

# Gender-Affirming Masculinizing 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 masculinizing 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 masculinizing surgeries

### Chest surgery (top surgery)

Top surgery is any gender-affirming surgery that involves removal of breast tissue. There are various types of top surgery.

- A **mastectomy**, commonly called chest masculinizing surgery, is the most common. With this surgery, the chest is contoured to have what is typically seen as a more masculine appearance. The nipples may be kept attached in their original location or could be removed and reattached on another location on the chest (known as a *nipple graft*).
- **Breast reduction surgery** removes excess breast tissue and skin and keeps the nipples attached in their original location.

As you think about what type of top surgery you would like to have, reflect on these questions:

- Would you like a very flat chest?
- Is nipple sensation after surgery important?
- Do you want to be able to chestfeed in the future?

Your results will depend on your body size, the size and shape of your chest, and whether and how long you have been on hormone therapy. You do not have to be on hormone therapy in order to have top

### 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 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 them only for a letter or for a letter and other goals.

surgery. If you decide to do hormone therapy, you should start it and be on a stable dose before having surgery. This will allow any chest tissue changes related to hormone therapy to happen before surgery. If hormone therapy is started after surgery, it can change the chest tissue and cause the look of the chest to be different than what was intended.

### Genital surgery (bottom surgery)

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

- **Phalloplasty**—Surgery to create a penis using a skin graft from another part of your body, commonly from the forearm or inner thigh. Phalloplasty can be done alone or in a staged approach with other procedures such as a hysterectomy, vaginectomy (removal of the vagina), scrotoplasty (creation of a scrotum), urethral hookup (re-routing of the urethra), and/or erectile implant.
- **Metoidioplasty**—Surgery to release a ligament connected to the clitoris. This makes the clitoris look longer, like a penis. This is an option if you have been taking testosterone and have already had some clitoral growth. It can be done alone or in a staged approach with other procedures, such as a hysterectomy, vaginectomy, scrotoplasty, and/or urethral hookup. With metoidioplasty, you will not need an erectile implant.
- **Hysterectomy**—Surgery to remove the uterus and fallopian tubes (*partial hysterectomy*) or the uterus, fallopian tubes and cervix (*total hysterectomy*). Removal of the ovaries (*oophorectomy*) can also be done during this surgery.  
  
Once you get a hysterectomy, you cannot carry a pregnancy or physically give birth. Include birth and family planning in your decision-making.

### Facial and body contouring surgeries

There are various plastic surgery techniques that can be done to change the appearance of the face or the shape of the body in a way that is typically seen as more "masculine."

