

**Disclaimer:**

Criteria may change as the state and Medi-Cal update current regulations for transgender services



**Department Owner:** Utilization Management  
**Lines of Business Affected:** Medi-Cal, Healthy Workers, Healthy Kids

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**SFHP Criteria: Transgender Services**

San Francisco Health Plan (SFHP) covers medically necessary care for transgender members, consistent with the State Medi-Cal benefit, based on criteria from the World Professional Association of Transgender Health (WPATH7) Standards of Care.

**1. Surgical Consult Criteria for Gender Affirmation Surgery**

Before proceeding with review of the surgical treatment, SFHP requires members to first attend a consultation with the performing sexual reassignment surgeon; therefore, providers will need to submit two separate authorization requests: one for the surgical consult, and one for the surgical procedure. This section lists criteria for the surgical consult. SFHP's Chief Medical Officer or designated medical director will review all requests for sexual reassignment services to ensure medical necessity of the request.

For all members using San Francisco General Hospital for specialty care, the consultation request and all supporting documents go through eReferral, not SFHP. Transgender services will then forward these requests to SFHP for UM review. This process connects members to various available transgender resources, support, and surgery-specific education they may not otherwise access. For all non-SFGH members, please submit the request for the consult directly to SFHP.

- To approve a surgical consultation, SFHP requires the following documents (**all documents must have a date that falls within 1 year of the prior authorization request unless otherwise specified**):
  - A. All surgery types require a medical evaluation form signed by the primary care provider (**available at sfhp.org and "Appendix 1" of this document, p.11**) that includes the following:
    - a. Member has a diagnosis of gender dysphoria
    - b. Member had at least quarterly visits with the same primary care provider or clinic within the SFHP network during the past year to ensure the PCP

has significant knowledge about the member in order to make an informed recommendation

- c. Member has received at least 12 continuous months of hormonal therapy for all genital and chest feminizing surgical procedures unless the member suffers from a documented medical contraindication to hormonal therapy
  - d. List of any current medical conditions with documentation of their management
  - e. Clinical proof that current regimens have kept any concurrent medical conditions well-managed for at least 6 months prior to the request date
  - f. Recommendation for the member to undergo the proposed surgery
- B. Clinical documentation from the latest comprehensive history and physical that includes a full list of current medical and psychiatric medications (**dated within 3 months of the initial request for consult**)
- C. The following surgeries additionally require a single independent assessment by a qualified mental health professional in the form of a letter:
- a. Mastectomy
  - b. Mammoplasty (reconstruction and/or augmentation)
    - i. Please refer to section “3. Medical Criteria for Breast Augmentation and Penile Prosthesis” for specific mammoplasty criteria
- D. The following surgeries additionally require 2 independent assessments by 2 different qualified mental health providers in the form of 2 separate letters or a single co-signed letter **that shows proof of separate assessments in the form of a statement including assessment dates and the performing mental health professionals:**
- a. Metoidioplasty
  - b. Vulvoplasty
  - c. Vaginectomy
  - d. Vaginoplasty
  - e. Scrotoplasty
  - f. Urethroplasty
  - g. Orchiectomy
  - h. Phalloplasty
  - i. Penectomy
  - j. Clitoroplasty
  - k. Hysterectomy/salpingo-oophorectomy
- Letter(s) from the Qualified Mental Health Professional(s) must document the following:
    - Either 1 or 2 qualified mental health professionals (**depending on the type of surgery**) have completed independent comprehensive mental health assessments
    - a. Member has a diagnosis of gender dysphoria

- b. Member has lived as the desired gender in society for at least 12 continuous months
  - c. Member has the mental capacity to understand the proposed surgery as consistent with his/her gender identity
  - d. Member has the capacity to make fully informed decisions and consent to treatment
  - e. Member does not have any active substance abuse issues
  - f. Member does not have any active psychotic conditions
  - g. Psychosocial evaluation showing that the member's psychiatric and social situation will not interfere with expected outcomes of the proposed surgery
- Each Qualified Mental Health Professional must complete a Transgender Health Services "Therapist Documentation Form" (**available at [sfdph.org](http://sfdph.org) or "Appendix 2" of this document, p12**) and attach it/them to the mental health letter
    - a. Requests for mastectomy and mammoplasty will require a single "Therapist Documentation Form" completed by the recommending Mental Health Profession
    - b. All other surgery types will require 2 separate "Therapist Documentation Form[s]" completed by each individual recommending Mental Health Professional
- A signed, surgery-specific Transgender Health Patient Education form showing proof that the member has participated in the appropriate education for the proposed procedure (**adapted from the SFDPH checklist, available at [sfhp.org](http://sfhp.org) and appendixes 3-9 of this document, p.18-37**)

## **2. Criteria for Gender Affirmation Surgery**

Providers may submit prior authorization requests for gender affirming surgical procedures only after the initial consultation with the performing surgeon has taken place.

If the member's medical or behavioral condition has changed since the time of the mental or medical health assessment, SFHP requires notification, reevaluation, and additional documentation showing the member's condition remains stable enough to proceed with surgery. Failure to appropriately notify SFHP of such changes in a timely manner will result in an automatic denial of all requested services. SFHP will approve gender-affirming surgery in 3-month increments (up to a total of 12 months) to ensure medical necessity and member safety for those requests that meet the following criteria:

- Comprehensive typed letter from the performing surgeon covering the following:
  - A. Recommendation to proceed with gender-affirming surgery that lists the specific procedure(s) the surgeon will perform
  - B. Proof of smoking cessation or a planned smoking cessation date between 2-6 weeks prior to and up to 6 months following surgery **(depending on the procedure type)**
    - a. Transgender Health Patient Education forms (appendixes 3-9) list surgery-specific timelines for smoking cessation
- Clinical documentation from the latest history and physical as well as the pre-surgical medical exam **(both dated within 3 months of the initial request for surgery)**
- Evidence of a post-surgical psychological recovery plan that:
  - A. States the goals of treatment
  - B. Estimates the frequency and duration of mental health visits throughout the transitional period, should the member require psychotherapy
- For members requiring authorization periods longer than 3 months, providers must renew the approval period every 3 months (up to a total of 12 months) by submitting the following:
  - A. Up-to-date clinical documentation showing that either:
    - a. Medical and mental health status has not changed since the time of the initial request; **OR**
    - b. Clinical documentation detailing any medical and/or mental health status changes that occurred within the latest 3-month renewal period that may require additional review for medical necessity

### **3. Medical Criteria for Breast Augmentation and Penile Prosthesis**

- Breast Augmentation Mammoplasty
  - A. SFHP will cover augmentation mammoplasty as a benefit **only** when 12 continuous months of hormonal (estrogen) therapy has failed to result in breast tissue growth of at least Tanner Stage 5 on the puberty scale
  - B. SFHP requires proof in the form of clinical documentation that either no or an insignificant amount (below Tanner stage 5) of tissue growth has occurred as a result of appropriate hormonal therapy; **OR**
  - C. Submission of clinical documentation showing a viable medical contraindication to hormonal therapy

- Penile Prosthesis after Phalloplasty

Medi-Cal does not cover penile prosthesis as a benefit for sexual function either for transgender or cisgender members; however, SFHP will review requests on an individual basis for medical necessity. Requests of this type must meet the following criteria:

- A. Two SFHP medical directors to complete separate reviews and both find the request medically necessary
- B. Providers must request penile implants separately from the initial request for phalloplasty with a date of service no sooner than 9 months post phalloplasty
- C. Post-surgical clinical documentation from the surgeon who performed the initial phalloplasty showing that the member presents as a good surgical candidate for penile prosthesis
- D. Documentation from either the primary care provider or performing surgeon stating that the member cannot achieve incentive coitus with the appropriate use of an external penile rigidity device intended to create sufficient penile rigidity for sexual intercourse (e.g. penile splint)

#### **4. Hair removal**

Medi-Cal does not cover electrolysis or laser hair removal as a benefit; however, SFHP will review requests on an individual basis for medical necessity.

- SFHP will cover electrolysis and laser hair removal for the following surgeries
  - A. Vaginoplasty (genital area and face)
  - B. Metoidioplasty (exclusively to the genital area)
  - C. Phalloplasty (genital area and graft site)
- SFHP requires all requests for electrolysis and laser hair removal to meet the following criteria:
  - A. Two SFHP Medical Directors to complete separate reviews and both find the request medically necessary
  - B. Submission of a treatment plan that includes:
    - a. Duration of no more than 3 months for electrolysis and no more than 6 months for laser hair removal
    - b. Estimation of frequency no more than once a week for electrolysis and no more often than once every 2 months for laser hair removal
  - C. Instances requiring treatment for greater than 3 months for electrolysis or 6

months for laser hair removal necessitate the submission of modification requests that include documentation from the servicing provider stating a need for continuing services

- D. Submission of a medical necessity rationale stating why the member requires electrolysis/laser hair removal
  - a. SFHP will automatically deny all electrolysis/laser hair removal requests that do not include a medical necessity rationale with the **initial** request for service
- E. **Contraindications** to laser hair removal include:
  - a. Use of antibiotics during the 3 days preceding and 3 days following treatment
  - b. Use of blood thinners during 1 week preceding and 1 week following treatment
  - c. Personal history of melanoma
- F. All requests for laser hair removal require the submission of clinical documentation showing that no contraindications exist

## **5. Surgical Revisions**

SFHP authorizes requests for surgical revisions on a case-by-case basis consistent with Medi-Cal guidelines for medical necessity. In general, we will cover instances of excessive scarring (excluding donor graft sites), deformation at the surgical site, and continued pain after reasonable healing times. Procedure-specific complications requiring surgical revision can include the following:

- 1. Breast Augmentation:
  - a. Deflation/rupture of implant(s)
  - b. Capsular contracture with rupture
  - c. Implant extrusion
  - d. Symmastia
  - e. Major fold malposition
  - f. Recurrent major ptosis
- 2. Vaginoplasty:
  - a. Vaginal shrinkage requiring full-thickness skin grafts (non-compliance to dilation protocol)
  - b. Vaginal and/or labial necrosis (rare)
  - c. Bladder, vaginal, and/or anal fistulas
  - d. Urethral stenosis
  - e. Vaginal prolapse
  - f. Vaginal opening either too short and/or too narrow for coitus

3. Mastectomy with Male Chest Reconstruction
  - a. Excessive number/size of “dog-ears”
  - b. Major fold malposition
  - c. Major asymmetry/malposition of nipples
4. Phalloplasty/metoidioplasty:
  - a. Urinary tract stenosis
  - b. Fistula
  - c. Neophallus necrosis (rare)
  - d. Other urinary dysfunction

SFHP will **NOT** approve cosmetic surgical revisions that include minor asymmetry and/or positioning of breasts, chest, or genitals. WPATH7 criterion for genital surgery states that an “important objective” of surgical procedures becomes the construction of “acceptable cosmesis.” SFHP will consider medical necessity when clinical documentation can show proof of aesthetic abnormality beyond reasonable acceptability. We require submission of the following with all such requests:

1. Clinical documentation stating cosmesis complication
2. Measurements and/or photographs of deformity/asymmetry (if applicable)
3. Statement from the performing surgeon recommending the procedure based on either the surgical complication or a need of multiple surgeries based on the individual’s anatomy

## **6. Exclusions**

Medi-Cal considers the following procedures utilized for feminization as cosmetic and does not cover them as benefits; therefore, SFHP has excluded them from coverage for all members, transgender and cisgender:

- Rhinoplasty
- Face-lifting
- Lip enhancement
- Facial bone reduction
- Blepharoplasty
- Liposuction of the waist (body contouring)
- Chondroplasty (thyroid reduction)
- Laryngoplasty or shortening of the vocal cords (voice modification surgery)
- Skin resurfacing and other cosmetic procedures
- Mammoplasty (breast augmentation) when appropriate hormonal therapy has achieved breast tissue growth

Medi-Cal similarly considers the following procedures utilized for masculinization as cosmetic and does not cover them as benefits; therefore, SFHP has excluded them from coverage for all members, transgender and cisgender:

- Chin implants
- Nose implants
- Lip reduction

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## DEFINITIONS

### **Medical Necessity:**

Services reasonable and necessary to protect life, prevent significant illness and/or disability, or to alleviate severe pain through the diagnosis and treatment of disease, illness, or injury.

### **Gender Dysphoria:**

Distress caused by conflict between a person's sex assigned at birth and the gender he/she currently identifies with.

### **Female-to-Male (FTM):**

A person assigned female sex at birth and later adopts the identity, appearance, and gender role of a male, especially after gender reassignment surgery.

### **Male-to-Female (MTF):**

A person assigned male at birth and later adopts the identity, appearance, and gender role of a female, especially after gender reassignment surgery.

### **Qualified Medical Professional:**

The medical professional must have the following:

- Appropriate training and licensure in primary care (MD, DO, NP, PA)
- Up-to-date clinical license in the State of California
- Training, continuing education, and experience working with the diagnosis and treatment of Gender Dysphoria

### **Qualified Mental Health Professional:**

The mental health professional must have the following:

- Appropriate training:
  - A. Master's degree or its equivalent in a clinical behavioral science field by an accredited institution

- B. Doctor of medicine or osteopathy, specializing in psychiatry. PhD in clinical behavioral science field by an accredited institution
- C. Licensed Psychiatrist
  - Up-to-date clinical license
  - Training, continuing education, and experience working with the diagnosis and treatment of Gender Dysphoria

**Gender Affirmation Surgery:**

Surgical procedure that changes a person's physical appearance and function from his/her existing sex characteristics, including secondary sex characteristics, to resemble that of the opposite sex in order to affirm his/her gender identity. Sex reassignment surgery can meet medical necessity as an important part of treating gender dysphoria.

**Transgender:**

Diverse group of individuals who cross or transcend culturally-defined categories of gender. Gender identity of transgender people differs to varying degrees from their sex or physical gender.

**Cisgender:**

Gender identity where the individual's experiences of his/her own gender matches the sex he/she was assigned at birth.

**World Professional Association of Transgender Health (WPATH):**

Organization founded in 1979 and formerly known as the Harry Benjamin International Gender Dysphoria Association (HBIGDA). It devotes its resources to understanding the treatment of Gender Dysphoria and has developed internationally accepted Standards of Care (SOC).

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## REVISION HISTORY

**Effective Date:** April 10, 2014  
**Approval Date:** April 10, 2014  
**Revision Date(s):** June 2013; January 31, 2014, March 2014, May 2014,  
December 2014

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## REFERENCES

Criteria based on 7th edition of the World Professional Association of Transgender Health, WPATH, Standards of Care and Medi-Cal Provider Manual "Surgeries"

**TRANSGENDER SEX REASSIGNMENT SURGERY SERVICES  
MEDICAL EVALUATION FORM**

**PLEASE CHECK “YES” OR “NO” FOR ALL BOXES AND ATTACH ANY ADDITIONAL INFORMATION**

Yes/No

- Patient suffers from gender dysphoria
- Personally seen patient at least once every 3 months during the last 12 months

**HORMONE THERAPY HISTORY**

- Patient received 12 *uninterrupted* months of hormone therapy appropriate to gender goals
- Hormone therapy is not appropriate for patient’s gender goals

Explain: \_\_\_\_\_

- Patient has medical contraindications to hormone therapy

Explain: \_\_\_\_\_

- Patient unable or unwilling to undergo hormone therapy

Explain: \_\_\_\_\_

**MEDICAL CONDITIONS CAPABLE OF AFFECTING DESIRED SURGICAL OUTCOMES**

Yes/No

Yes/No

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <input type="checkbox"/> Patient has concurrent medical conditions</li> <li><input type="checkbox"/> <input type="checkbox"/> Medical conditions are well-controlled</li> <li><input type="checkbox"/> <input type="checkbox"/> Uncontrolled condition(s)<br/>Condition(s): _____</li> <li><input type="checkbox"/> <input type="checkbox"/> Active infection</li> <li><input type="checkbox"/> <input type="checkbox"/> Severe immunosuppression</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <input type="checkbox"/> Unstable cardiovascular disease</li> <li><input type="checkbox"/> <input type="checkbox"/> History of venous thromboembolism</li> <li><input type="checkbox"/> <input type="checkbox"/> History of poor wound-healing</li> <li><input type="checkbox"/> <input type="checkbox"/> Obesity BMI: _____</li> </ul> |
|--|---|

**OTHER CONDITIONS**

- Tobacco/Cannabis use
- Other significant substance use

Document plans to stabilize any uncontrolled conditions and attach supporting clinical/documentation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- It is my opinion that the proposed surgery will benefit this patient’s health

\_\_\_\_\_  
MEDICAL PROVIDER NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

**San Francisco Department of Public Health  
Transgender Health Services**

50 Lech Walesa Street  
San Francisco CA, 94102

[transgenderhealthservices@sfdph.org](mailto:transgenderhealthservices@sfdph.org)  
[www.sfdph.org/transgenderhealthservices](http://www.sfdph.org/transgenderhealthservices)

**Therapist Documentation Form for Evaluation of Transgender Surgery**

Client's Chosen Name: \_\_\_\_\_

Legal name: \_\_\_\_\_

DOB: \_\_\_\_\_

Clinician Name: \_\_\_\_\_

Office Location/Clinic: \_\_\_\_\_

Which surgery or surgeries are you referring your client:

Orchiectomy

Metoidioplasty

Vaginoplasty

Phalloplasty

Vulvoplasty/Labioplasty

Penectomy

Hysterectomy/Oophorectomy

Feminizing mammoplasty (breast augmentation)

Subcutaneous Mastectomy with Male Chest Reconstruction

Surgery Not Listed Please Describe: \_\_\_\_\_

Please list the dates that you evaluated this client for readiness and appropriateness for surgical intervention:

Which current or previous medical and/or mental health providers did you speak with in your evaluation?

Please give a description of this client, their identifying characteristics, and their history of gender dysphoria with emphasis on their attempts to address gender dysphoria:

Please indicate the length of time your client has taken hormones and their response to those hormones:

For clients considering vaginoplasty, metoidioplasty, or phalloplasty, the Standards of Care states that the client must have “12 continuous months of living in a gender role... congruent with their gender identity.” Please describe how the member has met this standard:

Does this client have the capacity to give informed consent for genital surgery? If no, please explain:

Are there communication issues the surgeons need to know about (language barriers, hearing impairments, autism spectrum disorder, literacy level, learning differences, etc.)? Please explain:

How will surgery improve your client's level of functioning? How will it better their life? Please use the client's words:

Do you have any hesitation or concern that the client may regret/not receive benefit from surgical intervention? If yes, please explain:

Please give a brief description of your client's mental health history, including suicidality, homicidality, history of violence toward healthcare workers, psychiatric hospitalizations, and/or residential treatment for mental health and/or substance use:

Please list all current and/or past DSM diagnoses:

Please list ALL current psychiatric, sleep disorder, emotional-problem related medications and/or supplements (such as St. John's Wart and medical marijuana). Please include the prescriber's name by each medication:

Does your client have mental health issues that the stress of surgery, anesthesia, and/or recovery may cause decompensation (e.g. PTSD, anxiety disorder, schizophrenia, substance abuse, etc.):

Please describe how you have prepared your client for the possibility of decompensation and how it will be addressed:

Please list the result of CAGE or other substance abuse screening tool(s):

Please describe current/past substance use including nicotine along with any concerns the client has regarding their substance use, sobriety, and/or use of pain medication:

Please describe any medical/health issues your client may have:

What is YOUR assessment of your client's level of functioning, including performance of ADLs/IDLs (activities of daily living and instrumental activities of daily living):

Describe your client's support system, relationships, family support, and work situation:

Do you believe your client is capable of carrying out their aftercare plan? Include their ability to provide self-care post surgery (e.g. dilation protocol 3x per day, hygiene issues, infection monitoring, adequate nutrition, stable housing, etc.): Yes No

What additional care will your client need and how will they arrange it, including who will provide the needed case management?

Please state your rationale for surgical referral:

**Please indicate that you have discussed the following issues to your client's satisfaction:**

- Potential alterations in sexual function
- Risks, benefits, and alternates to surgery
- Impact of drugs/alcohol on surgical outcomes
- Importance of aftercare in terms of surgical complications
- Importance of aftercare in terms of aesthetic outcomes
- Mandatory education/preparation program for vaginoplasty, metoidioplasty, phalloplasty (genital surgery)
- Sterilization and reproductive choices for genital surgeries, if applicable

Is your client's gender identity stable and consolidated?

- Yes     No

Do you believe your client has realistic expectations of what surgery can/cannot do?

- Yes     No

Is there anything you would like to add? If yes, please explain:

Name, Title, and License: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number for follow-up: \_\_\_\_\_

**Please print, sign, and fax to (415) 355-7407**

**Patient Education for Orchiectomy**  
**(Adapted from the SFDPH Transgender Services Form)**

DATE \_\_\_\_\_ NAME \_\_\_\_\_ DOB \_\_\_\_\_

- Some transsexual, transgender, and gender non-conforming individuals choose to have surgery in order to treat severe gender dysphoria, while others do not
- The individual, often under the guidance of a medical provider, makes this choice based on preference and medical necessity
- The state of California does not require surgery to make a complete legal transformation from one gender to another, but some states and countries require individuals to undergo specific surgeries in order to change birth certificate information
- Surgery results in permanent and irreversible affects
- Orchiectomy removes both testes, leaving the scrotum and penis intact and does not create a vagina
- Orchiectomy irreversibly reduces testosterone levels to those typically found in females
- Individuals will require hormone replacement therapy with either estrogen or testosterone in order to prevent osteoporosis
- When carefully monitored by a medical professional, anti-androgen medication therapy using spironolactone or other medications can safely and effectively reduce testosterone levels for most patients with the possibility of reversing the affects
- Low testosterone usually results in decreased libido, although this varies from individual to individual
- Low testosterone may cause difficulty in achieving and/or maintaining erection
- Orchiectomy causes an irreversible loss of fertility and, therefore, permanent sterility
- Individuals who choose to can store sperm prior to the procedure in order to preserve the possibility of having biological children after orchiectomy; however, most health insurance plans do not cover this process, and it has no guarantee of working
- We advise individuals to postpone orchiectomy in the event of a planned vaginoplasty within 12-18 months of the planned orchiectomy date in order to avoid excessive surgery and allow time for healing

- Cigarette smoking and other tobacco use may interfere with wound-healing, and we recommend tobacco cessation prior to surgery:
  1. Some surgeons will not operate unless patients stop smoking 2-4 weeks prior to surgery
  2. The primary care provider can help the individual access smoking cessation programs
- Most surgeons can usually perform orchiectomy as a same-day procedure
- An individual undergoing orchiectomy must have a responsible adult accompany them home
- 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

**I have reviewed all the information on this form, and I understand it and have had all of my 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 (printed)\_\_\_\_\_ Clinician signature\_\_\_\_\_

**Patient Education for Hysterectomy  
(Adapted from the SFDPH Transgender Services Form)**

DATE \_\_\_\_\_ NAME \_\_\_\_\_ DOB \_\_\_\_\_

- Some transsexual, transgender, and gender non-conforming individuals choose to have surgery in order to treat severe gender dysphoria, while others do not
- The individual, often under the guidance of a medical provider, makes this choice based on preference and medical necessity
- The state of California does not require surgery to make a complete legal transformation from one gender to another, but some states and countries require individuals to undergo specific surgeries in order to change birth certificate information
- Surgery results in permanent and irreversible affects
- Hysterectomy removes the uterus, fallopian tubes, and ovaries but does not remove the vagina or create a penis
- Hysterectomy irreversibly reduces estrogen levels to those typically found in post-menopausal females
- Individuals will require hormone replacement therapy with either estrogen or testosterone in order to prevent osteoporosis
- Hysterectomy causes irreversible loss of fertility
- Individuals who choose to can store eggs prior to the procedure in order to preserve the possibility of having biological children after hysterectomy; however, this process requires hormone manipulation therapy, minor surgical procedures, comes with a heavy price, very few health plans will cover it, and has no guarantee of working
- Surgeons can perform hysterectomies via several different procedures
- Total vaginal hysterectomy with bilateral salpingo-oophorectomy (removal of the fallopian tubes and ovaries) proves the least invasive procedure, but not all individuals can receive this type based on various individual factors
- The gynecologist will determine the appropriate method of hysterectomy based on uterus size and other individual factors determined at the pre-op exam
- Cigarette smoking and other tobacco use may interfere with wound-healing, and we

recommend tobacco cessation prior to surgery:

1. Some surgeons will not operate unless patients stop smoking 2-4 weeks prior to surgery
  2. The primary care provider can help the individual access smoking cessation programs
- The gynecologist will provide complete instructions for pre-op preparation, including instructions for bowel prep
  - Recovery time from hysterectomy depends on the type of procedure done
  - Hospitalization usually requires 1 or more overnight stays depending on the patient and procedure-type
  - Return to work and normal activities depends on the type of procedure and usually ranges from 2-6 weeks after surgery

**I have reviewed all the information on this form, and I understand it and have had all of my 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 (printed) \_\_\_\_\_ Clinician signature \_\_\_\_\_

**Patient Education for Subcutaneous Mastectomy with Male Chest Construction (SCM)  
(Adapted from the SFDPH Transgender Services Form)**

DATE \_\_\_\_\_ NAME \_\_\_\_\_ DOB \_\_\_\_\_

- Some transsexual, transgender, and gender non-conforming individuals choose to have surgery in order to treat severe gender dysphoria, while others do not
- The individual, often under the guidance of a medical provider, makes this choice based on preference and medical necessity
- The state of California does not require surgery to make a complete legal transformation from one gender to another, but some states and countries require individuals to undergo specific surgeries in order to change birth certificate information
- Surgery results in permanent and irreversible affects
- Subcutaneous mastectomy with male chest construction (SCM) removes most but not all breast tissue and creates a chest with a male appearance
- SCM does not have any effect on hormone levels
- SCM does not cause loss of fertility but does cause loss of the ability to breast feed
- SCM may require a mammogram before a surgeon will perform the procedure
- Surgeons perform SCM via several different procedures
- Surgeons base the type of SCM on breast size, skin elasticity, other anatomical factors, and the individuals preferences determined at the pre-op exam
- SCM surgery usually takes 2-4 hours in the operating room
- Surgeons can sometimes perform SCM at the same time as a hysterectomy
- Visible scars depend upon the type of surgery performed
- Individuals frequently report the loss of nipple sensation depending on the surgery performed and individual factors
- We recommend individuals considering SCM to look at result photos of those who have previously undergone the procedure both from their chosen surgeon as well as other surgeons, if possible
- Immediately following surgery, most individuals must use drainage tubes and a compression binder

- Recovery time from SCM depends on the type of procedure performed
- Most individuals do not require an overnight hospital stay
- SCM usually requires 1 week of recuperation before resuming desk work
- Avoid strenuous activity for 2-4 weeks
- Cigarette smoking and other tobacco use may interfere with wound-healing, and we recommend tobacco cessation prior to surgery:
  1. Some surgeons will not operate unless patients stop smoking 2-4 weeks prior to surgery
  2. The primary care provider can help the individual access smoking cessation programs
- The surgeon will provide complete instructions for pre-op preparation and post-op care

**I have reviewed all the information on this form, and I understand it and have had all of my 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 (printed)\_\_\_\_\_ Clinician signature\_\_\_\_\_

**Patient Education for Vaginoplasty  
(Adapted from the SFDPH Transgender Services Form)**

DATE \_\_\_\_\_ NAME \_\_\_\_\_ DOB \_\_\_\_\_

- Some transsexual, transgender, and gender non-conforming individuals choose to have surgery in order to treat severe gender dysphoria, while others do not
- The individual, often under the guidance of a medical provider, makes this choice based on preference and medical necessity
- The state of California does not require surgery to make a complete legal transformation from one gender to another, but some states and countries require individuals to undergo specific surgeries in order to change birth certificate information
- Surgery results in permanent and irreversible affects
- Vaginoplasty is a major surgery
- Vaginoplasty includes the removal of both testes (orchiectomy)
- Orchiectomy irreversibly reduces testosterone levels to those typically found in females
- Individuals will require hormone replacement therapy with either estrogen or testosterone in order to prevent osteoporosis
- Low testosterone usually results in decreased libido, although this varies from individual to individual
- Orchiectomy causes irreversible loss of fertility and, therefore, permanent sterility
- Individuals who choose to can store sperm prior to the procedure in order to preserve the possibility of having biological children after orchiectomy; however, most health insurance plans do not cover this process, and it has no guarantee of working
- Vaginoplasty does not create a uterus or ovaries, and individuals who undergo the procedure cannot menstruate or become pregnant
- Surgeons can perform vaginoplasty via several different procedures
- The technique used will depend on the individual and the surgeon
- Intended results of vaginoplasty aim to relieve severe gender dysphoria by creating a natural-appearing vagina with normal sensation and the capability of satisfying sexual sensation and function

- Vaginoplasty may use tissue from the scrotum and penis to create a vagina, and the individual will no longer have a scrotum or penis after surgery
- For best post-surgical results, we recommend electrolysis or laser hair removal starting several months before surgery
- Vaginoplasty surgery usually takes 3-5 hours in the operating room
- Vaginoplasty usually requires 2-3 days hospitalization after surgery
- Vaginoplasty usually requires 2 ½-3 weeks of recuperation before resuming desk work
- Avoid strenuous activities for 4-6 weeks
- Vaginoplasty requires following a dilating protocol:
  1. At first, 10–20 minutes 2-3 times per day
  2. Then gradually decreasing to once a day
  3. Then decreases again to at least weekly, if not sexually active with insertive vaginal sex, for life
- Individuals who have undergone vaginoplasty usually describe sexual feelings and orgasm as “different”
- Most individuals can achieve orgasm after vaginoplasty
- We do not recommend insertive vaginal intercourse for 6 weeks after surgery, but individuals can begin other forms of sexual contact according to preference
- Most individuals require lubrication for sex
- We recommend that individuals considering vaginoplasty look at result photos of those who have previously undergone the surgery as well as a variety of photos of female genital areas
- Vaginoplasty does not remove the prostate gland, presenting a continued risk of prostate cancer
- To reduce the risk of blood clots, individuals on hormone therapy should stop 2-4 weeks prior to surgery:
  1. To avoid adverse mood affects, we advise gradually tapering off of hormone therapy for a longer period of time
- Cigarette smoking and other tobacco use may interfere with wound-healing, and we recommend tobacco cessation prior to surgery:
  1. Some surgeons will not operate unless patients stop smoking 1 or more months prior to and 6 months after surgery
  2. The primary care provider can help the individual access smoking cessation programs

- Obesity may create complications and interfere with wound-healing
- Some surgeons will not perform surgery on individuals who have a body mass index or BMI (height to weight ratio) greater than a value pre-specified by the surgeon
  1. Usually a BMI of 40 or greater will preclude a candidate from major surgery
  2. In such an event, the primary care provider can help the individual access medical and structured non-medical weight-loss programs
- Certain health conditions and disease states carry the risk of complications and may interfere with successful surgical outcomes, such as the following:
  1. Diabetes mellitus
  2. Cardiovascular disease
  3. Active infection
  4. Obesity
  5. History of poor wound-healing
  6. Tobacco use
  7. Controlled substance use
- Starting (or continuing) a regular exercise regimen, eating a healthy diet, and adhering to prescribed medical treatment can greatly improve surgical outcomes even for already healthy individuals
- Excessive stress and mental health disorders can also create post-surgical complications
- Mental health conditions can interfere with an individual's ability to safely undergo and/or recover from surgery
- Starting (or continuing with) stress management and/or mental health care can greatly improve surgical outcomes and the individual's overall outlook post-surgery

**I have reviewed all the information on this form, and I understand it and have had all of my 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 (printed)\_\_\_\_\_ Clinician signature\_\_\_\_\_

**Patient Education for Feminizing Mammoplasty  
(Adapted from the SFDPH Transgender Services Form)**

DATE \_\_\_\_\_ NAME \_\_\_\_\_ DOB \_\_\_\_\_

- Some transsexual, transgender, and gender non-conforming individuals choose to have surgery in order to treat severe gender dysphoria, while others do not
- The individual, often under the guidance of a medical provider, makes this choice based on preference and medical necessity
- The state of California does not require surgery to make a complete legal transformation from one gender to another, but some states and countries require individuals to undergo specific surgeries in order to change birth certificate information
- Feminizing mammoplasty, also called breast augmentation or “breast implants,” places saline or silicone sacs in the breast area to create larger, female-appearing breasts
- Feminizing mammoplasty does not have any effect on hormone levels
- Feminizing mammoplasty does not increase the risk of breast cancer
- Feminizing mammoplasty *may* interfere with mammography, a type of breast cancer screening
- Surgeons can perform feminizing mammoplasty via several different methods
- Surgeons base the type of feminizing mammoplasty on the following:
  1. The individual’s current breast development,
  2. Chest and body shape and size
  3. Other anatomical factors
  4. The individual’s preferences of chest and body shape and size
- Several types and sizes of breast implants exist
- Surgeons base the type and size used during feminizing mammoplasty on the following:
  1. Current breast development
  2. Chest and body shape and size
  3. Other anatomical factors
  4. Patient preferences of chest and body shape and size
- The surgeon and the individual determine the size and type of the implant at the pre-op appointment
- The FDA states that “[b]reast implants are not lifetime devices. The longer a woman has implants, the more likely it is that she will need to have surgery to remove them”

- The FDA warns of the various risks of breast implants, including the following:
  1. Need for additional surgeries (with or without removal of the device)
  2. Capsular contracture (scar tissue that forms around and squeezes the implant)
  3. Breast pain
  4. Changes in nipple and breast sensation
  5. Rupture with deflation of saline-filled implants
  6. Rupture with or without symptoms (silent rupture) of silicone gel-filled implants
- Breast implants prove much safer and more effective than silicone injections
- Medi-Cal will only cover breast augmentation mammoplasty, if 12 continuous months of hormonal (estrogen) therapy has failed to result in breast tissue growth
- Feminizing mammoplasty surgery usually takes 1-3 hours in the operating room
- Surgeons can sometimes perform feminizing mammoplasty at the same time as vaginoplasty
- In rare cases, feminizing mammoplasty requires 2 surgeries separated by several months
- Visible scars depend upon the type of surgery performed
- We recommend individuals considering feminizing mammoplasty to look at result photos of those who have previously undergone the procedure both from the chosen surgeon as well as other surgeons, if possible
- Some individuals may need to use drainage tubes immediately following surgery
- Recovery time from feminizing mammoplasty depends on the type of procedure performed
- Most individuals do not require overnight hospital stays
- Breast augmentation usually requires 1 week of recuperation before resuming desk work
- Avoid strenuous activities for 2-4 weeks
- Cigarette smoking and other tobacco use may interfere with wound-healing, and we recommend tobacco cessation prior to surgery:
  1. Some surgeons will not operate unless patients stop smoking 2-4 weeks prior to surgery
  2. The primary care provider can help the individual access smoking cessation programs
- The surgeon will provide complete instructions for pre-op preparation and post-op care

**I have reviewed all the information on this form, and I understand it and have had all of my questions answered.**

Patient /Client signature\_\_\_\_\_

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Clinician name (printed)\_\_\_\_\_ Clinician signature\_\_\_\_\_

**Patient Education for Phalloplasty**  
**(Adapted from the SFDPH Transgender Services Form)**

DATE \_\_\_\_\_ NAME \_\_\_\_\_ DOB \_\_\_\_\_

- Some transsexual, transgender, and gender non-conforming individuals choose to have surgery in order to treat severe gender dysphoria, while others do not
- The individual, often under the guidance of a medical provider, makes this choice based on preference and medical necessity
- The state of California does not require surgery to make a complete legal transformation from one gender to another, but some states and countries require individuals to undergo specific surgeries in order to change birth certificate information
- Surgery results in permanent and irreversible affects
- Phalloplasty is a complex major surgery
- Phalloplasty surgically removes tissue from a donor site on the individual’s body to generate a skin graft that then creates a penis
- Several possible donor sites exist for skin graft
- Phalloplasty has become a more complex alternative to metoidioplasty both to the individual undergoing the procedure as well as the performing surgeon as follows:
  1. Added scarring from the donor site
  2. Slower recovery time
  3. Higher risk of complications
- Some patients who have undergone metoidioplasty in the past can successfully undergo phalloplasty
- Surgeons can perform phalloplasty via several different procedures
- What type of phalloplasty a surgeon performs depends on many different factors that include but not limited to the following:
  1. Health status
  2. Body type and anatomy
  3. Individual preferences
  4. Individual moral values
- Resulting penis size depends on individual preference and the technique used
- In order to receive more detailed information about the most appropriate procedure that

includes resulting penis size and function, each individual must consult with the performing surgeon as these results vary from individual to individual

- Phalloplasty procedures can include urethral lengthening and reconstruction to allow urination standing up
- For individuals who see standing up while urinating as a high priority, a procedure that includes urethral-lengthening becomes a requirement
- Metoidioplasty procedures can also include urethral-lengthening to allow standing urination as an alternative for some individuals
- Phalloplasty procedures usually include creation of a scrotum, either at the time of the initial surgery or as a secondary surgical procedure
- Phalloplasty may include a procedure either to remove or permanently close the vagina based on the particular procedure and individual preference
- We recommend electrolysis or laser hair removal before and sometimes after phalloplasty for both the groin area and sometimes the donor site, depending on the donor site and the individual
- Individuals who undergo phalloplasty cannot achieve erection without a penile implant
- Some individuals who have undergone phalloplasty find insertive intercourse possible with the use of 2 condoms, while others have had success with external devices
- Most individuals require a penile implant to achieve the rigidity needed for insertive sex
- Members can receive semi-rigid penile implants or inflatable erectile implants 9 months after undergoing phalloplasty in a separate surgery
- Medi-Cal does not include penile implants as a covered benefit in order to enhance sexual function under any circumstances
- Medicare and other private health insurance plans may cover penile implants on a case-by-case basis
- Because phalloplasty requires skin and tissue grafting from donor sites, individuals who undergo the procedure will require extensive wound care and the use of a compression garment for 6-12 months following surgery
- Phalloplasty usually takes 8-12 hours in the operating room depending on the procedure
- Phalloplasty may require 2 or more surgeries to complete
- Phalloplasty typically requires admission to the hospital for about 5 days
- Phalloplasty requires multiple follow-up visits at the surgeon's office

- Phalloplasty causes moderate to severe pain immediately after surgery and during the recovery period, especially in the graft donor site
- Phalloplasty with urethral lengthening requires a suprapubic catheter for urination (a tube that drains the bladder from a small hole in the lower abdomen rather than through the urethra), and the catheter will remain in place anywhere from 1- 5 weeks
- Phalloplasty with urethral lengthening has a risk of stricture (a narrowing of the urethra making urination difficult or impossible) and fistula (a false opening in the genital area) that would require further treatment at the site where urine leaks from the urethra instead of going out through the tip of the penis
- Phalloplasty usually requires 4 weeks of recuperation before resuming desk work
- Avoid strenuous activity for 6-8 weeks and sometimes longer
- When the individual begins feeling sensation in the newly created penis depends on the type of surgery performed:
  1. Nerve reconnection phalloplasty usually takes 6-9 months for full touch and sexual sensation to occur
  2. Nerve reconnection phalloplasty carries a risk that only partial, or rarely, no sensation may occur
- Most individuals who have undergone phalloplasty report an ability to experience orgasm at the same or improved levels after surgery
- Phalloplasty carries a small risk that achieving orgasm may become more difficult or even impossible in rare occurrences
- Individuals who have undergone phalloplasty usually describe sexual feelings and orgasm as “different”
- We recommend that individuals considering phalloplasty look at result photos of those who have previously undergone the surgery
- We recommend that individuals additionally view photos of the type of scarring that occurs at donor sites for skin grafting
- Cigarette smoking and other tobacco use may interfere with wound-healing, and we recommend tobacco cessation prior to surgery:
  1. Some surgeons will not operate unless patients stop smoking 1 or more months prior to and 6 months after surgery
  2. The primary care provider can help the individual access smoking cessation programs
- Obesity may create complications and interfere with wound-healing
- Some surgeons will not perform surgery on individuals who have a body mass index or BMI

(height to weight ratio) greater than a value pre-specified by the surgeon

1. Usually a BMI of 40 or greater will preclude a candidate from major surgery
  2. In such an event, the primary care provider can help the individual access medical and structured non-medical weight-loss programs
- Body shape can also affect the successful outcome of phalloplasty
  - The surgeon will consider body shape along with the height and weight ratio
  - Certain health conditions and disease states carry the risk of complications and may interfere with successful surgical outcomes, such as the following:
    1. Diabetes mellitus
    2. Cardiovascular disease
    3. Active infection
    4. Obesity
    5. History of poor wound-healing
    6. Tobacco use
    7. Controlled substance use
  - Starting (or continuing) a regular exercise regimen, eating a healthy diet, and adhering to prescribed medical treatment can greatly improve surgical outcomes even for already healthy individuals
  - Excessive stress and mental health disorders can also create post-surgical complications
  - Mental health conditions can interfere with an individual's ability to safely undergo and/or recover from surgery
  - Starting (or continuing with) stress management and/or mental health care can greatly improve surgical outcomes and the individual's overall outlook post-surgery

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Patient /Client signature \_\_\_\_\_

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Clinician name (printed) \_\_\_\_\_ Clinician signature \_\_\_\_\_

**Patient Education for Metoidioplasty  
(Adapted from the SFDPH Transgender Services Form)**

DATE \_\_\_\_\_ NAME \_\_\_\_\_ DOB \_\_\_\_\_

- Some transsexual, transgender, and gender non-conforming individuals choose to have surgery in order to treat severe gender dysphoria, while others do not
- The individual, often under the guidance of a medical provider, makes this choice based on preference and medical necessity
- The state of California does not require surgery to make a complete legal transformation from one gender to another, but some states and countries require individuals to undergo specific surgeries in order to change birth certificate information
- Surgery results in permanent and irreversible affects
- Metoidioplasty is a major surgery
- Metoidioplasty extends and repositions the clitoris to create a small phallus, generally 4-6 cm
- Metoidioplasty offers a less complex alternative to phalloplasty
- Metoidioplasty offers the following benefits over phalloplasty:
  1. Less expensive procedure,
  2. Leaves fewer scars
  3. Less complicated for the surgeon and the individual
  4. Has a faster recovery period
  5. Fewer risks of complications
  6. Does not require a donor site for a graft
- Some individuals who receive metoidioplasty can later successfully undergo phalloplasty
- Surgeons can perform metoidioplasty via several different procedures
- What type of metoidioplasty a surgeon performs depends on many different factors that include but not limited to the following:
  5. Health status
  6. Body type and anatomy
  7. Individual preferences
  8. Individual moral values
- Resulting phallus size depends on the individual and other factors related to anatomy
- In order to receive more detailed information about the most appropriate procedure that

includes resulting phallus size and function, each individual must consult with the performing surgeon as these results vary from individual to individual

- Metoidioplasty procedures can include urethral lengthening and reconstruction to allow urination standing up
- For individuals who see standing up while urinating as a high priority, a procedure that includes urethral-lengthening becomes a requirement:
  1. Due to individual variations in anatomy, not all individuals can urinate while standing up
  2. Individuals with higher than ideal body weight often cannot urinate while standing up after undergoing metoidioplasty
- Some metoidioplasty procedures include creation of a scrotum at the time of the surgery, while others require a second surgery for this outcome
- Some metoidioplasty procedures include vaginectomy at the time of surgery, while others do not
- Individuals who have undergone metoidioplasty can very rarely achieve insertive sexual penetration
- Those individuals who see insertive sexual penetration as a high priority should consider phalloplasty as an alternative to metoidioplasty
- Those individuals who see a phallus greater than 4-6cm as a high priority should consider phalloplasty as an alternative to metoidioplasty
- Best results of metoidioplasty occur when the individual already has clitoral growth from regular testosterone use:
  1. This may require a full year or more of testosterone use
- Metoidioplasty usually takes 2-5 hours in the operating room depending on the procedure
- Metoidioplasty may require 2 different surgeries to complete
- Surgeons typically perform metoidioplasty as an outpatient procedure
- Metoidioplasty usually does not require an overnight hospital stay
- Metoidioplasty causes moderate to severe pain immediately after surgery and during the recovery period
- For urination purposes, metoidioplasty with urethral lengthening requires a suprapubic catheter (a tube that drains the bladder from a small hole in the lower abdomen rather than through the urethra) that remains in place anywhere from 1-5 weeks
- Metoidioplasty with urethral lengthening has a risk of stricture (a narrowing of the urethra)

making urination difficult or impossible) and fistula (a false opening in the genital area) that would require further treatment at the site where urine leaks from the urethra instead of going out through the tip of the phallus

- Metoidioplasty usually requires 2 weeks of recuperation before resuming desk work
- Avoid strenuous activities for 4 weeks
- Most individuals who have undergone metoidioplasty report an ability to experience orgasm at the same or improved levels after surgery
- Metoidioplasty carries a small risk that achieving orgasm may become more difficult or even impossible in rare occurrences
- Individuals who have undergone metoidioplasty usually describe sexual feelings and orgasm as “different”
- We recommend that individuals considering metoidioplasty look at result photos of those who have previously undergone the surgery
- Cigarette smoking and other tobacco use may interfere with wound-healing, and we recommend tobacco cessation prior to surgery:
  1. Some surgeons will not operate unless patients stop smoking 1 or more months prior to and 6 months after surgery
  2. The primary care provider can help the individual access smoking cessation programs
- Obesity may create complications and interfere with wound-healing
- Some surgeons will not perform surgery on individuals who have a body mass index or BMI (height to weight ratio) greater than a value pre-specified by the surgeon
  1. Usually a BMI of 40 or greater will preclude a candidate from major surgery
  2. In such an event, the primary care provider can help the individual access medical and structured non-medical weight-loss programs
- Body shape can also affect the successful outcome of metoidioplasty
- The surgeon will consider body shape along with the height and weight ratio
- Certain health conditions and disease states carry the risk of complications and may interfere with successful surgical outcomes, such as the following:
  1. Diabetes mellitus
  2. Cardiovascular disease
  3. Active infection
  4. Obesity
  5. History of poor wound-healing
  6. Tobacco use
  7. Controlled substance use

- Starting (or continuing) a regular exercise regimen, eating a healthy diet, and adhering to prescribed medical treatment can greatly improve surgical outcomes even for already healthy individuals
- Excessive stress and mental health disorders can also create post-surgical complications
- Mental health conditions can interfere with an individual’s ability to safely undergo and/or recover from surgery
- Starting (or continuing with) stress management and/or mental health care can greatly improve surgical outcomes and the individual’s overall outlook post-surgery

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