



WELCOME

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

We strongly suggest that you sign up for MyChart. This gives you direct online access to portions of your electronic medical record, including details of past or upcoming appointments and appointment reminders. You will also have the ability to connect with your care team to ask non urgent medical questions. Please visit mychart.bmc.org to create an account.

Sincerely,

The Center for Transgender Medicine and Surgery Team (CTMS)

Phone: 617.638.1833

Fax: 617.414.7158



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SURGICAL OVERVIEW

ORCHIECTOMY

An orchiectomy is surgery in which the testicles are removed. Patients undergo general anesthesia for an orchiectomy and the procedure usually takes about an hour. Patients are expected to go home the same day and recover quickly.

The testicles, which are reproductive organs that produce sperm, sit in a sac, called the scrotum. The scrotum is just below the penis. During an orchiectomy, the surgeon will remove the testicles from the scrotum. If your transition will eventually include a vaginoplasty, the scrotal skin may be used to help create the vaginal lining. It's a good idea to talk to your surgeon about all of your options. Be open with them about future surgeries you may plan to have.

Before the procedure, talk to your surgeon about fertility preservation and impact of the orchiectomy on sexual functioning.

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 documentation from your primary care and behavioral health provider.s.

- Please see page 3 and 4 for details
- One of the two Behavioral Health support letters is required prior to a consultation.
 - Behavioral Health Letter of Support # 1

*Consultation for Orchiectomy cannot be scheduled without all of the above mentioned documentation.

2 CONSULTATION

First-time consult appointment with our urology team

- 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 FINAL LETTER OF SUPPORT

Submit the second out of two Behavioral Health support letters required to CTMS.

- Behavioral Health Letter of Support # 2

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)

For internal 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

Visit our website at:

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

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 orchiectomy surgery:

- Persistent, well-documented gender dysphoria/gender incongruence
- 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
- 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 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:

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Please don't hesitate to contact us with questions.

CHECKLIST

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

- UROLOGY CONSULTATION
 - DATE COMPLETED _____

- SUPPORT DOCUMENTS
 1. PRIMARY CARE DOCUMENTATION
 - DATE SENT TO CTMS _____

 2. HORMONE PROVIDER DOCUMENTATION (AS NEEDED)
 - DATE SENT TO CTMS _____

 3. BEHAVIORAL HEALTH LETTER #1
 - DATE SENT TO CTMS _____

 4. BEHAVIORAL HEALTH LETTER #2
 - DATE SENT TO CTMS _____



CONTACT

For detailed information about services please email us at transgender.center@bmc.org

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

Peer 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

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.

