

TRANSGENDER SURGICAL PROGRAM

AT MGH

WELCOME

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WELCOME

At the Massachusetts General Hospital, the Division of Plastic and Reconstructive Surgery works with the Transgender Health Program to provide gender-affirming surgical care. Our program offers several gender-affirming surgical procedures, and the Transgender Health Program also offers primary care services and gender-affirming hormone therapy. We will work with you to develop a safe and comprehensive surgical plan that aligns with your goals. Please keep in mind that, depending on your procedure, the process can be lengthy. We ask for your patience while we work with you to ensure that, together, we complete all pre-operative and insurance-related requirements. You can contact the MGH Transgender Health Program at 617-643-7210. If you have questions regarding the surgical process, you may talk to us on the phone or send us a message via patient gateway. We will help you navigate through this process and look forward to meeting and working with you!

WHO WE ARE

Clinical Staff

Leah, RN – Dedicated Gender-Affirming Surgery Program Surgical Nurse

Candace Nguyen – Surgical Program Coordinator

Heather Parker, NP – Nurse Practitioner with Plastics and Reconstructive Surgery

Surgeons

William “Jay” Austen, Jr. MD, FACS - Top Surgery

Branko Bojovic, MD - Facial Feminization, Facial Masculinization

Eric Fjeld – Scheduler for Dr. Bojovic

Curtis Cetrulo, MD - Phalloplasty, Metoidioplasty, Top Surgery

Ariella Bernkopf – Scheduler for Dr. Cetrulo

Richard Ehrlichman, MD - Top Surgery

Mary Little – Scheduler for Dr. Ehrlichman

Milena Weinstein, MD –Vaginoplasty, Vaginectomy, Hysterectomy

Jonathan Winograd, MD - Vaginoplasty, Top surgery

Jenn McGonagle – Scheduler for Dr. Winograd

Anton Wintner, MD – Phalloplasty, Orchiectomy, Vaginoplasty

REQUIRED STEPS

1. Consultation with the Transgender Health Program

Before we schedule a consult with your surgeons, we have new patients meet with a general provider in the Transgender Health Program. In this visit, the doctor will ask about your medical and surgical history, answer any questions you may have about the surgical process, and ensure that documentation, such as letters of support, are in place. This visit helps us ensure that no issues arise farther down the line, either medically or with your health insurance. If the doctor identifies any concerns, they may refer you for testing or to another specialist or have your follow-up with your primary care provider.

2. Letters of Support

Before proceeding with a surgical consult, we need two letters of support written by licensed behavioral health providers (Therapists, social workers, psychiatrists, psychologists, etc.) to be on file per WPATH standards of care and insurance requirements. You can fax us your letters at 617-724-7126 or email them to us at MGHTransHealth@mgh.harvard.edu. If you have patient gateway, you can also send letters to us that way. If your letter-writers have any questions about writing these letters, let us know – we can make sure the letters will meet all requirements. Please also let us know if you need help finding a provider to write a letter for you – we may be able to help.

3. Surgical Consultation

Once a Transgender Health Program provider has determined you're ready for a surgical consultation and we've received your letter(s) of support, the Transgender Health Program will refer you to the surgeons' office. Then they will reach out to schedule an appointment. You will likely meet with multiple surgeons, including from Urology and Gynecology.

4. Schedule Surgery Date

Once you and your surgical team have developed a safe surgical plan that aligns with your goals and you've completed all other requirements, it is time to schedule an OR date! It is important to note that due to the complexity of this type of surgery, we will ensure you are medically stable and the whole team agrees with a safe and detailed plan before proceeding with surgery.

CHECKLIST

- One year on Hormone Replacement Therapy
- Pre-surgical assessment with the Transgender Health Program (___/___/___)
- Two letters of support from mental health providers on file
(#1 ___/___/___) (#2 ___/___/___)
- Once confirmed, surgical consult (___/___/___)
- Schedule surgery date
- Pre-operative phone call and COVID test (___/___/___)
- Surgery! (___/___/___)
- Post-operative visit with the surgical team (___/___/___)

HYSTERECTOMY OVERVIEW

Hysterectomy is the surgical removal of the uterus and cervix. Bilateral salpingo-oophorectomy, the surgical removal of the fallopian tubes and ovaries, is optional. The surgeon will perform the hysterectomy laparoscopically. During the procedure, your surgeon will make four or five small 1-2 centimeter incisions on the lower abdomen and insert laparoscopic instruments into the abdomen to remove the organs. The surgery usually lasts between 2-5 hours and is done in one stage under general anesthesia. You will typically only stay in the hospital for one night, provided you are medically ready to return home. You will have a catheter in your bladder, which your care team will remove the next morning before discharging you. It may be helpful to have someone at home with you the first few days after surgery to assist you with household chores and personal care. Additionally, depending on your personal goals, your surgeon can perform a vaginectomy during the procedure. If this aligns with your goals, please mention this to your surgeon during the surgical consultation. This packet includes general post-operative instructions to give you an idea of what to expect, but please remember to always listen to your surgeon's specific instructions.

WHAT TO EXPECT—HYSTERECTOMY

Hospital Stay

- You will remain in the hospital for 1-2 days following surgery.
- You will have a catheter in your bladder, which the care team will remove before discharging you.
- You will receive antibiotics and pain medication during your hospitalization. You will be given prescriptions for pain medication upon discharge.

Dressings and Wound Care

- You will have light gauze and dressing pads covering your incisions.
- You may have sutures that a provider will need to remove in the office.
- You may shower as soon as you get home unless your surgeon instructed you not to. Please direct the clean stream of water directly onto your incisions. You may not take any baths, go in the hot tub or pool, or submerge in water until all your incisions have fully healed, usually six weeks after surgery. Please shower daily.
- Take care to keep incisions as clean and dry as possible. After showering, pat your incisions dry or allow them to air dry.

Movement and Use

- No heavy lifting or strenuous activities for six weeks.
- Walking is encouraged and should be started once you get home.
- Walk for 10 minutes four times a day, even if it's just up and down the hallway. Listen to your body and your pain level.
- For the first few weeks, you may walk slightly hunched over with a shuffling gait, which will improve with time.
- You will need to take some time off of work for recovery, depending on what level of physical activity your job involves.

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Hysterectomy

Pain Control and Medication

- You will likely be prescribed pain medications. Take them as needed for pain. As your pain decreases, you will be able to reduce the use of the narcotic pain medication and control pain with Tylenol only. Do not exceed 4 grams of Tylenol daily.
- Narcotic medications often make people constipated. Please take a stool softener (Colace) while taking narcotic medications. You may also use other over-the-counter stool softeners.
- Do not drive or operate machinery while taking prescription pain medication.
- Unless approved by your surgeons, do not take Ibuprofen, Aspirin, Aleve, Naproxen, or Motrin for two weeks after surgery, as it may lead to bleeding.

Follow-up Routine Care

- We will see you in the Gynecological clinic for your follow-up appointments. Follow-up appointments are generally scheduled one to two weeks post-op and a second follow-up appointment is generally one-month post-op. The frequency will vary on how well you are healing.

Smoking Cessation

- Nicotine and cigarette smoking interfere with wound healing. Secondhand smoke exposure also exposes you to nicotine. Therefore, we highly recommended that you remain nicotine/smoke-free for six months after surgery.

Questions and Concerns

- If you experience fever greater than 100.4 degrees, inability to keep down fluids for >24 hours, foul-smelling drainage from your wounds, uncontrollable pain, or any other concerning symptoms, call our office at 617-726-1915.
- If it is an evening or weekend, call our office at 617-726-2000 and ask to speak with the on-call Plastic Surgery resident.
- If you are unable to reach us, please come to Massachusetts General Hospital Emergency Room if feasible otherwise, please go to your nearest hospital.