



# Metoidioplasty

**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.

## 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