

Transforming Lives

Demand for gender affirming surgery is increasing



At his two-year follow-up appointment, Sean Jayson (left) talks about his recovery with Adam Tobias, MD, Director of the Peter Jay Sharp Program for Aesthetic and Reconstructive Breast Surgery and Maria Semnack, RN, Nursing Practice Coordinator.

Imagine walking around every day with your shoes on the wrong feet. That's how Sean Jayson,* a college student, describes what it feels like to have gender dysphoria—a condition in which the sex assigned at birth does not match gender identity. “It's excruciating,” he says.

Mr. Jayson was born “female,” but for as long as he can remember, he identified as male. “When I was three, my preschool teacher wrote notes to my parents, saying that I always wanted to be the dad or brother when I played house with my classmates,” he says. “At four, I shaved off my hair so I could look like a boy.” During middle school, he tried briefly and without success to embrace a female identity. “It felt incredibly disingenuous,” he says now, “but I was trying to be

‘normal.’” In high school, he changed his name and began binding his breasts to appear flat-chested.

“I felt like I couldn't breathe sometimes,” he says. But the internal pain was worse. “I was depressed, sleeping through classes. I was unsure what to do next, or if there was even anything that could be done. It seemed hopeless.”

Studies estimate that gender dysphoria affects 0.4 percent to 1.3 percent of people around the world. The distress of living in a body at odds with gender identity takes an enormous psychological toll. One national survey found that 41 percent of transgender men and women had attempted suicide—nearly 10 times the rate in the general population.

That's why gender affirming surgery can have such a positive impact on someone's life. “Our work

**Patient's name changed to preserve his privacy.*

is incredibly rewarding,” says Adam Tobias, MD, Director of the Peter Jay Sharp Program for Aesthetic and Reconstructive Breast Surgery, who performs chest wall reconstruction surgery for transgender men and women. “After surgery, patients tell us they finally feel comfortable in their own bodies.”

“Patients send us notes saying, ‘Thank you. You’ve saved my life,’ ” says Maria Semnack, RN, Nursing Practice Coordinator for the program.

Listening to patients

Dr. Tobias and Ms. Semnack launched their program in gender affirming surgery at BIDMC in 2014. Dr. Tobias has adapted standard plastic surgery techniques, such as breast reconstruction, simple mastectomy, and nipple-areola reconstruction, for transgender patients. In the future, the program may expand to provide other types of surgery.

“One of the first things we did before starting our program was go on a listening tour,” says Dr. Tobias. He and Ms. Semnack attended a series of health conferences where they could meet in person with transgender men and women.

“We wanted to understand how these patients saw themselves and defined their identity, and how we could best serve them,” Dr. Tobias says. What they learned informed the program’s approach to patient care. “Our role is not to judge,” he says, “but to clarify options and choices.”

“I meet with each patient from the beginning, so that they know they are in a welcoming environment,” says Ms. Semnack. “I’m also their main contact during recovery.”

Another key member of the team is administrative coordinator Jean Sullivan, who is often the first contact for patients and physicians—and who helped develop systems to ensure referrals and follow up go smoothly.

That type of coordination is important because surgery is just one component of multidisciplinary care. Patients are first evaluated at Fenway Health, a BIDMC community health center that has long been recognized for providing outstanding care of lesbian, gay, bisexual, and transgender patients. The Fenway team includes a primary care physician, a psychiatrist, and a social worker, who determine whether patients have gender dysphoria disorder and meet other criteria for gender affirming surgery.

Mr. Jayson was a patient at Fenway when he decided to make a physical transition to match his gender identity. Although Fenway provided referrals to several doctors, Mr. Jayson was most impressed with photos posted online by transgender men treated by Dr. Tobias. “Other surgeons did an OK job, but Dr. Tobias did a really great job.” And when he met Dr. Tobias and Ms. Semnack, he knew he was with the right team. “We just clicked. I got the sense that they genuinely wanted to help.”

Achieving good outcomes

Demand for services at BIDMC has been consistently strong, reflecting a national trend. The American Society of Plastic Surgeons reported that surgeons performed 20 percent more gender affirming surgeries in 2016 than they did in 2015.

“This patient population is among the most motivated group I’ve ever worked with,” Dr. Tobias says. “They comply with all of our post-op instructions, because they are committed to having good results.”

To enhance recovery and reduce risk of complications after surgery, the BIDMC team requires patients to be nicotine free and physically fit prior to surgery. Any patient who is obese (with a BMI of 30 and above) must lose weight before surgery. The surgery itself is done on an outpatient basis, so that patients go home the same day. Most resume normal daily activities in about 4 to 6 weeks.

Mr. Jayson underwent simple mastectomy and chest wall reconstruction in November 2015. Both his parents and his girlfriend were waiting for him in recovery. “I joked with my Dad, ‘My chest looks nicer than yours.’ ” Mr. Jayson remains pleased with the results. “You can barely see the scars. It looks incredibly natural.”

During a trip to Cost Rica, he went swimming shirtless for the first time since he was 7 or 8 years old. “I’d forgotten what it felt like to swim freely, as myself,” Mr. Jayson says. “This operation literally changed my life.”



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