The Year in Review: Surgery

Julia Bohr
Center for Transgendersurgery
KEM Evang. Kliniken Essen-Mitte
Essen, Germany

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- No financial disclosures

Introduction

What do we aim for in transgender surgery?

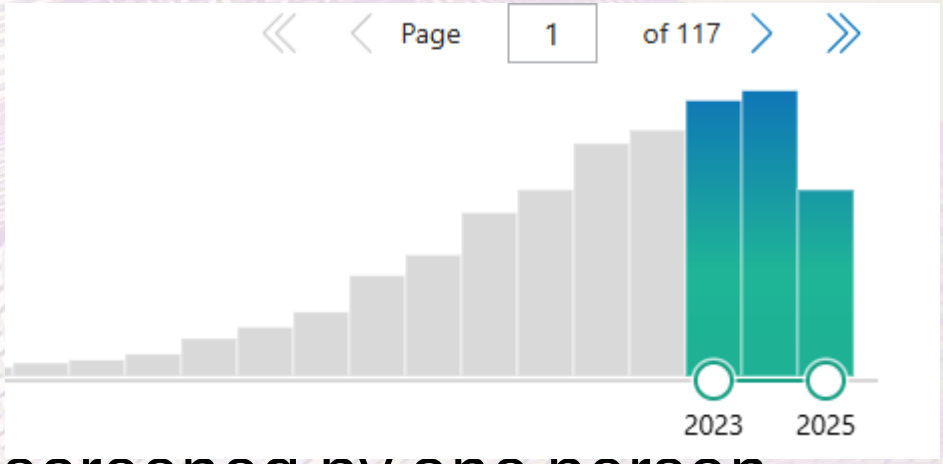
1. Hear patients' requests and needs
2. Choose eligible techniques
3. Manage complications
4. Measure (patient related) outcomes

Literature search

- Pub Med database
- „transgender“ AND „surgery“
- February 2023 to June 2025
- Full-text only
- English language

Results

- 1144 hits
- Increase of publications compared to prior years



abstracts were screened by one person

Hear patients requests and needs

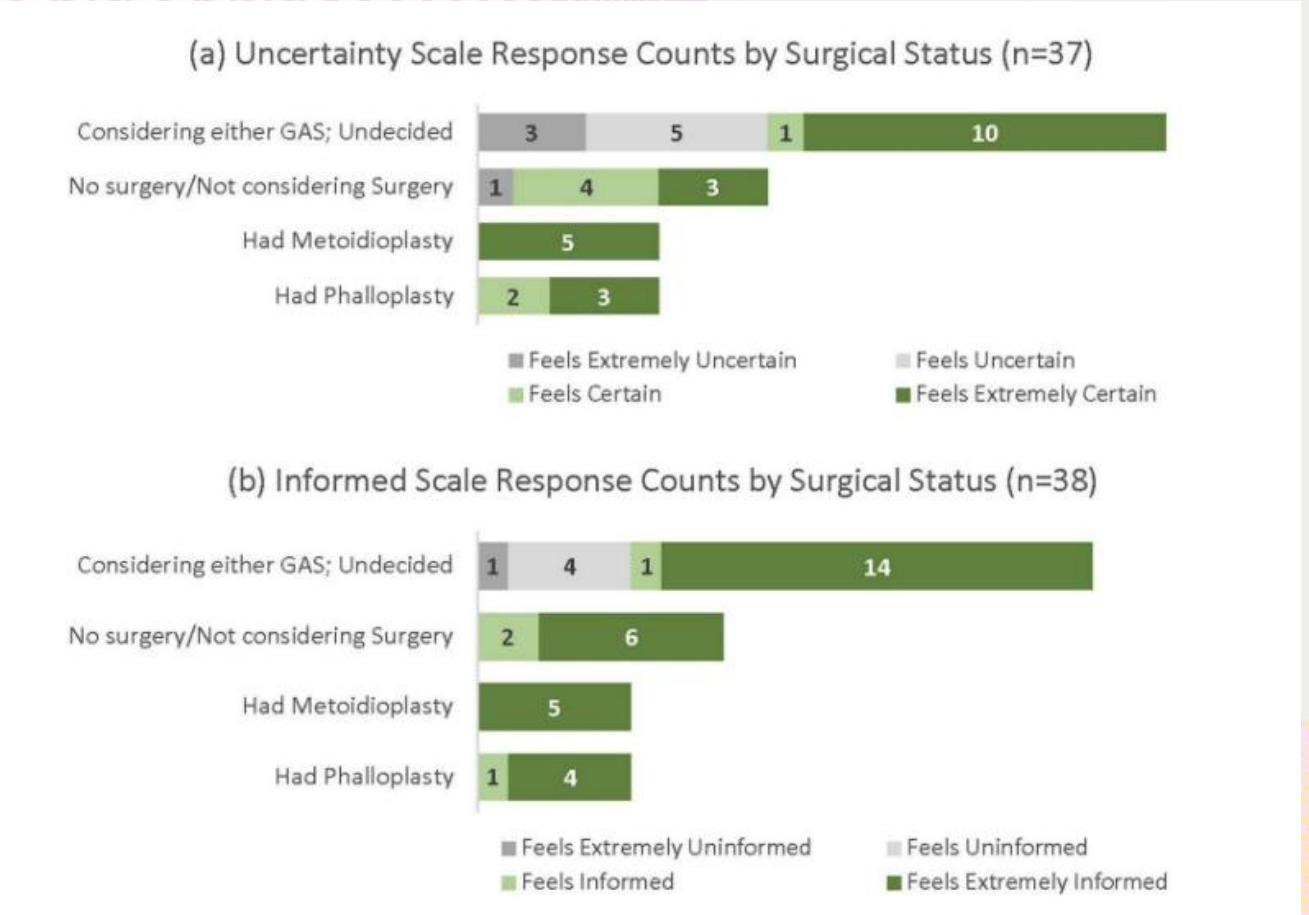
J Sex Med. 2023 Jun 28;20(7):1032-1043. doi: 10.1093/jsxmed/qdad063.

Decision making in metoidioplasty and phalloplasty gender-affirming surgery: a mixed methods study

Rebecca L Butcher [1], Linda M Kinney [1], Gaines P Blasdel [2], Glyn Elwyn [3], Jeremy B Myers [4], Benjamin Boh [5], Kaylee M Luck [6], Rachel A Moses [6 7]

conflict occurred in terms of unknown risk for

- **sexual dysfunction,**
- **voiding dysfunction,**
- **lack of cost coverage,**
- **access to surgeons**


(a) Uncertainty Scale Response Counts by Surgical Status (n=37)
Considering either GAS; Undecided
No surgery/Not considering Surgery
Had Metoidioplasty
Had Phalloplasty
3
5
1
10
1
4
3
5
2
3
Feels Extremely Uncertain
Feels Uncertain
Feels Certain
Feels Extremely Certain
(b) Informed Scale Response Counts by Surgical Status (n=38)
Considering either GAS; Undecided
No surgery/Not considering Surgery
Had Metoidioplasty
Had Phalloplasty
1
4
1
14
2
6
5
1
4
Feels Extremely Uninformed
Feels Uninformed
Feels Informed
Feels Extremely Informed

I feel like having earlier access to a surgeon or to someone who can give me more personalized information about it would be helpful because I've got all the info I can find online, but the number of gatekeepers to getting to the point where someone can actually talk about it for me feels like a lot.

(pre-MaPGAS, undecided)

J Plast Reconstr Aesthet Surg. 2024 Dec:99:432-435. doi: 10.1016/j.bjps.2024.10.020. Epub 2024 Oct 16.

The utility of ChatGPT in gender-affirming mastectomy education

Isabel Snee [1], Christian X Lava [2], Karen R Li [2], Gabriel Del Corral [3]

Table 1 Questions posed to ChatGPT, preceded by "I am looking to undergo gender-affirming mastectomy."

Preoperative Questions
1. Who is a good candidate for top surgery?
2. Do I need a surgeon who specializes in top surgery?
3. Will I need to see a mental health specialist to be eligible for top surgery?
4. How long do I need to be on hormone therapy before I can get top surgery?
5. Does insurance cover the cost of my top surgery?
Postoperative Questions
6. How long will I need to stay in the hospital or recovery facility after top surgery?
7. What are the potential complications and risks associated with top surgery?
8. Will I need to wear a binder after my top surgery?
9. When will I be able to return to work or resume regular activities after top surgery?
Recovery Questions
10. How do I manage pain, swelling, and bruising during recovery after my top surgery?

- average readability score 16.0 ± 1

- mean accuracy score 8.8 ± 0.5
- comprehensiveness score 7.8 ± 0.7
- danger score 2.2 ± 0.4

Choosing eligible technique

J Sex Med. 2024 Sep 3;21(9):827-834. doi: 10.1093/jsxmed/qdae075.

Individually customized gender affirming genital procedures: techniques and considerations

Mona Ascha [1], Siri Rigsby [2], Maia Shoham [3], Arya Andre Akhavan [4 5], Marco Swanson [6], Carl G Streed Jr [7], Anandev Gurjala [5], Shane D Morrison [2], John Henry Pang [5], Thomas Satterwhite [5]

Table 1. Demographics and surgical outcomes of patients undergoing less commonly performed genital procedures.

	Phallus-preserving vaginoplasty	Vagina-preserving phalloplasty	Removal of genitalia and creation of perineal urethrostomy
Patients	3	9	4
Age at time of surgery, y	30 ± 6	35 ± 7	22 ± 6[a]
BMI, kg/m^2	23 ± 4	27 ± 5	NR
Assigned male at birth	3 (100)	0 (0)	4 (100)
Nonbinary gender identity	0 (0)	NR	2 (50)
Binary gender identity	3 (100)	NR	2 (50)
Follow-up, mo	12.4 ± 11.6	17.0 ± 8.1	8.0 ± 5.0
Complications	2 (67)	0 (0)	0 (0)
Hematoma[b]	0 (0)	0 (0)	0 (0)
Surgical site infection[c]	1 (33)	0 (0)	0 (0)
Wound dehiscence[d]	1 (33)	0 (0)	0 (0)
Rectal injury	0 (0)	0 (0)	0 (0)
Urethral injury	0 (0)	0 (0)	0 (0)
Patient-reported satisfaction[e]	3 (100)	NR	4 (100)

Values are n, mean ± SD, or n (%). Abbreviations: BMI, body mass index; NR, not recorded. [a]Data available for 2 patients only. [b]Requiring return to operating room or blood transfusion. [c]Requiring surgical drainage or antibiotics within 30 days of surgery. [d]Requiring dressing changes or return to operating room within 30 days of surgery. [e]Verbal patient reported satisfaction during clinic visit.

Manage complications

Review > Plast Surg (Oakv). 2025 Feb;33(1):149-158. doi: 10.1177/22925503231190923. Epub 2023 Aug 2.

Rectovaginal Fistula Repair Following Vaginoplasty in Transgender Females: A Systematic Review of Surgical Techniques

Christian X Lava [1], Samuel S Huffman [1 2], Lauren E Berger [2 3], Julian K Marable [1], Daisy L Spoer [1 2], Kenneth L Fan [2], David M Lisle [4], Gabriel A Del Corral [2]

Table 3. Conservative Management and Surgical Treatment Strategies for RVF.

Conservative management (n = 12 patients)[a]	Surgical techniques (n = 40 patients)[b]
- Low residue diet (<10 g fiber per day) (n = 9) - Cessation of vaginal dilations (n = 1) - Broad spectrum antibiotics (n = 1) - Blockage of bowel function (n = 1) - Not specified (n = 1)	- Primary closure with fistulectomy (n = 10) - Ileostomy or colostomy (n = 10) - Primary closure without fistulectomy (n = 7) - V-Y full-thickness advancement with rectal flap (n = 5) - Infragluteal fasciocutaneous flap (n = 4) - Graciloplasty (n = 2) - Pedicled pudendal thigh flap (n = 2) - Robotic peritoneal flap (n = 1) - Buccal mucosa graft (n = 1) - Reversed distal sigmoid colon graft (n = 1) - Porcine dermal flap (n = 1) - Advancement with local perineoscrotal flap (n = 1) - Pedicled omental flap (n = 1)

Abbreviation: RVF, rectovaginal fistula.

Total treatment modality patient numbers are greater than the total sample size due to treatment failure necessitating additional nonreconstructive and reconstructive repair. N-values indicate the number of patients receiving each treatment approach. Some patients received multiple treatment approaches although tracking progression of therapy is not consistently documented across all studies.

[a]N values indicated the number of patients who received the specific conservative treatment. Some patients received multiple modalities, and thus the total number of patients treated conservatively does not equal the sum of individual conservative treatments.

[b]N values indicated the number of patients who received the specific surgical intervention. Some patients received multiple modalities such as primary closure with fistulectomy, and thus the total number of patients treated with a surgical intervention does not equal the sum of individual surgical procedures.

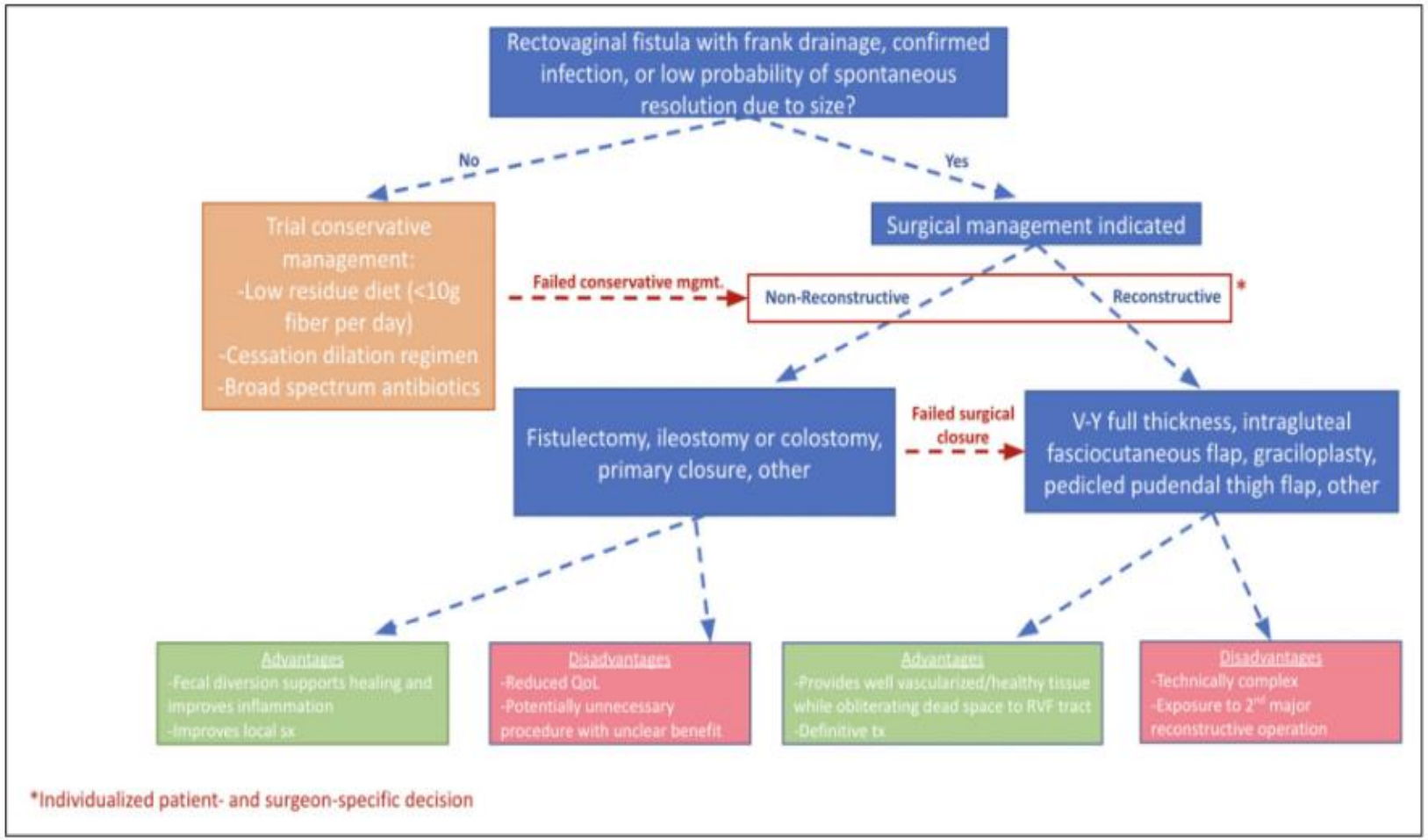


Figure 2. Proposed treatment options for rectovaginal fistula (RVF) following vaginoplasty.

J Sex Med. 2024 Oct 31;21(11):1085-1093. doi: 10.1093/jsxmed/qdae119.

Redo phalloplasty and/or urethraplasty after previous flap failure in phalloplasty in transgender men: surgical considerations and outcomes

Wouter B van der Sluis [1 2 3], Muhammed Al-Tamimi [1 2 4], Garry L S Pigot [2 3], Marlon Buncamper [1 5], Jan Maerten Smit [1 3], Tim C van de Grift [1 2 3], Margriet G Mullender [1 2 3], Mark-Bram Bouman [1 2 3]

Table 2. Reconstructive procedures and surgical outcomes.

Reconstructive procedure, *n* (%)	7 (39%)
Shaft-only	5 (28%)
ALT	1 (6%)
GF	1 (6%)
SCIP	4 (22%)
Urethra-only	3 (17%)
RFFF	1 (6%)
SCIP	7 (33%)
Both shaft and urethra	4 (22%)
RFFF	2 (11%)
GF + FTG	1 (6%)
AF + FTG	
Flap failure, *n* (%)	-
Partial	-
Total	
Functional outcomes (with UL), *n* (%)	13 (81%)
Able to void while standing	1 (6%)
Opted for shaft-only phalloplasty after previous	1 (6%)
flap failure	1 (6%)
Perineostomy due to recurrent urethral strictures	
Unknown	
Functional outcomes (with and without UL), *n* (%)	18 (100%)
Successful shaft reconstruction	

Abbreviations: ALT: anterolateral thigh flap, GF: groin flap, SCIP: superficial circumflex iliac artery perforator flap, RFFF: radial forearm free flap, FTG: full thickness skin graft, UL: urethral lengthening.

Table 6. Overview of self-reported outcome scores.

Statement	Very satisfied	Satisfied	Neutral	Unsatisfied	Very unsatisfied
How satisfied are you with:					
The appearance of your penis?	3 (27%)	5 (45%)	1 (9%)	2 (18%)	-
The appearance of your scrotum?	3 (27%)	3 (27%)	3 (27%)	2 (18%)	-
Your current voiding pattern?	1 (9%)	5 (45%)	1 (9%)	4 (36%)	1 (9%)
Your health?	3 (27%)	6 (54%)	2 (18%)	-	-
Your happiness in general?	2 (18%)	8 (72%)	1 (9%)	-	-
Your life in general?	2 (18%)	8 (72%)	1 (9%)	-	-
Yourself in general?	2 (18%)	7 (64%)	1 (9%)	1 (9%)	-
Your sex life?	1 (9%)	4 (36%)	4 (36%)	2 (18%)	-
The sexual functioning of your penis?	-	3 (27%)	6 (54%)	1 (9%)	1 (9%)
	Strongly agree	**Agree**	**Neutral**	**Disagree**	**Strongly disagree**
To what extent do you agree with the following statements:					
The surgery increased my self-esteem as a man	5 (45%)	4 (36%)	1 (9%)	-	1 (9%)
I would recommend this surgery to others	1 (9%)	7 (64%)	3 (27%)	-	-
Looking back, I would undergo the surgery all over again	8 (72%)	3 (27%)	-	-	-
The surgical outcomes match my expectations	3 (27%)	2 (18%)	4 (36%)	1 (9%)	1 (9%)

Outcome

J Clin Med. 2025 Feb 13;14(4):1249. doi: 10.3390/jcm14041249.

Long-Term Follow-Up of Gender-Affirming Chest Masculinization: What Have We Learned About Patient Satisfaction and Psychological Well-Being?

Samuel Kwartin [1], Ron Skorochod [1], Liran Shapira [1], Yoram Wolf [1 2]

Table 5. BREAST-Q score and time of follow-up (months) correlation.

	N	Pearson Correlation	Sig. (2-Tailed)
Satisfaction with Chest (11–44)	20	0.022	0.926
Satisfaction with Outcome (5–15)	20	−0.473	0.035
Psychosocial Well-Being (9–45)	20	0.206	0.383
Sexual Well-Being (6–30)	20	0.039	0.890
Physical Well-Being (0–32)	20	−0.296	0.204
Satisfaction with NAC appearance (5–20)	20	−0.107	0.662
Satisfaction with Information (10–40)	20	−0.165	0.501
Satisfaction with Surgeon (12–48)	20	0.143	0.549
Satisfaction with Medical Team (7–28)	20	−0.304	0.192
Satisfaction with Office Staff (7–28)	20	−0.105	0.658

Satisfaction with pre-operative information was associated with

- satisfaction with final appearance of the chest ($p < 0.001$)
- surgical outcome ($p = 0.037$)
- psychosocial well-being at follow up ($p = 0.034$)
- satisfaction with the surgeon ($p = 0.035$)
- satisfaction with the medical team ($p = 0.005$)
- satisfaction with the office staff ($p = 0.003$)

Meta-Analysis > Otolaryngol Head Neck Surg. 2025 May;172(5):1521-1538.
doi: 10.1002/ohn.1173. Epub 2025 Feb 18.

Efficacy and Patient Satisfaction in Voice Feminization Procedures: A Systematic Review and Meta-Analysis

Kristopher Lanham [1 2], Bradley A Melnick [1 3], Madeline J O'Connor [1], Angelica Bartler [1], Rolando J Casas Fuentes [1], Kelly C Ho [1], Robert D Galiano [1]

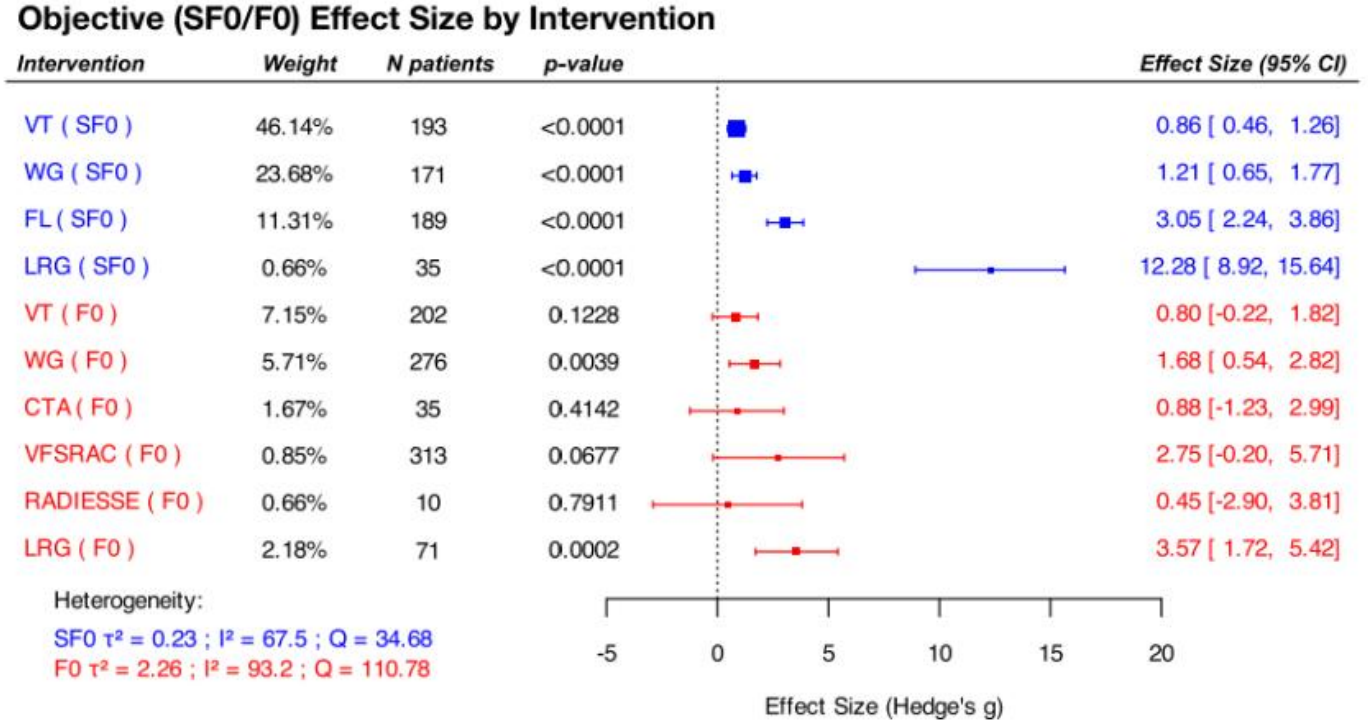


Figure 6. Objective (SF0/F0) effect size by intervention. Effect sizes (Hedge's *g*) for different interventions targeting SF0 and F0, with 95% confidence intervals. Most interventions demonstrate significant improvements, with notable heterogeneity (SF0: $I^2 = 67.50\%$; F0: $I^2 = 93.20\%$).

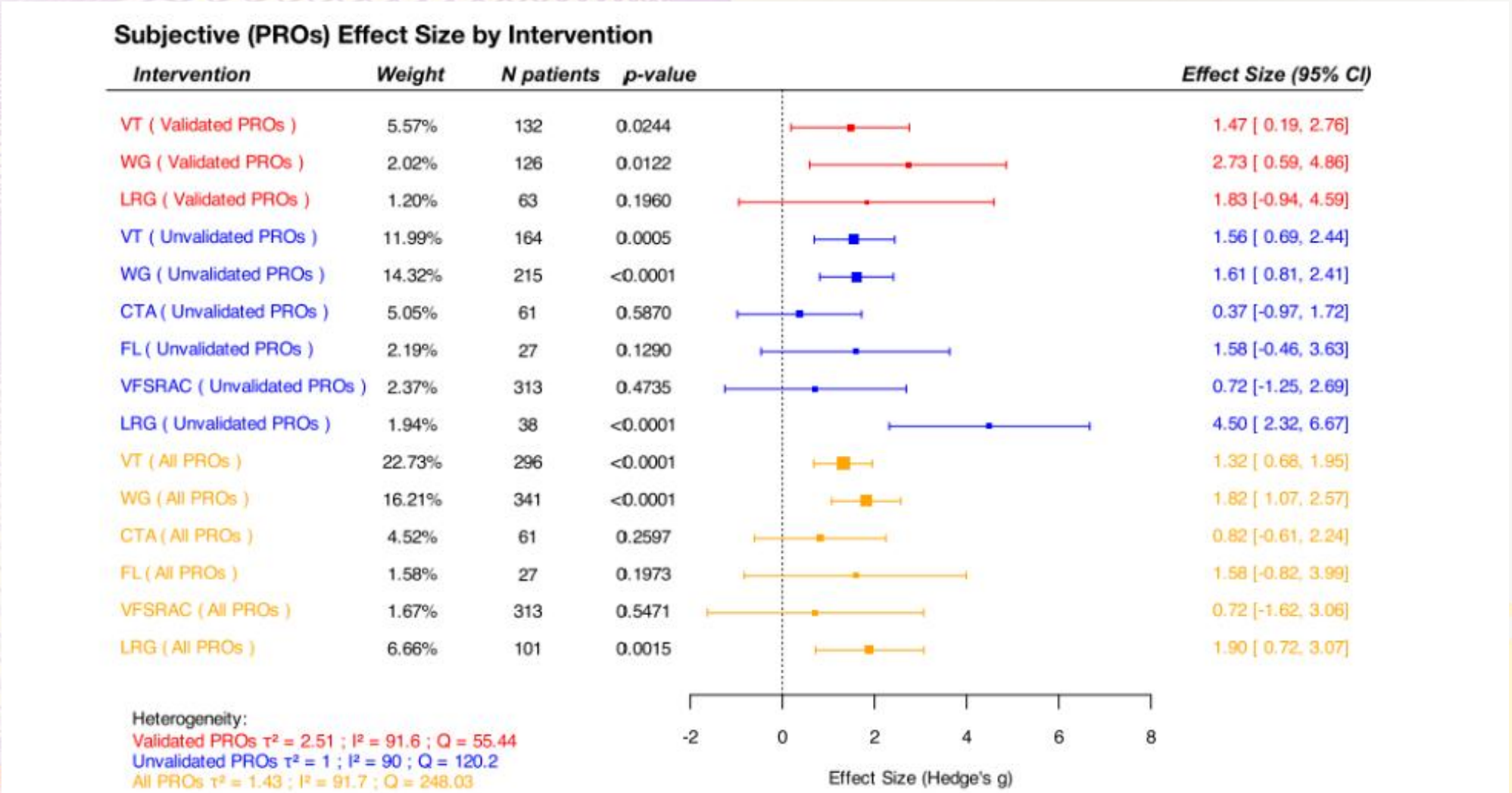


Figure 7. Subjective (PROs) effect size by intervention. Effect sizes (Hedge's g) for various interventions based on validated, unvalidated, and all patient-reported outcomes (PROs), with 95% confidence intervals. Significant subjective improvements are seen, with high heterogeneity noted (validated PROs: $I^2 = 91.60\%$; unvalidated PROs: $I^2 = 90.00\%$; All PROs: $I^2 = 91.70\%$).

J Sex Med. 2025 Apr 8;22(3):536-542. doi: 10.1093/jsxmed/qdae194.

Impact of vaginoplasty on sexual health and satisfaction in transgender women

Alexandre Kitic [1], Victor Pozzo [2], Nicolas Kitic [3], Michael Atlan [1], Jonathan Rausky [1]

Table 2. Outcomes of the female genital self-imaging scale (FGSIS).

Outcomes of the Female Genital Self-Imaging Scale (FGSIS)			
FGSIS questions	Present study (n = 56), mean ± *SD*	Buncamper et al. (n = 49) mean ± *SD*	Duflot et al. (n = 158) mean ± *SD*
I feel positively about my genitals	3.6 ± 0.7	3.4 ± 0.6	3.5 ± 0.8
I am satisfied with the appearance of my genitals	3.4 ± 0.9	3.2 ± 0.9	3.2 ± 0.9
I would feel comfortable letting a sexual partner look at my genitals	3.4 ± 0.8	3.2 ± 0.9	3.1 ± 1.0
I think my genitals smell fine	2.8 ± 0.9	3.0 ± 0.9	2.8 ± 0.9
I think my genitals work the way they are supposed to work	3.0 ± 0.8	3.1 ± 1.0	3.0 ± 0.9
I feel comfortable letting a healthcare professional examine my genitals	3.4 ± 0.7	3.3 ± 0.8	3.4 ± 0.8
I am not embarrassed about my genitals	3.3 ± 0.8	3.4 ± 0.8	3.2 ± 0.9
Overall score	22.8 ± 3.3	22.6 ± 4.1	22.1 ± 4.3

Table 3. Sexual outcomes before and after vaginoplasty.

Sexual outcomes before and after vaginoplasty			
	Before vaginoplasty (mean ± SD)	**After vaginoplasty (mean ± SD)**	***P*-value[a]**
Satisfaction – Sexual intercourse frequency	2.8 ± 1.5	3.6 ± 1.2	**$P = .003$**
Satisfaction – Overall sexual life	2.4 ± 1.5	3.5 ± 1.2	**$P < .001$**
Satisfaction – Amount of emotional closeness during sexual activity	2.5 ± 2.0	2.9 ± 2.2	$P = .19$
Satisfaction – Sexual relationship	2.7 ± 1.4	3.6 ± 1.3	**$P < .001$**
Satisfaction – Orgasm	3.0 ± 0.8	3.9 ± 1.0	**$P = .003$**
Satisfaction – Arousal	3.1 ± 1.8	3.5 ± 1.8	$P = .18$
Frequency – Feeling sexualy aroused	3.0 ± 1.9	3.9 ± 1.8	**$P = .004$**
Ability to reach orgasm after stimulation	3.2 ± 1.8	3.0 ± 2.0	$P = .5$

[a] *Student t-test. Bold values indicate statistically significant results.*

Table 5. Satisfaction outcomes.

Satisfaction outcomes	
	Present study (n = 56), *Mean ± SD*
Sensibility – Clitoris	4.0 ± 1.6
Sensibility – Vagina	3.6 ± 0.7
Sensibility – Vulva	3.4 ± 0.9
Global aesthetic satisfaction	7.5 ± 0.8[a]
Vaginal length	4.0 ± 0.9
Vaginal width	3.8 ± 0.8
Other outcomes	
Discomfort regarding intravaginal hairiness	89% (n = 50): slight or no discomfort
Self-confidence	7.8 ± 2.4[a] *(Mean ± SD)*
Decision to undergo surgery	93% (n = 53): agreed or totally agreed

[a] 1–10 scale (1 = 1/10; 10 = 10/10).

J Sex Med. 2025 Aug 4;22(8):1493-1503. doi: 10.1093/jsxmed/qdaf095.

Sexual satisfaction and dysfunction in transgender adults following puberty suppression treatment during adolescence

Isabelle S van der Meulen [1 2], Marijn Arnoldussen [1 2], Anna I R van der Miesen [1 2], Sabine E Hannema [2 3], Thomas D Steensma [2 4], Annelou L C de Vries [1 2], Baudewijntje P C Kreukels [2 4]

Table 4. Comparing sexual dysfunction in TGD individuals with early GRMT initiation with PS in adolescence versus initiation with GRMT with GAH at an adult age.

	Transmasculine individuals		Transfeminine individuals	
	Proportion of PS cohort (observed proportion) (n = *50*)	Proportion of GRMT at adult age cohort[26] (test proportion) (n = 189)	Proportion PS cohort (observed proportion) (n = 20)	Proportion GRMT at adult age cohort[26] (test proportion) (n = 246)
Lack of sexual desire	0.18	0.09	0.20	0.20
Too much sexual desire	0.16	0.14	0.00	0.06
Lack of arousal	0.04	0.10	0.20	0.20
Difficulty to orgasm	0.24	0.15	0.35	0.29
Difficulty finding or initiating sexual contact	0.34	0.32	0.30	0.26

Abbreviations: GAH: gender-affirming hormones; GRMT: gender-related medical treatment; PS: puberty suppression; TGD: transgender and gender diverse.

Table 3. Treatment group characteristics.

Variable	All participants (N = 70)	Early PS (n = 17)	Late PS (n = 53)	Significance, *P*	Effect size[e]
Tanner (B/G) stage at start PS, *n* (%)				n/a	n/a
Tanner stage 2	5 (7)	5 (29)			
Tanner stage 3	12 (17)	12 (71)			
Tanner stage 4	15 (21)		15 (28)		
Tanner stage 5	36 (51)		36 (68)		
Tanner stage unknown	2 (3)		2 (4)		
Age at start PS, y[a]				*0.038*	*-0.230*
Mean (SD)	14.8 (1.9)	13.1 (1.2)	15.4 (1.7)		
Range	10.9– 17.97	10.9-15.6	11.9-17.97		
Age at start GAH, y[b]				0.059	0.23
Median	16.2	16.0	16.4		
Range	13.9-18.5	15.96-17.6	13.9-18.5		
Age at gGAS, y[b]				0.349	0.15
Median	21.1	19.8	21.3		
Range	18.1– 28.7	18.6-24.5	18.1-28.7		
Time since gGAS, y[a]				0.299	0.20
Mean (SD)	7.8 (3.7)	8.3 (4.3)	7.5 (3.5)		
Range	1.7-16.3	2.0-16.3	1.7-15.3		
Breast surgery, *n* (%)[c,*]	52 (74)	6 (35)	46 (87)	*<.001*	-0.51
gGAS, *n* (%)[d]	40 (57)	14 (82)	27 (51)	*0.016*	0.29

Abbreviations: GAH: gender-affirming hormones; gGAS: genital gender-affirming surgery; PS: puberty suppression; y: years; n/a: non-applicable. [a]Differences calculated by *t*-test. [b]Differences calculated by Mann–Whitney *U* test. [c]Differences calculated by Fisher exact test. [d]Differences calculated by chi-square test. [e]Effect sizes calculated using phi for categorical variables, Cohen's *d* for normally distributed continuous variables, and *r* for non-normally distributed continuous variables. *Breast surgery was either a mastectomy (transmasculine individuals) or breast augmentation (transfeminine individuals).

Conclusion:

- surgical procedures are safe and effective
- accessible and carefull consultancy is needed
- Shared decision making is mandatory

Thank you very much for your attention!

EPATH 4-6 SEPTEMBER 2025
HAMBURG, GERMANY


Dr. Julia Bohr


Prof. Dr. Björn Behr


Prof. Dr. Susanne Krege


Prof. Dr. Sherko Kümmel

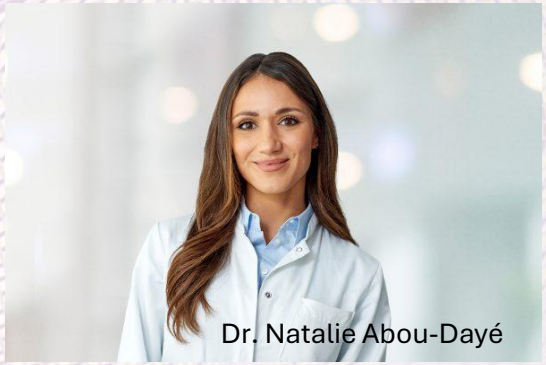

PD Dr. Johannes M. Wagner


Sarah Haiati


Dr. Camillo Müller


PD Dr. Pier Francesco Alesina


Dr. Laura Kock


Dr. Natalie Abou-Dayé


Jorge Jiménez López


Dr. Jörn Jakob Hinrichs

Center for Transgendersurgery
KEM Evang. Kliniken Essen-Mitte, Germany

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