

Date _____

name _____

DOB _____

Patient education for orchiectomy

- Some transsexual, transgender, and gender non-conforming people choose to have surgery to treat severe gender dysphoria and others do not. This is a choice based on personal preferences and medical need.
- Surgery is not required to make complete legal transition.
- Orchiectomy removes both testes but does not remove scrotum, penis, or create a vagina
- Orchiectomy reduces testosterone to typically female levels
- Anti-androgen medication therapy using spironolactone or other medications is equally as effective and safe (when carefully monitored by a medical provider) for most patients to reduce testosterone and is usually reversible
- Low testosterone usually results in decreased libido although this is variable from individual to individual
- Low testosterone may cause difficulty in getting or maintaining an erection
- Effects of surgery are permanent and irreversible
- Orchiectomy causes irreversible decrease in testosterone and therefore hormone therapy with estrogen or testosterone will be necessary to prevent osteoporosis
- Orchiectomy causes irreversible loss of fertility. This will cause permanent sterility.
- It is possible to store sperm to preserve the possibility of having biological children after orchiectomy. This is usually not covered by health insurance and is not guaranteed to work.
- It is advisable to postpone orchiectomy if vaginoplasty is planned within 12-18 months of the date for the planned orchiectomy to avoid excess surgery and allow time for full healing
- Cigarette smoking may interfere with wound healing and stopping smoking is highly recommended before surgery
- Orchiectomy is usually done as a same day procedure. It is necessary to be accompanied home by a responsible adult
- Rest and apply ice packs for 24 hours after the surgery
- Orchiectomy usually requires 4-6 days of recuperation before resuming regular activities
- Avoid strenuous activity including sex for 2 weeks after the surgery

All of the information on this form has been reviewed with me and I understand it and have had any questions answered

patient / client signature

I have reviewed all of the information on this form with my patient / client and I am confident that my patient / client understands this information

Clinician name and signature