



# Information Packet

Genital Remodeling Surgery



SCAN ME

# Welcome!

Thank you for your interest in learning more about genital remodeling 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](mailto:mychartaccess@bmc.org)**

From,  
The GenderCare Center Team (GCC)

## Contact us

[www.bmc.org/ctms](http://www.bmc.org/ctms)

Phone: 617.638.1833

Fax: 617.414.7158

[transgender.center@bmc.org](mailto:transgender.center@bmc.org)



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# **SURGICAL OVERVIEW**

## **GENITAL REMODELING SURGERY**

Genital remodeling, also known as minimal depth neovaginoplasty, is a surgical procedure to create the most natural-appearing external female genitalia as possible, but without creating a vaginal cavity. Typically patients retain sensitivity and the ability to enjoy sexual satisfaction.

Our surgeons use the same surgical technique as they use in a full neovaginoplasty, but without constructing a vaginal cavity. It is done as a single surgery and the procedure lasts about 4-6 hours. We expect patients to stay overnight.

The procedure includes:

- Orchiectomy (if the patient hasn't already had one)
- Penectomy (removal of the penis)
- Creation of the clitoris and clitoral hood
- Shortening and opening the urethra to use it to line the labia
- Creation of labia using scrotal skin

Benefits of genital remodeling include:

- No need to dilate
- No need for pre-operative hair removal
- Less time in the hospital than with full neovaginoplasty

# 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 referral for services, with additional info, from your primary care provider.
  - Please see **page 4** for details.
- One of the two behavioral health support letters is required prior to a consultation.
  - 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 GenderCare 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 and final letter of support from a different behavioral health provider than the first.

- Please see **page 5** for details.

## **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 GenderCare 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.

- 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 GenderCare 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 GenderCare 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 referral for a consultation. The referral 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 6 months, unless this is medically contraindicated)
- Length of time of the PCP/patient relationship and date of most recent PCP visit
- Specify the exact surgery name

**For internal referrals, providers may use the Epic system and submit to department specialty: Ambulatory Referral to the GenderCare Center.**

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

**FAX (preferred): 617.414.7158**

- Cover letter for fax should be addressed to: GenderCare Center

**SECURE EMAIL:** [transgender.center@bmc.org](mailto:transgender.center@bmc.org)

Visit our website at: [www.bmc.org/gendercare](http://www.bmc.org/gendercare)  
Please contact us with any questions.



# BEHAVIORAL HEALTH PROVIDERS

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

- Patient's identifying information (Name, DOB, pronouns, etc.).
- Clear naming of exact surgical procedure Patient is seeking.
- BH provider's experience with treating transgender patients.
- BH provider's professional relationship with the patient, including the type and duration of evaluation and therapy or counseling to date.
- Results of any biopsychosocial assessment, including any diagnoses as well as how they are being managed.
- Explanation of how the criteria for surgery have been met as well as brief description of the clinical rationale for supporting patient's request for surgery.
- Brief overview of timeline including important dates re: gender understanding/expression.
- Identify support systems, aftercare/recovery plans.
- If substance use concerns are present, information re: how patient will manage prior to procedure/post-operatively (specifically, patients cannot use nicotine 6 weeks prior to any procedure/6 weeks post any procedure as it impacts recovery/surgical outcomes).
- Statement that patient is capable of / has provided informed consent.
- Provider's contact information/letterhead and a statement that this provider is available for coordination of care.
- Provider's signature and the date.

## Criteria for genital remodeling surgery:

- Persistent, well-documented gender dysphoria/gender incongruence.
- Capacity to make a fully informed decision and to consent to treatment.
- 18 years of age or older.
- If significant medical or mental health concerns are present, they must be well-managed.
- A minimum of 6 months of hormone therapy (unless hormone replacement therapy or gonadal suppression is not clinically indicated, or HRT is inconsistent with the patient's desires, goals, or expressions of individual gender identity).

The GenderCare Center's criteria for surgery are based on the WPATH Standards of Care 8, insurance requirements, and our surgical team.



# BEHAVIORAL HEALTH PROVIDERS

**Note:** 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.

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

**FAX (preferred):** 617.414.7158

- Cover letter for fax should be addressed to: GenderCare Center

**SECURE EMAIL:** [transgender.center@bmc.org](mailto:transgender.center@bmc.org)

Visit our website at: [www.bmc.org/gendercare](http://www.bmc.org/gendercare)

Please contact us with any questions.

# CHECKLIST

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

## DOCUMENTATION

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

## UROLOGY CONSULTATION

- ☐ DATE \_\_\_\_\_

## PLASTIC SURGERY CONSULTATION

- ☐ DATE \_\_\_\_\_

## SURGERY APPOINTMENT

- ☐ DATE \_\_\_\_\_

# 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.**