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Review article

Current concepts in gender affirmation surgery

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ABSTRACT

People with gender dysphoria have persistent discomfort with their anatomical sex. They are diagnosed according to the criteria proposed by DSM-5. Guidelines for persons with gender dysphoria are periodically published by the World Professional Association for Transgender Health (WPATH), as Standards of Care (SOC). Once mental health professional through their assessment have reached to a conclusion of Gender dysphoria, further procedures for gender affirmation are started. Next in sequence is real-life experience of at least 12 months under strict observation of mental health professional to justify affirmation surgery. Following real life experience, hormone therapy is started under supervision of an endocrinologist. The surgeries done to establish their anatomical sex in accordance to their psychological sex are called gender affirmation surgeries (GAS). Not all people with gender dysphoria undergo GAS and among all of those who undergo gender affirmative surgery, only few undergo all surgical procedures depending on the severity of gender dysphoria. Genital and non-genital surgeries are done for both female to male and male to female conversions. After discussion with the patient, staged surgeries are done. Multidisciplinary approach with good communication in between the health professionals gives the best results. Even in 21st century, people with gender dysphoria are still discriminated, looked upon differently and are not accepted as they are in the society. We, as health professionals should provide the highest standards of care with the best possible options to restore their dignity and to improve their acceptance in the society. This article discusses the current concepts in GAS.

Contents

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1. Introduction

Gender Dysphoria, is now a universally accepted term for Gender Identity Disorder. It refers to the condition, where individuals have a marked incongruence between their experienced or expressed gender and the one they are assigned at birth. These individuals have persistent discomfort with their anatomical sex. Transgender is a generalized term for all those who have difficulty in identifying with the gender they are born with. It includes transsexuals, genderqueers and cross dressers.[1]

2. Diagnostic criteria

Criteria for adults and children are slightly different according to Diagnostic and Statistical manual of mental disorders (DSM-5).[2] In adults, a marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by 2 or more of the following indicators:

a) A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or, in young adolescents, the anticipated secondary sex characteristics)
b) A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or, in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
c) A strong desire for the primary and/or secondary sex characteristics of the other gender
d) A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
e) A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
f) A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender)

3. Epidemiology and etiology

DSM-5 indicates that the prevalence of gender dysphoria is 0.005–0.014% for adult born as males, whereas it is 0.002–0.003% for adult born as females.[3] Exact etiology is not known, and is probably due to various biological and psychological factors. Research is being done on perinatal hormonal influence, alteration of gonadotropin secretion and sexual morphological differentiation of the brain.

4. WPATH and Standards of care(SOC)

The World Professional Association for Transgender Health (WPATH) regularly publishes and reviews guidelines for persons with gender dysphoria, under the name of Standards of Care (SOC). The overall goal of the SOC is to provide clinical guidance for health professionals to assist transsexuals, transgender, and gender nonconforming people with safe and effective pathways to achieving lasting personal comfort with their gendered selves, in order to maximize their overall health, psychological well-being, and self-fulfillment.[4,5]

5. Management

Transgender people start suffering from early childhood and as they grow into adulthood, their psychological distress increases and some of them may need gender affirmation surgery (GAS) to establish their anatomical/phenotypic sexual characteristics in accordance with their mental gender.

Once mental health professional through their assessment have reached to a conclusion of Gender dysphoria, further procedures for gender affirmation are started.

The person has to take the role (social and professional) of the gender, which is congruent with their gender identity by cross dressing, change of body language, voice change etc. This phase is called "real life experience".

Following this real life experience, hormone therapy is started under the supervision of an endocrinologist. The administration of exogenous hormone supplements to induce feminizing or masculinizing changes and/or decrease secondary sexual characteristics is a necessity for individuals with gender dysphoria. Hormone therapy is invidualised based on patient goals, the risk benefit ratio, and the presence of medical conditions and consideration of social and economic issues. At few centers hormone therapy is started during the later part of real life experience for better acceptance of congruent sex.

Not all people with gender dysphoria undergo GAS and among all of those who undergo gender affirmative surgery, only few undergo all surgical procedures depending on the severity of gender dysphoria.

WPATH recommends that the GAS proceeds in accordance with the following criteria[6]:

1) (If) persistent gender dysphoria is documented.
2) (If)the patient has capacity to make informed consent(and) has reached legal age.
3) (If)significant medical or mental health concerns are present they must be well addressed and controlled.
4) (If) patient has taken hormone therapy continuously for atleast 12 months. (Unless there is any contra indication or patient is unwilling).
5) (If) patient has lived atleast 12 months in the gender role that is congruent with their gender identity.

Surgeons performing gender affirmation surgery must confirm the competence of the referring mental health professionals and physicians who prescribe hormones, as one is heavily relying on their expertise. Referral from one mental health professional is required for non genital surgery and referral letters from two mental health professionals are required if genital surgeries are contemplated.

Once the surgeon is satisfied with the criteria to be met for GAS, there should be a detailed preoperative consultation. According to the WPATH standard of care 7th version the following need to be discussed[4]:

a The different surgical techniques available (with referral to colleagues who provide alternative options);
b The advantages and disadvantages of each technique;
c The limitations of a procedure to achieve "ideal" results; surgeons should provide a full range of before-and-after photographs of their own patients, including both successful and unsuccessful outcomes;
d The inherent risks and possible complications of the various techniques; surgeons should inform patients of their own complication rates with each procedure.

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