


Dr. Amy Pearlman (she/her/hers)

# Gender-Affirming Genital Surgery

Dr. Bradley Erickson (he/him/his)

2020 DMU Transhealth Series



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## Disclosures

- No relevant disclosures

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## Photo Consent

- All photos included in this presentation are from patients who have consented to allow the use of photos without any patient identifiers to be used for educational purposes and for showing other patients

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**Learning Objectives**

- List **standards of care** for gender-affirming bottom surgery
- Consider what needs to be done **prior to surgery** (fertility preservation, insurance coverage, hair removal, mental health clearance letters)
- Discuss **prostate cancer screening**
- Describe **surgical options** for gender-affirming bottom surgery

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**WPATH Guidelines**

- World Professional Association for Transgender Health (WPATH)
  - **Standards of Care** for Health of Transsexual, Transgender, and Gender-Nonconforming People
    - <https://www.wpath.org/publications/soc>

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**WPATH Guidelines**

- Persistent, well-documented **gender dysphoria**
- **Capacity** to make a fully informed decision and to consent for treatment
- **Age** of majority in a given country
- If significant medical or mental **health concerns** are present, they must be **well controlled**
- 12 continuous months of **hormone therapy**
- 12 continuous months of **living in a gender role congruent with gender identity** (*for vaginoplasty, not orchiectomy*)

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**Before surgery**

- Fertility preservation
- Insurance coverage
- Hair removal
- Mental health clearance letters

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**Support for Fertility Preservation**

- American Society for Reproductive Medicine
- World Professional Association of Transgender Health
- Endocrine Society

Ethics Committee of the American Society for Reproductive Medicine. Access to fertility services by transgender patients: an Ethics Committee opinion. *Fertil Steril* 2015; 94: 1111-1115.  
 Heston VL, Conradi-Lewis P. Desires and the Ethical Care of Endocrine Treatment of Transgender Patients: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab* 2015; 94: 3112-3114.  
 Dworkin MB, Green J, Kessler J, Meyer G, Heston VL, Hill SA. Electronic medical records and the transgender patient: recommendations from the World Professional Association for Transgender Health (WPATH) Working Group. *J Am Med Assoc* 2015; 304: 790-793.  
 DeWitt G, Conway W, Starks F, et al. ES/RES Task Force on Ethics and Law 23: medically assisted reproduction in single, lesbian and gay couples, and transgender people. *Hum Reprod* 2014; 29: 1829-1832.

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**Barriers to Fertility Preservation**

- Not counseled on options
- Unsure about desire for biological children
- May not understand cost
- May not be able to afford
- Invasiveness of procedures
- Negative experience regarding gender neutral terms (e.g., parent rather than mother or father)

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**Options for Fertility Preservation**

- Semen cryopreservation is feasible
  - Before hormone therapy
  - Temporarily stopping hormone therapy once initiated

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**Insurance Coverage**

**Zero-Depth Vaginoplasty:**

- 54120- partial penectomy
- 56620- labiaplasty
- 56805- clitoroplasty
- 53410- urethroplasty
- 54520- orchiectomy (if not previously performed)

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**Insurance Coverage**

**Full Depth Vaginoplasty:**

- 57335- vaginoplasty
- 54120- partial penectomy
- 15240- full thickness graft of genitalia, first 20 sq cm
- 15241- full thickness graft of genitalia, each addl 20 sq cm
- 56805- clitoroplasty
- 53410- urethroplasty
- 54520- orchiectomy (if not previously performed)

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**WPATH guidelines ≠ insurance policy ≠ insurance coverage**

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**Genital Hair Removal**

- Laser and/or electrolysis
- May take up to 10 months
- Required for those interested in full-depth vaginoplasty (NOT for zero-depth)
- Dr. Hillary Johnson-Jahangir @UIHC for laser hair removal
- May go locally

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**Genital Hair Removal**

- Remove all hair from
  - Shaft of penis
  - Scrotum (beneath base of penis to both thigh creases)
- Perineum (space between scrotum and 1 inch above anus to both thigh creases)

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**Mental Health Clearance Letters**

- 2 letters are required for insurance coverage purposes (within 12 months of planned surgery)
- Clearances from primary care doctors are not sufficient (must be mental health provider specifically)

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**Mental Health Clearance Letters**

**University of Iowa College of Education**

1. Patient registers with Client Portal:  
<https://lgbtqclinic.mytherabook.com/account/signup>
2. Patient emails LGBTQ-Clinic@uiowa.edu with available dates and times for an appointment
3. Appointment will be communicated via email

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**Mental Health Clearance Letters**

**2 letters can also be supplied by other mental health providers though letters must address all of the following:**

- Legal Name
- Email Address
- Birthdate:
- Assessment Date:
- Referral and Background
- Gender Identify and History of Gender Dysphoria
- Meaningful Closer Relationships and Support of Gender Identify/Transition
- Mental Health History (including suicidality, diagnosis, medications)
- Substance Use History
- History of Trauma, Abuse, Domestic or Other Forms of Violence
- Support in Work Environment
- Coping Strategies
- Understanding of Risks and Benefits of Hormone Therapy or Surgery

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**Mental Health Clearance Letters**

- Indicate whether or not client meets WPATH Standards
  - Does client have persistent, well-documented gender dysphoria?
  - Does client have the capacity to make informed decision?
  - Are other significant mental health or medical concerns well controlled?
  - Is the client over the age of 18?
- Recommendation
- Signature

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**Prostate Cancer Screening**

- Transgender women and non-binary transfeminine people who retain a prostate **at risk**
- Limited knowledge** of incidence, risk for disease, and clinical course of prostate cancer (CaP)
- PSA 1ng/ml** is recommended upper limit of normal for transfeminine people on HRT
- CaP in transwomen appears to demonstrate a preponderance of **aggressive disease**
  - Hardy disease essentially castrate resistant and advanced at diagnosis in setting of androgen suppression
  - Perhaps estrogen's role in prostate cancer
- Barriers to care:** lack of access to resources, medical provider knowledge deficits

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**Urology at UIHC is currently offering transfeminine gender affirming genital surgery:**

- Drenlectomy
- Zero-depth vaginoplasty
- One-depth vaginoplasty




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**Goals of Surgery**

- Improve gender dysphoria
- Allow for sexual pleasure
- Maintain urinary function

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**Starting the Conversation**

Simple  
Subtle  
Streamlined

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**Starting the Conversation**

- “Hi, my name is Amy Pearlman. I am a reconstructive urologist and my preferred pronouns are she/her/hers. What is your preferred name and pronouns?”
- “My understanding is you are interested in gender-affirming surgery. What kinds of surgery are you interested in? Everyone comes in with a different amount of knowledge. Where would you like me to start?”

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### Patient #1

- **66 yo transgender female**
- Continuous **HRT x 2 years** (estradiol, finasteride)
- PMHx: generalized anxiety disorder, major depressive disorder (well controlled per psychiatrist; 2 mental health clearances)
- **Goals: bilateral orchiectomy**
  - In-office (local anesthesia): \$1900
  - OR (sedation)
  - OR (general)

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### Perioperative Hormone Therapy

- Can stop spironolactone after orchiectomy

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### Patient #2

- **24 yo transgender female**
- Continuous **HRT x 2 years** (estradiol, spironolactone)
- **Living as a female x 1.5 yrs**
- Has a girlfriend
- PMHx: anxiety, major depressive disorder (well controlled per psychiatrist; 2 mental health clearances)
- **Goals: vulvoplasty**

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### Perioperative Hormone Therapy

- If diabetes, any heart disease (including hypertension) and/or age >50, hold estrogen for 2 weeks prior to surgery and 1 week following surgery
- All others can stay on estrogen throughout

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### Anatomy

A diagram of the female reproductive system, showing the uterus, ovaries, and fallopian tubes. The diagram is presented with a white border and a yellow header, mimicking a slide format. The header contains the text 'UNIVERSITY of KWIA HEALTH CARE' and 'ulhc.org'. The bottom right corner of the slide area contains the text '— 28 —' and 'UNIVERSITY of KWIA HEALTH CARE'.

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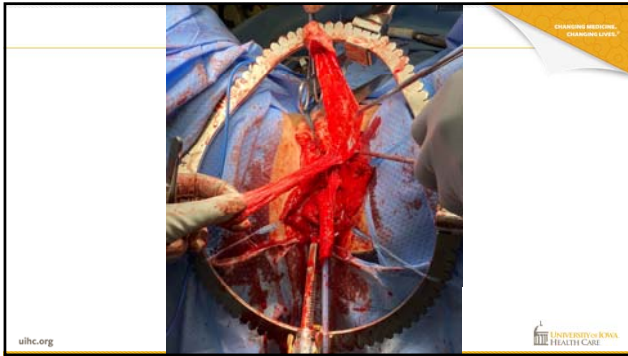
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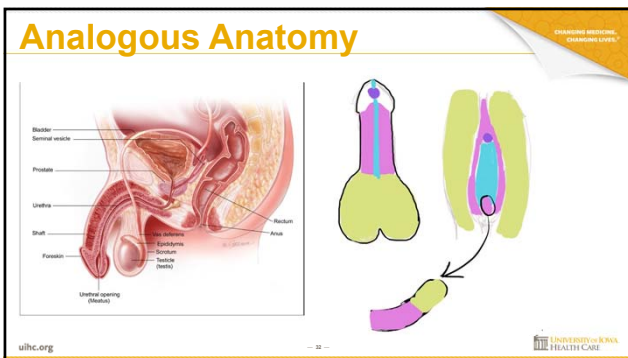
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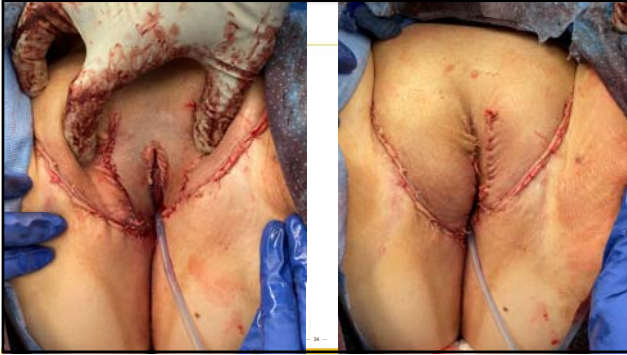
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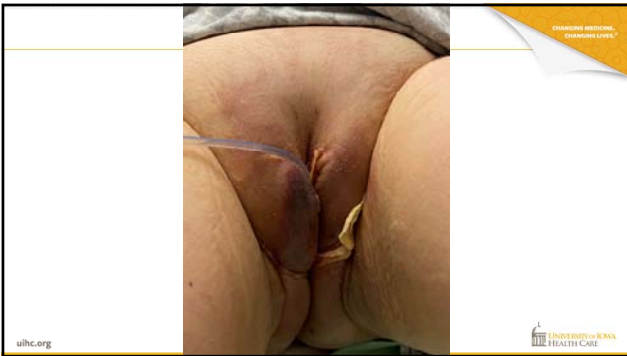
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### Post-Operative Care

#### Zero-depth vaginoplasty

- Bedrest x 24 hours
- Discharge Home POD 2-3
- Pressure dressing until discharge
- Bacitracin ointment/xeroform around urethral meatus and neoclitoris
- Foley catheter ~10 days

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**Patient #3**

- 23 yo transgender female
- Continuous HRT x 4 years (estradiol, spironolactone)
- Living as a woman x 5 years
- Laser hair x 2 sessions
- PMHx: generalized anxiety disorder, major depressive disorder, borderline personality disorder
  - Hospitalized in psych unit for suicidal ideation 2 months ago. Medications have since been changed
- Goals: vaginoplasty
- Pending: Stabilization of mental health disorders (2 mental health clearances), completion of laser hair removal

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**Patient #4**

- 53 yo transgender female
- HRT (estradiol) > 1 year
- PMHx: Anxiety, **former tobacco user**
- PSHx: **Orchiectomy 2014**
- **Goals: Full-depth vaginoplasty**
- **Before surgery**
  - Genital hair removal
  - No nicotine-containing products
  - Pelvic floor physical therapy
  - Supplies

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**Nicotine-containing Products**

- No tobacco/nicotine-containing products (including electronic cigarettes) for at least 30 days prior to zero or full-depth vaginoplasty

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**Pelvic Floor Physical Therapy**

- **At least one preoperative visit, goals are:**
  - Screen/treat pelvic floor muscle dysfunction
  - Learn pelvic floor muscle (PFM) contraction and relaxation
  - Learn and execute stretches to facilitate PFM relaxation

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**Supplies**

Acquire/purchase prior to surgery

- Hand-held mirror
- Vaginal dilators
- Lubrication
- Washing supplies

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Intraop full-depth vaginoplasty

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**Post-Operative Care**  
Full-Depth Vaginoplasty

- Strict bedrest with vaginal packing/pressure dressing x 5 days (removed POD5)
- Discharge home POD 5-6
- Start dilation at time of vaginal packing removal
- Bacitracin ointment/xeroform around urethral meatus and neoclitoris
- Foley catheter ~10 days

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POD 5 s/p full-depth vaginoplasty

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### Dilators

Bring to hospital and initial postop visits

Intimate Rose Large 4-Pack Silicone Dilators (Sizes 5-8)

[https://www.amazon.com/Intimate-Rose-4-Pack-Silicone-Dilators/dp/B07BKBCFDL/ref=sr\\_1\\_5?dchild=1&keywords=vaginal+dilators&qid=1595333362&sr=8-5](https://www.amazon.com/Intimate-Rose-4-Pack-Silicone-Dilators/dp/B07BKBCFDL/ref=sr_1_5?dchild=1&keywords=vaginal+dilators&qid=1595333362&sr=8-5)

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### Dilation Regimen

- **Starting day of packing removal**
- Start with largest dilator that does not cause significant discomfort and work up to goal dilator size
  - Between time of hospital discharge and first post-operative visit, start with shorter dilation sessions (e.g., 15 mins, up to 4 times a day)
- Starting after first surgical follow up visit (about 10-14 days after surgery)
  - First 3 months: 30 minutes, at least 3 times per day
  - 3-6 months: 30 minutes, twice daily
  - >6 months: once daily, may perform less frequent dilation if regularly having receptive intercourse, though lifelong dilation is necessary to prevent vaginal stenosis and/or loss of vaginal depth

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### Lubrication

- Use **water-based lubrication** (e.g., Good Clean Love, Sliquid, Slippery Stuff)
  - Avoid silicone-based lubrication, oils, and thinner water-based lubrication (e.g., Astroglide) for at least the first 3 months following surgery
  - Lubrication will drain out from the vagina after insertion (which is normal)

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### Cleansing

- **Shower and use mild soap externally** 2x per day to prevent infection (drainage/discharge is common for which you may use maxi pads and/or gauze)
- Some prefer to **douche** (in which case, we recommend homemade saline (1/2 teaspoon table salt for each 8 ounce cup of water) for the first 6 weeks to 3 months after surgery (after which you may use tap water)
  - You may use a reusable douche bottle
  - No need to boil water to sterilize it

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### Zero vs Full-Depth Vaginoplasty

- Both result in similar appearance of vulva (external genitalia)
- Full-depth vaginoplasty includes creation of a vaginal canal which means
  - Need for preoperative permanent genital hair removal
  - Risk of intraoperative rectal injury
  - 5 days of bedrest
  - Need for lifelong dilation

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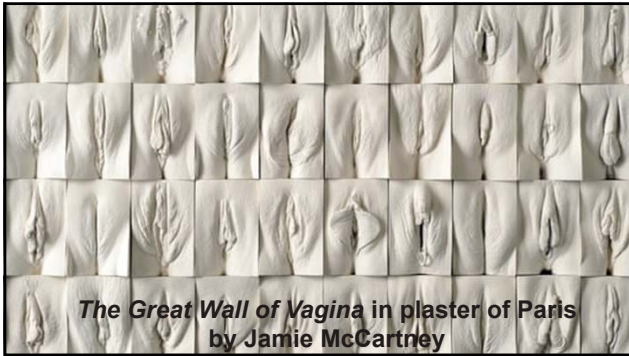
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Intraoperative  
Full-depth  
vaginoplasty

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Intraoperative  
Full-depth  
vaginoplasty

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5 days post op  
Full-depth  
vaginoplasty

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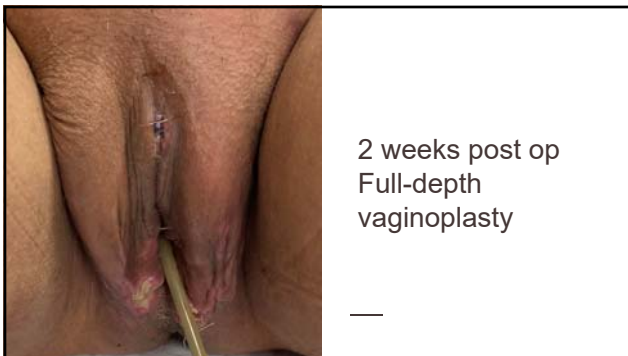
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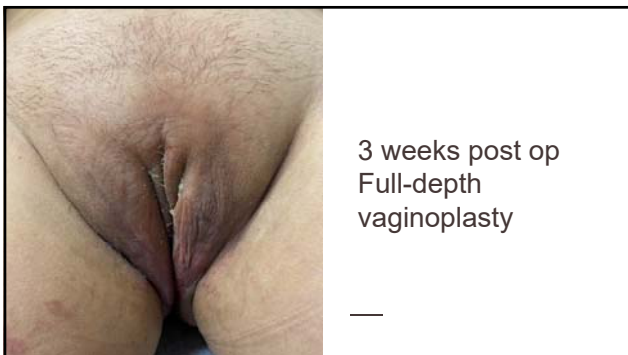
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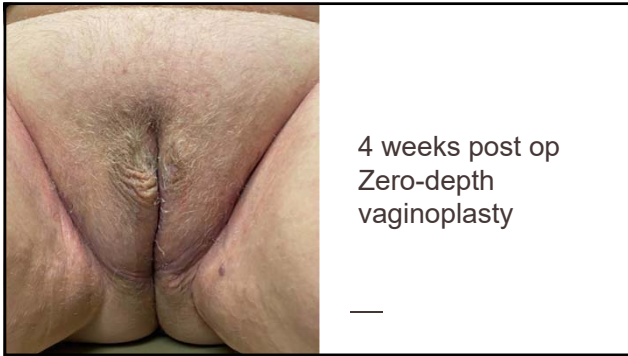
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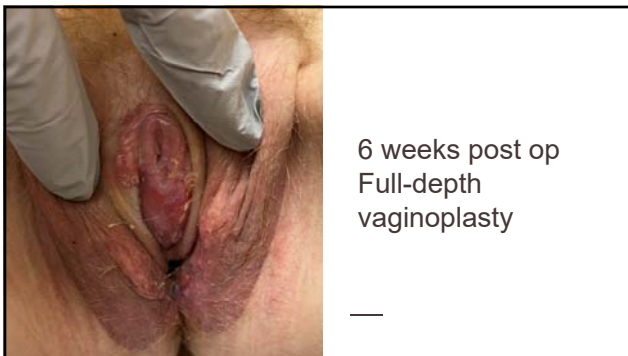
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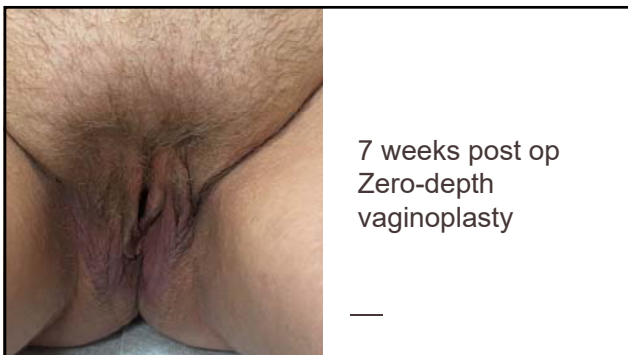
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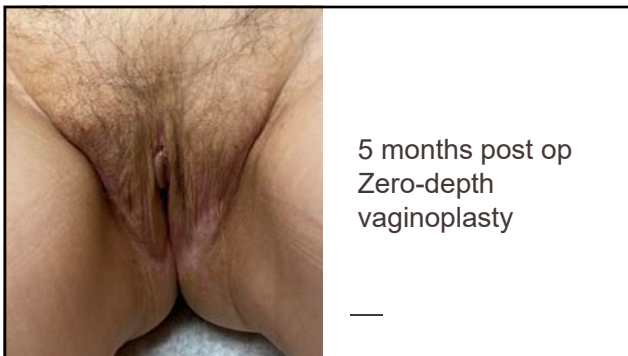
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**Ongoing research**

- Surgical outcomes
- Outpatient clinic experience
- Long term prostate cancer follow up
- Efficacy of bottom surgery online training for health care staff

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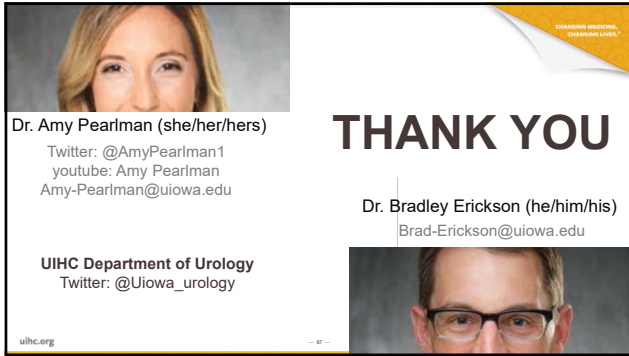
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Dr. Amy Pearlman (she/her/hers)  
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youtube: Amy Pearlman  
Amy-Pearlman@uiowa.edu

**THANK YOU**

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