

Gender Confirmation Surgery: Guiding Principles

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ABSTRACT

Background: At this time, no formal training or educational programs exist for surgeons or surgery residents interested in performing gender confirmation surgeries.

Aim: To propose guiding principles designed to aid with the development of formal surgical training programs focused on gender confirmation surgery.

Methods: We use expert opinion to provide a “first of its kind” framework for training surgeons to care for transgender and gender nonconforming individuals.

Outcomes: We describe a multidisciplinary treatment model that describes an educational philosophy and the institution of quality parameters.

Results: This article represents the first step in the development of a structured educational program for surgical training in gender confirmation procedures.

Clinical Implications: The World Professional Association for Transgender Health Board of Directors unanimously approved this article as the framework for surgical training.

Strengths and Limitations: This article builds a framework for surgical training. It is designed to provide concepts that will likely be modified over time and based on additional data and evidence gathered through outcome measurements.

Conclusion: We present an initial step in the formation of educational and technical guidelines for training surgeons in gender confirmation procedures. **Schechter LS, D'Arpa S, Cohen MN, et al. Gender Confirmation Surgery: Guiding Principles. J Sex Med 2017;XX:XXX–XXX.**

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Key Words: Gender Confirmation Surgery; Phalloplasty; Metoidioplasty; Vaginoplasty; Gender Surgery Fellowship

INTRODUCTION

Increased advocacy efforts and expanded third-party insurance coverage have improved access to health care for transgender and gender nonconforming individuals. As such, there has been a corresponding increase in the number of patients requesting gender confirming surgical procedures. The demand for these services has outpaced the number of qualified providers. At this

time, no formal training or educational programs exist for surgeons or surgery residents interested in learning about the care of transgender individuals. In fact, at the 2015 Annual Meeting of the American Society of Plastic Surgeons, an educational panel discussing gender confirming surgeries was offered for the first time. In contrast, our European colleagues have recognized the need for postgraduate certification and/or accreditation for performing gender confirming procedures, and they have begun examining these processes for the practicing surgeon. Furthermore, requests for surgery from other parts of the world such as Africa, Asia, and Central and South America highlight the need to develop international surgical training programs with recognized quality metrics that are adaptable to regional variations in practice patterns.

Within the community of gender surgeons, formal and informal discussions have taken place regarding certification and accreditation for surgeons performing gender confirmation surgery (Genital Surgery Meeting, Phillipsburg, Saint-Martin, February 28 to March 4, 2015; European Professional

Received December 7, 2016. Accepted April 3, 2017.

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<http://dx.doi.org/10.1016/j.jsxm.2017.04.001>

Association of Transgender Health, Gent, Belgium, March 12–14, 2015; Annual Meeting of the Danish Society of Plastic Surgery, Hindsgavl Castle, Middelfart, Denmark, April 23–24, 2015; International Symposium of the National Institutes of Health, Washington, DC, USA, May 7–8, 2015; and the Second Meeting of the European Association for Gender Surgeons, Brighton, UK, November 6, 2015). These conversations have suggested that there are variations in international practice patterns from a specialty perspective and an institutional perspective. As such, it is unlikely that a “one-size-fits-all” approach to providing gender care will meet the needs of all institutions and all providers throughout the world. While recognizing the diversity by which care is provided, this document is designed to highlight guiding principles to assist providers and institutions with establishing gender confirmation surgery programs.

As the demand for gender confirmation surgery services continues to increase, surgeons need to respond. A proactive approach incorporating and integrating theoretical knowledge with practical hands-on experience will allow us to care for individuals in an ethical, thoughtful, and responsible manner. Surgeons and surgery residents should be trained in the surgical care and the overall management of patients with gender dysphoria. Although it is our responsibility as surgeons to take the initiative in coordinating and developing short- and long-term action plans with the ultimate goal of establishing training programs for clinical care, the curriculum should be built on existing principles consistent with the Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People (SOC) guidelines established by the World Professional Association for Transgender Health (WPATH).¹

The WPATH is an international organization with a diverse membership composed of surgeons, primary care providers, mental health professionals, and advocacy groups already engaged in international education through its Gender Education Initiative. The Gender Education Initiative began its educational programming in 2015, and its purpose is “to increase access to competent and compassionate care for transsexual, transgender, and gender nonconforming people worldwide.” The mission and vision statements of WPATH indicate that its goals are “to promote evidence based care, education, research, advocacy, public policy, and respect in transgender health [and] to bring together diverse professionals dedicated to developing best practices and supportive policies worldwide that promote health, research, education, respect, dignity, and equality for transgender, transsexual, and gender-variant people in all cultural settings.”²

This document represents a template by which to establish a standardized method for surgical training in transgender care. Although it does not address every detail, we hope that through expert review and debate, surgical guidelines will continue to evolve. Importantly, the WPATH Board of Directors unanimously approved this article as the framework for surgical training for gender confirmation procedures.

MULTIDISCIPLINARY TREATMENT MODEL

No single discipline can satisfy all treatment needs for the transgender individual. Care is delivered in a collaborative fashion using a multidisciplinary approach.

The surgeon is part of a health care team that includes mental health professionals, primary care providers, endocrinologists, plastic surgeons, urologists, gynecologists, colorectal (or general) surgeons, otolaryngology/head and neck (voice) surgeons (OHNS), and midlevel practitioners. Additional providers including speech and physical therapists also are desirable. Furthermore, administrative and support staff, such as social workers, familiar with and sensitive to the needs of the transgender patient also are important. In addition, the use of case managers, provided by third-party payers and/or institutions, can assist with the coordination of procedures and the transition of care to the individual’s primary care provider. Although the composition of the multidisciplinary team can vary, consideration must be given to the possibility of participation of members by electronic means. Because of geographic and time constraints, electronic communication may represent a viable and meaningful method of participation for some members of the gender team.

EDUCATIONAL PHILOSOPHY

The surgeon plays a key role in the success of a comprehensive gender program. Therefore, it is essential that the surgeon be knowledgeable in the complexity of care of transgender individuals. An educational model should include didactic and theoretical knowledge as well as hands-on experience. Although surgeons agree that a learning curve exists, few studies have looked at the methods, timing, and required number of cases.^{3–5} For example, Leclère et al^{3,4} described four steps in the learning process for vaginoplasty: (i) each surgical step should be thoroughly reviewed with an expert, (ii) hands-on training should be performed on fresh cadavers, (iii) vaginoplasty should be performed under supervision from an expert, and (iv) vaginoplasty should be performed with an expert immediately available. Our model expands on the technical aspects, recognizing that surgical training also should incorporate a multidisciplinary model.

Here we describe a model that is currently being implemented at some institutions.

From an educational and practice perspective, the surgeon should assume an active and integral role in the care of transgender individuals. Although typically introduced to a transgender individual after mental health and medical evaluations, the surgeon should have an understanding of the patient’s previous treatments, including mental health and medical therapies. It is the responsibility of the operating surgeon to understand the diagnosis that has led to the recommendation for surgery, medical comorbidities that can affect the surgical outcome, the effects of hormonal therapy on the patient’s health, and the patient’s ultimate satisfaction with the surgical result.⁶

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