

# Gender-Affirming Feminizing Surgeries

Gender-affirming surgery is a permanent way to change your body to help you reach a greater sense of alignment between your body and your gender identity. Surgery can involve your chest, genitals, and reproductive organs. Use this handout to learn more about gender-affirming feminizing surgeries.

## Thinking about your options

Take a minute to reflect on these questions:

- What type of surgery is right for you?
- When do you want to have surgery?
- Are you combining surgery with other medical, social or legal strategies to affirm your gender, or are you thinking of doing any of these in the future? How might these other changes affect your plans for surgery?
- Will your health insurance cover part or all of the surgery? Can you afford the out-of-pocket cost? What are your health insurance plan's requirements before they approve coverage of the surgery?
- What is your plan for the recovery period? For example, can you take time off work? How will you get home from the hospital? Will you need someone to stay with you after your surgery?

## Criteria for surgery

The World Professional Association of Transgender Health (WPATH) outlines the baseline criteria for gender-affirming surgeries. Surgeons and insurance plans use the WPATH criteria as a guideline to assess whether a person is ready for surgery.

## The letter of support

In September 2022, WPATH released new criteria for surgery. WPATH notes that the letter of support be written, signed and dated by a qualified behavioral health clinician. The letter must state the following:

- You meet WPATH criteria for the specific surgery you are seeking.
- You have a diagnosis of gender dysphoria.
- How long you have been in their care.
- You are able to make an informed decision about surgery and consent to treatment.

- Any mental health or physical health concerns they have helped you with are well-managed and stable.
- You are aware of any effects on your reproduction due to the surgery and have considered reproductive options.
- You have discussed your plans for social gender-affirming strategies if you have these plans.
- You are on hormone therapy and will have been for at least 6 months before surgery **or** why you are not using hormone therapy.
- The behavioral health clinician is available to continue caring for you after your surgery.

Some insurance plans may still be following previous WPATH criteria for hysterectomy and genital surgery. They state that before surgery, you will have done all of the following:

- Had 12 continuous months of hormone therapy, as appropriate for your gender congruence goals.
- For 12 continuous months, have lived in a gender role that is aligned with your gender identity.
- Have 2 letters of support from 2 different behavioral health clinicians. One of those clinicians must have a PhD or PsyD degree.

**Always check with your insurance plan for their specific criteria for approving coverage of gender-affirming surgery.**

## The assessment

Your behavioral health clinician will meet with you for an assessment before they write a letter. This assessment often takes more than one visit. Many clinicians have wait lists, so give yourself plenty of time to line up these appointments. Your surgeon will need the letter before you can schedule your surgery.

## Types of feminizing surgeries

### Breast augmentation (top surgery)

Breast augmentation is surgery to create or enhance breasts. Your choices and results will depend on your body size, the size and shape of your breasts, and how long you have been on hormone therapy. For best results, it is strongly recommended that you be on hormone therapy consistently for at least 12 months to promote as much breast tissue growth as possible before surgery.

### Genital surgery (bottom surgery)

Bottom surgery is a general term for any gender-affirming surgery that changes the genitals. Common types of bottom feminizing surgery are:

- **Vaginoplasty**—Surgery to create a vagina, clitoris, and labia. A common type of vaginoplasty is penile inversion. A penile inversion uses skin from the penis and testes to create a vagina and a vulva, with a clitoris and labia. Other types of surgery include peritoneal vaginoplasty, zero-depth vaginoplasty, and sigmoid colon/intestinal vaginoplasty.

Your surgeon will talk to you about how to care for your vagina after surgery. This will include using a dilator to keep the vagina from shrinking or closing.

- **Orchiectomy**—Surgery to remove the testes, as part of a vaginoplasty or independently. Removing the testes reduces the amount of testosterone in the body. Once you have an orchiectomy, you cannot produce sperm. Include family planning in your decision-making.

### Thinking about your therapy

Some people decide what type of surgery they will have before they meet with a behavioral health clinician for a letter, and they do not want therapy to address any other needs. Others use therapy to get a letter, talk about their gender identity or discuss their goals, plans, and adjustment to gender-affirming changes they make. They may also want to strengthen their coping strategies or get support for their mental health concerns. When choosing a clinician, consider whether you would like to work with your therapist only for a letter or for a letter and other goals.

### Other surgeries

Most of the surgeries below are not covered by health insurance, as they are still not considered “medically necessary” to treat gender dysphoria. Check with your insurance plan to see if these procedures are covered.

- **Facial surgery and body contouring**—Various plastic surgery techniques that can help change the appearance of the face or the shape of the body in a way that is typically seen as more “feminine.”
- **Hair removal**—Semi-permanent removal of facial or other hair via laser (*laser hair removal*) or electricity (*electrolysis*). This is done before genital surgery as well.
- **Tracheal shave**—Surgery done to minimize the appearance of the Adam’s apple.
- **Voice surgery**—Surgery done on the vocal cords to raise the pitch of your voice. Many people choose to do voice therapy instead because it has fewer risks than surgery.

