

OC04: Transgender Surgery

OC04.01

A Survey on the Design of Neovaginal Dilation Protocols Among Chinese Transgender Women

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Introduction: Dilation is critical for the success of vaginoplasty for transgender women, especially for those who undergo penile inversion vaginoplasty. However, there is still a lack of an efficient, comfortable and convenient neovaginal dilation protocol specially designed for transgender women, with high acceptance and high satisfaction in China (Fig. 1). The aim of this study is to investigate the use, experience and characteristics of neovaginal dilation protocols in transgender women, so as to provide feasible suggestions for the improvement of neovaginal dilation protocols.

Methods: An anonymous, online survey was conducted among Chinese transgender women by advertising through social media, healthcare organization websites and flyers (Fig. 2).

Results: A total of 170 valid responses from across China were collected. Among transgender women who had undergone vaginoplasty, only half of them were able to dilate neovagina at least once a day. More respondents valued the comfort of the dilation protocol than the dilation effect. The respondents ranked the importance of the characteristics of the neovaginal dilation protocols with the result of comfort, dilation effect, convenience, portability, and privacy in sequence (Fig. 3).

Conclusions: Chinese transgender women lack of medical compliance for regular neovaginal dilation after vaginoplasty. In consideration of the experience and acceptance of Chinese transgender women, designing a neovaginal dilation protocol with higher satisfaction may improve the compliance of transgender women for neovaginal dilation after vaginoplasty. Based on the results of this study, we

Options	Votes	Ratio
Harder to guarantee dilation effect	40	23.53%
Gender is comfort	114	67.06%
Doesn't matter	16	9.41%
Total	170	

Fig. 1 .

Options	Average Score
Comfort	4.79
Dilation effect	4.46
Convenience	3.58
Portability	2.45
Privacy	2.41
Others	0.09

Fig. 2 .

Options	Votes	Ratio
Easy to store and carry	89	52.35%
Could measure neovagina depth	83	48.82%
Easy access to neovagina	79	46.47%
Easy to flush neovagina	77	45.29%
With fixtures	74	43.53%
With heating function	46	27.06%
Others	10	5.88%

Fig. 3 .

have designed and patented a neovaginal dilation protocol for transgender women after gender affirming surgery.

OC04.02

Transgender Breast Surgery

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Introduction: When gender identity differs from the sex assigned at birth, transgender operations can help transgender and non-binary or agender (feel their gender is outside male and female) people in their transition physically to their self-affirmed gender. Before “Top Surgery” evaluation of medical conditions is necessary and included integrated endocrinology, pediatric endocrinology, social work, psychiatry, psychology, voice therapy, gynecology, urology, and plastic surgery. Personal and family medical history, physical exam, lab test, and hormonal levels, age and sex-appropriate screening, identification, and tobacco use, drug abuse, alcohol use, and test for HIV and sexually transmitted

infection. The principle of breast augmentation for transgender women is similar to surgeries performed for cisgender women.

Methods: During the period of 2021–2023 we have operated on 11 transgender patients. Men in women are 5 (45.5%) patients and women in men are 6 (54.5%) patients. Gender surgery to become...:

Female to Male Surgical Techniques:

1. Keyhole procedure: small incision inferior part of areola, breast tissue removed and can combine with liposuction: two patients (18.2%).
2. Donut procedure: periareolar concentric circle technique, resulting in skin circle removal, “purse string” technique is used to bring the skin together: two patients (18.2%).
3. Batwing procedure (Fish mouth incision): resulting in a ring with the lateral triangular extension of the skin: one patient (9.1%).
4. Double incision: re-sized, nipples removed, defatted, and grafted on the chest at desired places, additional liposuction may be performed: one patient (9.1%).

Depending on the type of surgery procedure: topical or general anesthesia is used, and the stay in the hospital for 1-2 days.

Male to Female:

However, transgender women typically have broader chest and thicker pectoral muscles. Soft breasts will achieve with lipofilling:

1. Subpectoral implantation: one patient (9.1%).
2. Subcutis with lipofilling: four patients (36.3%).

Advice: Compression garment for 4 weeks, no sauna for 4 weeks, allowed to take a short shower; walking recommended.

Conclusions: Top surgery and mastectomy may seem similar, but the two are not the same. Top surgery is used for gender-reaffirming purposes and mastectomies treat breast cancer. Many androgynous individuals identify as being mentally or emotionally masculine and feminine. There are many different identities: male, female, transgender, gender neutral, a gender, non-binary, two-spirit, third gender, pangender, and genderqueer. Top surgery for the transgender patient and non-binary people can play an important role in relieving gender dysphoria. Dedication to this area is to implement new procedures for best drawing the body shape. Ability to help patients transition to the bodies that align with who they truly believe they are.

OC04.03

The Medical Care for Transgender in China

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Introduction: Hormone therapy and gender-affirming surgery are important medical approaches for transgender individuals. However, few related data exist in China. Here we reported the needs and current status of hormone therapy and gender-affirming surgery in Chinese transgender population to improve the understand and access to transgender medical care in China (Fig. 1).

Methods: A cross-sectional self-selecting survey targeting the Chinese transgender population was conducted in 2021 using a snowball sampling method. Participants completed an online questionnaire anonymously. Gender identity was verified by specifically designed questions. The primary measurement was the status of receiving medical care in transgender males and females, including the desire versus actual state of receiving hormone therapy and gender-affirming surgery, methods of hormonal medications and surgical procedures, and risky behaviors associated with obtaining treatments (Fig. 2).

Results: Of the total 7,625 valid questionnaires, there were 6,389 transgender individuals (1,464 transgender males, 2,836 transgender females and 2,089 gender queer), with a median age of 22 years (IQR, 19-26). Among them, the risk of depress and anxious are 71.7% and 69.8% respectively. 77.7% transgender male and 82% transgender female expressed desires for hormonal therapy, but only 27.5%

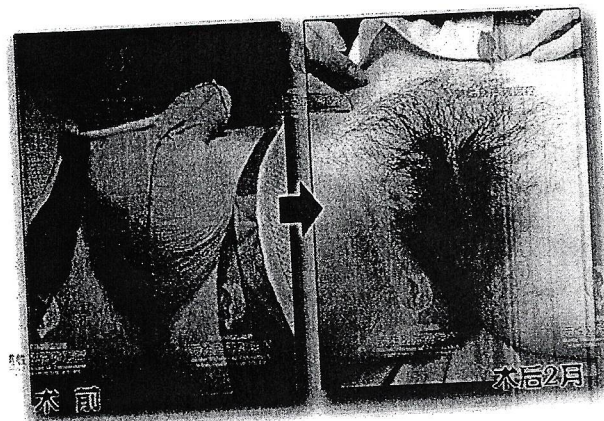


Fig. 1