

How to Write a Gender Affirming Surgery Letter

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Conflicts of Interest

- Otsuka
- Pfizer

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Objectives

1. Recognize the difference between gatekeeping and informed consent for gender affirming surgical interventions.
2. Understand the WPATH standards of care for gender affirming surgeries.
3. Learn how to provide gender affirming surgery letters in a supportive and empowering manner.

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Gender Affirmation Surgery Letters

- Avoid gate-keeping
- Explain the process to the patient at the start so they know what to expect
 - Explain the cisgender, heteronormative structure of the assessment
- Use the individual's identified name, pronouns, and language they use to describe their identity
- Assess for mental health conditions
- Explore the evolution of their gender identity
- Assess capacity to make an informed decision
- According to WPATH Standards, individuals need 1 letter for gender-affirming top surgery, and 2 letters from different providers for bottom surgery.

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WPATH Standards of Care 7

- Criteria for top surgery:
 - Persistent, well documented gender dysphoria
 - Capacity to make a fully informed decision and to consent for treatment
 - Age of majority in a given country
 - If significant medical or mental health concerns are present, they must be reasonably well controlled
- Hormone therapy is **not** a prerequisite for transmasculine top surgery.
- However, for transwomen, it is recommended (**not mandatory**) that they undergo feminizing hormone therapy for a minimum of 12 months prior to breast augmentation to maximize breast growth to obtain better surgical outcomes.

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WPATH Standards of Care 7

- Criteria for hysterectomy and/or salpingo-oophorectomy (for AFAB individuals), or orchiectomy (for AMAB individuals):
 - Persistent, well documented gender dysphoria
 - Capacity to make a fully informed decision and to consent for treatment
 - Age of majority in a given country
 - If significant medical or mental health concerns are present, they must be well controlled
 - 12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless hormones are not clinically indicated for the individual)

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WPATH Standards of Care 7

- Criteria for bottom surgery (metoidioplasty or phalloplasty for trans masculine individuals, vaginoplasty for trans feminine individuals):
 - Persistent, well documented gender dysphoria
 - Capacity to make a fully informed decision and to consent for treatment
 - Age of majority in a given country
 - If significant medical or mental health concerns are present, they must be well controlled
 - **12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless hormones are not clinically indicated for the individual)**
 - **12 continuous months of living in a gender role that is congruent with their gender identity**
 - Although not an explicit criterion, it is recommended that patients also have regular visits with a mental health provider or other medical professional
 - Note: Some insurances are requiring 12 months of psychotherapy for coverage of bottom surgery

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1) General Identifying Characteristics

- Patient name (legal name in parentheses, if different)
- Age
- Gender identity
- Pronouns
- Surgery desired
- Statement of medical necessity of desired surgery

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1) General Identifying Characteristics

Example: **John Doe (legal name Jane Doe)** is a **25** year-old individual who I saw at Central Outreach Wellness Center for assessment. **John was assigned female at birth**, identifies as **male** and uses **he/him** pronouns. **He** is seeking a **bilateral mastectomy with nipple grafting and male chest contouring** which is medically indicated for treatment of Gender Dysphoria.

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2) Evolving Gender Identity & Psychiatric Diagnoses

- When did the individual...
 - first recognize that their gender did not match their sex assigned at birth?
 - Describe how they experienced this discordance
 - come out to others?
 - socially transition?
 - medically transition with hormones?
 - start living all aspects of their life as their authentic self?
- List DSM-5 Diagnoses, with Gender Dysphoria as the primary diagnosis
- Does the individual have any mental health concerns?
 - If so, briefly describe history and current state of the individual's mental health
 - What mental health treatment does the individual currently receive, if any?

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2) Evolving Gender Identity & Psychiatric Diagnoses

Example: John first noticed his gender identity did not match his sex-assigned-at-birth around puberty, with discomfort around his changing body, but he did not have the words or conceptualization to explain his experience until meeting other transgender individuals in college. John began his social transition at age 20, dressing full-time in men's clothing since that time, and started his medical transition with hormones at age 22. He first came out to close friends at age 21, followed by family of origin and his broader social network. John has been living all aspects of his life as his authentic male self since age 22. John continues to experience symptoms of Gender Dysphoria largely focused on his chest which he binds regularly.

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2) Gender Identity Development & Psychiatric Diagnoses

DSM-5 Diagnoses:

Gender Dysphoria

Depressive Disorder NOS

Anxiety Disorder NOS

John struggled with depression and anxiety from middle school through college which he relates in large part to Gender Dysphoria. He has a history of SIB and suicidal ideation in middle and high school, none in recent years. His depression and anxiety are well controlled with his social and hormonal transition, SSRI medication, and biweekly therapy.

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3) Duration of Professional Relationship & Type of Psychotherapy

- List dates seen
- Purpose of visits and clinical relationship
- Other mental health treatment the individual receives, if any

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3) Duration of Professional Relationship & Type of Psychotherapy

Example: John was seen for the first time on January 7th, 2021, and second session on January 21st, 2021. We had two sessions for a general mental health assessment and a timeline of his evolving gender identity, for the purpose of writing this letter for gender affirmation surgery. John was focused and clear, answering all questions appropriately. John sees an outside therapist, X, who he has been seeing for 2 years and with whom he continues to engage in biweekly CBT psychotherapy. John is prescribed an SSRI by his PCP.

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4) Eligibility Criteria Met & Rationale for Surgery

- Explain rationale for surgery (which is usually already addressed in prior sections, just refer to such)
- Explain how the aforementioned surgery will benefit the individual's wellbeing
- Assess the individual's capacity to make an informed decision about surgery (ie understanding of the risks and benefits)

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4) Eligibility Criteria Met & Rationale for Surgery

Example: My rationale for surgery has been addressed in number 2 and number 3. It is clear that **top surgery via bilateral mastectomy with nipple grafting and male chest contouring** is in line with **John's** gender identity and life goals, strengthening **his** comfort in **his** body and sense of self. **John** verbalized a good understanding of the risks and benefits of **his** planned surgery.

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5) Adherence to Hormones, Name Change, Gender Marker on Government ID's (if applicable); Partner/Spousal Obligations (if applicable)

- Ask about gender affirming hormone therapy (if indicated)
 - Note: gender-affirming hormone therapy is not a requirement for top surgery, but is, per current WPATH guidelines, for bottom surgery
 - How long has the individual been on hormones?
 - Inquire about adherence to hormone therapy
 - Inquire about physical changes from hormones
- Ask if the individual has, or desires...
 - Legal name change
 - Gender marker change on government documents (ie ID, drivers license, passport, birth certificate)
- Inquire if the individual desires other gender affirming surgeries
- Assess Partner/Spouse support, if applicable

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5) Adherence to Hormones, Name Change, and Gender Marker on Government ID's (if applicable); Partner/Spousal Obligations (if applicable)

Example: John has been on testosterone for 3 years. He reports excellent adherence to hormones for the past 2 years. He initially had trouble giving himself injections which caused missed dosing early on in his transition. His Partner gives him his weekly injections which has improved adherence. John is happy with the changes to his body on testosterone, including deepening of his voice, body fat distribution changes, and facial and body hair growth. John plans to legally change his name and gender marker on government ID's after his top surgery. He does not desire other gender affirming surgeries at this time. John's Partner of 2 years is very supportive of his gender identity, medical and surgical transition.

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6) Author's Experience

- List your credentials and certifications
- Explain your experience working with transgender, nonbinary, and gender expansive patients and community, which may include:
 - Number of transgender and gender expansive patients seen/treated
 - Educational trainings attended or provided
 - Community engagement, advocacy, and/or education experiences

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6) Author's Experience

Example: I am a Medical Doctor, dually trained in Psychiatry and Family Medicine. I have a Bachelors in Psychology from Northwestern University, a Medical Doctorate from Northwestern University, and completed a dual residency in Family Medicine and Psychiatry at the University of Pittsburgh Medical Center (UPMC). I am the Medical Director of Mental Health Services at Central Outreach Wellness Center, an LGBTQIA+ health center serving hundreds of transgender, nonbinary, and gender expansive patients in Pittsburgh and from the surrounding region. I provide LGBTQIA+ medical education/lectures locally and nationally, was lead author of the Mental Health Concerns chapter of the 1st edition of *Trans Bodies, Trans Selves*, am editor of the Health and Wellness section of the 2nd edition of the book. I am President of the Tri-State Gender Collaborative in my region.

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7) Verification of Letter

- Open up the lines for communication and ability for surgeon's office to verify your letter and/or clarify aspects of it:
 - Provide office phone number
 - E-mail
 - Office contact person's name

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7) Verification of Letter

Example: I welcome a phone call or email from you or your staff to confirm that I wrote this letter: You may reach me at [555-555-5555](tel:555-555-5555). Please leave a message if I am unavailable, and I will return your call as soon as I am able. You may also email me directly at EMAIL.

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8) Choice of Surgeon, Economic and Housing Support, & Insurance in Case of Complications

- This is an assessment of the individual's recovery plan:
 - How did the individual decide on their surgeon?
 - How will the surgery and potential complications be paid for?
 - Does the individual work?
 - If so, have they sought out approval for leave from work?
 - Has the individual saved or planned for cost-of-living expenses during the surgery and postoperative recovery period?
 - Does the individual have housing and support for the postoperative recovery period?

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8) Choice of Surgeon, Economic Support, & Insurance

Example: John has been researching surgeons online for 6mos. He had 2 consultations and decided on Dr. X for his top surgery. His insurance will be covering the cost of the surgery and any potential complications. He has been approved for medical leave from work for the surgery and 3-4 week recovery period. Additionally, John and his Partner have been saving up money for travel and cost-of-living expenses related to the surgery and post-operative recovery period. John will be going to a surgeon out of county. He will be accompanied by his Partner, and they will be staying with friends near the surgical center until his drains are removed and he is medically cleared to return home.

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g) Emotional, Mental Health, & Logistic Support for Post-Operative Recovery Period

- What is the individual's support network?
 - Partner(s)/Spouse?
 - Chosen family?
 - Family of origin?
 - Social supports?
 - Mental health professionals?
- Any issues with anesthesia or pain meds in the past?
- Does the individual display the emotional ability to tolerate surgery and recovery?
- Does the individual display capacity to consent for surgery and follow through with a postoperative care plan?

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g) Emotional, Mental Health & Logistic Support for Post-Operative Recovery Period

Example: John has a strong support system with his Partner with whom he lives, family of origin, chosen family, and broader social supports who will help him through his physical recovery. He will continue in biweekly therapy with his outside therapist through the post-operative period. John has had surgery before for broken bones. He reports tolerating anesthesia without issue, and no issues with post-operative pain medication use. John's mental health is stable with his depression and anxiety well controlled. John displays capacity to provide informed consent for top surgery and follow through with a post-operative care plan.

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Closing Statement

- Explain that the individual has met WPATH criteria for surgery
- Attest to the individual's capacity to make informed consent for the procedure

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Closing Statement

Example: **John** has met the WPATH criteria for surgery. He is capable of making an informed decision about undertaking surgery. I believe the next step is for **him** to have **a bilateral mastectomy with nipple grafting and male chest contouring**, which is medically indicated for treatment of Gender Dysphoria, to further align **his** body with **his** gender identity.

If you have any questions or concerns please do not hesitate to contact me or my office.

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Questions?



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