



KNOX COLLEGE D2C PEER EDUCATOR SEX ED SCIENCE FAIR

Tuesday- October 26, 2021, 6:00 pm - 8:00 pm

Ferris Lounge, Seymour Union

Gender Confirmation Options and Gender Confirmation Surgery (GCS) FAQs

Q: *How long is recovery?*

A: Top surgery for AFAB people usually has a 2 week recovery time, with abstinence from strenuous activity (sports, sex) for up to 2 months. Breast augmentation usually has a few days recovery, with up to 6 weeks abstinence from strenuous activity. Both recoveries involve drainage tubes. Recovery from phalloplasty and metoidioplasty usually takes about 6 weeks, though full healing can take longer. Recovery from vaginoplasty can take up to 8 weeks, and often includes vaginal dilation therapy. Facial feminization surgery can take around 2 weeks of recovery to function, though swelling may persist longer.

Q: *Can I still breastfeed after top surgery?*

A: Possibly. In AFAB folk, that depends on if the mammary glands and nipple were kept intact. Some AMAB people have been able to induce lactation with hormones. If breastfeeding is important to you, talk to your doctor about options before surgery.

Q: *Does my insurance cover surgery?*

A: I don't know! The easiest way to find out is to call your provider and ask. While some insurance companies and Medicare programs cover some surgery, many require a diagnosis of gender dysphoria or only partially cover surgery. Often, gender confirmation surgery (especially breast augmentation, liposuction, and facial feminization) are considered cosmetic. Surgery, especially in the United States, costs a lot of money. Look into financial options early.

Q: *How do I talk to my parents about surgery?*

A: First, gauge your safety. Are you out to your parents? Are you stable and secure if they react negatively? What are you willing to compromise? Prepare yourself to answer a lot of questions, or pick up a few of these FAQs and have them on hand. Provide internet resources if you can, and look up support groups for parents of trans and nonbinary people in your area. Talk to them about the risks and side-effects as well as the benefits. Make them feel included. Assure them that this is

safe. Maybe start with a statement like, “I’ve been looking into ways to alleviate some of the mental stress that comes with my body not looking like/being seen as I want it to. I want to/have talked to a doctor/therapist about surgery options to change the way my body presents. I’m excited about it and want your support as I look into this/throughout this journey.”

Q: How will GCS affect my mood and mental illness(es)?

A: Some surgeries, like orchiectomies (testes removal) change hormonal processes, which can affect mood similar to HRT. Many surgeries come with the risk of depressive states or decline in mental health, but usually this is alleviated soon after recovery. Many people experience something similar to postpartum depression, but this also usually alleviates after recovery

Q: Can I have sex after bottom surgery? Can I orgasm?

A: Yes, post-recovery. Some phalloplasty involves a penile implant that can fill with air or be inserted to create an erection. Vaginal dilators help keep post-vaginoplasty vaginas flexible and open. Oral sex can be performed after recovery, but some sensation may take a while to return. Almost all patients can achieve orgasm after bottom surgery, though not until after recovery. You can still get STIs after bottom surgery.

Q: Where do I find a surgeon near me?

A: Often, HRT providers and some primary care providers will have a list of surgeons they recommend patients to. Transhealthcare.org and healthytrans.com provide lists of surgeons providing various GCSes. Topsurgery.net is a great resource for AFAB people looking for top surgery.

Q: What does vaginal maintenance look like after a vaginoplasty?

A: Vaginal dilation is recommended once or twice a week after full recovery, but in the first 3 months, vaginal dilation is recommended daily or multiple times a day. Dilators look like smooth silicone rods that come in multiple sizes. The vagina should also be cleaned via douche weekly; post-vaginoplasty vaginas are made from regular skin and do not have the same flora, pH, and self-cleaning mechanisms as genetic vaginas.

Q: Do intersex people need surgery?

A: No. Almost all intersex people’s bodies are perfectly healthy and functional. Many intersex people are given non-consensual, ill-informed “corrective” surgeries when they are younger. Some intersex people choose to have top or bottom surgery later in life to be more comfortable in their body or gender presentation.