



MOSAIC MEDICAL

Gender Affirming Surgery Guide

Table of Contents:

Surgery Descriptions	2
For Trans Feminine & MTF Individuals	2
For Trans Masculine & FTM Individuals	3
Operation Questions	4
Surgeon List	6



Surgery Descriptions

Surgical Options for Trans Feminine & MTF Individuals

Breast Augmentation

The surgical placement of silicone or saline breast implants to increase breast size. Breast implants can be inserted through an incision under the breast, in the armpit, or around the nipple. Scarring and decreased nipple sensation may result.

Facial Feminization Surgery

Facial feminization surgery or FFS is a general term for a group of procedures designed to change the bone structure of the face and reshape features that resulted from testosterone exposure. This could include either shaving down or entirely re-contouring of the forehead and sinus area, reducing and repositioning the jaw bone and chin, lifting the upper lip, nose reconstruction/"nose job", and bringing the hair line further forward.

Scrotoctomy

The surgical removal of scrotal tissue can be done simultaneously with orchiectomy as long as future vaginoplasty is not desired.

Orchiectomy

Surgical removal of the testicles through an incision in the scrotum. This shuts down the internal testosterone production in the body. Getting an orchiectomy means that you no longer need to be on testosterone blockers like spironolactone. Some ways of doing the procedure may limit skin available for future vaginoplasty, so you should see a surgeon who is familiar with TGNB care or willing to learn. Once an orchiectomy is performed, there is no more genetic material to reproduce with. You can freeze genetic material in advance for future use.

Vulvoplasty

The construction of a zero-depth vagina and vulva with the scrotal and penile tissue. The scrotal tissue is used to create the labia majora, the glans of the penis is used to create a clitoris.

Vaginoplasty

An incision is made in the perineum, and space is created between rectum and prostate to create a new vaginal canal. This opening is lined with skin from the shaft of the penis and scrotum, with the option to add urethra lining or other tissues if there is not adequate skin. The head (glans) is used to create clitoris, kept attached to nerve connections and made smaller, and the rest of the outside portion of the vagina (the vulva) is made using scrotal or other skin. The small lips of the vulva (labia minora) can be made during the initial surgery, but often require a second minor surgery after the vaginoplasty is healed to be prominent. Inserting a dildo into the new vagina (dilation) must be done several times a day, then less frequently, to ensure healing. This is not only about stretching skin and keeping it from healing closed, but also about relaxing the muscles of the pelvis to allow for pleasurable penetration.



Surgical Options for Trans Masculine & FTM Individuals

Top Surgery

(Bilateral mastectomy with chest reconstruction) is by far the most frequently required surgery for transmasculine individuals. Scarring and decreased nipple sensation may result. Testosterone is not a requirement to undergo top surgery.

Peri-areolar

A form of top surgery in which breast tissue is removed via liposuction through two concentric circular incisions around the areola. This procedure is ideal for those who are small chested and have good skin elasticity.

Keyhole

A form of top surgery in which breast tissue is removed via liposuction through a single small incision at the base of the areola. This procedure is ideal for those who are small chested.

Double incision

The most widely-used technique, it is a form of top surgery in which breast tissue is removed through two horizontal incisions along the bottom of the pectoral muscle. This procedure often requires the nipple-areola complex to be grafted on, and is ideal for those who are medium to large chested.

Hysterectomy/Oophorectomy

Hysterectomy is commonly used to refer to removing all internal reproductive organs: the cervix, uterus, fallopian tubes and ovaries, although technically "hysterectomy" only means removal of the uterus. Getting all parts removed at once is called a "total hysterectomy with bilateral salpingo oophorectomy." Removal of the vagina (vaginectomy) is not a required part of hysterectomy or other genital surgeries (metoidioplasty and phalloplasty), but if you are planning to get a vaginectomy, hysterectomy will be performed in advance or at the same time. Some people choose to leave one or both ovaries in the hope that they can function as internal estrogen hormone production when someone chooses to stop taking testosterone or loses access to testosterone. Long term, you need to have either testosterone or estrogen in order to maintain bone density and for energy and mood. Some people choose to leave ovaries in order to retain material to genetically reproduce with later.

Urethroplasty

The creation of the urethral canal through the neophallus to facilitate standing urination. This is usually, but not always, done in conjunction with metoidioplasty or phalloplasty.

Scrotoplasty

The construction of a scrotum, usually using labia majora tissue and silicone testicular implants. This procedure is usually performed in conjunction with either a metoidioplasty or phalloplasty procedure.

Vaginectomy

Vaginectomy is surgery to remove all or part of the vagina. This can be done at the time of a hysterectomy or as a stand alone procedure.

Metoidioplasty

The severing of the suspensory ligament of the testosterone-enlarged clitoris, and the separation of the clitoris from the labia minora so the clitoris hangs fully forward (~2 inches). The labia minora is then wrapped around the clitoris and sewn along the midline to create a convincing penis. Erectile abilities and sensation are preserved, and mild penetration can be achieved. This procedure may also include urethroplasty, so urination through the clitoris may be achieved, and/or any combination of vaginectomy and scrotoplasty. This procedure is much less invasive and expensive than a phalloplasty procedure and emphasizes preservation of erotic sensation.

Phalloplasty

Phalloplasty uses non-genital skin grafts from the body to create a new penis. Common sites used are forearm, thigh, and abdomen. Size is dependent on patient preference, donor site availability, and surgeon comfort, however, the penis does not grow/ shrink with arousal, and it is always the same size in your pants. Original tissues can be buried under the new penis, or left exposed. Specialized plastic surgeons can use microsurgery during phalloplasty to connect blood supply and sensory nerves from the donor site (the forearm "RFF" or thigh "ALT") to the blood supply and sensory nerves in existing genitals. If this is successful, the full erotic sensation in the genitals will extend through the length of the new penis. Regardless, if the original genital tissue is contained within the new penis, it provides erotic sensation at the base. Can be combined with urethral lengthening in order to stand to pee, removal of the vaginal opening (vaginectomy), creation of a scrotum or ballsack (scrotoplasty), creation of a ridge or head of the penis (glansplasty), pubic area lift and debulking (mons reduction), and insertion of testicular implants and erectile device.



Operation Questions

You deserve to be treated with respect and dignity. An appointment with your surgeon typically include:

- Assessment of your medical health status and readiness for major surgical procedures.
- Discussion of your long-term gender affirmation goals and assessment of which procedures may be most appropriate to help you in your journey.
- Specific details about the procedures you and your surgeon identify, including the risks, benefits and what to expect after surgery.
- A preoperative anesthesia and medical evaluation. Two to four weeks before your surgery, you may be asked to complete these evaluations at the hospital, which ensure that you are healthy enough for surgery.

List of questions to ask during a consultation (based off Gender Confirming/GRS Surgeon List and Resources for Preparing for Surgery by Callen-Lorde)

The Surgeon:

- What Training have you had in this surgery? What training did you have for offering this surgery to TGNB people?
- How many have you done in total? How many do you perform in a year?
- How many patients are satisfied with the outcome? What kind of long term follow up do you do with patients who had this surgery?
- What percentage of your patients are TGNB? Are you involved with advocacy for the TGNB community?

Funding and Forms:

- Will your office help fill out disability paperwork? Will you sign a letter to update my gender marker?
- Will the office negotiate directly with my insurance? When I can expect updates regarding the insurance negotiations? Who is my contact person? When will I know the out-of pocket costs for using my insurance?
- Will the office help me with the appeal if surgery is denied by my insurance?
- If I am not using insurance to pay for the procedure, does the office accept financing plans? When are the payments due? Is the deposit to hold a surgery date refundable?
- Are there ways to lower the cost? Does the cost include hospital fees, pathology fees, anesthesia fees, all supplies, and all medications? Does the cost include revisions?
- How much could the price increase if I have complications that require surgery?

The Surgery:

- What is your most popular technique? Why? Do you offer other techniques? Are there techniques for this surgery you do not offer?
- How will the surgery impact sensation? When after surgery can I expect maximum sensation return?
- How do you choose size and placement? Can I make specific requests?
- How long will I be under general anesthesia? Who is involved in the surgery? Who does what?
- Can I look at before and after pictures?



Operation Questions cont.

Pre-Operation:

- How does my medical history impact this procedure? How far in advance should I quit smoking? Is there a minimum or maximum weight?
- Do you require a pre-op physical or bloodwork? Do you require that I stop hormones before surgery? Stop shaving the area or stop electrolysis?
- Any diet or lifestyle changes to speed healing?
- Are there any medications I should stop before the surgery? Do I need a letter for a therapist and does it need a PhD or will a social worker letter suffice?

Post-Operation:

- What medications will I be prescribed? What dressing changes and rehab exercises will I need to do after surgery? How often? What scar care routine do you recommend?
- How soon after surgery can I walk a mile? Take public transportation? Drive? Exercise? Drink Alcohol? Smoke pot? Have sex?
- How long am I required to stay nearby after surgery? What appointments will we have after surgery? Do I need medical care at home to help with my recovery?
- What complications can occur? How many of those complications heal on their own? How many people end up needing another surgery?
- How soon after surgery will I see my final results? How much do complications impact the final result? What are my options if I don't like the final result?



Surgeons List

Pennsylvania

Dr. Ivona Percec, MD, PhD

Penn Plastic Surgery Perelman
South Pavilion, 1st Floor
3400 Civil Center Blvd Philadelphia, PA 19014
800-789-7366
Top Surgery

Dr. Joshua Fosnot, MD

Penn Plastic Surgery Perelman
South Pavillion, 1st Floor
3400 Civil Center Blvd Philadelphia, PA 19014
800-789-7366
Breast Augmentation, Top Surgery FTM

Dr. William Jaffe, MD

Penn Urology University City
3737 Market Street Philadelphia, PA 19104
800-789-7366
Orchiectomy

Dr. Peter Vasquez, MD

Penn Ob/Gyn Associates
3701 Market Street, Suite 371
Philadlephia, PA 19104
800-789-7366
Hysterctomy

Dr. Alireza Hamidian Jahromi, MD

Temple Health
3401 N. Broad Street, 4th Floor, Parkinson Pavilion,
Philadelphia, PA 19140
800-TEMPLE-MED
Top Surgery FTM, Phalloplasty, Vaginoplasty, Facial feminizations,

Dr. Laura Douglas, MD

Temple Urology - Temple University Hospital
3509 N. Broad Street, Boyer Pavilion, 6th Floor
Philadelphia, PA 19140
800-TEMPLE-MED
Orchiectomy

Dr. Jared Liebman, MD

Einstein Plastic Surgery at Center One
9880 Bustleton Avenue, Suite 205
Philadelphia, PA 19115
215-456-6178
Top Surgery

Dr. Katherine Rose, MD

Main Line HealthCare Plastic Surgery
933 Haverford Road
Bryn Mawr, PA 19010
484-337-5250
Top Surgery, Vaginoplasty, Oriectomy, Tracheal shave

Dr. Christine McGinn, MD

Papillon Center
18 Village Row, Suite 43
New Hope, PA 18938
215-693-1199
Vaginoplasty, Orchiectomy, Mastectomy

Dr. Kathryn Bradnt , DO

430 South 5th Avenue
West Reading, PA 19611
484-628-800
Gender Affirming Surgery

Dr. Sherman Nelson Leis, DO

19 Montgomery Ave, Bala Cynwyd, PA 19004
610-667-1888
Body Sculpting, Breast Augmentation, Facial Feminization, Metoidioplasty, Phalloplasty, Top Surgery, Tracheal Shave, Vaginoplasty



Surgeons List

New Jersey

Dr. Edward S. Lee, MD, MS

Rutgers New Jersey Medical School
90 Bergen Street Room 7400, Newark, NJ 07101
973.972-1129 or 973.972.3229
Top Surgery, Tracheal Shave

Dr. Jeremy Sinkin

RWJ Rutgers University Hospital
125 Paterson St, Suite 4100, New Brunswick, NJ 08901
732-235-7863
Top Surgery FTM

Dr. Jonathan Keith, MD, FACS

East Coast Advanced Plastic Surgery
200 South Orange Ave, Suite 295, Livingston, NJ 07039
or 79 Hudson Street, Suite 700, Hoboken, NJ 07030
201-449-1000
Top Surgery

Dr. John Taylor *No Medicaid/Medicare*

Allure Plastic Surgery Center
194 State Route 35 Ste 2, Red Bank, NJ, 07701
(732) 483-1800
Breast Augmentation, Facial Feminization, Top Surgery -
FTM, Tracheal Shave, Vaginoplasty

Dr. Robert M. Olson, MD

213 North Center Dr, North Brunswick, NJ, 08902
(732) 418-1888 and 732-940-1888
Top Surgery

Dr. Reza Momeni, MD, FACS

Summit Medical Group
Lawrence Pavilion, 1st floor, 1 Diamond Hill Road,
Berkeley Heights, NJ or 2nd floor, 150 Park Ave.,
Florham Park, NJ
908-277-8759 or 973-436-1379
Top Surgery

Dr. Peter Hyans, MD, FACS

Summit Medical Group
Lawrence Pavilion, 1st floor, 1 Diamond Hill Road,
Berkeley Heights, NJ or 2nd floor, 150 Park Ave.,
Florham Park, NJ
908-277-8759
Top Surgery

Maryland

Dr. Devin O'Brien-Coon, MD, MSE

Johns Hopkins Center for Transgender Health
601 N. Caroline St., Baltimore, MD 21287
Maryland: 844-546-5645
Outside of Maryland: 410-464-6641
Breast Augmentation, Facial Feminization, Facial Masculinization, Metoidioplasty, Phalloplasty, Top Surgery, Vaginoplasty

Dr. Gabriel Del Corral, MD, FACS

9105 Franklin Square Dr., Suite 214, Baltimore, MD 21237
443-777-7631
Top Surgery, Body Contouring, Metoidioplasty, Phalloplasty
Options Arm Vs Leg, Anterolateral Flap Reconstruction,
Breast Augmentation, Facial Feminization surgery,
Tracheal Shave (Chondrolaryngoplasty), Vaginoplasty



Surgeons List

New York

Dr. Rachel Bluebond-Langner, MD

NYU Langone Medical Center, Plastic Surgery
222 East 41st Street, New York, NY 10017
646-501-4449 or 212-263-3030
Facial feminization, Top surgery, Phalloplasty

Dr. Alexes Hazen, MD

NYU Langone Medical Center; Breast Plastic Surgery,
Cosmetic Plastic Surgery, Plastic Surgery
110 E 66th St New York, NY 10065
646-929-7800 or 646-501-4480
Breast Augmentation, Facial Feminization, Hair Trans-
plant, Top Surgery, Revision Top Surgery

North Carolina

Dr. Joel Beck

Beck Aesthetic Surgery
1450 Matthews Township Parkway Suite 270, Matthews,
NC 28105
704-817-2597 or 708-800-4642
Facial Feminization, Cheek Feminization, Chin Reduction,
Foreheadplasty, Jaw Reduction, Body Feminization,
Liposuction, Tummy Tuck, Breast Implant, Masculin-
ization Facial Surgery, TG Hair Restoration, Body
masculinization