

## Surgical readiness assessment – hysterectomy with BSO

This document is intended to assist surgical assessors in discussing gender-affirming surgery with patients and to ensure patients receive adequate information about the specific surgery they are seeking.

The role of the surgical assessor includes:

- Confirming the patient meets WPATH criteria for this procedure
- Confirming the patient is ready for surgery from a psychosocial perspective
- Confirming the patient can consent to this procedure

Informed consent in this context involves a discussion of what the procedure involves, the benefits and risks and what to expect post-operatively. This process does not replace the surgeon's informed consent process.

One assessment is recommended for most patients undergoing hysterectomy bilateral-salpingo-oophorectomy although additional assessments may be requested at the discretion of the surgeon and some surgeons do not require a formal assessment for this procedure.

### The hysterectomy with bilateral salpingo-oophorectomy (BSO) procedure

Some trans people have a hysterectomy with bilateral salpingo-oophorectomy as part of gender affirmation treatment. Some benefits of this procedure may include prevention of monthly bleeding, possible reduction in testosterone dosage, elimination of the risk of ovarian, uterine, and cervical cancer as well as the need for cervical screening and decreased gender dysphoria.

This procedure involves removal of the uterus, ovaries, and fallopian tubes usually via laparoscopic surgery. Three to five tiny incisions are made on the abdomen through which the surgeon uses long, narrow instruments to detach the uterus, fallopian tubes, ovaries, and cervix. These tissues are removed through the vagina, and the top of the vagina is closed with stitches. At times the procedure must be done through a larger abdominal incision. This procedure results in permanent infertility.

Additional information about hysterectomy with bilateral salpingo-oophorectomy can be found on the Transgender Health Information Program website: <http://transhealth.phsa.ca>.

### Location of surgery

Hysterectomy with bilateral salpingo-oophorectomy is performed by many obstetrician/gynecologists in BC and usually involves one to two nights in hospital. Primary care providers will make the referral to a surgeon of their choice and include the assessment documents and any other relevant clinical information. Pre-operative consultation and post-operative care will be provided by the surgeon.

### Funding

Hysterectomy/ bilateral salpingo-oophorectomy is fully funded by MSP for treatment of gender dysphoria.

## Preparation for surgery

Smoking cessation is strongly recommended six months prior to surgery and is required by some surgeons. The need to discontinue hormone therapy prior to surgery is at the discretion of the surgeon.

## Travel costs (if patients must travel to obtain this surgery)

Hope Air is a charity that may be able to assist with travel costs and the Travel Assistance Program is another option to assist with travel costs within BC. Contact details can be found in the “referring a patient for gender-affirming surgery” document.

## Risks of surgery

Patients should check with their surgeon for more specifics, such as rates of each complication.

- Risk related to general anesthetic (including death)
- Excessive blood loss and need for transfusion
- Blood clots
- Damage to surrounding structures (bladder, intestine, blood vessels) with possible need for further surgery
- Nerve damage and loss of sensation
- Hematomas, seromas
- Infection or abscess
- Wound dehiscence with delayed healing
- Hypertrophic or keloid scarring
- Post-op regret

## What to expect during healing

- Pain, bruising, swelling, vaginal discharge, numbness and or shooting/burning pains, constipation (from pain medication)
- Need to reduce activities & take time off from work for 3-4 weeks or longer (Expect longer healing time if laparoscopic approach not used)
- Need for a support person in the post-operative period to assist with daily activities such as grooming, meal preparation, laundry, etc...
- Need for follow-up with surgeon at 4-6 weeks post-op

## Next steps for assessors

The primary care provider (GP, NP, or in some cases endocrinologist) is the person responsible for making the referral to the surgeon. In some cases the person doing the assessment is also the primary care provider, but if not, assessment documentation should be sent to the primary care provider (not to Trans Care BC).

Assessors can better ensure a smooth pathway for the patient by:

- Completing and forwarding your assessment documentation to the primary care provider
- Sending “referring a patient for gender-affirming surgery” document to the primary care provider along with your assessment
- Encouraging the patient to follow up with their primary care provider to ensure the referral has been made