



Information Packet

Hysterectomy



SCAN ME

Welcome!

Thank you for your interest in learning more about hysterectomy 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 GenderCare Center Team (GCC)

Contact us

www.bmc.org/ctms

Phone: 617.638.1833

Fax: 617.414.7158

transgender.center@bmc.org



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SURGICAL OVERVIEW

HYSTERECTOMY

A hysterectomy is the surgical removal of the uterus and cervix.

A bilateral salpingo-oophorectomy is the surgical removal of the fallopian tubes and ovaries.

Removal of the ovaries is optional at the time of hysterectomy for gender affirmation. Options for oocyte storage and fertility preservation are also available if desired. A patient can retain their ovaries and still be on testosterone therapy.

The surgeon performs the majority of hysterectomies laparoscopically (meaning through small 1-2 centimeter incisions on the lower abdomen, usually 4-5 incisions total). The length of a hysterectomy operation depends upon many factors, but in general lasts between 2 and 5 hours. With any laparoscopic surgery, there is always a potential for needing to convert to an open surgery with a larger incision if the hysterectomy cannot be completed with small incisions.

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 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 3** for details.
- Support letters from two licensed behavioral health providers.
 - Please see **page 4** for details.

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

2 CONSULTATION

First-time consult appointment with the surgeon.

- The purpose of this consult is to provide you with an opportunity to clarify any questions regarding surgery, insurance coverage, etc.

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

Visit our website at: 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 hysterectomy 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

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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

OBGYN 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.