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Preface: Gender Surgery: A Truly Multidisciplinary Field xiii

Loren S. Schechter and Bauback Safa

Multidisciplinary Care and the Standards of Care for Transgender and Gender Nonconforming Individuals 295

Dan H. Karasic and Lin Fraser

In providing care to transgender patients, surgeons interact with health care providers of other disciplines, including medical and mental health providers. Mental health or medical providers often see a patient first, when hormones are initiated. The standards of care recommend that mental health professionals assess patients for surgery according to set criteria and send surgeons their evaluations before surgery. Open communication is essential between surgical, medical, and mental health providers as well as with patients, who must give informed consent. A patient's multidisciplinary team can continue to provide care across a patient's life span.

Primary Care for the Transgender and Gender Nonconforming Patient 301

Frederic M. Ettner

All physicians are likely to encounter gender diverse patients, and some of these patients require medically necessary surgical procedures. It is optimal for surgeons to collaborate with other providers who interact with this patient population. Primary care physicians initiate treatment with consultation from mental health professionals and refer to surgeons when necessary. Best practices consist of preventative care, hormone therapy induction when indicated, monitoring of all health parameters, and continuing care medically and postoperatively.

Mental Health Evaluation for Gender Confirmation Surgery 307

Randi Ettner

The requests for medically necessary surgical interventions for transgender individuals have steadily increased over the past several years. So too has the recognition of the diverse nature of this population. The surgeon relies heavily on the mental health provider to assess the readiness and eligibility of the patient to undergo surgery, which the mental health provider documents in a referral letter to the surgeon. The mental health provider explores the individual's preparedness for surgery, expectations, and surgical goals and communicates with the surgeon and other providers to promote positive outcomes and inform multidisciplinary care.

Hormonal Management for Transfeminine Individuals 313

Jessica Abramowitz and Vin Tangpricha

Transfeminine individuals are treated with estradiol and antiandrogen agents to transition to a more feminine appearance. The physical changes that occur with estradiol therapy include breast development, body fat redistribution, and decreased muscle mass. Transfeminine treatment regimens require monitoring and dose adjustments to achieve appropriate physiologic targets to enhance feminization and decrease risk of adverse outcomes. Adverse effects associated with estradiol use include

thromboembolic disease, macroprolactinoma, breast cancer, coronary artery disease, cerebrovascular disease, cholelithiasis, and hypertriglyceridemia. Benefits of hormonal treatment may include both an improvement in quality of life and a decrease in gender dysphoria.

Hormone Therapy for Transgender Men 319

Supraja Narasimhan and Joshua D. Safer

This article provides an account of the current understanding of hormone therapy options for transgender men and emphasizes the importance of continued physician-supervised monitoring for long-term care.

Facial Gender Confirmation Surgery: Facial Feminization Surgery and Facial Masculinization Surgery 323

Jordan C. Deschamps-Braly

Facial feminization surgery was pioneered in the 1980s to provide options for trans women who were having difficulty with their outward appearance. This process presented a novel application of craniofacial surgery at the time. This text outlines the basic differences between male and female facial morphology, as well as the procedures the authors use to feminize the face.

Breast and Body Contouring for Transgender and Gender Nonconforming Individuals 333

Shane D. Morrison, Stelios C. Wilson, and Scott W. Mosser

Even after long-term hormone therapy, many trans women still have challenges in the size and shape of their breasts and also of the contour of their trunk areas. Although distinct anthropomorphic differences in skeletal structure exist and pose limitations to an ideal result, considerable improvements can be obtained through breast augmentation and trunk feminization. There are challenges that are unique to the transfeminine chest and trunk and important considerations for the priority of fat grafting to the buttocks and hips when grafted fat is in short supply.

Gender-Affirming Penile Inversion Vaginoplasty 343

Ali Salim and Melissa Poh

In recent years, greater acceptance of transgender individuals in society and the inclusion of medical coverage for gender-affirmation surgeries have led to an increasing number of patients seeking gender-affirming vaginoplasty. Since the first descriptions of neovaginal reconstruction for gender affirmation were described in the early and mid-1900s, various techniques and revisions have been introduced. This article provides a brief historical perspective, defines the goals of surgical treatment within a multidisciplinary approach adhering to World Professional Association for Transgender Health standards, and focuses on issues related to what is currently the most common approach to primary neovaginal reconstruction, the penile inversion vaginoplasty.

Male-to-Female Gender Confirmation Surgery: Intestinal Vaginoplasty 351

Karel E.Y. Claes, Piet Pattyn, Salvatore D’Arpa, Cedric Robbens, and Stan J. Monstrey

The major steps in vaginoplasty are orchiectomy, penile amputation, creation of the neovaginal cavity with lining, and reconstruction of urethral meatus, labia, and

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