

Surgical readiness assessment – orchiectomy

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 orchiectomy, 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 orchiectomy procedure

Some trans people have an orchiectomy as part of gender-affirmation treatment. Orchiectomy is done at the same time as vaginoplasty but some people may prefer to have only this procedure or to have this procedure done first and genital surgery done at a later date. If orchiectomy is done prior to vaginoplasty the surgeons may need to use additional skin grafts (e.g., from the upper thighs) to construct the vagina. Some benefits of this procedure include possible reduction in estrogen dose, elimination of the need for testosterone blockers and reduced gender dysphoria.

This procedure involves removal of the testes through an incision made in the middle of the scrotum. This procedure results in permanent infertility.

Additional information about orchiectomy can be found on the Transgender Health Information Program website: <http://transhealth.phsa.ca>.

Location of surgery

Orchiectomy is performed as a day procedure by many urologists in BC. 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 are provided by the surgeon.

Funding

Orchiectomy 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 local anesthetic or general anesthetic (death)
- Excessive blood loss and need for transfusion
- Blood clots
- Damage to surrounding structures
- 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, numbness and or shooting/burning pains, constipation (from pain meds)
- Need to reduce activities & take time off from work for 3-4 days, or longer
- 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 and/or primary care provider

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