Foundations of Surgical Assessments with Trans Patients

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Continuing Medical Education Disclosure

- **Program Faculty:** Ruben Hopwood, MDiv, PhD
- **Current Positions:** Coordinator, Transgender Health Program, Fenway Health; Visiting Researcher, The Danielsen Institute at Boston University
- **Disclosure:** No relevant financial relationships.
  - All gender affirmation medical treatment is off-label. 

*This includes medications and surgeries*

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Ethical Standards

- This course supports the ethical standards related to equal treatment and access to care for transgender populations under APA Policy Statement: *Transgender, Gender Identity, & Gender Expression Non-Discrimination*, Adopted by the American Psychological Association Council of Representatives August, 2008.
Learning Objectives:

Participants will be able to...

1. Explain what are realistic client expectations and readiness for surgery and recovery
2. Describe three barriers to successful outcomes
3. Outline two different letters for surgical referrals and recommendations
Information NOT covered today

- Surgery on minors
- Photographs/images of completed surgical procedures
- Surgeon lists/referral resources
- Financing options, fund-raising, insurance coverages
Overview of Training Order

- DSM-5 diagnosis
- Very brief surgical procedures overview
- Eligibility criteria (WPATH, SOC, v.7)
- Assessment basics
- Referral letter content overview
- Case examples & discussion
Perspective

- Some people experience significant discomfort with their bodies, some do not – be aware of internal bias and expectations for how a trans or non-binary person relates to their body
- The need to affirm one’s gender identity can supersede other health concerns

Bockting, et al., 1998; Hendricks & Testa, 2012
Overview of DSM-5 criteria
DSM-5 Gender Dysphoria (F64._)

A. A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months duration ...

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning, or with a significantly increased risk of suffering, such as distress or disability

.0 adolescence & adulthood .8 other gender identity disorders .9 unspecified
Overview of Surgical Options
Brief Review: Feminizing Surgical Options

- Breast surgery: augmentation mammoplasty (implants/lipofilling)
- Genital surgery: penectomy, orchiectomy, vaginoplasty, clitoroplasty, vulvoplasty
- Non-genital, non-breast surgical interventions: facial feminizations surgery (FFS), liposuction, lipofilling, voice surgery, thyroid cartilage reduction, gluteal augmentation (implants/lipofilling), hair reconstruction, and other aesthetic procedures
Brief Review: Masculinizing Surgical Options

- Chest (top) surgery: subcutaneous mastectomy, creation of a male chest
- Genital surgery: hysterectomy/oophorectomy, urethral lengthening, which can be combined with a metoidioplasty or with a phalloplasty, vaginectomy, scrotoplasty, erectile device, and/or testicular implants
- Non-genital, non-chest surgical interventions: voice surgery (rare), liposuction, lipofilling, pectoral implants, and various aesthetic procedures
Standards of Care
for the Health of Transsexual, Transgender, and Gender Nonconforming People

The World Professional Association for Transgender Health
Criteria for Evaluation: Breast/Chest Surgery

- Persistent and well documented gender dysphoria
- Age of majority
- Capacity to make a fully informed decision and consent to treatment
- Any significant mental health or medical concerns are reasonably well controlled

* recommended MTF people have 12 months of hormone treatment before augmentation

(WPATH, 2011. SOC, v. 7)
Criteria for Evaluation: Gonadectomy

- ALL previous criteria plus:
  - Any significant mental health or medical concerns are well controlled
  - 12 continuous months of hormone therapy as appropriate to the person’s gender goals (unless the person has a medical contraindication or is otherwise unable or unwilling to take hormones)

(WPATH, 2011. SOC, v. 7)
Criteria for Evaluation: Genital Reconstruction

- ALL the previous slides plus:
  - 12 continuous months of living in a gender role that is congruent with the person’s gender identity*

* It is recommended that individuals have regular visits with a mental health or other medical professional before and after surgery. Documentation of this criteria is expected and may be verified by other outside sources. Criteria may also be varied based on health insurance [and surgeon requirements].

(WPATH, 2011. SOC, v. 7)
The root of the word “assessment” is from the Latin *assidere*, which means “*to sit beside*.”
Mental Health Assessment: Basic Information

- Gender identity and any dysphoria, history, development, and current status of gender dysphoric feelings;
- The impact on mental health and functioning of dysphoria and stigma attached to gender diversity or nonconformity;
- The availability and quality of systemic supports;
- Verification that the gender dysphoria is not secondary to, or better accounted for by, other diagnoses or conditions.
Functioning

- Familial, psychological, interpersonal, physical, social, spiritual, sexual, educational, occupational, financial, and legal challenges to functioning successfully in the gender role of identity
  - Day-to-day functioning
  - Sexual practices and functioning
  - Holidays/vacations
  - Work/school
  - Special events
  - Isolation/connection
  - Nonbinary gender expressions
Common Areas to Assess

- Eating disorders
- Depression
- Self-harm
- Anxiety
- Substance use/abuse
- Alcohol use/abuse
- Autism spectrum
- Domestic violence
- Health complications
- Sexual health
- Isolation
- Suicidality
- Minority stress impact
- History of trauma and discrimination
- Homelessness
In plain language you must attest that...

- The patient has clear, reasonable, and realistic expectations for surgery processes and outcomes, cost, recovery, work/school interruptions, and etc.;
- The patient has chosen a surgeon and arranged for financing, pre- peri- and post-surgical care, and reasonable plans for complications;
- Reproductive* options have been adequately explored and resolved prior to surgery if it will include sterilization.

* Sperm or egg banking if still feasible
Realistic Expectations

- GRS has high chance of exacerbating a hx of sexual trauma and/or DID
- FMLA procedures and options
- Overseas/out-of-state travel and care
- Flying home after genital surgery; with implants
- Dilating at work and long-term
- Financing surgery & associated costs
- Sexual functioning and expectations
- Complications, multi-stage procedures, swelling
- Body waste elimination complications
- Time expectations and recovery realities
- Age and health concerns
- Stamina to withstand appeals
- Allergic reactions & planning
- SOFFA responses
- Religious considerations
- Hot flashes and blood clots
- ‘Utopia’ and revisions
Serious Mental Illnesses*

- **Mental health issues must be well controlled**
- Severe psychiatric disorders and impaired reality testing warrant further care and additional evaluation and supports throughout the process and ongoing
- Efforts to manage conditions must be effective to provide sustained stabilization (pre & post surgery)
- No surgery should be undertaken during active psychosis

* Conditions may include: any psychotic disorders, delusional disorders, bipolar disorders, OCD, personality disorders, DID
Surgeon’s Responsibilities

- Review different surgical techniques available (with referral to colleagues who provide alternative options);
- Review advantages and disadvantages of each technique;
- Review limitations of a procedure to achieve “ideal” results; surgeons are responsible to provide a full range of before-and-after photographs of their own patients, including both successful and unsuccessful outcomes;
- Review inherent risks and possible complications of the various techniques;
- Inform patients of their own complication rates with each procedure.
Referral Letter Content Overview

1. Clearly identify the client’s legal and lived identity
2. Give a full report of the psycho-social assessment, including any diagnoses, meds, and length of the evaluation
3. State clearly which and that criteria for surgery have been met
4. Provide a brief description of the clinical rationale for supporting this specific surgery (some surgeons want a detailed life history – know your client’s story)
5. State the person’s understanding and whether they have given informed consent or any reasons for needing support for consent to treatment
6. Invite and enable contact for coordination of care for this person
Surgery Referral Letters

- Clearly state whether patient has met criteria for/is diagnosed with Gender Dysphoria (F64._)
- State length of time on hormone treatments or reason for any variance from recommendations or requirements
- State length of time and in what capacity person is living in social gender role – explain if needed
- Primary Care Provider letters *may* be accepted by insurance carriers, but not by all surgeons
Letters

- Note any medical or non-medical actions the person has already completed to affirm their gender.
- Report any progress in consolidating the new gender role and improvements in managing daily life stressors of work/school, family, and BH issues.
- Report how this surgery supports further relief of or prevention of BH issues, dysphoria, and distress.
- Report on any co-occurring medical, sexual, or psychiatric diagnoses, including medications (OTC/Rx).
Letters

- State to what extent the person has followed the WPATH SOC, v.7 and/or other criteria required by surgeon or insurance carrier
- State clearly your own level of support for this person to undergo this specific procedure
- Invite contact from the surgeon and provide a means to reach you!
Case Examples
Putting it into Practice: Case Studies

- Bahar is a 25yo FTM person from the Middle East. He has been on hormones for 2 years and has heavy body and facial hair growth. His name in Arabic is feminine. He struggles with which locker room to use at the gym and has had issues with guest staff when using the women’s room. He is seeking a referral for top surgery. During your evaluation, he discloses that he experienced repeated sexual molestation while growing up. He makes a passing comment referring to the chest surgery he wants, saying, “That will show them!” He refuses to say more. The next week he refuses to talk about his sexual molestation history saying he has “resolved all that now.”
Putting it into Practice: Case Studies

- Malcolm is a 20yo mixed-race FTM person who started on hormones at age 14 on his own. He moved to the US at age 16yo. He is seeking genital reconstruction surgery. He is a professional kick-boxer on women’s teams and wants to have surgery on the three month season break and return to kick-boxing in the men’s category. He has not had chest reconstructive surgery. He is in excellent physical health. He has a supportive network of family and friends. He has no health insurance. He says he has saved up for a “basic” surgery option.
Putting it into Practice: Case Studies

- Georgia is a 35yo Caribbean MTF person who is very active in a conservative religious community. No one knows about her trans history except her family who do not live in the country. She has a good job and insurance that categorically excludes trans care. She has saved money and has sold some investments and has enough money to pay for GRS overseas. No one is going with her overseas. She plans to have church members come help her after she gets home from surgery.
Putting it into Practice: Case Studies

- Janice is a 40yo AMAB trans-feminine person who is seeking GRS. She has been living as a woman and on hormones for more than 10 years and says she is really two people. She talks about the “woman living inside” her needing to get out. She drinks a minimum of 1 bottle of wine daily and does not want to stop drinking. She has a high-paying job and money to pay for surgery on her own. She has already arranged for genital surgery in Canada and only needs a mental health referral to get insurance reimbursement.
Putting it into Practice: Case Studies

- Pat is a 38yo AFAB person who identifies as gender queer or non-binary on a masculine spectrum, and who uses feminine pronouns. She experiences significant discomfort related to having large breasts. She has health insurance that will pay for chest reconstruction surgery. She has chosen a surgeon who is fairly rigid concerning a gender binary. The patient does not have any intention of ever being on hormones or of transitioning to male and has never lived or identified as male. Currently she lives as a butch lesbian and often use men’s public bathrooms due to social perception and pressures.
Thank You
Further Support & Questions

- Please download (free) and read the WPATH Standards of Care, Version 7 from www.WPATH.org.
- I can supply templates of basic letters on request to rhopwood@fenwayhealth.org