



Trans Care

Gender transition

Getting Sex Reassignment Surgery

This booklet is written for trans adults (age 19 or older) who have already decided they want to have sex reassignment surgery (SRS) and are looking for information about how to get it. Information discussed here includes:

- Paying for SRS: Government coverage vs. private payment
- Steps in getting SRS
- Mental and physical health assessment

This information is written specifically for trans people, but may also be of interest to partners, family members, and friends who are wondering how the process works. For health professionals who are involved in caring for someone who is planning to have SRS, there is a detailed set of guidelines available from the Transgender Health Program (see last page).

This booklet does not include information about making the decision to have SRS, surgical techniques/risks/complications, or post-op care. For more information about these topics, other SRS booklets are available from the Transgender Health Program.

Government Coverage vs. Private Payment

The BC Medical Services Plan (MSP) is the government coverage that all permanent residents of BC are eligible for. If you have a BC CareCard, you are already registered with MSP. If you don't have a CareCard, the Transgender Health Program or a health professional can help you apply.

The chart below explains what aspects of SRS are covered as of January 2006. Negotiations between MSP, Vancouver Coastal Health, and surgeons are ongoing, and coverage may change in the future.

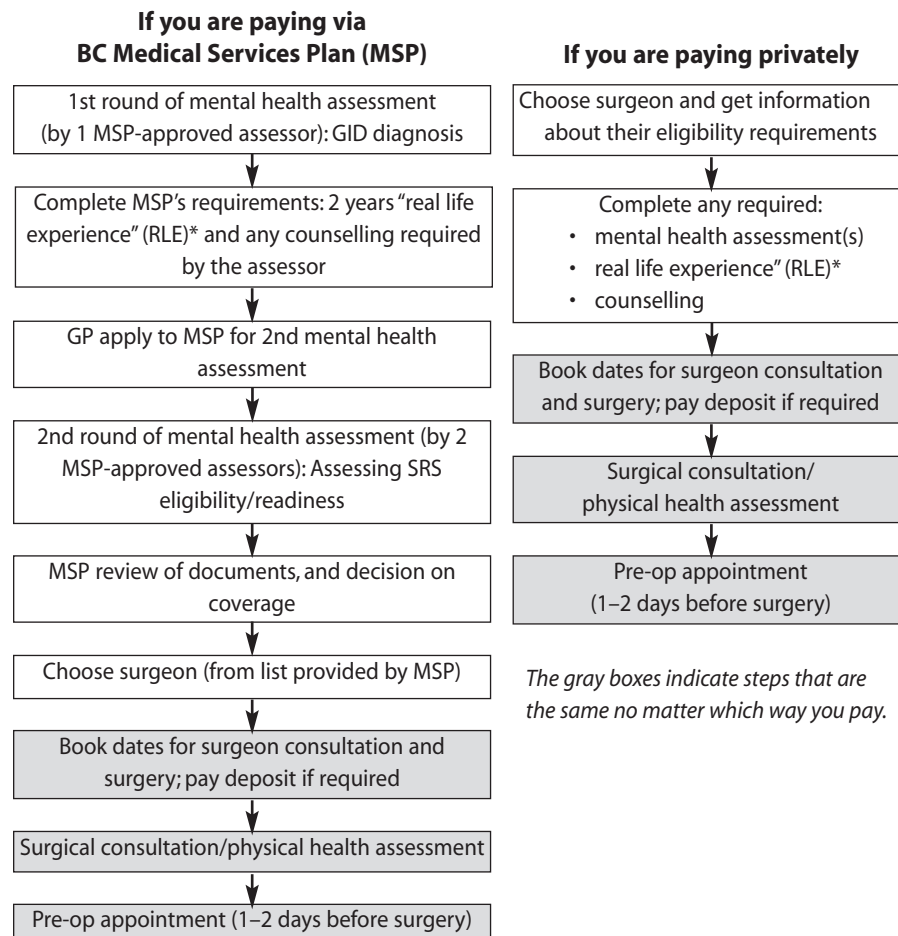
	MSP may cover:	MSP coverage does not include:
FTM	<ul style="list-style-type: none"> removal of breast tissue (mastectomy) removal of the ovaries/uterus removal of the vagina 	<ul style="list-style-type: none"> creation of a penis or testicles revision to your chest after surgery (unless it's a medical emergency) travel costs to and from the hospital* recovery at a private facility after you're discharged from hospital* medical supplies or equipment you may need after you leave the hospital*
MTF	<ul style="list-style-type: none"> breast implants (if there is no growth after 2 years on hormones, or breasts are severely lopsided) removal of the penis and testicles; creation of a vagina, labia, and clitoris 	<ul style="list-style-type: none"> facial feminization surgery or tracheal shave surgery to raise voice pitch genital/breast revision (unless it's a medical emergency) travel costs to and from the hospital* recovery at a private facility after you're discharged from hospital* medical supplies or equipment you may need after you leave the hospital*

* In the past, some trans people have been able to get help with these costs from another government program (e.g., Travel Assistance Program, BC Ministry of Employment and Income Assistance) or a health charity (e.g., Hope Air). Ask a trans-experienced advocate to help you explore options.

If MSP does not cover the surgery you want to have, your only option is to pay on your own. Paying on your own gives you more options (for example, you can choose any surgeon, instead of being limited to a surgeon approved by MSP). For this reason, some people who have money choose to pay privately even if MSP coverage is an option.

Overview of Steps in Getting SRS

As the chart below shows, the process to get SRS depends on how you will be paying for SRS – privately or via the BC Medical Services Plan (MSP).



* "Real life experience" (RLE – sometimes called "cross-living") means living full-time as the gender you identify as. This doesn't mean conforming to stereotypes of femininity or masculinity: RLE is not about passing, it is about moving from thinking or dreaming about how you want to express your gender to actually doing it. RLE is discussed in more detail on pages 11–12.

The main difference in the two paths for getting SRS is the process of getting approved for surgery.

- If you are paying via MSP, the first steps involve fulfilling MSP's eligibility requirements (explained on the next page) and applying for coverage. You must apply for MSP coverage before having surgery: MSP will not pay retroactively (after the SRS has been done).
- If you are paying privately, it is up to the surgeon to decide what steps you must go through to be approved for SRS – so the first step is choosing a surgeon and finding out what their eligibility requirements are.

Requirements for SRS

For any kind of surgery (not just SRS), all patients (trans or non-trans) must:

- be healthy enough to withstand the physical strain of surgery (anesthetic, blood loss, etc.)
- be healthy enough to withstand the psychological stresses of surgery
- have realistic goals and expectations of the surgery
- understand the steps in the surgical process, including risks and possible complications
- be informed of, and understand, any alternative options
- give consent for the surgery to be done

If you are paying privately, the specific criteria will be set by your surgeon; if you are applying for MSP coverage, you must follow the criteria set by MSP. Most surgeons follow the Harry Benjamin International Gender Dysphoria Association (HBI-GDA)'s *Standards of Care* (<http://www.hbigda.org/soc.htm>). These are compared to MSP criteria in the chart on page 5.

	HBI-GDA Standards of Care	MSP eligibility criteria
Breast/ chest surgery	<ol style="list-style-type: none"> 1. MTF: if medically able to take hormones, wait at least 18 months for hormonal breast growth FTM: can have chest surgery as first step, alone or with hormones 2. One mental health professional trained in SRS assessment must confirm your: <ul style="list-style-type: none"> • competency to make care decisions (able to provide informed consent) • understanding of effects and risks of the surgery • completion of 3 months RLE or counselling for length of time set by the assessor (usually 3 or more months) • mental readiness for SRS 	<ol style="list-style-type: none"> 1. MTF: no breast growth after 2 years on hormones, or breasts are significantly lopsided FTM: chest size doesn't matter Both: must have completed at least 2 years RLE 2. Two mental health professionals approved by MSP must: <ul style="list-style-type: none"> • diagnose you with Gender Identity Disorder • recommend you for SRS • confirm that you have completed at least 2 years RLE • confirm that you are emotionally and psychologically stable enough to go through SRS
Genital surgery	<ol style="list-style-type: none"> a) On hormones for at least 12 months (if medically able to take hormones) b) Two mental health professionals trained in SRS assessment must confirm your: <ul style="list-style-type: none"> • competency to make care decisions (able to provide informed consent) • understanding of cost, hospitalization, possible complications, aftercare, and surgeon options • completion of at least 1 year RLE • completion of any counselling required by assessor • mental readiness for SRS 	<ol style="list-style-type: none"> 1) You are applying for a type of SRS that is covered by MSP: <ul style="list-style-type: none"> • FTM: removal of ovaries/uterus/vagina • MTF: removal of penis/testicles, creation of vagina/labia/clitoris 2) Two mental health professionals approved by MSP must: <ul style="list-style-type: none"> • diagnose you with Gender Identity Disorder • recommend you for SRS • confirm that you have completed at least 2 years RLE • confirm that you are emotionally and psychologically stable enough to go through SRS
Removal of ovaries/ uterus (FTM)	<ul style="list-style-type: none"> • understanding of cost, hospitalization, possible complications, aftercare, and surgeon options • completion of at least 1 year RLE • completion of any counselling required by assessor • mental readiness for SRS 	<ul style="list-style-type: none"> • confirm that you are emotionally and psychologically stable enough to go through SRS
Face/ voice surgery (MTF)	None stated; surgeon may require psychological evaluation if they have concerns about a patient's mental health or readiness for SRS	These surgeries are not covered by MSP

To determine whether or not you meet these requirements, you will have to go through an assessment of your mental and physical health.

Mental Health Assessment Before SRS

Who can do the assessment?

1. If you are applying for MSP SRS coverage

If you are applying for MSP coverage, you need to be assessed by two mental health professionals approved by MSP to do SRS evaluations. One must be an MSP-approved psychiatrist; the other can be either an MSP-approved psychologist, or an MSP-approved psychiatrist.

The Transgender Health Program recommends seeing one of the MSP-approved assessors **as early in your transition as possible** to make sure you understand the process to apply for MSP SRS coverage, and to start recording the information required by MSP (e.g., evaluating whether or not you meet the criteria for Gender Identity Disorder, outlining your transition plans). The THP can give you (or your GP) a list of the mental health professionals in BC who have been approved by MSP to do SRS evaluations. You won't qualify for SRS this early in your transition, but being seen by an assessor early on lays the groundwork for a smooth SRS assessment later. Some trans people do this as part of their hormone assessment (see the booklet *Getting Hormones*, available from the Transgender Health Program); others do it as a separate step.

Later in your transition, when you and your GP feel that you have met all of the requirements set by MSP (see page 5) and are ready for SRS:

- Your GP must write a letter to MSP outlining your gender transition history and requesting SRS assessment. The Transgender Health Program can give your GP a sample letter that includes the address for the SRS funding contact at MSP.
- MSP will give your name and contact information to two of their approved assessors. You may have seen one of these assessors early in your transition, or it may be two different assessors. MSP must arrange the assessment – you (or your GP) cannot make the appointment yourself.
- The assessors will contact you to set up an appointment time. In most cases your appointments will involve both assessors in the room with you at the same time to cut down on the amount of time you need to take off work/school, arrange child care, travel to appointments, etc.

2. If you are paying for SRS on your own

If you are paying for SRS on your own, your surgeon may have a list of mental health professionals you can see, or they may just tell you the qualifications needed and leave it up to you to find someone who matches those qualifications (the Transgender Health Program can help with this). Most surgeons follow the HBIQDA *Standards of Care*, which require assessment by one or more mental health professionals (clinical counsellor/psychologist/social worker, psychiatric nurse, or psychiatrist) who have training in sexual and gender identity concerns. The qualifications of the professional and the number of assessors depends on the type of SRS:

- breast/chest surgery: one mental health professional (with a Masters or PhD)
- genital surgery or removal of uterus/ovaries: two mental health professionals (one psychiatrist or PhD-level psychologist, and one mental health clinician with a Masters or PhD)

What is the mental health assessor evaluating?

Some trans people are fully prepared by the time they approach a health professional to pursue SRS: they already understand how the surgery works, are realistic about what changes to expect, understand the risks of SRS, know how to deal with complications that may arise, and have good support to help cope with the changes. Others have unrealistic expectations, misinformation, or a health condition that could be made worse by surgery, and need more time and professional assistance to help them think it through or to make their health more stable.

With any type of irreversible medical treatment, there is a risk that the patient will regret their decision and wish they hadn't had the treatment. All types of SRS cause permanent changes that can't be fully reversed (even with further surgery). Because of this, surgeons are cautious about SRS. They want to be sure that you are sure about your decision, and that you are psychologically prepared for SRS.

In the past, SRS assessment was a long process focusing on whether or not you were a "true transsexual." The Transgender Health Program is now training mental health clinicians in BC to take a different approach to SRS assessment. The new approach focuses on:

- discussing your goals for SRS (not everyone wants the same things)
- confirming that you are able to make a fully informed decision: you

can think clearly, you have access to accurate information about SRS, and you understand the risks and benefits

- checking that you are stable enough to cope with the stresses of SRS, and arranging peer or professional counselling, advocacy, or other support as needed
- checking that you meet the eligibility criteria set by your surgeon or by MSP
- documenting your health needs (including reasons for recommending or not recommending SRS as part of treatment), in a format that other health professionals can understand

For trans people who are already fully prepared for SRS, this kind of mental health assessment can usually be done in 1–3 sessions. If you need more help to make the decision or to meet eligibility and readiness criteria, the assessor will help you identify resources that could help you move towards your goal, and will talk with you about a time for reassessment in the future.

Having past or current mental health problems does not mean you will be automatically rejected for SRS. Mental readiness for SRS means having:

- a solid sense of your own gender identity (you're not at the beginning stages of questioning, exploring, and thinking things through; you have a clear sense of how you identify and how SRS will contribute to this sense of yourself)
- enough mental stability to make an informed decision about your medical care enough coping skills and supports to withstand the typical stresses of SRS

What will the mental health assessor(s) ask me about?

The question depends whether you have seen the assessor(s) before (e.g., for mental health assessment before starting hormones) or are a new patient. If you are a new patient, the questions will be more detailed because the assessor(s) needs to know your personal and family background and history, and also get a sense of who you are. If you already know the assessor(s), you may just be asked questions about topics that they haven't asked you about in the past or about changes since the last time they saw you.

The ways that you answer and ask questions help the assessor(s) get to know you, and to evaluate whether or not you are capable of making an informed decision about your care. In determining whether you can give informed consent, the assessor is evaluating both your basic capacity to give consent and also how well informed you are. Part of the mental health assessment is checking that you are aware of the medical and social impacts of SRS – the likely risks and benefits of undergoing physical changes. In most cases it is straightforward for the assessor(s) to figure out whether or not you understand your options and can make an informed decision. In some cases the assessor(s) may want you to be seen by another health professional for a more detailed evaluation.

1. General information

The mental health assessor(s) will likely ask questions about:

- General personal history: who you are, home life, what you do during the day, education, work, friends, family, hobbies, interests
- Relationships: family, sexual partner(s), friends, your support system
- Medical and mental health history, including past/present use of medication, drugs, and alcohol

Questions about your mental health are included because there are some mental health conditions that, very rarely, give people temporary gender dysphoria or lead people who are not trans to believe it is a good idea to go through sex reassignment. For example, schizophrenia and other thought disorders can sometimes cause people to have delusions and make them hallucinate that they are a gender opposite to their birth sex. If the assessor believes you're in this situation, you will probably be recommended for mental health treatment first, then reassessed to see if you still have gender concerns. Even if you have a serious mental illness like schizophrenia, if the condition is under control and you still have gender dysphoria, SRS may be an option for you.

Trans people are often scared to talk with SRS assessors about mental health concerns because they are worried they will be turned down for SRS if they have past or current mental health problems. Having mental health problems does **NOT** necessarily mean you will be denied SRS. If you are stable enough to make decisions and withstand the stress of surgery, you can get mental health treatment at the same time as proceeding with SRS.

Trans people experience many stresses living in a transphobic society, and these stresses can cause depression, anxiety, or other mental health issues. The lack of access to respectful mental health care can mean that mental health problems go undiagnosed and untreated. If the mental health assessor thinks you have a mental health condition that has not previously been recognized or is otherwise concerned about your mental health, they may talk about treatment options with you, or offer to refer you to a psychiatrist or other mental health professional. If you have mental health issues that are severely impacting your overall stability or capacity to give consent, getting treated will help make it more possible to consider SRS in the future. Competent, respectful mental health care can make a big difference in your quality of life.

2. *Trans-specific questions*

You will also be asked questions that relate specifically to your decision to pursue SRS. The mental health assessor(s) will likely ask about:

- How you self-identify in terms of gender, influences you feel were important in shaping who you are, and how you have felt about your gender at various points in your life
- Your transition process thus far, and future plans
- Your experience around coming out as trans, or deciding not to come out
- Your experience living full-time in the gender you identify as (“real life experience,” RLE) and the ways you have dealt with the challenges of RLE
- Your reasons for wanting SRS at this point in your life, and what changes you think will likely happen as a result of SRS
- How you feel about risks and possible complications of SRS
- Supports and sources of information that you have found useful or not useful in the past, and any supports or information you want now or in the future

Knowing people’s reasons for wanting SRS is important because some people mistakenly think having SRS will fix problems that aren’t related to gender dysphoria. For example, some people who are gay/lesbian have such strongly internalized homophobia that they think changing gender is the answer to their feelings of shame and embarrassment. For people in this situation, counselling for their internalized homophobia is more appropriate than pursuing SRS.

3. *“Real life experience” (RLE)*

As discussed on page 5, “real life experience” (RLE) is optional before breast/chest and facial surgery, and required before genital/lower surgery. RLE (sometimes called “cross-living”) means living full-time as the gender you identify as.

In the past, RLE was sometimes confused with passability or stereotypes of femininity/masculinity. The HBIQDA *Standards of Care* explicitly define RLE as “transition to the gender role that is congruent with the patient’s gender identity.” The Transgender Health Program’s training and guidelines for mental health clinicians describe RLE as manifesting your gender identity **as you define it**, moving from thinking or dreaming about how you want to express your gender to actually doing it.

RLE isn’t a test to see if you’re really trans, but it does give you a chance to test out how it feels to live as the gender you feel yourself to be. For some people it’s better than they thought; for others it’s a disappointing reality-check. In evaluating your RLE the assessors want to know what the experience has been like for you – what you’ve learned from it, how it matched what you thought it might be like, what has been hard, and how you’ve coped with the challenges. Talking about the hard parts is not a sign of weakness: it helps show that you are able to deal with stress.

As part of evaluating RLE, the HBIQDA *Standards of Care* encourage the assessor to consider how much the person is cross-living in everyday public life (e.g., work, school, volunteering). This includes:

- Whether you use a name and gender pronoun that is consistent with your gender identity.
- Whether people in your day-to-day life (e.g., co-workers, teachers, partner, friends) know you in your desired gender role. They don’t need to know that you’re trans, but you will be asked if they know you as the gender you are transitioning to.

The BC Medical Services Plan (MSP) goes further than this – as part of applying for MSP coverage, you have to provide written documentation (letters, pay stubs, school records, etc.) to prove that you are cross-living in public life. The booklet *Real Life Experience* (available from the Transgender Health Program) gives tips for collecting this documentation to support your application to MSP. Staff at the program can help you prepare a package to give to your mental health assessor(s) to give to MSP.

Starting the RLE is often a very stressful process as it involves changes that friends, family and other loved ones, people at work/school, and other people in your life are likely to notice. Even if you're already out as trans, for some non-trans people this is the time when it really sinks in that gender issues aren't going to magically go away, and you really are going to transition. This can spark conflict and tension. Also, the early stages of RLE often involve being visibly trans, which increases risks of harassment, discrimination, and violence in day-to-day life. Peer and professional counselling can be helpful if you are overwhelmed with the stress. As part of the assessment process some mental health professionals want to see the client every few months, to get a sense of how the RLE is going and to offer support to people who are having a hard time.

4. Counselling

SRS is a big step. Part of SRS assessment is the mental health assessor(s) and the surgeon being confident that you have gone through a period of "soul-searching" – that you've really thought this through and are solid about your decision.

If you can show the mental health assessor that you have seriously considered the benefits and possible risks (on your own, with friends/family, with a counsellor or another health professional, and/or via peer support) and are fully prepared for SRS, you may not have to go through additional counselling. If there are going to be big changes in your life from SRS, the assessor(s) will want to know how you're planning to deal with those changes. They may recommend counselling or other supports if they feel you need help to think through the decision or cope with the stress of change.

For most major surgeries (not just SRS), counselling is recommended and sometimes required before surgery to help with decision-making and psychological preparation. Counselling is often recommended after major surgery (including SRS) to help with physical and psychological adjustment. Even if your assessor doesn't require you go through counselling, you can ask for counselling at any point if you feel it will be helpful.

Making a treatment recommendation

After the first 1–3 sessions, the mental health assessor(s) will likely talk with you about the next steps. In some cases the next step in care is to

write a letter to MSP or your surgeon recommending you for SRS. In other cases the mental health assessor(s) might recommend that you:

- get help from a peer counsellor, social worker, or advocate to stabilize a crisis issue (e.g., housing, family crisis) – usually with the names of some possible resources
- be seen by another professional for a more thorough evaluation of your ability to give informed consent (e.g., due to drug use, developmental disability, head injury, mental health condition)
- talk with a specialist about a health condition that might be negatively affected by SRS
- go through counselling to further explore gender issues (this usually includes a recommendation about the areas they suggest you explore, a general sense of the number of sessions/length of time they recommend as the minimum, and the names of some trans-experienced counsellors)
- complete more "real life experience"

If the assessor(s) recommend that you go through counselling, complete more "real life experience," or work on stabilizing a crisis issue, ask about a tentative timeline for you to be reassessed – 3 months, 6 months, one year, etc. In some cases, the assessor(s) won't give a specific timeline, they will outline specific tasks you need to accomplish, with assessment to happen whenever the tasks are done.

If you disagree with the mental health assessor's treatment recommendation, you can:

- ask the assessor(s) to explain the reasons for their decision, or make another appointment with you to discuss their reasons
- ask the assessor(s) if they would meet with you again and reconsider their decision
- ask the assessor(s) what you would need to do to be reconsidered in the future
- ask for a referral to another mental health professional, to get another opinion

Preparing for mental health assessment

Finding out what to bring

To make sure you have everything you need, it's helpful to call before your appointment and find out what you need to bring. The following are general guidelines.

1. Identification

If you are a new patient of the mental health assessor(s) or the surgeon, bring identification:

- your BC CareCard
- picture ID (passport, driver's license, BC ID, etc.)
- if you have gone through legal name change, bring your Name Change Certificate

2. Letter from other health professionals summarizing your health history

If you have completed any counselling about gender issues or have previously been assessed for SRS, bring a letter from the mental health professional(s) explaining the number of sessions, the topics covered, and any recommendations they have made re: SRS. If you have already completed some RLE, the booklet *Real Life Experience* (available from the Transgender Health Program; see last page) discusses letters and other documents you can bring to prove that you have done it.

It is helpful to bring a letter from your regular doctor/nurse summarizing your overall health history and stating that they support your pursuit of SRS.

3. Documentation of “real life experience” (RLE)

If you have completed any RLE, bring *collateral information* – evidence from other sources to confirm that you have done it.

The types of evidence accepted by MSP as proof of RLE are:

- a letter from any medical or mental health professionals who have been providing care confirming that you have been cross-living for over two years
- a letter from your boss, supervisor, or teacher
- work pay stubs or school transcripts with a name that fits your gender identity

The booklet *Real Life Experience* (available from the Transgender Health Program) includes tips for documentation – including ways to get collateral information without outing yourself as trans.

- a letter from your doctor explaining the reasons that you can't work/study/volunteer and confirming that to the best of their knowledge you are cross-living full-time

Emotional preparation

Trans people have varying feelings about mental health assessment before SRS. Some people feel that it's an important step in the process and that it's necessary to protect people who may not really understand what they're getting into. Other people feel it's patronizing, discriminatory, and offensive to have to get approval to make a medical decision.

Whatever your feelings about the validity of SRS assessment, the bottom line is that most people (trans or not) don't like having to go for a mental health assessment. People often worry about being judged negatively, are anxious about being asked personal and private questions, or are angry about someone else having the power to approve or deny treatment. Some people have had negative experiences with mental health professionals or other people in positions of authority, and are defensive or nervous that they will be treated badly again.

There are various ways people cope with the stress of assessment. Below are some strategies that we have found useful in our own lives or that have been suggested by trans people we have worked with.

- 1) *Know what to expect.* Hopefully this booklet has helped reduce fear of the unknown. Talking with the mental health assessor(s) beforehand (or asking your doctor, counsellor, or an advocate to do this) can help you find out more about how many sessions are recommended, how far apart the appointments will be, what kinds of topics you'll be asked about, etc.
- 2) *Know the eligibility and readiness criteria.* Find out what standards the mental health assessor(s) will be using to evaluate you. Are they using the HBGDA *Standards of Care*? MSP criteria? Take time before the appointment to think about whether you honestly meet

these criteria. If so, how can you show that to the assessor(s)? If there are areas where you think you are shaky, are there things you can do to try to get more solid? Being honest about the areas you think you fit, and the areas you don't, will help you develop a plan which will move you toward your goals.

- 3) *Know what you want to say, and how you want to say it.* You shouldn't be working from a script (mental health assessors will be suspicious of anything that is too tightly prepared), but if there are points you want to get across, organize your thoughts beforehand so you can be clear in what you're saying and remember the details of what you want to convey. Some people sketch out an outline or notes; others practice with a friend, peer counsellor, or trusted health professional before the assessment. If there are topics that you find get you really angry or upset (e.g., questions about your sexuality or past abuse), ask a friend or counsellor to role-play asking questions about this topic so you get used to calmly answering questions that make you uncomfortable.
- 4) *Use stress reduction techniques.* Some people find it helpful to use deep breathing, meditation, muscle relaxation, visualization, or other stress reduction techniques before and after assessment appointments.

If you ever feel that a health care provider is behaving inappropriately, you can:

- let the health provider know you are upset and the reasons why (tell them, write a letter, get an advocate to talk with them, etc.)
- talk with their supervisor/manager about your concerns
- file a complaint with the health provider's employer
- file a complaint with the health provider's professional association
- file a human rights complaint if you feel you were harassed or discriminated against
- file a report with the police if you feel the health provider's actions were criminal (e.g., sexual assault)

The Transgender Health Program (see last page) can help with information and referral to trans-experienced advocates.

- 5) *Get support after the appointment.* If you don't have a friend, partner, or trans peer who can meet you after the appointment, you can set up a phone or in-person appointment for peer or professional counselling.
- 6) *Know your rights.* There is a big power differential between you and SRS assessors. However, you still have rights, choices, and some power to negotiate. You can ask to take a break, slow down the pacing if you feel questions are being asked too quickly, or stop the assessment and try again another time.

Choosing a Surgeon

Your options for a surgeon depend on how you're paying for the surgery.

People who are paying privately can go to whichever surgeon they want. For people who are paying privately, there are many factors to consider – including cost, the specific techniques that each surgeon uses, the quality of their results, feeling comfortable with the surgeon, and the benefits of having surgery as close to home as possible. There is an international list of surgeons online at <http://wolfandturtle.net/Indigo/index.php>.

People who are getting MSP coverage have to go to a surgeon approved by MSP. If MSP approves your request for coverage (see page 6), they will send you a list of surgeons you can choose from, or you can find out in advance by asking the Transgender Health Program (see contact details on the last page). In some cases you may not have any choice about who you see.

The Transgender Health Program has a list of BC surgeons who will do SRS at <http://www.vch.ca/transhealth/resources/directory/categories.html>, or you can contact the program (see last page) to find out options. Some surgeons don't want to have their names on a public resource list, so it can be useful to ask on trans listservs or contact trans community groups to see if anyone knows of other surgeons. For community contact information, see <http://www.vch.ca/transhealth/resources/transgroups.html>.

New SRS program in Vancouver

A new SRS program is being created in Vancouver with the aim of offering all SRS procedures (both FTM and MTF) to trans people in BC. The team is being coordinated by a local surgeon who has special training in SRS. He hopes to create a multidisciplinary surgical team that can do SRS, provide post-operative care, and work with GPs/nurses to coordinate long-term followup. The program will follow the Harry Benjamin International Gender Dysphoria Association's *Standards of Care*. It's not yet clear when the first surgeries will start. The Transgender Health Program (see last page) will let trans people and health professionals know about this program as it develops.

Surgical Consultation

In the first appointment the surgeon should talk with you about your options for surgery, explain the techniques they do, and explain possible risks and complications. They should give you a handout with information about what you will need to do before and after surgery, and you should have a clear sense of what to expect. Ask them any questions you have.

Questions to consider include:

1. What is your experience with SRS? How many FTMs/MTFs have you done surgery on?
2. What are the techniques that can be done? What are the pros and cons of each? What technique do you recommend for me, and why?
3. What are the risks and possible complications? In your experience, what is the most common complication?
4. What can I expect in terms of pain? What are my options for pain management?
5. How long does it usually take to recover? What can I expect as I recover? What activities do I need to avoid as I recover?
6. Will I likely need further operations or other procedures in the future? What are the other procedures I might need to have done?
7. How can I expect the part of my body that is operated on to look and feel after surgery? Will this change over time? Will there likely be temporary or permanent changes in sensation?
8. Is it an option to have surgical revision if I am not happy with the result of the surgery?

9. Do you have before and after photos I can look at for each procedure, with results that are similar to what I can expect?

Some people find it very helpful to talk with other trans people who have had the same kind of surgery to get a better sense of what to expect. If you want to do this, you can ask the surgeon if you can talk with other patients who have had similar techniques done, or you can ask a local support group if there is anyone with experience who you can talk with. There are also many electronic message boards and mailing lists for trans people who have had surgery to talk about experiences and results. Every person is different, so the results for one trans person may not be what you will experience.

As part of your initial consultation, your surgeon will go over your health history and reasons for wanting SRS. The physical health assessment is explained in the next section.

Physical Health Assessment Before SRS

Most surgeons will not do a physical health assessment until you have completed the mental health evaluation and have been recommended for SRS. If you are paying via MSP, most surgeons will not meet with you or discuss options until MSP has approved your application for coverage.

The majority of the physical health assessment will be done by your surgeon as part of your surgical consultation (usually a minimum of 3 months before SRS). A briefer physical assessment is done by the surgeon or hospital nurses 1–2 days before surgery, to check for any new health problems that could be negatively affected by SRS or increase the risks of SRS.

What is the surgeon evaluating?

As part of your initial consultation with the surgeon, your surgeon will check:

- 1) your overall physical condition
 - your personal health history and your family's health history
 - your previous experiences with surgery
 - general physical exam

- 2) your vulnerability to the complications that can result from surgery (e.g., reaction to the anesthetic, blood loss, infection, blood clots)
 - breathing, blood pressure, and heart function
 - blood tests to make sure you're not anemic or prone to infection
- 3) the part of your body that will be operated on, and the surrounding area
 - tissue shape and size
 - skin quality and elasticity
 - blood supply and nerve function
 - scarring from previous surgeries or injuries

The surgeon may take photos of the parts of your body that will be operated on for a before/after comparison and to help them plan the surgical techniques to be used.

If you have any chronic health conditions, it is helpful to have your primary care provider (family physician or nurse) send the surgeon a letter summarizing your health history and your current health (including results of any recent tests). Your GP/nurse should include a statement that they support your request for SRS and feel that you are physically fit for surgery.

If you find physical exams very stressful, talk with your surgeon about possible ways to reduce the trauma. For example, you could ask them to do the exam slowly or quickly (depending on what you prefer). Light sedation may be an option.

You will be asked about smoking and may be required to quit several months in advance of the surgery. Smoking negatively affects healing and increases risk of complications. Some surgeons will not do SRS if they think the patient is likely to start smoking again soon after surgery.

Your surgeon will consider whether any of the medications you are taking affect your risk for blood clots or excessive bleeding. Be sure to tell your surgeon about any supplements or vitamins you are taking so they can factor that into the advice they give you. A couple weeks before any major surgery (including genital surgery), MTFs who take hormones need to gradually stop taking estrogen to lower the risk of blood clots during and after surgery. The surgeon will work with the doctor/nurse who

prescribes your hormones to work out a plan to slowly reduce the dose. A slow taper helps reduce the risk of problems due to hormone fluctuations. If you are worried about the effects of stopping estrogen, talk with your prescribing doctor/nurse or your surgeon about your concerns.

Outcome of the physical health assessment

There are four possibilities:

1. *There are no health concerns, and you are ready to have SRS.*

You and your surgeon will discuss surgical options, risks, and possible complications, and decide on a specific plan (technique to be used, pre-operative preparations, etc.). You will then be asked to sign a consent form to show that you understand what is involved and can make an informed decision.

Your next steps involve booking a date for surgery. The surgeon may require you to pay a deposit.

2. *There are health issues that need attention, but are not likely to be impacted by SRS.*

In this situation most surgeons will go ahead with SRS as long as there is a care plan to address the other health issues that need attention. You and your surgeon will discuss surgical options, risks, and possible complications, and decide on a specific plan (technique to be used, pre-operative preparations, etc.). You will then be asked to sign a consent form to show that you understand what is involved and can make an informed decision. Further evaluation may be required before surgery to confirm that your other health concerns will not be negatively impacted by SRS or affect the surgical outcome.

Your next steps involve booking a date for surgery (and paying a deposit if this is required), *and* working with another health professional on care for the other issues of concern. This may include referral to other physical or mental health specialists.

3. *There are health issues that might be negatively affected by SRS, or may negatively affect the possible outcome of SRS.*

If you have a condition that might be negatively affected by SRS (e.g., AIDS) or there are health issues that may negatively affect the outcome of SRS (e.g., uncontrolled diabetes) and your surgeon feels the risks of SRS are too high, they will likely refuse to do the procedure. You may be referred back to your GP to help you try to get this health problem under control with a specific goal to be met before surgical reassessment (e.g., A1C levels consistently at 7% over 6 months for a person with diabetes, 3 months without having smoked any cigarettes).

The first step in your care plan is to stabilize your health. Once your health has stabilized, you may return for reassessment. Your pre- and post-surgical care plan will likely include more frequent monitoring of potential risks and possible complications.

4. *SRS is not an option for you.*

In a small number of cases the health care provider may feel that you will never be able to have SRS due to extreme physical risks (e.g., repeated stroke due to blood clots) or an injury or disability that has made it impossible for you to provide informed consent. In these cases your surgeon should offer you support and referral to another surgeon if you want a second opinion.

The focus of your care plan is helping you come to terms with the likelihood that you will never be able to have SRS. This may include support for you to explore other ways of living as a trans person, and peer support from other trans people in a similar situation. It is your right to have the reasons explained to you and to get a second opinion.

What if I'm not satisfied with the surgeon's recommendation?

If you disagree with the surgeon's recommendation, you can:

- ask the surgeon to explain the reasons for their decision, or make another appointment with you to discuss their reasons
- ask the surgeon if they would meet with you again and reconsider their decision
- ask the surgeon what you would need to do to be reconsidered in the future
- ask for a referral to another surgeon, to get another opinion

Questions? Contact the Transgender Health Program:

Office: #301-1290 Hornby Street, Vancouver, BC V6Z 1W2
Phone/TTY/TDD: 604-734-1514 or 1-866-999-1514 (toll-free in BC)
Email: transhealth@vch.ca
Web: <http://www.vch.ca/transhealth>

The Transgender Health Program is an anonymous and confidential free service for anyone in BC who has a trans health question or concern. Services for trans people and loved ones include:

- information about trans advocacy, medical care, hormones, speech change, and surgery
- help finding health/social services, and help navigating the trans health system
- non-judgmental peer counselling and support
- information about trans community organizations and peer support groups



© February 2006 Vancouver Coastal Health, Transcend Transgender Support & Education Society and Canadian Rainbow Health Coalition

This publication may not be commercially reproduced, but copying for educational purposes is encouraged.

This booklet was written by Olivia Ashbee, Joshua Mira Goldberg, A. J. Simpson and Emily Hodge as part of the **Trans Care Project**, a joint effort of Transcend Transgender Support & Education Society and Vancouver Coastal Health's Transgender Health Program. We thank the Canadian Rainbow Health Coalition and Vancouver Coastal Health for funding this project. We also thank Willow Arune, D. Beach, Dr. Cam Bowman, Derek Eidick, Dr. Gail Knudson, Heather O'Shea, and Caroline White for their input.

For more copies, email the Transgender Health Program at trans.health@vch.ca or call/TTY 1-866-999-1514 (toll-free in BC) and quote Catalogue No. GA.100.G335.