The Center for Gender Surgery at Boston Children’s Hospital provides gender affirmation surgery services to eligible adolescents and young adults, usually after they have completed other steps in the gender affirmation process, such as taking supplemental hormones. To be eligible for these procedures, you must meet certain criteria.

We offer the following procedures to patients who identify as transmasculine:

**Chest reconstruction**
A type of “top surgery” in which physicians remove excess breast tissue and create a more masculine appearance for your chest. The specific technique used in this procedure can vary depending on your breast size and skin elasticity.

In general, chest reconstruction surgery involves removal of most of the breast tissue and excess skin. The surgeon will also create a more masculine-looking chest contour, including repositioning and reshaping your nipples, if necessary.

**After care**
You should be able to return to school or work about a week after surgery. Because the healing process can take time, you shouldn’t engage in strenuous physical activity or heavy lifting in the first four to six weeks after chest reconstruction surgery.

You’ll need to follow up with your care team within three to seven days of the procedure. Your clinician will explain in detail how to care for your incisions and how to look for signs of infection.

**Metoidioplasty**
A type of “bottom surgery” (surgery on the genitals). It involves the surgical creation of a penis from your existing genital tissue. Although they have different functions, the clitoris and penis are both derived from the same tissue.

Metoidioplasty takes advantage of this fact by creating a penis from the clitoris after it has been enlarged through the use of testosterone therapy. Often, a scrotoplasty (surgical creation of a scrotum from the labia majora) is performed at the same time.

Metoidioplasty may also include surgical construction of a glans and lengthening of the urethra. The first option improves the resemblance to a cisgender male’s penis. The second makes it possible for you to urinate while standing up.

It is possible to have a phalloplasty after a metoidioplasty but the reverse is not true.

**After care**
Metoidioplasty can take between two and five hours and you may need to stay in the hospital for a day or two. Because the healing process can take time, you shouldn’t engage in strenuous physical activity or heavy lifting in the first six weeks after metoidioplasty.

You will also likely need to urinate through a catheter for the first three to four weeks after surgery. Your clinical team will give you detailed instructions on how to care for the catheter, and how to check for signs of infection at the surgical site, such as redness and swelling.

Phalloplasty
A type of “bottom surgery.” In this procedure, surgeons harvest one or more “flaps” of skin and other tissues to create the penis. Usually, the donor site is your forearm, although other options may be available, such as the thigh.

Prior to surgery, you will need to undergo permanent laser hair removal or electrolysis on your arm or other donor site. It is also crucial that you stop smoking of any kind at least three months prior to your operation.

To be ready for phalloplasty, you also need to have your uterus removed at least three months before the phalloplasty. During phalloplasty, the surgeon removes the flaps of skin from the donor site and then uses them to create a penis and urethra. Your donor site will be covered with a skin graft from your thigh, which will heal on its own.

This procedure usually takes place during a single, long surgery, which can last between eight to 12 hours. The vagina may also be removed at this time.

**After care**
Phalloplasty is a complex surgical procedure that requires a significant recovery time and ongoing self-care. You should expect to spend about a week in the hospital following your surgery and to return for follow-up appointments after you are discharged.

Because the healing process can take time, you shouldn’t engage in strenuous physical activity or heavy lifting in the first six weeks after phalloplasty.

You will also likely need to urinate through a catheter for the first three to four weeks after surgery or longer. Your clinical team will give you detailed instructions on how to care for the catheter, as well as the surgical wounds on your donor site and graft site, and how to check for signs of infection, such as redness and swelling.

You will likely be able to walk around and engage in light activity within a week after surgery, and healed enough to go back to all activities at around six weeks. This surgery has a very long healing process that can take 12 to 18 months.
within a week after surgery, and healed enough to go back to all activities at around six weeks. This surgery has a very long healing process that can take 12 to 18 months.

Hysterectomy
A type of bottom surgery involving removing the uterus and fallopian tubes. This is a permanent and irreversible surgery. Because the purpose of the uterus is to carry a pregnancy, you won’t be able to carry a pregnancy in the future after undergoing a hysterectomy. The uterus is also the source of menstrual periods and removing it will remove any chance of having menstrual bleeding.

The cervix is the opening to the uterus. Adults who have a uterus get screened for cervical cancer every few years. If you have your cervix removed, you will no longer need these screenings (typically done with a pelvic exam called a “Pap smear”). A hysterectomy maintains some vagina, which can still be used for penetration if desired.

Some people choose to have an oophorectomy (the removal of one or both of the ovaries) at the same time as a hysterectomy, although this is a personal choice and not required. If you aren’t on exogenous testosterone, you should keep at least one ovary for hormones. If you are on testosterone, retaining (one or both) ovaries means having a backup source of hormones if you lose access to testosterone.

Ovaries are what produce eggs. If you undergo a hysterectomy but not an oophorectomy, you can still use your eggs in the future to create a pregnancy in another person, if you desire.

After care
Most people stay in the hospital overnight after a hysterectomy, although some patients go home the same day. You must be on “pelvic rest” for eight weeks, or up until your second bottom surgery procedure if that occurs earlier. This includes no heavy lifting or placing anything inside your pelvis (sexual or otherwise) for eight weeks. This helps ensure that the opening at the top of the vagina (where the uterus used to be) has ample time to heal.

Most people take off two weeks from work or school after surgery to rest. During the remaining six weeks, you can resume light daily activity but should continue to avoid heavy lifting and strenuous activity and continue pelvic rest. Phalloplasty or metoidioplasty must take place at least one month after hysterectomy.

Hair removal
If you plan to have a phalloplasty, you will first need to have the hair removed from the donor site. If you are using skin from your forearm, all hair should be removed from the crease of your wrist to a minimum of 15 cm up your arm. Ideally, 18 cm of hair or more will be removed.

The hair on the ulnar side (pinky finger side) of your arm should be removed by electrolysis rather than laser to ensure full hair removal. This hair should be removed in a strip that is 4 cm at the base and 5.5 cm at the top. This section of your arm will be used to create a urethra, and hair increases the risk of complications.

The hair on the remainder of your forearm can be removed with laser, electrolysis, or a combination of these. You can find a list of trans-affirming hair removal providers in your area at transcaresite.org.

Facial masculinization
This type of surgery is offered to transgender men to create a more masculine appearance. It often includes augmentation of the jawline with mandibular implants.

To be ready for facial masculinization, you need to have completed facial growth. Prior to surgery, we will obtain a facial CT scan to evaluate the skeletal structures and plan for custom implants to augment your jawline. You should discuss your specific objectives and goals with your surgeon.

After care
Facial masculinization procedures can take from two to four hours. You may need to stay in the hospital for a day. It takes several weeks for swelling to improve. Because the healing process can take time, you shouldn’t engage in strenuous physical activity or heavy lifting for the first six weeks after facial feminization.

Voice therapy
You may want to modify the way you speak to better align with your gender. A voice and communication therapist can work with you to assess and alter the tone, resonance, and pitch of your voice without straining or otherwise hurting it. You will also learn ways to “masculinize” your language and communication.

IMPORTANT

Do not smoke or vape tobacco or marijuana products, any other substances or be exposed to nicotine in any way for:

• 60 days before surgery
• six weeks after surgery

Doing so may delay your procedure and increase the risk of serious complications.
About us
The Center for Gender Surgery at Boston Children’s Hospital is the first center of its kind in the U.S. in a major pediatric hospital setting.

We take an interdisciplinary approach from the start to ensure exceptional patient care. Our skilled team includes specialists in plastic surgery, urology, endocrinology, nursing, gender services, and social work, who collaborate to provide a full suite of surgical options for transgender teens and young adults.

By partnering with the hospital’s nationally recognized Gender Multispecialty Service (GeMS), which provides a range of medical options for transgender youth, we help young people with gender identity concerns transfer seamlessly to surgical care if and when they are ready.