



CENTER
**BOSTON
MEDICAL**

The Center for Transgender
Medicine and Surgery

Information Packet

Neovaginoplasty



SCAN ME

Welcome!

Thank you for your interest in learning more about neovaginoplasty surgery at Boston Medical Center (BMC).

We strongly suggest you sign up for **MyChart**. This gives you direct online access to your electronic medical record, including details of past or upcoming appointments and appointment reminders. You can also connect to your providers to ask non-urgent medical questions and update your name & pronouns. For an access code, contact (617) 638-3535 or **mychartaccess@bmc.org**

From,
The Center for Transgender Medicine and Surgery Team
(CTMS)

Contact us

www.bmc.org/ctms

Phone: 617.638.1833

Fax: 617.414.7158

transgender.center@bmc.org



CONTENTS

Surgical Overview.....	1
Required Steps.....	3
Documentation Requirements.....	5
Patient Checklist.....	8
Hair Removal Resources.....	9
Department Contact Information.....	11
Insurance Information.....	12

SURGICAL OVERVIEW

NEOVAGINOPLASTY

Patients are admitted to the hospital on the day of the procedure.

The operation generally lasts between five and six hours, not including pre-operative and recovery time. The surgery is always carried out under general anesthesia. Neovaginoplasty usually requires the patient to stay for three (3) nights in the hospital from admission until discharge.

We use a penile inversion technique. This means that the skin of the penis will be used to make the new vagina. Scrotal skin is also incorporated if the penile skin isn't sufficient.

Given the tissues used for neovaginoplasty, hair removal in that area of the body is a necessary pre-operative procedure which must be completed before surgery.

The urethra is shortened and repositioned to just in front of the new vaginal opening, and some of the urethra is used to make a strip of pink tissue between the clitoris and urethra. Scrotal skin is used to make the labia.

The space in the body in which the vagina goes is located between the bladder and the rectum. Once that space has been created, the inverted penile skin is placed there, forming the vaginal walls. The depth of the vagina depends on individual patient factors including patient preference, patient anatomy, the amount of penile skin available, and the amount of scrotal skin used. Once the new vagina is in place, surgical packing is used to keep the skin inverted within the vaginal cavity until it heals.

The next stage of surgery involves constructing the clitoris using a portion of the glans (tip) that has been retained together with its nerves and blood vessels. The clitoris is placed above the urethral meatus (opening) and a hood is made to cover it, using scrotal skin.

Surgery is concluded after constructing the vaginal labia and the clitoral hood. In most cases all this surgery can be performed at once, but it is not unusual to need small revisions. We likely would not do any revision procedures until at least six (6) months post-surgery, given that swelling can take that long to resolve and scar development differs from person to person.

At about six weeks post-operatively, patients have a pelvic floor Physical Therapy visit, usually on the same day as a follow up Plastic Surgery appointment. At this appointment patients receive dilation coaching and may be interested in discussing sexual exploration with their new anatomy. Typically neovaginoplasty patients retain sensitivity and the ability to enjoy full sexual satisfaction.

The following YouTube website provides a good animation of the surgical technique performed at BMC: <https://www.youtube.com/watch?v=zGkiC3Y8kk0>

THE STEPS

Due to the complexity and permanence of surgery, we have specific requirements in place to ensure your safety and that will allow us to provide the best possible care. Below is a list of the main requirements and steps a patient will need to complete prior to surgery.

1 REQUESTS & DOCUMENTATION

Prior to your consultation we will require the documents listed below.

- A request for services, with additional info, from your primary care provider.
 - Please see **page 5** for details.

When all documents have been received, the urology department will reach out to you to schedule a consultation.

2 UROLOGY CONSULT

First-time consult appointment with our urology team:

- Surgeons from both Urology and Plastic Surgery work together during surgery
- The purpose of this consult is to provide you with an opportunity to clarify any questions regarding surgery, insurance coverage, etc
- Patients will meet with or be contacted by a CTMS nurse who will do a brief assessment, answer questions and provide information about hair removal resources if needed. Our nursing team will be available throughout your progression towards surgery to answer questions and provide support

3 LETTERS OF SUPPORT

Submit letters of support. Please see **page 6** for details.

If you have letters sent in prior to the urology consult this is preferable but not required.

- Behavioral Health Letter of Support # 1
- Behavioral Health Letter of Support # 2

4 REVIEW

Patient cases are reviewed by our surgical readiness committee, a multi-disciplinary group of team members who aim to assure that individuals are as healthy as possible prior to surgery. A CTMS nurse will contact you to review the committee's recommendations, including providing an estimated year/season for surgery.

5 PLASTIC SURGERY CONSULT

First-time consult appointment with Plastic Surgery. (NOTE: Hair removal must be underway before a consultation with Plastic Surgery can be scheduled)

- This consult occurs after Steps 1-4 are complete
- Our surgical team will review post op photos with you at this appointment

6 SUPPORT

The CTMS Nurse, Patient Navigator, and Project Manager will continue to work with you as needed up until the time of surgery to assure that you are as prepared as possible to have a successful experience and recovery.

7 ANTICIPATED SURGICAL DATE

Patients should receive their anticipated surgical date within 6 months of surgery.

8 PRIOR AUTHORIZATION

The CTMS team is responsible for submitting for prior authorization. Surgical dates are not finalized until insurance authorization is obtained.

PRIMARY CARE PROVIDERS

Primary Care Providers (PCP) should send in a request for a consultation. The request should include the following information in the form of a letter or as part of a clinical note:

- PCP's full support for patient to undergo this surgery
- Current medication list
- Current problem list
- Current allergy list
- Length of time the patient has taken supervised hormone therapy (should be for at least 12 months, unless this is medically contraindicated)
- Length of time of the PCP/patient relationship and date of most recent PCP visit (should be within 12 months)
- Specify the exact surgery name

For internal requests/referrals, providers may use the Epic system and submit to department specialty: Ambulatory Referral to the Center for Transgender Medicine and Surgery.

Consult requests and patient information may be sent to us via one of the following ways:

Preferable, FAX: 617.414.7158

- Cover letter for fax should be addressed to: Center for Transgender Medicine and Surgery

MAIL: Boston Medical Center
Center for Transgender Medicine and Surgery
One Boston Medical Center Place, Boston, MA 02118

SECURE EMAIL: transgender.center@bmc.org

Please don't hesitate to contact us with questions.

BEHAVIORAL HEALTH PROVIDERS

Patients need support letters from two licensed Behavioral Health (BH) providers. Letters must meet the requirements of the health insurance carrier as well as those listed below. Letters need to include the following information:

- The patient's general identifying characteristics and information, including date of birth.
- The BH provider's experience with treating transgender patients.
- The duration of the BH provider's professional relationship with the patient, including the type and duration of evaluation and therapy or counseling to date.
- Results of any psychosocial assessment including any diagnoses.
- A description of how the criteria for surgery have been met.
- Specify the exact surgery procedure your patient is pursuing.
- Identify support systems, any progress made in transition socially or medically.
- Any BH diagnosis or concerns and how they are being managed.
- Provider's contact information/letterhead and a statement that this provider is available for coordination of care.
- Provider's signature and date.

Criteria for neovaginoplasty surgery:

- Persistent, well-documented gender dysphoria/gender in-congruence.
- Capacity to make a fully informed decision and to consent for treatment.
- 18 years of age or older.
- If significant medical or mental health concerns are present, they must be stable.
- Documentation of at least 12 months living in the gender role congruent with identity or, if this has not been possible, clear documentation explaining why.
- 12 continuous months of gender-affirming hormone therapy as appropriate to the patient's goals (unless hormones are medically contraindicated).

The criteria for surgery is based on the [WPATH Standards of Care](#).

Note that for these letters, one must be from a clinician who has had a therapeutic relationship with the patient, while the second may be from a clinician who has met with the patient in an evaluative role.

BEHAVIORAL HEALTH PROVIDERS

Support letters should be addressed to "Boston Medical Center Surgeon" and sent to us via one of the following ways:

Preferable, FAX: 617.414.7158

- Cover letter for fax should be addressed to: Center for Transgender Medicine and Surgery

MAIL: Boston Medical Center
Center for Transgender Medicine and Surgery
One Boston Medical Center Place, Boston, MA 02118

SECURE EMAIL: transgender.center@bmc.org

Visit our website at:

www.bmc.org/center-transgender-medicine-and-surgery

Please don't hesitate to contact us with questions.

CHECKLIST

PLEASE USE THIS FORM TO
KEEP TRACK OF COMPLETED
AND PENDING TASKS.

DOCUMENTATION

- PRIMARY CARE REQUEST & INFO
- HORMONE PROVIDER DOCUMENTATION (IF NEEDED)
- BEHAVIORAL HEALTH LETTER #1
- BEHAVIORAL HEALTH LETTER #2

UROLOGY CONSULTATION

- DATE _____

PLASTIC SURGERY CONSULTATION

- DATE _____

SURGERY APPOINTMENT

- DATE _____

HAIR REMOVAL INFO

Genital hair removal is mandatory prior to Neo-Vaginoplasty surgery. This is done either via electrolysis or laser.

- **Electrolysis**

Electrolysis uses electrical currents to destroy individual hair follicles, which are then removed one by one. Typically you will need 5-8 treatments over a 6 month period.

- **Laser**

Laser hair removal uses an intense, pulsating beam of light to remove unwanted hair. A laser beam passes through the skin to an individual hair follicle. The intense heat of the laser damages the hair follicle, which inhibits future hair growth. Laser works best for dark, coarse hair. Typically you will need 6 treatments over a 6 month period. Even if it appears the hair is gone after only a few treatments, you need to follow through with as many sessions as recommended in order to best assure no regrowth in the future.

- **For the Scrotal Sac**

Remove all hair from the scrotum.

- **For the Penile Shaft**

Remove all hair from the penile shaft, including a half inch area around the base. Skin from the penile shaft and mid-scrotum will be utilized to create the new vagina; therefore all hair on the penile shaft should be removed so the inside of the vagina will be hair-free.

- **For the Perineum**

Remove hair from the bottom of the scrotum to one inch above the anus in order to clear a 2.5 inch- wide strip.

- **Timeline**

Typically you will need multiple treatments over a 5-6 month period to ensure effective and permanent hair removal. Sometimes it can take significantly longer, and your hair removal provider can give you the best time estimate. Please contact CTMS if you need local hair removal resources.

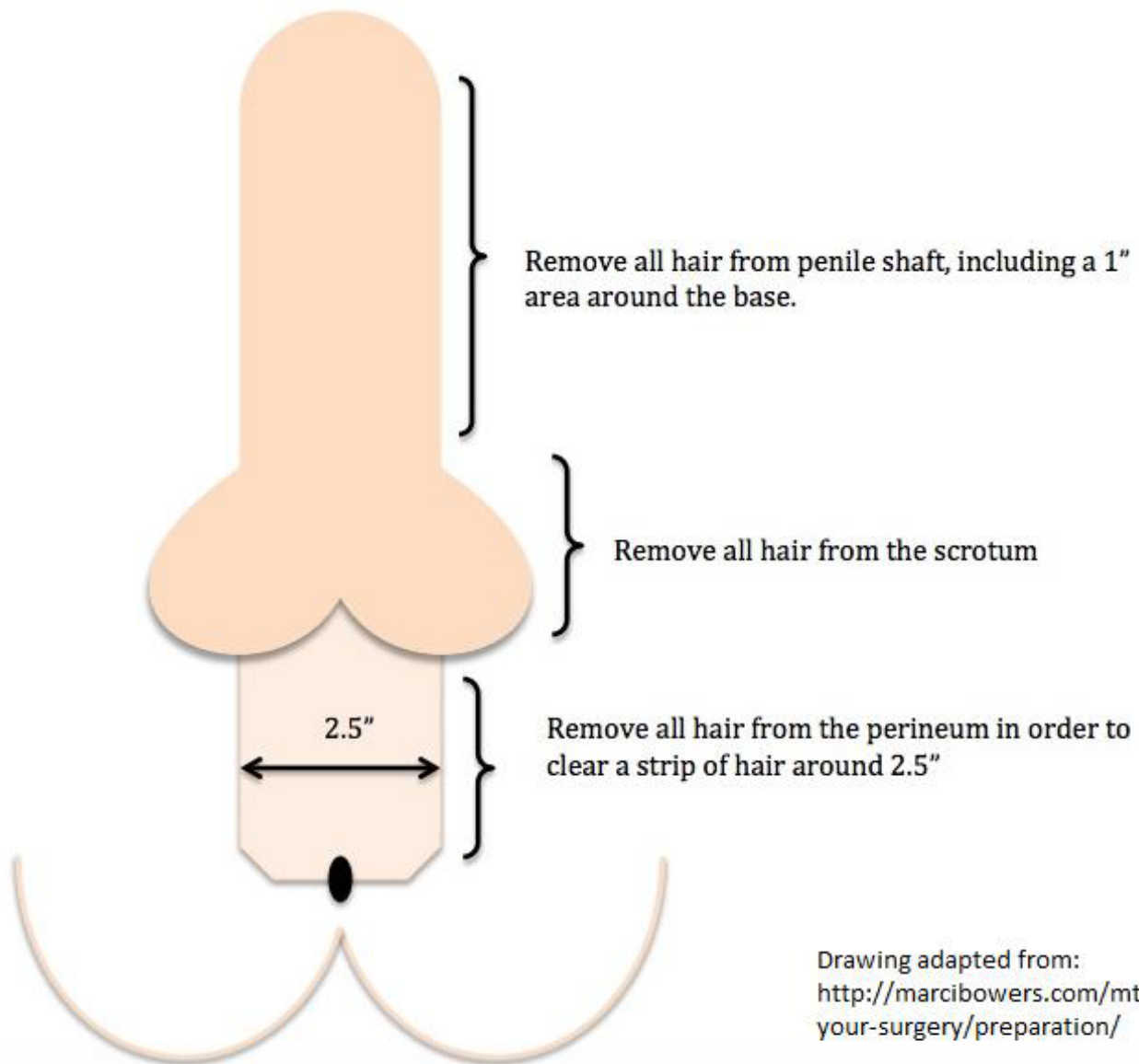
- **Cost**

The cost of hair removal varies from provider to provider. The CTMS team may be able to work with your insurance company to cover this expense. Patients are encouraged to contact their insurance company to confirm coverage as well as the process for obtaining coverage before reaching out to us for assistance.

HAIR REMOVAL GRAPHIC

For either type of hair removal, the areas of hair removal include the perineum, the scrotal sac, and the penile shaft including an inch around the base.

Please see the graphic below for details:



CONTACT INFO

For detailed information about services please contact us at
transgender.center@bmc.org or (617) 638-1833

Micha Martin LCSW, Program Manager..... 617-638-1833

Jordan Bensley, Patient Navigator..... 617-638-1833

Pam Klein RN, Nurse Liaison..... 617-638-1827

Brenna Cyr LICSW, Behavioral Health Lead..... 617-638-8133

Urology..... 617-638-8485

Plastic Surgery..... 617-638-8419 Option #1

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INSURANCE

Insurance coverage and benefits are specific to each individual's benefit plan. Not all insurance coverage is the same even within the same insurance company (Blue Cross, Aetna, Tufts, etc.).

For information about your coverage benefits, call the member services phone number listed on your insurance card to ask about coverage for the specific services you need. You have the right to request a copy of your medical policy for any gender affirmation medical treatments.

If you have additional questions regarding insurance, call and ask for an appointment with Patient Financial Services at 617.414.5155.