

**Beebe Healthcare**  
**Margaret H. Rollins School of Nursing**  
**N102 – Nursing Care of Adults**

**Gender Affirmation Surgery**

Gender affirmation surgery refers to procedures that help people transition to their self-identified gender. Many options include facial surgery, top/chest surgery, or bottom/genital surgery.

Surgery is just one option among many, including: hormone therapy, puberty blockers, voice therapy. Many individuals also socially transition to their true gender by adopting a new name, choosing different pronouns, presenting as their gender by wearing different clothing or changing hairstyle.

**Before surgery:**

Insurance companies require documentation before covering gender-affirming surgery including:

- Records consistent with gender dysphoria
- Letter of support from a mental health provider

**Assigned Male at Birth (AMAB) hormone therapy:**

Consists of estrogen and antiandrogen therapy to promote breast growth, redistribution of body fat, decreased muscle mass and upper body strength, softening of the skin, decreased body hair, and reduced libido and erectile function

\*Risks include: thrombosis, pulmonary emboli, liver and cardiovascular disease, gallstones, pituitary tumors, depression, and infertility. Transdermal administration of estrogen can reduce risk of vascular disease.

Surgeries include breast augmentation, facial feminization (forehead and brow reshaping, jaw and chin contouring, rhinoplasty), reduction thyroid chondroplasty, lipoplasty of the waist, penectomy, bilateral orchidectomy, vaginoplasty, vulvoplasty, and clitoroplasty. A common vaginoplasty technique is penile inversion (i.e., the outer skin of the penis becomes the inner lining of the vagina, the labia are created from scrotal skin, and the glans of the penis is reduced to form a clitoris).

\*Potential complications of penile inversion include pain and vaginal and urethral stenosis

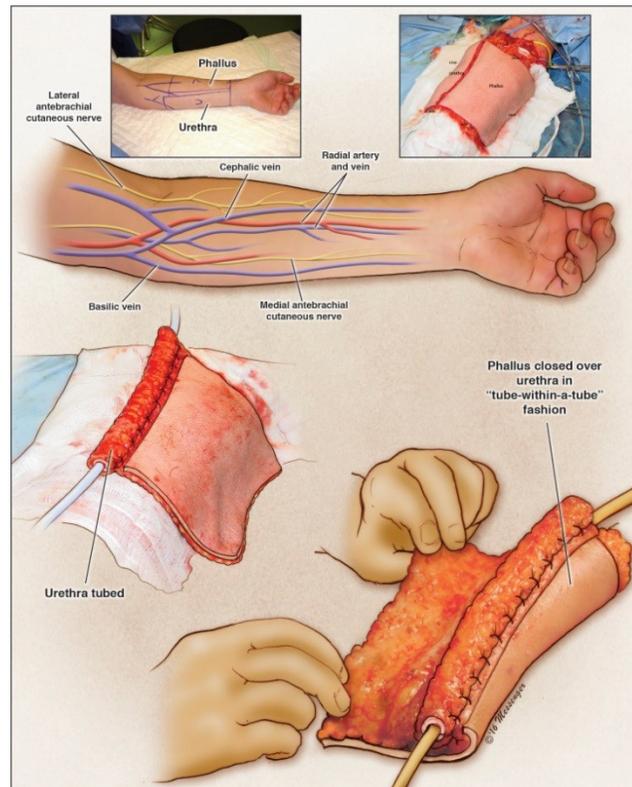
**Assigned Female at Birth (AFAB) hormone therapy:**

Consists of: administration of testosterone to promote the redistribution of body fat, increased muscle mass and upper body strength, male-pattern hair growth on the face and body, cessation of menses, permanent lowering of the voice, and clitoral enlargement.

\*Risks include: acne, hyperlipidemia, diabetes mellitus, polycythemia, hypertension, endometrial hyperplasia, reduced fertility, male-pattern baldness, and increased aggressive feelings. Because of the risk for endometrial hyperplasia, hysterectomy is commonly recommended.

Surgeries include mastectomy and chest reconstruction; liposuction to reduce fat in the hips, thighs, and buttocks; phalloplasty, oophorectomy, and/or hysterectomy. One phalloplasty technique involves taking a flap of skin and subcutaneous tissue from the forearm to create a penis; the labia become the scrotum, into which testicle implants are inserted (scrotoplasty). The vagina is closed and the urethra extended. A penile implant is needed for the penis to become erect, although sensation with a penile implant is limited. An alternative is metoidioplasty (i.e., clitoral release) to maintain sexual sensitivity.

\*Potential complications include bleeding, infection, and allergic reaction to anesthesia; an adverse effect of phalloplasty is loss of transplanted tissue.



## **Resources**

Cleveland Clinic. (2021). *Gender affirmation (confirmation) or sex reassignment surgery*.

<https://my.clevelandclinic.org/health/treatments/21526-gender-affirmation-confirmation-or-sex-reassignment-surgery>