Female To Male Transgender Surgery

A 9 Year Journey

SOMETIMES A SPECIALTY FINDS YOU!

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Outline

- History
- Creating A Welcoming Office
- Staff Development
- Insurance Issues
- Patient Health Factors
- Psychosocial Concerns
- Surgery And Post-operative Care
2006

- Dr. Yvonne Gomez-Carrion took a call from a Fenway PCP
- “Can you see my patient who needs a hysterectomy? No one else in town will take my patient.”
- Word of mouth referrals from satisfied patients...internet references
Creating a Welcoming Office

- Major barrier to care for many trans* patients is fear
- Patients are alert for any evidence that you really do not want to see them
- Many trans* people have had horrendous experiences with the health care system
- Staff anxiety is not hidden
Mistakes: We’ve Made a Few

- We were anxious about not making mistakes, so we made more!
- At check-in, some patients were told they were in the wrong place
- We used the wrong pronouns
- Medical assistants were not prepared for meeting the patients
Listen and Learn

- Many trans* patients are accustomed to disrespect and rude treatment
- Provider acknowledgment of mistakes and apology builds trust
- Patients become willing teachers
- Incorporate suggestions into future visits
- Some ideas are relevant to all patients
The New Golden Rule

Address the person, not their anatomy or medical record
Commitment to Educating Ourselves and Our Staff

- Many staff have not been exposed to the concept of transgender
- Specific training for OB-GYN staff- AAs, MAs, Radiology techs, nurses and physicians
- Schwartz center rounds/OB-GYN grand rounds, nursing grand rounds
- Focused training for specialty staff- operating room, post-op floor
Welcoming Trans* Patients Into a General OB-GYN Practice

- 0.3% of population is trans* (underestimated)

- Typical OB-GYN office is full of heterosexual couples, older women and kids
Making the Practice More Trans* Friendly

- Give the patient the first or last appointment of the day to avoid crowds
- Come with a friend or partner for support
- Use the surname to call the patient to the exam room, since many people use a different first name than their legal name
Challenges with Electronic Medical Records

- Sex/gender designation is M/F binary
- Preferred name vs legal name
- Ordering a cervical Pap smear on a male patient
- Get approval for a hysterectomy on a male
Insurance Issues

- Criteria for insurance coverage of surgery- medical diagnosis: fibroids, abnormal bleeding, pelvic pain
- Criteria for approval of procedure
  - Pap, endometrial biopsy
  - Are these tests really necessary?
  - Do you need an endometrial biopsy if ultrasound is normal and patient has normal BMI?
Changes in Coverage Of Transgender Reassignment Surgery

- ACA
- Mandates are highly variable state to state
- More private insurance companies covering trans* surgery
- More employers are recognizing a need for parity for all employees
Times are a’changing

OBAMACARE NOW PAYS FOR GENDER REASSIGNMENT
BY KAISER HEALTH NEWS 06/23/14 5:45 AM ET

By Anna Gorman, Kaiser Health News

Devin Payne had gone years without health insurance—having little need and not much money to pay for it.
Patient Perceptions of Providers

- Health care provider is an obstacle to be overcome
- Patients need to prove themselves worthy of surgery (WPATH Standards)
- Expecting rejection, resistance, refusal
Patient Health Status

- Many trans* people have not had adequate primary care
- Issues of obesity, substance abuse, no cervical cancer screening, STI risks
- Underground access to needed medications and hormones
Psychosocial Factors

- Fear Of Judgement
- Hypervigilance
- Isolation, Depression, Low Self-esteem
- History of Sexual Assault, Trauma, PTSD
- Rejection From Family Of Origin, Domestic Abuse
Patient Decision Making

- What are the patient’s goals and needs?
- Relief of pain - uterine pathology, pain with orgasm, unexplained pelvic pain
- Abnormal vaginal bleeding
- Gender confirmation/affirmation
- ? Genital surgery - may influence surgical approach
Reproductive Choices

- Many patients have no interest in pregnancy
- Can retain ovaries and uterus, stop testosterone
- Embryo freezing, egg freezing
- What are the effects of testosterone on ova?
- Child development outcomes- no long term studies yet (so far, so good)
Planning a Hysterectomy

- Type of surgery/surgical approach
- Planning for post-operative recuperation- realistic expectations
- Long term goals
Providing GYN Care to Trans* Men

- Can be a difficult GYN/pelvic exam
- Use Lorazapam pre-exam
- Sometimes done under anesthesia
- Many trans* people do not consider contraception
Practical Practice Tips

- Post-operative issues: private room
- Support person/partner/family member staying with patient overnight (essential)
- Even slight post-op vaginal bleeding causes meltdowns (I thought I was done!)
Challenges

- Young patients: 18-21
- History of psychiatric problems
- Known substance abuse history, particularly opioid abuse
- Patient who is unrealistic about recovery- return to work in 1 week
Male to Female Surgery
Clinical Experience

- Complications of genital surgery
- Neovagina dilation
Harm to Dignity and Respect

- BIDMC incident reporting use the incident reporting system to document and address harm to dignity and respect
- Gives increased scrutiny to problems and mobilizes resources to correct problems
- Can instigate staff training, it system changes, review of policy and procedure
REFERENCES

- Talbot, M. About a boy. The New Yorker. March 18, 2013