



# Phalloplasty

**Surgery is never the first step** in a gender transition. It is something that happens after you have already explored social and medical transition options. People who choose to undergo surgery usually do so after taking other steps in the gender affirmation process, such as taking supplemental hormones.

To qualify for phalloplasty at Boston Children's Hospital, you must meet the following criteria:

## Age

You must be between 18 and 35 years of age at the time of surgery.

## Hormones

You are required to have at least 12 months of affirming hormone treatment.

## Lived experience

You are expected to have been living for at least 12 months in your affirmed gender prior to undergoing genital surgery.

## Smoking and vaping

You cannot smoke or vape (tobacco, marijuana, or other substances) or have any other nicotine exposure for 60 days before surgery and cannot smoke, vape, or use any other nicotine products for six weeks after the surgery.

## Body mass index (BMI)

You must have a BMI of less than 32 (due to risk of flap loss in individuals with higher BMI).

## Hysterectomy

You can see our gynecologist for a consult for a hysterectomy. If you choose to go elsewhere, it must be done 90 days before your phalloplasty/metoidioplasty.

## Hair removal

Depending on the type of procedure, you must have a minimum of 4 cm of complete hair removal from the underside of your forearm (electrolysis). Most patients will want to clear the entire forearm of hair (laser or electrolysis). A list of trans-affirming hair removal providers can be found at [transcaresite.org](http://transcaresite.org).

## Fertility preservation

If you are interested in gamete preservation, you will need to complete this prior to your surgery, or discuss whether it makes sense to retain your ovaries when your uterus is removed.

**"We provide comprehensive care to help patients reach their surgical goals."**

## Medical letters

### Clinician letter

You will need a letter from your medical doctor or nurse practitioner stating that you have "persistent, well documented, gender dysphoria." This letter can be from the clinician who prescribes you hormones or your primary care provider.

This letter should address any medical conditions that may be relevant to surgery, how well they are controlled, and any other medical information the surgeon should be aware of.

This letter must be written by a provider who has known you for at least 18 months.

### First behavioral health letter

You will also need a letter from a mental health provider stating that you have the capacity to consent and that any significant mental health issues are being addressed. This letter should specifically address any mental health concerns that might affect your suitability for surgery.

The WPATH standards of care recommend that all behavioral health letters include the following:

- your legal name, your affirmed name, and your date of birth
- basic information about your gender identity (i.e. male, non-binary)
- results of your psychosocial assessment, including any diagnoses
- the duration of your relationship with the mental health professional, including the type of evaluation and therapy or counseling to date
- an explanation that you have met the criteria for surgery, and a brief description of the clinical rationale for supporting your request for surgery
- a statement about the fact that you are capable of providing informed consent/assent
- a statement that the mental health professional is available to coordinate your care and welcomes a phone call to establish this

**Second behavioral health letter**

You will also need a letter from a doctoral-level mental health provider (MD or PhD), or that is cosigned by such a provider, stating that you are ready for surgery and have been living full-time in your gender role for at least 12 months.

In addition to the information mentioned above, this letter should include your understanding of the surgery procedure and recovery needs, your understanding of the fertility implications of surgery, your understanding of the risks of surgery, and your ability to consent for surgery. This letter should ideally also include an assessment of your support systems.

Please note: The two behavioral health letters can sometimes be combined but must then be cosigned by two providers, one of whom is at a doctoral level.

**All letters should state:**

- length of time provider has known you
- procedure you are being referred for
- length of time you have been presenting/living as your affirmed gender
- the provider's credentials

**Other information about letters**

- Letters should be on provider letterhead.
- Letters should be addressed to:  
Center for Gender Surgery  
Boston Children's Hospital  
300 Longwood Ave., Boston, MA 02115
- Letters with no name, or a different insurer's name, may not be accepted by the insurance company for authorization.
- Letters can be:  
» emailed to gendersurgery@childrens.harvard.edu  
» faxed to 617-738-1657
- Letters should refer to you by your affirmed name and pronoun, but also include the name that is on your insurance. For example: John Smith (Jane Smith, DOB 10/19/99).

We cannot submit for prior authorization without letters. If possible, please submit your letters prior to your initial consultation or bring them to that appointment. If not, please submit them once they are available.

Sample letters are available on request from [gendersurgery@childrens.harvard.edu](mailto:gendersurgery@childrens.harvard.edu).

**Notes**

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