TRANSGENDER SURGICAL PROGRAM AT MGH

WELCOME
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WELCOME

At the Massachusetts General Hospital, the Division of Plastic and Reconstructive Surgery works with the Transgender Health Program to provide gender-affirming surgical care. Our program offers several gender-affirming surgical procedures, and the Transgender Health Program also offers primary care services and gender-affirming hormone therapy. We will work with you to develop a safe and comprehensive surgical plan that aligns with your goals. Please keep in mind that, depending on your procedure, the process can be lengthy. We ask for your patience while we work with you to ensure that, together, we complete all pre-operative and insurance-related requirements. You can contact the MGH Transgender Health Program at 617-643-7210. If you have questions regarding the surgical process, you may talk to us on the phone or send us a message via patient gateway. We will help you navigate through this process and look forward to meeting and working with you!

WHO WE ARE

Clinical Staff
Leah, RN – Dedicated Gender-Affirming Surgery Program Surgical Nurse
Candace Nguyen – Surgical Program Coordinator
Heather Parker, NP – Nurse Practitioner with Plastics and Reconstructive Surgery

Surgeons
William “Jay” Austen, Jr. MD, FACS - Top Surgery
Branko Bojovic, MD - Facial Feminization, Facial Masculinization
   Eric Fjeld – Scheduler for Dr. Bojovic
Curtis Cetrulo, MD - Phalloplasty, Metoidioplasty, Top Surgery
   Ariella Bernkopf – Scheduler for Dr. Cetrulo
Richard Ehrlichman, MD - Top Surgery
   Mary Little – Scheduler for Dr. Ehrlichman
Milena Weinstein, MD – Vaginoplasty, Vaginectomy, Hysterectomy
Jonathan Winograd, MD - Vaginoplasty, Top surgery
   Jenn McGonagle – Scheduler for Dr. Winograd
Anton Wintner, MD – Phalloplasty, Orchietomy, Vaginoplasty
REQUIRED STEPS

1. Consultation with the Transgender Health Program

Before we schedule a consult with your surgeons, we have new patients meet with a general provider in the Transgender Health Program. In this visit, the doctor will ask about your medical and surgical history, answer any questions you may have about the surgical process, and ensure that documentation, such as letters of support, are in place. This visit helps us ensure that no issues arise farther down the line, either medically or with your health insurance. If the doctor identifies any concerns, they may refer you for testing or to another specialist or have your follow-up with your primary care provider.

2. Letters of Support

Before proceeding with a surgical consult, we need two letters of support written by licensed behavioral health providers (Therapists, social workers, psychiatrists, psychologists, etc.) to be on file per WPATH standards of care and insurance requirements. You can fax us your letters at 617-724-7126 or email them to us at MGHTransHealth@mgh.harvard.edu. If you have patient gateway, you can also send letters to us that way. If your letter-writers have any questions about writing these letters, let us know – we can make sure the letters will meet all requirements. Please also let us know if you need help finding a provider to write a letter for you – we may be able to help.

3. Surgical Consultation

Once a Transgender Health Program provider has determined you’re ready for a surgical consultation and we’ve received your letter(s) of support, the Transgender Health Program will refer you to the surgeons’ office. Then they will reach out to schedule an appointment. You will likely meet with multiple surgeons, including from Urology and Gynecology.

4. Schedule Surgery Date

Once you and your surgical team have developed a safe surgical plan that aligns with your goals and you’ve completed all other requirements, it is time to schedule an OR date! It is important to note that due to the complexity of this type of surgery, we will ensure you are medically stable and the whole team agrees with a safe and detailed plan before proceeding with surgery.
CHECKLIST

☐ One year on Hormone Replacement Therapy

☐ Pre-surgical assessment with the Transgender Health Program (__/__/___)

☐ Two letters of support from mental health providers on file
  (♯1__/__/___) (♯2__/__/___)

☐ Once confirmed, surgical consult
  A. Plastics (__/__/___)
  B. Urology (__/__/___)
  C. Gynecology (__/__/___)

☐ Schedule surgery date

☐ Pre-operative phone call and COVID test (__/__/___)

☐ Surgery! (__/__/___)

☐ Post-operative visit with the surgical team (__/__/___)
VAGINOPLASTY (ZERO DEPTH) OVERVIEW

Zero-depth vaginoplasty involves rearranging the tissues of the penis and scrotum to create a vulva (sensate clitoris, clitoral hood, labia majora, labia minora) and a functioning urethra. During a zero depth vaginoplasty, your surgical team will not create a vaginal canal. This procedure allows for a functional external appearance that aligns with a person’s gender identity. Zero depth vaginoplasty is an option for interested patients who do not desire penetrative intercourse, do not wish to maintain the long-term dilation associated with vaginoplasty, or cannot undergo full depth vaginoplasty due to their past medical history. Hair removal is not required prior to zero depth vaginoplasty. The surgery typically lasts 3-4 hours and is done in one stage under general anesthesia. You will have three surgeons (Urology, Gynecology, and Plastic Surgery) assisting with your operation. You will typically only stay in the hospital for one night, provided you are medically ready to return home. You will go home with drains and a foley catheter in place, which your care team will remove during your first follow-up appointment five days after surgery. It will be important to have someone at home with you the first few weeks after recovery to assist you with household chores and personal care. This packet includes general post-operative instructions to give you an idea of what to expect, but please remember to always listen to your surgeon’s specific instructions.
PREPARING FOR VAGINOPLASTY (ZERO DEPTH)

What You Should Bring to the Hospital

- Items to keep you entertained (Books, iPad, Laptop, etc.)
- Large comfortable clothing to change into on the day of discharge

What the Hospital Will Provide to You

- Sanitary pads
- Peri bottle for cleansing
- Mesh underwear
- Bacitracin
- Gauze and tape
- Prescription for pain medication and possibly antibiotics

What You Should Have Ready at Home

- Sanitary pads
- Unscented antibacterial soap
- Disposable irrigation bottles (AKA “douche”)
- Mild unscented soap for showering
- Comfortable, large cotton underwear
- Washcloths for cleansing
- Wet wipes
- Donut cushion or another similar pillow to sit on
POST-OPERATIVE INSTRUCTIONS FOR VAGINOPLASTY (ZERO DEPTH)

Hospital Stay

- You will remain in the hospital for 1-2 days.
- You will have a catheter in your bladder which will be removed 5-7 days after surgery.
- You will have two drains (JP drains), one draining from your abdomen and one from your pelvis. During your first post-operative appointment, your care team will remove the drains before they discharge you from the hospital on post-op day 5, 6, or 7.
- You will receive antibiotics and pain medicine during your hospitalization. You will be given prescriptions for pain medication upon discharge.

Dressings and Wound Care

- You will have light gauze and dressing pads covering your incisions.
- You will replace the dressing pads or feminine pads as needed. Please keep them clean and dry.
- You may shower as soon as you get home unless your surgeon instructed you not to. Please direct the clean stream of water directly onto your incisions. You may not take any baths, go in the hot tub or pool, or submerge in water until all your incisions have fully healed, usually six weeks after surgery.
- You will need to wipe from front to back after using the bathroom.
- Please take care to clean the area daily.

Movement and Use

- No heavy lifting or strenuous activities for six weeks.
- Walking is encouraged and should be started once you get home.
- Please walk for 10 minutes four times a day, even if it’s just up and down the hallway. Listen to your body and your pain level.
Mental Health

- It is difficult to predict the way that surgery will affect an individual’s mental health.
- It can take time for you to adjust to your new body after surgery, which may lead to some emotional distress and confusing feelings.
- It is important to have a support system in place, consisting of people who are aware that you are undergoing surgery, including any mental health providers you may be working with.
- While you are in the hospital, a social worker may come speak with you to address any psychosocial needs that may arise.
- If you experience a decline in your mental health or any emotional distress throughout the process, please let your surgeon know as we may be able to connect you with resources within the community.

Pain Control and Medication

- Pain is most intense in the first 2-3 days after surgery. Your care team will give you a prescription for pain medications to use along with Tylenol (Acetaminophen).
- While at home, use pain medication as necessary. Do not take pain medications on an empty stomach, as this can cause nausea and vomiting. Use Tylenol alone if the prescription medication is too strong.
- Narcotic medications often make people constipated. Please take a stool softener (Colace) while taking narcotic medications. You may also use other over-the-counter stool softeners.
- Do not drive or operate machinery while taking prescription pain medication.

Follow-up Routine Care

- Prostate exam: should be done yearly by your Primary Care Provider.
- We recommend annual pelvic exams.

Smoking Cessation

- Nicotine and cigarette smoking interfere with wound healing. Secondhand smoke exposure also exposes you to nicotine. Therefore, we highly recommended that you remain nicotine/smoke-free for six months after surgery.

Questions and Concerns

- If you experience fever greater than 100.4 degrees, inability to keep down fluids for >24 hours, foul-smelling drainage from your wounds, uncontrollable pain, or any other concerning symptoms, call our office at 617-726-1915.
- If it is an evening or weekend, call our office at 617-726-2000 and ask to speak with the on-call Plastic Surgery resident.
- If you are unable to reach us, please come to Massachusetts General Hospital Emergency Room if feasible otherwise, please go to your nearest hospital.