

# Surgical Treatment for Adults with Gender Dysphoria

## Patient Information and Informed Consent

Before having surgery to treat gender dysphoria, you need to be aware of the effects and possible risks of these procedures. Your surgeon will make a medical decision, in consultation with you, about the procedures that are best for you, keeping in mind your overall health.

Your surgeon will discuss with you all the information relating to the surgery. You are asked to read and understand the following information and to discuss any questions you have with your surgeon. After your questions or concerns are addressed and you have decided to have surgery you must initial the statements below and sign this form in person with your surgeon.

Medical treatment of people with gender dysphoria is based on very limited, poor-quality research with only subtle improvements seen in some patient’s psychological functioning in some, but not all, research studies. This practice is purely speculative, and the possible psychological benefits may not outweigh the substantial risks of medical treatments and, in many cases, the need for lifelong medical treatments.

### What are the types of surgery to treat gender dysphoria?

Surgery to treat gender dysphoria may involve procedures on the face, chest, or genitalia. Common surgery options include:

- **Facial reconstructive surgery** to make facial features more masculine or feminine.
- **Chest or “Top” surgery** to remove breast tissue for a more masculine appearance or enhance breast size and shape for a more feminine appearance.
- **Genital or “Bottom” surgery** to transform and reconstruct the genitalia.
  - **Orchiectomy:** A bilateral orchiectomy is a procedure performed by a urologist that involves surgical removal of the testicles through a small scrotal incision. This procedure is done with a particular technique that allows for vaginoplasty later, if desired. Afterward, patients may adjust their dose of estrogens downward and no longer require spironolactone. Recovery takes approximately 2 weeks. Individuals seeking orchiectomy may wish to consider semen banking to preserve future fertility options.

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**Please initial below to acknowledge your understanding of the information on this page.**

<b>Patient</b>

- **Vaginoplasty:** In addition to an orchiectomy, a person may elect to undergo a vaginoplasty, which is a surgical procedure that involves reconstructing the genitals to create external female genitalia with or without a vaginal cavity. For those patients treated with puberty blockers as a minor, such treatment may lead to insufficient penile tissue that could necessitate the use of other tissues, such as the colon, to create a vagina.
- **Phalloplasty:** This surgery involves a multi-staged procedure for the creation of a penis, urinary channel to allow urination, scrotum, and the obliteration of the vaginal cavity with closure. The removal of the female genital organs such as the uterus and ovaries and fallopian tubes are required and usually performed separately and prior to the phalloplasty surgery. The creation of the penis is performed with use of tissue from other parts of the body, which could include, more commonly the radial forearm free flap, or anterolateral thigh flap, and latissimus dorsi (MLD) flap. Prosthetics such as silicone or saline testicles can be placed as well as inflatable penile prosthetics in the final stage.
- **Metoidioplasty:** In this procedure, the surrounding tissue of the clitoris is released to achieve maximal length and a more natural-looking male position. A urethra is also reconstructed using either local skin tissue or a graft from the mouth depending on the amount of tissue present. Construction of a scrotum with testicular prosthetics can also be performed at the same time.
- **Hysterectomy:** Removal of the uterus and cervix via laparoscopic or vaginal techniques.
- **Salpingo-oophorectomy:** Removal of the fallopian tubes and ovaries.
- **Vaginectomy:** Obliteration of the vaginal canal and opening.

**Is surgery the only treatment for gender dysphoria?**

Surgery is just one option. Not everyone who has gender dysphoria chooses to have surgery. Depending on your age and preferences, you may choose:

- Treatment by a licensed mental health care professional that has experience in treating people with gender dysphoria, which is recommended regardless of whether you undergo surgery due to the high risk of anxiety, depression, self-harm, and suicide.
- Hormone replacement therapy to increase masculine or feminine characteristics.  
Other options may be discussed with your prescribing physician.

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<b>Patient</b>

## What are some potential complications of surgery to treat gender dysphoria?

Potential complications include:

- Changes in sexual sensation
- Diminishment of bladder function
- Problems with urination
- Bleeding
- Infection
- Nerve damage
- Poor healing
- Scarring that can cause pain, firmness, asymmetry
- Side effects of anesthesia, including death

## What happens after surgery to treat gender dysphoria?

Recovery times vary based on what procedures or combination of procedures you have as follows:

- **Cheek and nose surgery:** Swelling lasts for around two to four weeks.
- **Chin and jaw surgery:** Most swelling fades within two weeks but may take up to four months for swelling to completely disappear.
- **Chest surgery:** Swelling and soreness lasts for one to two weeks with physical limitations lasting at least one month.
- **Bottom surgery:** Most people do not resume usual activities until at least six weeks after surgery and weekly follow-up visits with your surgeon for several months will be necessary.

## When should I see my surgeon?

After surgery, you should see your surgeon if you experience:

- Bleeding for more than a few days.
- Pain that does not go away after several weeks.
- Signs of infection, such as a wound that changes color or does not heal.

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**Please initial below to acknowledge your understanding of the information on this page.**

<b>Patient</b>

Please initial each statement on this form to show that you understand the risks and changes associated with gender dysphoria surgeries.

Patient	Statement
	I understand that my surgeon will discuss with me during the preoperative process the available surgical procedures to treat gender dysphoria, the aftercare needs following surgery, and the importance of postoperative follow-up.
	I understand that these surgeries are permanent.
	I understand that if I have my breasts removed, I must undergo reconstructive surgery if I wish to have breasts in the future. If implants are used, complications may include pain, numbness, infection, bleeding, asymmetry, hardening, rippling, scarring, and the possible need for multiple surgeries.
	I understand that if I have my breasts removed that breast feeding will never be possible.
	I understand that if I have breast augmentation surgery, complications may include pain, numbness, infection, bleeding, asymmetry, hardening, rippling, scarring, and the possible need for multiple surgeries.
	I understand that my surgeon will assess me for risk factors associated with breast cancer prior to breast augmentation or mastectomy, including genetic mutations (e.g., BRCA1, BRCA2), family history, age, radiation, exposure to estrogen, and the amount of breast tissue anticipated to remain after surgery.
	I understand that if I undergo metoidioplasty/phalloplasty I will need lifelong urological treatment.
	<p>I understand that complications following metoidioplasty/phalloplasty include:</p> <ul style="list-style-type: none"> <li>• urinary tract strictures and fistulas</li> <li>• mucoceles due to vaginal remnant</li> <li>• hair growth within the neourethra</li> <li>• compromised sexual function including absent tactile and/or erogenous sensation, difficulties achieving orgasm</li> <li>• complications with penile prosthetics</li> </ul>
	I understand that if I undergo vaginoplasty I will need lifelong treatment with my surgeon, primary care physician, and/or gynecologist.
	<p>I understand that if I undergo vaginoplasty, complications can include:</p> <ul style="list-style-type: none"> <li>• the formation of granulation tissue</li> <li>• intravaginal hair growth</li> <li>• delayed wound healing and/or wound disruption</li> <li>• introital stenosis (closing, narrowing, or closure)</li> </ul>

	<ul style="list-style-type: none"> <li>• painful sex</li> </ul>
	I understand that my surgeon may stop further treatment because the risks of treatment outweigh the benefits of treatment.
	I understand that this treatment will not prevent serious psychiatric events, including suicide.
	I agree to tell my surgeon if I have any problems or side effects or am unhappy with the surgery, including if I have worsening signs of depression or anxiety or want to harm myself or attempt suicide.
	I understand that my surgeon may be required to refer me to one or more specialists for surgery-related complications, and I agree to go to those specialists as recommended.
	<p>I acknowledge that surgery to treat gender dysphoria is only part of my overall health and that a range of preventative health activities are recommended including:</p> <ul style="list-style-type: none"> <li>• cervical/prostrate screening tests at appropriate intervals as recommended by my doctor</li> <li>• regularly checking my breasts for lumps, even if I have had a mastectomy</li> <li>• regular mammograms from an appropriate age in consultation with my doctor</li> <li>• quitting smoking</li> <li>• immunizations</li> <li>• regular STI screening, depending on my level of risk</li> <li>• HIV prevention, depending on my level of risk</li> <li>• regular physical activity, including resistance exercise for bone health</li> <li>• healthy eating</li> </ul>

**CONSENT:**

My signature below confirms that:

1. My surgeon has talked with me about:
  - a. the benefits and risks of surgery to treat gender dysphoria;
  - b. the possible or likely consequences of surgery to treat gender dysphoria;
  - c. potential alternative treatments.
2. The information provided to me in this form and by the surgeon includes the known effects and risks of surgery to treat gender dysphoria. I know that there may be other unknown short-term and long-term effects or risks which may be irreversible.
3. I have had sufficient time and opportunity to discuss relevant treatment options with my surgeon.
4. All my questions have been answered to my satisfaction by my surgeon.
5. I know enough to give informed consent to have, refuse, or postpone surgery to treat gender dysphoria.
6. The Florida Board of Medicine or the Florida Board of Osteopathic Medicine requires that your prescribing physician provide this form in accordance with section 456.52, F.S. This form contains information required to be disclosed to you by Florida law and does not necessarily reflect the views or opinions of your surgeon.
7. My signature below attests to my consent to surgery to treat gender dysphoria.

My signature below confirms the following:

\_\_\_\_\_  
Patient's signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's signature (required)

\_\_\_\_\_  
Date

**SURGEON:**

My signature below attests to my compliance with 456.52, Florida Statutes.

\_\_\_\_\_  
Surgeon's printed name (required)

\_\_\_\_\_  
Surgeon's signature (required)

\_\_\_\_\_  
Date

**WITNESS:**

\_\_\_\_\_  
Witness' printed name (required)

\_\_\_\_\_  
Witness' signature (required)

\_\_\_\_\_  
Date

**FOR PATIENTS WHOSE PRIMARY LANGUAGE IS NOT ENGLISH:**

I certify that I am fluent in English and in the native language of the person indicating consent on the above form. I certify that I have accurately and completely interpreted the contents of this form, and that the patient has indicated understanding of the contents of this form.

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Interpreter's printed name

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Interpreter's signature

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Date