

**NORWEGIAN NATIONAL CENTRE FOR  
GENDER INCONGRUENCE**

**Information for patients about the surgical  
treatment services at NCGI**

**F-M**

## **Information about the surgical treatment services at NCGI**

### **Removal of uterus and ovaries**

#### **"I want my breast surgery done first"**

Since the gynaecological day ward at Ullevål Hospital has good capacity for ovary and uterus removal (LH/BSOE), you will be offered this first. The period from when the referral is sent until you can expect to have your operation done is about 6 months – often shorter if you can meet at short notice (with about 1-3 days' notice). The operation is often done in the day ward.

#### **"Do I have to be examined first?"**

Anyone who wants the procedure must undergo a gynaecological examination before surgery. This takes place at the Women's Clinic at Ullevål.

#### **"Why do I have to do that?"**

The surgeon must ensure that everything is ready to perform the procedure using the laparoscopic method to remove the ovaries, fallopian tubes and uterus through the vagina via an instrument.

#### **"Does it hurt?"**

It is not usually painful, but can be experienced as unpleasant and uncomfortable. The doctors and nurses at Ullevål have experience with the patient group from NCGI and know that they must take special considerations. The gynaecologist must take a "look" and do an internal ultrasound.

The examination itself is quickly over (1-2 min). In other words, there is no need to spend a lot of energy on worrying in advance 😊.

#### **"Do I have to go home the same day as the surgery?"**

Patients who live outside Oslo-Akershus stay overnight at the patient hotel at Ullevål. This also applies to the night before surgery if you live far away.

Your GP can sign a statement if you need a companion. This is needed to cover travel and accommodation for your companion through Pasientreiser (Patient Travel).

If you go home after the surgery, you should have someone stay with you the first night.

### **"Will I be in pain after the procedure?"**

It varies, some have more pain than others. For most people, the pain subsides after the first week.

You can take painkillers – your surgeon or nurse will give you information about this.

### **"Am I going to bleed?"**

Yes, you must expect that during the first days or weeks. It will decrease during the first week and then increase slightly after approx. 2-3 weeks. This is because the coagula (coagulated blood, "scabs") loosen.

If there is more bleeding than expected after you return home, contact your own doctor or the emergency medical service where you live.

### **"How long will I be on sick leave?"**

It varies a bit, depending on what kind of work you have (about 2-4 weeks). If you have physically demanding work you will have to expect a longer period.

You will be notified of this after the operation.

### **"Do I have to have a follow-up examination?"**

No.

### **"What if I don't want the surgery?"**

Then you need to be checked regularly by a GP or gynaecologist. You must take a Pap smear or CT, MRI (if the vagina is too tight to be physically examined). The health authorities recommend an examination every 3 years after you turn 25 years of age.

You will not receive a reminder about this from the health service when you have a male national identity number.

## **Breast removal**

### **"When will I get an appointment at PLA-Outpatient Clinic?"**

From the date you are referred it will take approx. 6 months before your initial consultation with a surgeon at the Department of Plastic and Reconstructive Surgery (PLA).

### **"Does the surgeon need to examine me?"**

Yes, the surgeon must examine you to be able to make an assessment concerning which breast removal technique can be used. Several different techniques can be used.

### **"Is there a long wait?"**

The waiting times for operations at PLA will vary. Priority is given to emergency surgery following accidents, cancer and other patients in need of emergency surgery.

Patient coordinator Trude Rømuld (Department of Gender Identity Assessment (adults)) and the patient coordinators at PLA can be contacted for questions about waiting times and dates for outpatient consultations and surgery. If you can meet at short notice, there are possibilities that you will be offered surgery earlier than planned. Make sure that PLA has your correct contact information at all times (new address, new mobile number or the like).

### **"Do I have to stay at the hospital after my operation?"**

The surgeries are mostly done on a day surgery basis, often at Aker or Radium Hospital with transfer to RH-National Hospital (PLA ward, D5 3rd floor) during the evening. Because the risk of bleeding after surgery is relatively high (large wound surfaces under the skin) the surgeons want you to stay overnight. If your post-operative course has been free of complications, you will be discharged the next day.

### **"Do I need to return for a check-up?"**

Post-operative follow-up and check-ups are agreed individually.

## **Genital construction**

### **"I would like genital construction, what can be done?"**

#### **Phalloplasty:**

Surgeons can use tissue from various parts of the body to construct a fully or partially non-functional penis. The most common procedure is to take skin and tissue from the arm, abdomen, thigh, back or groin. At National Hospital, surgeons use tissue from the groin or thighs.

#### **Pros:**

Satisfactory volume, size/appearance, psychological feeling of being "whole", no need to use a prosthesis ("packer").

**Cons:**

No sexual feeling or erectile function, (for most) not possible to urinate from the tip.

**Complications:**

There is always a risk that complications can occur during and after surgery.

Circulation to the skin flap (the phallus) may be poor; infections and the like can occur.

Obesity, smoking, poor physical and mental health can increase the risk of complications after surgery.

**Metoidioplasty ("Micro"):**

A technique introduced in the first half of the 1990s, it utilises testosterone replacement therapy to enlarge the clitoris. The surgeon will make an individual assessment to see if the technique is right for you. The surgeon straightens the clitoris and constructs the urethra. Testicular prostheses are inserted into the labia majora (external genitalia). A small part of the vagina is left due to the risk of complications (abscesses, fistulas) associated with closure.

**Pros:**

Penis that can become erect on its own, urethra opening on the tip of the penis (with practice, "stand and pee"), no donor morbidity ("it does not fall off"), satisfactory appearance (no female appearance), single-session surgery, no visible scars

**Cons:**

The size is not optimal ("micropenis"), below the lower normal range (about 4-5 cm), some will have problems with urinating while standing (with their clothes on), problems having intercourse.

**Complications:**

Urinary fistula ("cavity" from urethra to the surface of the penis), stenosis (narrow between new and original urethra) and problems with urination, bleeding/infection associated with insertion of the testicular prostheses.

## **Sources:**

Ministry of Health and Care Services; Nasjonale tjenester i spesialisthelsetjenesten. Veileder til forskrift nr. 1706, 17. desember 2010 (in Norwegian).

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Ministry of Health and Care Services; Act relating to Human Medical Use of Biotechnology, *chap 4, no/lov/2003-12-05-100*

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Barrett, J (edi): Transsexual and Other Disorders of Gender Identity- a practical guide to management, Radcliff Publishing Ltd, 2007.

Tønseth, K.A, et al. (2010). Kirurgisk behandling ved transeksualisme (in Norwegian). *Journal of the Norwegian Medical Association*, No. 4, February 2010.

**Department of Plastic and Reconstructive Surgery (RH-National Hospital)**

**Coordinator: Veronica Sæther**

Tel: +47 23074275

Monday-Friday (09-11)

**Outpatient appointments:**

Tel:+47 23072206

Monday-Friday (09-11) and (13-14)

**Day surgery:**

Tel: +47 23073316

Monday-Friday (09-11)

**Coordinators: Kirsten Løvberg and Stein Groth**

**Department of Gynaecology Ullevål**

Outpatient appointments: +47 22119848

Day surgery procedures: +47 22119299

**Department of Gender Identity Assessment (adults)**

Coordinating nurse Trude Rømuld

Tel.: +47 23 07 49 33 (Tuesday+ Thursday, 09-11)

**Specialist advisors:**

Kim A Tønseth (surgery)

Kjersti Gulbrandsen: Department of Gender Identity Assessment (adults)

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