Foundations of Surgical Assessments with Trans Patients

Alex Keuroghlian, MD MPH
Associate Director, Education and Training Programs, The Fenway Institute
Public and Community Psychiatry Curriculum Director, MGH/McLean
Continuing Medical Education Disclosure

- **Program Faculty**: Alex Keuroghlian, MD MPH
- **Current Position**: Associate Director, Education and Training Programs, The Fenway Institute; Public and Community Psychiatry Curriculum Director, MGH/McLean
- **Disclosure**: No relevant financial relationships. All hormone therapy for transgender people is off-label.

It is the policy of The National LGBT Health Education Center, Fenway Health that all CME planning committee/faculty/authors/editors/staff disclose relationships with commercial entities upon nomination/invitation of participation. Disclosure documents are reviewed for potential conflicts of interest and, if identified, they are resolved prior to confirmation of participation. Only participants who have no conflict of interest or who agree to an identified resolution process prior to their participation were involved in this CME activity.
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. Recognize at least three barriers to successful outcomes
2. Evaluate readiness and realistic client expectations for surgery
3. Construct letters for surgical referrals and recommendations
Overview of Training Order

- Foundational information
- Evaluation and assessment criteria
- Referral content and letters
- Case examples and discussion
Perspective

- Some people experience significant discomfort with their bodies, some do not – be aware of internal bias and expectations of how a trans 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
DSM-5
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

.1 adolescence & adulthood .8 other gender identity disorders .9 unspecified
Surgical Options
Brief Review of Surgical Options: Male-to-Female Individuals

- Breast/chest 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 of Surgical Options: Female-to-Male Individuals

- Breast/chest 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-breast surgical interventions: voice surgery (rare), liposuction, lipofilling, pectoral implants, and various aesthetic procedures
WPATH Eligibility Criteria
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: 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.

(WPATH, 2011. SOC, v. 7)
Assessment
Mental Health Assessment: Basic Information

- Gender identity and gender dysphoria, history, development, and current status of gender dysphoric feelings;
- The impact of stigma attached to gender diversity or nonconformity on mental health and functioning;
- The availability and quality of support from family, friends, providers, and peers;
- Reasonable assurance that the gender dysphoria is not secondary to, or better accounted for by, other diagnoses or conditions.
In plain language you must attest that...

- The patient has clear, reasonable, and realistic expectations for surgery, cost, recovery, etc.;
- Has chosen a surgeon and arranged for financing, pre- 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
Common Areas to Assess

- Mood disorders
- Anxiety disorders
- Substance use disorders
- Psychosis
- Neuro-developmental disorders
- Eating disorders
- Trauma and stress-related disorders
- Self-injurious behaviors
- Suicidality
Functioning

- Familial, psychological, interpersonal, physical, social, spiritual, sexual, educational, occupational, financial, and legal challenges to functioning successfully in the gender role or identity
  - Day-to-day functioning
  - Work/school
  - Sexual practices
  - Holidays/vacations
  - Isolation/connection
  - Alternate gender expressions
Realistic Expectations

- Relationship to sexual trauma
- Age and health concerns
- Financing surgery & associated costs
- Stamina to withstand appeals
- FMLA procedures and options
- Overseas/out-of-state travel and care
- Flying home after genital surgery; with implants
- Dilating at work and long-term
- Complications, multi-stage procedures, swelling
- Elimination complications
- Hot flashes and blood clots
- Time expectations and recovery realities
- Sexual functioning and expectations
- SOFFA responses
- ‘Utopia’ and revisions
Serious Mental Illnesses*

- *Must be well controlled for surgical readiness*
- Severe psychiatric disorders and impaired reality testing warrant further care and additional evaluation and supports
- Efforts to manage conditions must be effective to provide sustained stabilization (pre & post)

* Conditions may include: psychotic disorders, bipolar disorders, PTSD
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 Letters
Referral Letter Content Overview

1. Clearly identify the client’s legal and lived identity
2. Give a full report of the psychosocial assessment, including any diagnoses, medications, and length of the evaluation
3. State clearly which 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)
5. State the person’s understanding and granting of 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 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
- Primary Care Provider letters *may* be accepted by insurance carriers, but not usually by surgeons
Surgery Referral Letters

- Note any steps or surgeries the person has already completed to affirm their gender
- Report any progress in consolidating the new gender and improvements in managing daily life stressors of work, family, and behavioral health problems
- Report how this surgery supports further relief of behavioral health issues, dysphoria, and distress
Surgery Referral Letters

- State to what extent the person has followed the WPATH SOC, v.7 and/or other criteria required by surgeon or insurance
- State your own clear level of support for the procedure for this person
- Invite contact from the surgeon and provide a means to reach you!
Case Examples
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 is feminine in Arabic. He struggles with which locker room to use at the gym and wants to use the women’s room. He comes in 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 abuse history saying he has “resolved all that now.”
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 MTF person who is seeking GRS. She has been living as a woman and on hormones for more than 10 years. 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. She has already arranged for genital surgery in Canada and only needs a mental health referral two weeks prior to her procedure. She has a natal male partner who accepts her though she reports he is not very supportive of her surgery.
Putting it into Practice: Case Studies

- Pat is a 38yo professional who identifies as gender queer on the masculine spectrum. They have a wife who identifies as bisexual and likes “feminine women and masculine men.” They experience significant dysphoria related to having breasts. They have health insurance that will pay for surgery and they want chest reconstruction. They have chosen a surgeon who is fairly rigid around a gender binary. The patient does not have any intention of ever being on hormones or of transitioning to male and has never lived as male. Currently they live as a very butch lesbian and usually use men’s public bathrooms due to social perception and pressures.
Putting it into Practice: Case Studies

- John is a 55yo FTM person who works in the medical field. He transitioned many years ago and none of his colleagues know he is trans. He has travelled from out of town and is asking for an evaluation for GRS with a surgeon whom he says will perform the surgery without a letter, except John needs one for his insurance to cover the costs. He can only come in a couple times for the evaluation letter. He has a partner and a few friends who will help him with aftercare and already has a surgery date scheduled.
Malcolm is a 16yo mixed-race FTM person who started on hormones at age 14 with parental consent. He has transitioned in place in his high school. He is seeking a referral for top surgery. His mother is supportive. His father, who is divorced from his mother and lives out of state, can cover the surgery expenses on his health insurance, but is unsupportive. His older sister lives at home with him and is unsupportive causing his significant distress. At times he leaves home and lives short-term with friends’ families. He wants to have surgery over spring break.
Thank You
Further Support & Questions

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