



<i>Gender/Sex</i>	Broad terms describing the entire category of relevant biological characteristics, self-identification, and stereotypical behaviors that might be considered male, female, or some variation. Usually, more specific terms are preferred. Depending on the source, the word gender is used as a synonym for sex in colloquial English and is also used as shorthand by many including our patients for gender identity, gender expression, and gender roles. All reasons to be more specific. But also if patients use the term, it may be necessary to clarify which of the multiple meanings they are referencing.
<i>Gender Identity</i>	The internal sense of one's sex - male, female, both, or something else.
<i>Transgender, Transsexual, Trans, Gender Incongruent, Gender Nonbinary, Genderqueer</i>	Adjectives used to refer to persons whose gender identity does not align with their sex recorded at birth (the latter primarily based on visible physical anatomy). The latter 2 are often used by people who want to emphasize a spectrum for gender identity. Most of our patients call themselves trans, transgender, or non-binary. Many of our non-binary patients are seeing us for binary regimens. And some of our binary identifying patients want less binary regimens. So, patients need to be asked what they want independent of how they label themselves.
<i>Cisgender, Nontransgender</i>	Adjectives used to refer to persons whose gender identity aligns with their sex recorded at birth.
<i>Gender Expression</i>	How a person communicates gender identity through appearance, dress, name, pronouns, mannerisms, and speech.
<i>Gender-Affirming Hormone Treatment and Surgeries</i>	Broad categories of medical interventions that transgender persons might consider to align their appearance and their gender identity. Specific treatments are customized to the patient potentially influenced by patient priorities, health considerations, and external factors. Some patients use terms that already have other meaning to endocrinologists (like hormone replacement therapy). The surgeries are sometimes called sexual reassignment surgery but that phrase is considered pejorative.
<i>Gender Transition, Gender Affirmation, Gender Confirmation</i>	An overall process of alignment of physical characteristics and/or gender expression with gender identity.
<i>Gender Dysphoria</i>	Discomfort felt by some persons due to lack of alignment between gender identity and the sex recorded at birth. Not all transgender persons have dysphoria, but many U.S. insurance companies require this diagnosis for payment for transgender medical and surgical interventions. ICD-11 will have the term gender incongruence in a sexual health chapter which will work better than ICD-10 where gender dysphoria sits as a mental health code. Many endocrinologists code for what they're doing directly (e.g. androgen excess, hypogonadism) in order to have a medicine code to use for billing, etc.

## Surgical Options for Transgender Patients

### Transgender Women

<i>Facial Feminization Surgeries</i>	<p>Facial feminization includes a variety of procedures including:</p> <ul style="list-style-type: none"> <li>• Forehead and brow bone reshaping</li> <li>• Nose reshaping (rhinoplasty)</li> <li>• Jaw and chin contouring</li> <li>• Hairline advancement</li> <li>• Tracheal shave</li> </ul> <p>A plastic surgeon will work with the patient to discuss their goals and options to tailor surgery to meet the patients' needs. Facial Feminization is performed under general anesthesia and normally requires one night in the hospital after surgery. Most people recover in two weeks, though swelling will take several months to a year to completely resolve.</p>
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<i>Breast Augmentation</i>	In a breast augmentation, the surgeon inserts implants into the chest to create a more feminine-appearing chest. Sometimes fat can be taken from other parts of the body (thigh, buttocks, and belly) to help achieve the best result. At the consultation, the surgeon will discuss the options that will provide the best outcome. This procedure is done under general anesthesia. Most people recover in one to two weeks.
<i>Vaginoplasty</i>	Vaginoplasty is the creation of a vagina, and the external components of the vulva.  It is important to have certain areas of the genital hair removed prior to getting vaginoplasty, so patients do not have hair growth later inside of the vagina. Electrolysis or laser hair removal will help. CTMS medical providers can recommend the best options for your patients.  Patients will stay in the hospital for three days after surgery. Diligent dilation is an important part of the recovery, and will help maintain the vaginal canal. Most of the recovery will be completed by six to eight weeks, and patients will be able to return to full activity (including sex) by three months.
<i>Orchiectomy</i>	Orchiectomy is the removal of testes. All other tissues and parts of the genitals remain. Many people who seek elimination of testosterone production without undergoing full genital reconstruction pursue this procedure. This procedure can be done under general or local anesthesia. Most people recover in one to two weeks.

## Transgender Men

<i>Chest Reconstruction Surgery</i>	During chest masculinization surgery, the surgeon removes breast/fat tissue and repositions the nipple to create a masculine appearing chest. At the consultation, the patient can talk to the surgeon about their goals. The surgeon will then recommend the best surgical approach to meet the patients' needs.  Chest masculinization requires general anesthesia. After surgery, the patient will have a compression vest and surgical drains. The drains are removed several weeks after surgery. The patient must wear the compression vest for at least four weeks post-operatively. They will have gradual improvement over several months to a year. Most people can resume regular daily activities after three months.
<i>Oophorectomy and/or Hysterectomy</i>	Oophorectomy and/or Hysterectomy is the removal of the uterus and ovaries under general anesthesia, completed by our OB/GYN team. Most people recover within two to four weeks after surgery.
<i>Metoidioplasty</i>	During metoidioplasty, plastic and urological surgeons collaborate to create a small phallus from the clitoris. Hysterectomy and vaginectomy can be done at the same time.  Metoidioplasty can be done with or without extending the urethra to allow urination out of the tip of the phallus. Our surgeons can also create a scrotum and insert testicular implants depending on their preference. After metoidioplasty, there is a three to five day hospital stay, and the patient may go home with a tube in their stomach that will help drain urine. Recovery can take six to eight weeks, and problems with urinary flow are very common, but often resolve on their own.
<i>Phalloplasty</i>	Phalloplasty is a multiple stage procedure that creates a phallus from skin taken from somewhere on the body and moved to the pelvic area. The number of steps and length of the hospital stay vary depending on how the phallus is created and whether or not the urethra is extended to the tip of the phallus.  The CTMS team will work with patients to help achieve their phalloplasty goals and start customizing a treatment plan from the beginning of the first medical visit.

Note that many patients use “bottom surgery” as slang for genital reconstruction surgeries and reproductive organ surgeries and “top surgery” as slang for chest surgeries (and sometimes for voice and facial feminization surgeries).

(adapted from NEJM Dec 19 2019)