

Quality of Life and Patient Satisfaction Following Male-to-Female Sex Reassignment Surgery

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ABSTRACT

Background: Surveys on quality of life (QOL) of male-to-female (MTF) transsexuals have found low QOL scores before and increased satisfaction scores after sex-reassignment surgery (SRS). To our knowledge, many of them lack standardized questionnaires and comparisons with normative data to evaluate different vaginoplasty techniques.

Aim: To analyze patient satisfaction and QOL after SRS.

Methods: Forty-seven patients participated in this study. All patients had surgery with our self-developed combined technique on average 19 months before the survey. They completed a self-developed indication-specific questionnaire concerning demographic and socioeconomic issues and postoperative satisfaction. Furthermore, a standardized self-assessment questionnaire on satisfaction and QOL (Fragen zur Lebenszufriedenheit^{Module} [FLZ^M]; Questions on Life Satisfaction^{Modules}) was used. The FLZ^M consists of three modules (general life satisfaction, satisfaction with health, and satisfaction with body image) with scores of weighted satisfaction for each item. Results of the general and health modules were compared with normative data.

Outcomes: Demographics, QOL, general life satisfaction, satisfaction with health, and satisfaction with body image.

Results: The self-developed indication-specific questionnaire showed that 91% experienced an improvement of QOL. All patients stated they would undergo SRS again and did not regret it at all. Patients stated their femininity significantly increased. For the FLZ^M, the sum score for general life satisfaction ($P < .001$) was significantly lower than the normative data, whereas the sum score of the satisfaction with health module ($P = .038$) did not reach statistical significance. The two modules also showed positive trends for different items. Values of the body image module showed a significant increase in satisfaction with breasts ($P < .001$) and genitals ($P = .002$).

Clinical Implications: The findings of this survey emphasize the importance of SRS in the interdisciplinary gender-reassignment process. The detailed description of our combined technique could help to improve the surgical outcome and patient satisfaction of this complex and non-standardized surgery.

Strengths and Limitations: This is the first description of a new surgical technique (combined technique) for MTF SRS. QOL was assessed by a large number of patients by standardized questionnaires and could be compared with normative data. Because this is a retrospective study, we can draw only careful conclusions for pre- and postoperative changes.

Conclusion: Our self-developed combined surgical technique seemed to have a positive influence on QOL after SRS. Satisfaction with breasts, genitals, and femininity increased significantly and show the importance of surgical treatment as a key therapeutic option for MTF transsexuals. **Papadopoulos NA, Lellé J-D, Zavlin D, et al. Quality of Life and Patient Satisfaction Following Male-to-Female Sex Reassignment Surgery. J Sex Med 2017;XX:XXX–XXX.**

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INTRODUCTION

Transsexualism is a complex mental disorder as defined by the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* and the World Health Organization's *International Classification of Diseases, Tenth Revision*.^{1,2} The *Diagnostic and Statistical Manual of Mental Disorders* refers to it as "gender dysphoria," which is now the preferred term and starting to become more prevalent in the multidisciplinary medical literature. These individuals strongly believe they are the opposite sex of their biological sex and therefore are distressed by their original genitalia. Currently, the therapy of reassignment involves several steps. A recent review identified a higher prevalence for transwomen than for transmen. Varying prevalence rates from 0.44 to 35.2 per 100,000 have been reported for male-to-female (MTF) transsexuals, with an overall prevalence of 6.8 per 100,000.³

The World Professional Association for Transgender Health provides guidelines that demand an individual and adjustable treatment for transsexuals.⁴ This includes diagnosis, psychotherapy, real-life experience, hormone therapy, surgery, and a legal name change.

The first description of MTF surgery was reported in the early 1930s.⁵ Since then, several surgical techniques have been described. Penile skin inversion and bowel vaginoplasty are the most evaluated procedures. Nevertheless, there are several complications and limitations to vaginoplasty using the penile skin inversion technique. Stricture and partial necrosis of the neovagina and insufficient length and depth are the most frequently mentioned.⁶ Therefore, we analyzed the strengths and weaknesses of surgical techniques described in the world literature and developed our operative technique to achieve outstanding depth and width of the neovagina. Concerning sexual function and patient satisfaction, a recent review found acceptable results after sex-reassignment surgery (SRS) in relevant reports published since 1995.⁶ Nevertheless, Horbach et al⁶ also mentioned the lack of studies concerning quality of life (QOL) and a lack of standardization.

QOL is always a subjective assessment. It is defined as a multidimensional construct with social, psychological, emotional, and spiritual components.^{7,8} Currently, plastic surgery aims to improve QOL, which strongly depends on the surgical outcome.^{9,10} In the past few years, our research group has reported improvements of several aspects of QOL after plastic surgery for abdominoplasty, breast augmentation, and other procedures.^{11–15} These improvements were measured by validated questionnaires and compared with normative data. In one of these previous studies, we reported improvement of QOL and positive trends for MTF and female-to-male transsexuals

after SRS.¹⁶ Because public awareness of transsexualism and SRS is increasing, we decided on a more detailed QOL assessment and therefore evaluated MTF and female-to-male transsexuals separately. To rule out the bias of different surgeons and techniques, we investigated QOL in these patients in relation to our surgical technique (combined technique) for MTF SRS.

AIMS

The aims of this study were to investigate psychological outcome, QOL, and patient satisfaction after MTF SRS using self-developed indication-specific questionnaires and validated standardized questionnaires.

METHODS

The study population was selected from the patient database of our department that specializes in SRS. Inclusion criteria for this retrospective study were that all MTF transsexuals underwent SRS with the combined technique by the same operating team (see below) from 2007 through 2013. For a better comparison, we included only patients who already received a second surgery for minor corrections, if such was necessary. Furthermore, only adult German-speaking patients were included. Patients who underwent any previous SRS at other departments were excluded. One hundred twenty-one patients met the criteria and were contacted by phone at least 6 months after their last surgery. Thirty-eight patients were not available because of incorrect or missing phone numbers. Sixty-nine of 83 contacted patients consented to participate in the study and questionnaires were sent out by mail. The package of questionnaires contained a stamped return envelope. Non-responders were reminded by phone after 15 days to complete and return the questionnaires. Patients who did not comply were reminded again after another 15 days. Altogether, we received 47 valid questionnaires (68%).

For statistical analysis, SPSS 21.0 (SPSS Inc, Chicago, IL, USA) was used. An overall statistical level of significance was set at a *P* less than .05. Statistical group differences were analyzed with the t-test for unpaired (Welch t-test) and paired samples. Normal distribution was checked by graphic analysis of the histograms. Usually, normal distribution can be assumed for samples larger than 30 and therefore allows parametric testing. We corrected for multiple testing using the Bonferroni test.

Surgical Technique

During the preoperative preparation, the patients are positioned in a supine position with the legs spread and a silicon urinary catheter is placed. Intraoperatively, after incision and

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