

Masculinizing 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 you.

What is masculinizing surgery? Masculinizing surgery includes procedures that change the feminine features of your body to match your gender identity. These include top surgery to remove your breasts and create a more male formed chest and bottom surgery to increase the length of the clitoris, create a penis and/or scrotum.

These surgeries can be expensive, carry risks and complications, and involve follow-up medical care and procedures. Prior to some types of surgery, you'll be required to get recommendations from behavioral health providers, live as a male and be on masculinizing hormone therapy for a specific period of time. Certain surgeries will affect your fertility and your sexual sensations, in addition to how you feel about your body.

Your CHA primary care provider, as well as people who have had these surgeries, can help you weigh the risks and benefits.

Why is masculinizing surgery done? Masculinizing surgery can help reduce discomfort and distress for some transgender men and allow them to better match their gender identity. For some transgender men, masculinizing surgery is a natural step — and important to their sense of self. Others choose not to have surgery. Transgender people relate to their bodies differently and need to make individual choices that best suit their needs. Masculinizing surgeries are not typically done until adulthood.

Surgical Options Include:

- Surgical removal of your breast tissue (top surgery for transgender men)
- Surgical placement of implants to create the appearance of a defined male chest (pectoral implants)
- Various aesthetic procedures, such as a surgical procedure that uses a suction technique to remove fat from specific areas of the body (liposuction) or fat grafting
- Genital surgery to remove your uterus (hysterectomy), or uterus and cervix (total hysterectomy), or fallopian tubes and ovaries (salpingo-oophorectomy)
- Surgery to remove all or part of your vagina (vaginectomy), create a scrotum (scrotoplasty), place testicular prostheses, increase the length of the clitoris (metoidioplasty) or create a penis (phalloplasty)

Are There Risks?

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

Other complications might include:

- Delayed wound healing
- Fluid accumulation beneath the skin
- 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), such as in the nipple and in the surgically created penis (neophallus)
- 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 in the urinary tract
- Urinary problems, such as incontinence
- Pelvic floor dysfunction
- Permanent scarring
- Loss of sexual pleasure and functioning
- Worsening of an underlying behavioral health concern

Having Children

Certain types of masculinizing surgery can harm or end your fertility. If you want to have biological children and you're having surgery that involves your reproductive organs, talk to your provider about freezing your eggs or embryos before moving forward with any masculinizing surgery. Another option involves having ovarian tissue surgically removed, frozen and later thawed and reimplanted.

How to Prepare

Consult a surgeon who is board certified and experienced in doing masculinizing procedures. Your surgeon will describe your options, risks and potential results. The surgeon will provide information on the anesthesia, the location of the operation and the kind of follow-up procedures you might need. Follow your doctor'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 masculinizing surgery. To start, your surgeon will evaluate your health to rule out or address any medical conditions that might affect your surgery or show you should not have it.

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 and electrolytes
- A review of your immunizations
- Age- and sex-appropriate screenings
- Identification and management of tobacco use, drug use, alcohol use, HIV and other sexually transmitted infections
- Discussion about contraception and future fertility

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

Before having non-genital masculinizing 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

Your provider might recommend against masculinizing surgeries if you have:

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

What You Can Expect

Chest surgery for transgender men or masculinizing chest surgery involves the removal of your breast tissue (subcutaneous mastectomy). If your breast size is small, you might be able to have surgery that spares your skin, nipple and areola (nipple-sparing subcutaneous mastectomy). This minimizes scarring, has a faster healing time and usually preserves sensation in the nipples. If you have larger breasts, you might need to have your nipples and areolas taken off, resized and grafted back into position. This causes more scarring and loss of sensation to the nipple.

If you are a carrier of genetic mutations that increase your risk of breast cancer, you might also choose to have your nipples and areolas completely removed and subsequent surgery or tattooing to recreate them.

After surgery, you might need to stay in the hospital overnight. You'll likely have one or two small plastic tubes placed where your breasts were removed to drain any fluids after surgery. You might not be able to bear weight on your upper body for six weeks.

Some breast tissue will likely remain regardless of the surgical technique. As a result, your provider will talk to you about the need for continuing routine breast cancer screening.

Genital Surgery

Bottom surgeries include **metoidioplasty, phalloplasty, and scrotoplasty**. These surgeries are extensive and involve the reconstruction and removal of female genitalia as well as the creation of male genitalia. Recovery time can take up to 12 weeks and you may need additional follow up surgeries depending on what type of procedure you choose. Some of these procedures can cause significant scarring and carry a high risk of complications. Talk with your CHA provider to weigh the risks and benefits of bottom surgeries to decide what is best for you.

With some bottom surgeries, you will lose the ability to have biological children. If there is a possibility you want biological children in the future, your CHA provider can discuss your options before making any surgical decisions.

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 [LGBTQ+ Living Well](#) and [Transgender Care](#) pages to find out more about our commitment to caring for the transgender and gender diverse communities.

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