

TRANSGENDER HEALTH

Development of a Decision Aid for Genital Gender-Affirming Surgery in Transmen

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ABSTRACT

Background: As genital gender-affirming surgery (GAS) is a demanding and life-changing intervention, transmen should be able to make choices about the surgical treatment based on outcomes that are most important to them, while taking into consideration the concomitant risks involved.

Aim: Develop a decision aid (DA) for genital surgery in transmen (DA-GST) that can assist both transmen and health care professionals (HCPs) in making a well-informed decision about the surgical treatment.

Methods: A qualitative focus group study was performed. 5 Focus groups were organized with both HCPs and transmen. These were led by an independent professional moderator. Data collected during these focus groups were analyzed to provide content for the DA.

Outcomes: To develop content for a DA-GST.

Results: Data collected during the focus groups related to the treatment options, information deemed relevant by transmen, and the arguments for or against each treatment option. Collected items were divided into the following themes: outcome, quality of life, environment, sexuality, and beliefs.

Clinical Implications: The tool will be useful in assisting both transmen and HCPs in the shared decision-making process regarding genital GAS by exploring which domains are most relevant for each specific individual.

Strengths & Limitations: This DA was developed according to an iterative participatory design approach to fit the needs of both transmen and HCPs. Issues that transmen find important and relevant pertaining to genital GAS were translated into arguments that were incorporated in the DA-GST. The study is limited by the group that had participated. Not all arguments for or against specific surgical options may be covered by the DA-GST.

Conclusion: An online DA was developed to support transmen with their decision-making process concerning all surgical options for removal of reproductive organs and genital GAS. **Özer M, Pigot GL, Bouman M-B, et al. Development of a Decision Aid for Genital Gender-Affirming Surgery in Transmen. J Sex Med 2018;XX:XXX–XXX.**

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INTRODUCTION

Gender dysphoria refers to the distress resulting from a marked incongruence between the assigned gender and experienced gender. In Western society, a rapidly growing number of people with gender dysphoria seeks treatment. Also, at the Center of Expertise on Gender Dysphoria in the VU University Medical Center, the number of new applications has grown exponentially over the last 10 years (Figure 1). The reason for this rise is unknown. Possibly this is partly due to increased exposure and acceptance of gender variance in society.

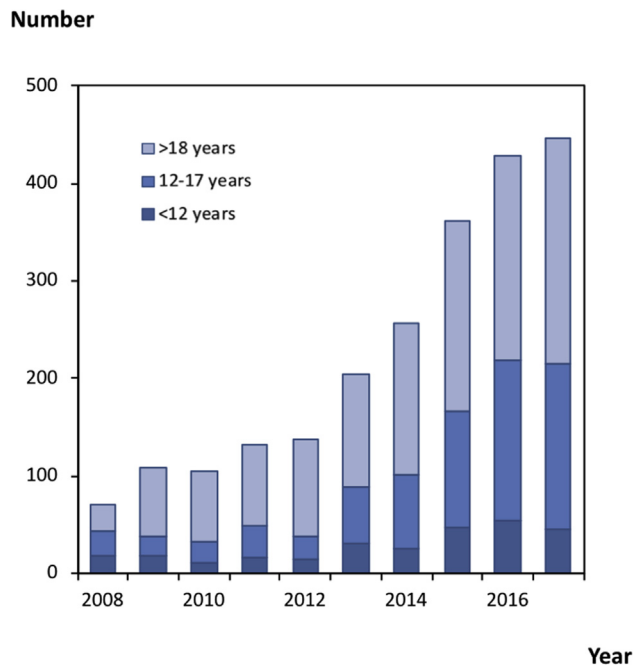


Figure 1. The number of transmen seeking treatment for gender dysphoria who registered as a new patient in our clinic over recent years.

The now generally accepted treatment of gender dysphoria aims to align the physique of a person to their experienced gender identity. This gender-affirming treatment comprises a combination of psychological counseling, hormonal therapy and, if desired, genital gender-affirming surgery (GAS). Historically, GAS includes the removal of the native reproductive organs and parts of the native genitals, and the creation of genitals of the desired gender, while retaining a good urologic and sexual function.

In recent years, views on the concepts “gender” and “gender identity” have been changing. While these used to be binary concepts (either female or male), today, gender is viewed more as a fluid spectrum, where someone may have a more or less feminine or masculine expression. Similarly, people may identify in different degrees with a male or female identity, or even outside of this spectrum. This changing paradigm has also influenced our approach toward the treatment of gender dysphoria, which is reflected by an increased attention to individualized treatment and partial treatment requests.¹ With regard to GAS, this paradigm shift leads to a more individualized treatment, in which partial treatment requests can also be discussed. This requires an improved understanding of the individuals’ wishes and expectations, but it also requires a surgeons’ conscientious and judicious search for, and offering of, various treatment options.

Multiple options exist for GAS in transmen. The various choices comprise combinations of removal of native reproductive organs and part of the native genitals, and various options for the creation of a masculine genital with or without urethral lengthening. These various choices yield different physical

requirements (eg, body mass index and required donor tissue) and expected outcomes. These various choices also have different risks of complications.^{2–12}

The choice between the many different options for GAS mainly depends on: (1) feasibility: the possibility to perform the technique (including the surgeons’ armamentarium and requirements of the patient’s physical condition); (2) wishes and expectations: with regard to cosmetic outcome, sexual and urological function, and fertility; and (3) risk and coping: the burden of the surgery including donor site morbidity and the risk of complications relative to coping capacity. Weighing all of these matters to come to a good decision is challenging for both transman and surgeon.

Presently, in our Center of Expertise on Gender Dysphoria, the choice for a certain GAS is made after receiving extensive information about the surgical options, consultation with a gender psychologist and hereafter consultation with the plastic surgeon and the urologist. However, satisfaction after the surgery varies, and it appears that a mismatch between expectations and realization exists in some individuals.¹³ This mismatch could potentially lead to dissatisfaction and preventable re-operations, causing additional cost, burden, and potentially more donor-site morbidity and complications.

As GAS is a demanding and life-changing event, the transman should be able to make choices about the surgical treatment based on outcomes that are most important to him, while taking into consideration the (donor-site) scars and possible complications involved. For this reason, a tool that can assist both transman and health care professional (HCP) in making a well-informed decision about the treatment is particularly necessary. Multiple studies in other treatment areas showed that decision aids (DAs) improve patients’ knowledge and participation in decision-making, help patients to have more accurate expectations of possible benefits and harms of treatments, and support patients to reach choices that are more consistent with their informed values.^{14–18} From a health care provider’s perspective, it helps to reach a common understanding of the risks and benefits associated with treatment choices and tailor treatment choices to each patient’s circumstance.¹⁹

Aims

We aim to develop a DA for genital surgery in transmen (DA-GST). The purpose of the DA-GST is to facilitate transmen’s participation and to support them in making thoughtful choices among treatment options by providing information on the options and outcomes relevant to the person.¹⁹ This DA-GST will serve as a valuable tool to assist in shared decision-making (SDM) between the HCPs and the transman.

METHODS

A qualitative focus group study was performed. Focus groups with HCPs and transmen were selected as the best method to

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