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Gender Reassignment Surgery

Thank you for exploring the possibility of having surgery with us. This letter is to introduce you to our procedure for gender reassignment surgery (GRS). First, we want to emphasize the future impact of this surgery on your life. Most likely you have been considering this surgery for a very long time, but we encourage you to consider what happens after this surgery as well. Your life won't just change, you will also change. We find that it is very helpful as you adjust to your new self to continue to visit your therapist for up to a year following surgery.

Considering the huge impact this surgery will have on your life, we have very strict guidelines we follow. This is for your benefit as well as ours, to ensure that you are truly prepared for this step. We **STRICTLY** adhere to the same guidelines and principles of the World Professional Association for Transgender Health (WPATH). Prior to any surgical procedure, the prospective patient must fulfill the criteria established by the WPATH and have two letters of referral from a therapist (psychiatrist, psychologist, or psychiatric social worker) who has had a long-term relationship with the patient. Your therapist should have a copy of these standards. References will be checked.

You will need to stop taking hormones four weeks prior to your surgery. Unless otherwise directed by your physician, do not take any aspirin, vitamin E, or non-steroidal anti-inflammatory (Advil, Aleve, Ibuprofen) for three weeks prior to your surgery, as this interferes with normal blood clotting. If you need pain medication for general purposes, use Tylenol or, if you are in doubt about any medications you are taking, please contact our office.

We use the inversion technique for the vaginoplasty. This surgery is done under general anesthesia. The testicles and the erectile tissue of the penis are removed and a vaginal space is created below the urethra (urinary tube). The penile skin is used to line the new vaginal cavity, which in most cases eliminates the need for skin grafts. In patients with a shorter penis (less than five inches erect when measuring from the underside), distant grafts may still be avoided if the scrotum is cleared of hair pre-operatively (electrolysis). The clitoris is formed from the glans of the penis, which keeps the nerves and sensation intact for the labia and clitoris. A small portion of the scrotum is used to create the labia (lips of the vagina). Cotton packing is placed inside the new vagina and secured with suture. This stays in place for five

days. We place two small drains around the surgical area, under the skin, to avoid any seroma (fluid collection). These are removed seven days after surgery. After the packing is removed at the clinic follow-up, it's necessary to begin dilating your vagina four times a day for six months. It's very important to follow this step, as it keeps the vagina from narrowing and collapsing. This will become less frequent over time, particularly if one becomes sexually active. For intercourse, the vagina will need some form of lubrication, since it is lined with skin and lacks cells that secrete moisture. It will be necessary to douche on a regular basis to keep the vagina clean. A urinary catheter will be left in the bladder for 7-9 days after surgery. After the swelling resolves the aesthetic results are very good. However, a labiaplasty is recommended to complete the outer and inner labia. This secondary labiaplasty is recommended at least three months after the vaginoplasty. The purpose of the labiaplasty is to create a thinner inner labia, to provide some hooding for the clitoris, and to improve the overall aesthetic results. The cost of the labiaplasty is an additional fee.

This procedure, like all other surgical procedures, is not without risk. The primary risks include bleeding, infection, rectovaginal fistula, urethralvaginal fistula, rectal injury, urethral injury or stricture, and compartment syndrome. While bleeding is a risk common to all operations, we do not have a history of needing to transfuse our patients. If you are particularly concerned about a transfusion, we think it a good idea to give a unit of your own blood in advance. Infection is considered a standard risk, but is very unusual, and you will be on post-op antibiotics. The complication that concerns us most is creating an abnormal path between the rectum and vagina, called a rectovaginal fistula. Should this occur, it is possible that one would have both gas and feces come through the vagina. In order to reliably close the fistula, a temporary colostomy would be required. A secondary operation can close the colostomy three months later. This has been a very rare complication, though it is the one we are most concerned about because of its implications. An abnormal communication between the urethra and vagina is also possible, but even more rare. All patients will be able to urinate while sitting. However, until all the swelling is gone it is not abnormal to have spraying of the urine. Though uncommon, there have been reports of nerve injury in the legs or injury to the muscles. This is called compartment syndrome and is related to the positioning of the patient at the time of gynecologic or urologic procedures. If this syndrome does occur, the muscles must be surgically released. This is a very unusual complication that we take every precaution to prevent with careful positioning and padding of the legs during surgery. Occasionally, a minor revision of the labia or urethra is needed. These can be done in the clinic or at the time of labiaplasty. This is not meant to discourage you from surgery, but to make you aware of the potential complications. The majority of our patients have a safe surgery and uneventful

recovery. To be a candidate for this surgery, your body mass index (BMI) must be below 34 and you must be in good health as determined by Dr. Nguyen.

Following the surgery, you will need to remain in the Portland area for another 7-10 days. If you live in the Portland area or in close proximity, you can be released to your home. For patients who are out of town, there are several reasonable hotels close by. Patients, whether in a hotel or at home, should have a friend or family member who can be with them 24 hours per day to assist with their care. Dr. Nguyen will monitor your care on a daily basis. If you have no caregiver available, you may stay at The Pearl, a rehabilitation center. Their fee is currently \$300.00 per day, and is subject to change. There would be an additional fee for medical transport from the surgery center to the rehab center.

The total pre-pay cost for the GRS is currently \$17,500.00 (subject to change). This includes doctor's fee, surgical center fee, anesthesia fee, and your dilators. Some additional fees to keep in mind are the additional seven days of lodging in a nearby hotel, your post-op pain meds and antibiotics, meals, and possible cab fare for travel to and from appointments, if not renting a car. You will need to have a caretaker that will be with you the entire time following your surgery. A non-refundable deposit of \$500.00 is due to hold a surgery date three months prior to the surgery. The remainder of the fee is due six weeks prior to the surgery. We do not accept insurance for this procedure. However, we are happy to assist you with any needed information for you to file a claim yourself with your insurance.

We feel that it is very important for you to see us in clinic well in advance of the proposed surgery. We also require that prior to your first visit we have a letter of referral from your therapist. This can be an introductory letter and doesn't have to recommend surgery. Prior to surgery, however, the standard two letters are required to be in our office two months in advance. Please be advised that we verify all recommendations, practitioners' office locations, and practitioners' licensures. Dr. Nguyen will make personal calls to your recommending practitioner, as well.

Please feel free to contact us if we can be of further assistance. If you would like to call and set up a clinic appointment, please call 503-635-1955.

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