tracheal shave surgery
- A procedure to remove hair follicles from the back and side of the head and transplant them to balding areas (scalp hair transplant)
- Hair removal using laser or electrolysis





Your doctor might recommend against these surgeries if you have:

- Unmanaged behavioral health conditions
- Uncontrolled significant health conditions
- Any condition that limits your ability to give informed consent

Are There Risks?

Like any other type of major surgery, many types of feminizing surgeries pose a risk of bleeding, infection and an adverse reaction to anesthesia.

Other complications might include:

- Delayed wound healing
- Fluid accumulation beneath the skin (seroma)
- A solid swelling of clotted blood within your tissues (hematoma)
- Changes in skin sensation such as persistent pain, tingling, reduced sensation or numbness
- · Damaged or dead body tissue (tissue necrosis) in the vagina and labia
- A blood clot in a deep vein (deep vein thrombosis) or a blood clot in a lung (pulmonary embolism)
- · An abnormal connection between two body parts (fistula), such as between the bladder or bowel into the vagina
- Urinary problems
- Pelvic floor dysfunction
- · Permanent scarring
- Loss of sexual pleasure and functioning
- Worsening of an underlying behavioral health problem

Will I Be Able to Have Children? Certain types of feminizing surgery can harm or end fertility. If you want to have biological children and you're having surgery that involves your reproductive organs, talk to your doctor about freezing your sperm before moving forward.

How Do I Prepare?

Consult a surgeon who is board certified and experienced in the procedures you desire. Your surgeon will describe your options and potential risks and results. The surgeon will provide anesthesia information, discuss the location of your operation and follow-up procedures you might need. Follow your provider's specific instructions on preparing for your procedures, including guidelines on eating and drinking, adjusting current medications, and quitting smoking.

Although giving your informed consent after discussing the procedure's risks and benefits is an acceptable standard of care, most surgeons will require you to meet certain criteria before having a feminizing surgery.



To start, your surgeon will evaluate your health to rule out or address any medical conditions that might affect or contraindicate treatment. The evaluation might include:

- A review of your personal and family medical history
- · A physical exam, including an assessment of your internal reproductive organs
- Lab tests measuring your lipids, blood sugar, blood count, liver enzymes, electrolytes and the hormone prolactin
- A review of your immunizations
- Age- and sex-appropriate screenings
- Identification and management of tobacco use, drug abuse, alcohol abuse, HIV and other sexually transmitted infections
- Discussion about sperm freezing

A behavioral health evaluation by a provider with expertise in transgender health is also required. The evaluation might assess:

- · Your gender identity and gender dysphoria
- The impact of your gender identity at work, school, home and social environments, including issues related to discrimination, relationship abuse and minority stress
- Mood or other mental health concerns
- Sexual health concerns
- Risk-taking behaviors, including substance use and use of nonmedical-grade silicone injections or unapproved hormone therapy or supplements
- Protective factors such as social support from family, friends and peers
- Your goals, risks and expectations of treatment and your future care plans

In addition, before having non-genital feminizing surgery, you'll be required to have one letter of support from a behavioral health provider with expertise in transgender health. The letter must confirm that you meet the World Professional Association of Transgender Health (WPATH) standards of care criteria for surgery, including:

- · Having the ability to make fully informed decisions and to consent to treatment
- Be managing any major medical or mental health problems

Before having genital surgery, you'll be required to obtain two letters of support, each from a behavioral health provider with expertise in transgender health. The letters must confirm that you meet the WPATH standards of care criteria, including:

- Undergoing hormone therapy as appropriate to your gender goals for at least 12 months, unless you have a medical contraindication or you're otherwise unable or unwilling to take hormones
- · Living in a gender role that matches your gender identity for at least 12 continuous months



What You Can Expect

Facial feminization surgery includes a broad range of procedures to change masculine facial features into feminine features. For example, you might have your hairline moved to create a smaller forehead; have your lips and cheekbones augmented with implants; or have your jaw and chin reshaped and resized. If you have bone reduction, you might need skin-tightening surgery. These surgeries are typically outpatient, requiring no hospital stay. Recovery time for most of these procedures is about two weeks, though recovering from jaw procedures will take longer.

Tracheal shave is a procedure to minimize your thyroid cartilage or Adam's apple. During the procedure, a small incision will be made under your chin, in the shadow of your neck or in a skin fold to conceal the scar. Your surgeon will then reduce and reshape the cartilage. This is typically an outpatient procedure, requiring no hospital stay.

Top surgery is a surgical procedure to increase your breast size that might involve implants, fat grafting or both. While the use of estrogen will stimulate breast growth, many people aren't satisfied with this growth alone. Your surgeon will make incisions around the areola, near the armpit or in the crease under the breast. Next, your surgeon will place the silicone or saline implants under breast tissue. Alternatively, you could have fat, muscles or tissue from other parts of your body transplanted into your breasts.

If feminizing hormones haven't made your breasts large enough, you might need an initial surgery to have devices called tissue expanders placed in front of your chest muscles. You'll visit your doctor every few weeks to have a small amount of saline injected into the tissue expanders. This will slowly stretch your chest skin and other tissues to make room for the implants. When your skin has been sufficiently stretched, you'll have another surgery to remove the expanders and place your implants.

Depending on your age and risk factors, you may be asked by your surgeon or primary care physician or provider to follow age appropriate guidelines regarding breast cancer screening both before and after surgery.

Genital Surgery

Orchiectomy is a surgery to remove your testicles. Because testicles produce sperm and the hormone testosterone, an orchiectomy might eliminate the need to use testosterone blockers, and reduce the amount of estrogen needed to achieve and maintain your desired appearance.

This type of surgery is typically done on an outpatient basis. You will be given a local anesthetic, in which you're awake and only your testicular area is numbed, or you will be placed under general anesthesia, in which you're asleep for the surgery. To remove your testicles, your surgeon will make an incision in your scrotum and extract the testicles through the opening. Orchiectomy is typically done as part of the surgery for vaginoplasty, though some prefer to have orchiectomy alone without further genital surgery.





Vaginoplasty is the surgical creation of a vagina. During vaginoplasty, skin from the shaft of the penis and the scrotum is used to create a vaginal canal. In some techniques these are also used to create the labia (labiaplasty). To surgically create a clitoris (clitoroplasty), the tip (glans) of the penis and the nerves that supply it are used. Alternatively, skin can be taken from another area of the body or tissue from the colon to create the vagina. The testicles also are removed during the course of the surgery.

After vaginoplasty, you'll have a tube (catheter) placed in your urethra to collect urine. You will need to be closely monitored either in the hospital or an associated care center for about a week after surgery. Recovery can take up to two months. Your doctor will provide instructions about when it's OK to begin sexual activity with your new vagina. You'll be given a set of vaginal dilators of increasing sizes that you'll insert in your vagina at time intervals to maintain, lengthen and stretch the size of your vagina. You will need to dilate on a regular basis indefinitely.

Keep in mind that because the prostate gland isn't removed during surgery, you will need to follow age appropriate recommendations for prostate cancer screening. You might also develop urinary obstructive symptoms from benign enlargement of the prostate.

Transgender Care at CHA

CHA earned the coveted "LGBTQ+ Healthcare Equality Leader" designation for 2022 in the Human Rights Campaign Foundation's 15th anniversary edition of the Healthcare Equality Index. Visit our <u>LGBTQ+ Living Well</u> and <u>Transgender Care</u> pages to find out more about our commitment to caring for the transgender and gender diverse communities.

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