Surgical Instruction Packet

RF Phalloplasty

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For any life-threatening emergencies please call 9-1-1

Congratulations on your upcoming surgery!

Contained within this packet is all the information you need to be well-prepared for your operation. To make things easy to understand, we have divided the information into three sections: Preop, Postop, and Forms. *Please note that depending on your surgeon, there may be some differences in your care instructions – it is important that you communicate with your surgical team.*

Please be sure to scroll through each page of this document in order to get an idea of its contents and fill in each required field. *Note that you must sign the required forms in order to proceed with your surgery.*

Once you have completed signing, all documents will automatically be forwarded to us. **Please remember to download your packet**. This will enable you to review the information more carefully as your surgery date approaches.

Thank you, and as always, please do not hesitate to contact us if you have any questions.

Sincerely,
Your Align Surgical Team

Contents

Forms (Required)

The following forms must be completed via DocuSign in order to proceed with Surgery. If you have not received the required forms, please contact the office immediately.

- ☐ Updated Health Information
- ☐ Preview of Surgery Informed Consent
- ☐ Preview of COVID-19 Informed Consent
- ☐ Mental Health Consent Form
- ☐ Post-Operative Housing and Care Form
- ☐ Photograph Release and Consent Form

Essential Medical Information!

Hair Removal

All patients must complete electrolysis or laser hair removal from the proper flap donor site before surgery. This process can take months to complete, so begin at least 3 months before surgery. Your donor site is typically the non-dominant arm (eg, we use the left arm for right handed patients and *vice versa*). If you need clarification about your proper donor site, please call the office. Unfortunately, we will cancel your surgery if hair removal has not been completed by the surgical date. To avoid this, notify us of any obstacles you encounter during the hair removal process.

Hysterectomy

Hysterectomy is removal of the uterus and cervix. You must complete hysterectomy at least 6 weeks before phalloplasty, unless you want to preserve the vagina at the time of your phalloplasty. Unfortunately, we will cancel your surgery if hysterectomy has not been completed by the surgical date

Preoperative Instructions & Timeline

Preoperative Timeline

4 weeks before surgery
- Obtain medical clearance letter(s) (only if instructed)
- Obtain required Labs (only if instructed)

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1-2 weeks before surgery
- Preoperative Visit (usually over phone or video call)
- Prescriptions will be sent in

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A few days before surgery
- Fill Prescriptions (obtained at Preoperative Visit)

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Day before surgery
- Bowel Prep

↓

Night before surgery
- Nothing to eat past midnight
- Place scopolamine patch behind ear *(wash your hands after)*

↓

Morning of surgery
- Take Gabapentin, Celebrex, +/- Emend with a sip of water

↓

Surgery

Medications

Your prescriptions are sent to your pharmacy after your preoperative appointment. Pick up your prescriptions BEFORE your operation.

- *Some medications may be different depending on your needs and medical history.*
- ***If there is a rash with ANY medication, stop taking the medication.***

The NIGHT BEFORE Surgery:

Scopolamine patch (for nausea)

- Place behind your ear **the night before the operation**
- *Do not rub your eyes, and wash your hands after touching the patch*
- Take it off the day after surgery - otherwise may cause dizziness or double vision

The MORNING of Surgery:

Emend (for nausea)

Celebrex and Gabapentin (for pain)

- **AFTER speaking with your surgeon in the Preop Bay the morning of your surgery**, take these with a small sip of water

AFTER Surgery:

Pain Medications

- Narcotics (such as Percocet, Oxycodone)
- NSAID (such as Toradol, Ibuprofen)
- Neuromodulator (such as Gabapentin)

Pain after surgery is normal.

- Expect pain level to be 3-4 out of 10, not 0.
- You may taper off your pain medications at any time.
- Itching from narcotic pain medication is NORMAL. Benadryl can help.

Other medications we may prescribe:

- Stool softener
- Antibiotics (such as Keflex, Augmentin)
- Anti-nausea medication (such as Zofran)
- Anti-anxiety medication (such as Ativan)
- Arnika can help reduce swelling / bruising after surgery. It is optional, and available for purchase at any pharmacy or online (amazon.com). Start 2 days prior to the operation and take for 1-2 weeks.

REFILLS: Call M-F DURING BUSINESS HOURS. If you are running low, please plan ahead. No refills can be processed over the weekend.

DISCUSS blood thinners like Aspirin, Warfarin, or Plavix with your surgeon.

Things to **STOP <u>BEFORE</u> SURGERY**

- **STOP Supplements** such as Ginseng, Turmeric, Ginkgo Biloba, St. John's Wort (do not stop suddenly), Fish Oil, and Vitamin E. DO NOT start anything new (aside from Arnika).
- **STOP SMOKING CIGARETTES (all tobacco products) - Do not smoke cigarettes or use any products containing nicotine (nicotine patch, nicotine gum, chewing tobacco, vape pen) for at least 2 months prior to your surgery date, as this may seriously compromise your health and safety during and after the operation. Nicotine can lead to serious wound healing problems, delayed wound healing, scarring, infection, abscesses, and complications associated with general anesthesia such as lung infection and pneumonia. Use of tobacco products at the time of your operation will result in cancellation of your surgery.**
- **STOP ALCOHOL** at least 1 month before and 1 month after surgery. Alcohol thins the blood and increases the risk for bleeding.
- **STOP SMOKING MARIJUANA** 1 month before and 1 month after surgery surgery. Marijuana can interfere with general anesthesia. Edibles are generally ok after surgery. DO NOT take any marijuana the morning of surgery, this can affect your heart.
- **STOP SUDAFED** and Pseudoephedrine-containing decongestants 3 days before surgery.
- **STOP ASPIRIN** and aspirin-containing products, for example, Aspirin/Alka-Seltzer/Excedrin. Talk to your surgeon if you are taking aspirin for your heart.
- **STOP OZEMPIC/WEGOVY (any semaglutide) diabetes/weight loss medication** 2 weeks before surgery. These medications increase your risk of vomiting while unconscious.
- **STOP ACCUTANE (isotretinoin)** 6 months before surgery, it will cause poor/thick scarring
- ***You may need to* STOP all immunomodulator biologics (examples: humira/remicade)** Talk to your surgeon about *when* to stop and restart them, since they will affect healing.

SURGERY WILL BE CANCELED if you fail to stop the use of nicotine products, marijuana, and alcohol! If you are smoker, nicotine levels may be tested preoperatively.

These instructions are subject to modification based on your medical history and your surgeon's/clinician's assessment.

HORMONES

CONTINUE ALL Hormone Therapy, unless otherwise directed by your surgeon.

- TESTOSTERONE – may continue up to night before surgery.
- Bring all your hormones with you, in case the hospital does not carry them.
- Two months after surgery, follow up with your provider to check hormone levels.
- DO NOT STOP thyroid medication.

Bowel Preparation Regimen – Day Before Surgery

What you will need:

- MiraLax 238 gram bottle (or purchase the cheaper generic - Polyethylene Glycol 3350)
- 64 oz sports drink (not red or purple in color)
- Two Fleet Enemas, Saline
- Dulcolax Tablets

Two days prior to surgery, avoid the following foods:

- Nuts / Seeds
- Legumes
- Fruit
- Red Meat
- Whole Grains / High Fiber
- Dried Peas

One day prior to surgery:

1. First thing in the morning, mix the whole 238 gram of MiraLax with a 64 oz sports drink (not red or purple in color)
2. Drink 8 oz of the solution every 10-15 mins until the entire solution is gone.
3. It is important to drink this in the morning, the day before surgery. **DO NOT** wait until the afternoon. It requires a whole day to be most effective.

No solid food this day.
Clear liquids (or foods that melt in to clear liquids) only. These include: Water, Broth, Black Tea, Coffee, Jell-O, Popsicles, Sports Drinks, Apple Juice, Ginger Ale, Sprite.

EVENING prior to surgery:

1. Administer ONE fleet enema the evening prior to surgery
2. Take two Dulcolax tablets before bedtime the night prior to surgery
3. Administer the SECOND fleet enema on the morning of surgery prior to coming to the hospital/surgery center.

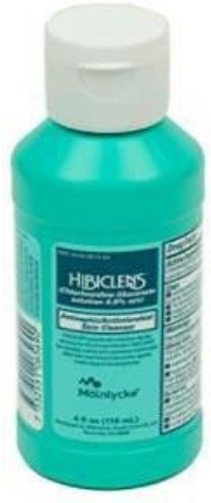
Do not eat or drink after midnight.
Do not chew gum or suck on hard candy.
Brushing teeth is okay.

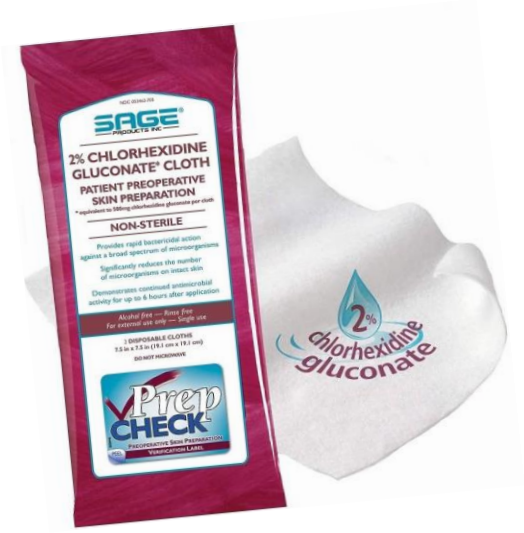
MiraLax (Polyethylene Glycol 3350), Fleet Enemas and Dulcolax Tablets can be purchased on Amazon, or at your local pharmacy.

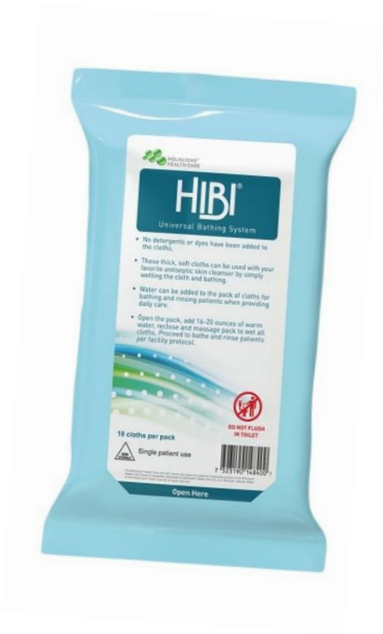
Night Before Surgery – Cleansing Instructions

Shower with mild soap (e.g., Dove, Ivory) the night before surgery, paying special attention to the surgical site(s).

1. Apply Hibiclens Antiseptic Cleanser to your body, especially the surgical sites, away from the shower stream.
2. Rinse it off with warm water, and dry with a clean towel. Put on freshly laundered nightwear.
3. On the morning of surgery, repeat the Hibiclens cleansing process without using regular soap.
4. You can buy Hibiclens at a pharmacy or online. Let the Align team know if you can't purchase it.







Post-Operative Care & What to Expect

- **Take it easy**, even if you feel stronger. Until 8 weeks after surgery, your incisions are fragile.
- **Stay hydrated.** This will help prevent urinary tract infections. Electrolyte solutions help.
- **DO NOT smoke.** It can hurt your healing and cause your body to reject and graft material.
- **DO NOT drink alcohol.** It increases your risk for bleeding.
- **DO NOT get constipated.** Take MiraLAX every 8 hours until you have a smooth bowel movement.
- **DO NOT stay wet or soak your body until 8 weeks**. Gentle, *quick* showers after week 1 are ok.
- **DO NOT lift** anything heavier than 20 lbs. until 8 weeks.
- **Hospital patients may stay overnight. Surgery Center patients may be discharged to a recovery facility.**

Normal Things to Expect

- Swelling is normal and *may require* around 2-3 months to improve.
- Bleeding and spotting are normal and expected up to 1 month after surgery. If bleeding is profuse and does not stop with pressure, call our office.
- Some wound separation is normal, particularly at the (1) area between the phallus and scrotum and (2) just behind the scrotum. This usually happens around week 2 and should heal 2-3 months after surgery. Leave it alone.
- There may be an odor. This is normal, and showering will help. If the odor becomes strong, and is associated with fevers/redness, please contact the office.
- A splayed urinary stream is normal. This will correct itself after 6 months once swelling has decreased and sensation has returned. Tell us if urination is difficult or painful

Medications and all post-op instructions will be reviewed with you in detail prior to sending you home. **If you have any issues, at any time, do not hesitate to call us!**

DAY 1 after Discharge

Get up and walk indoors as tolerated. Take off the compression cuffs on the calves only while walking. Raise head of bed to 45 degrees. Use prescription pain meds for moderate to severe pain every four hours as tolerated. Use ibuprofen for milder pain. OK to sponge.

Day 2 after Discharge

Get help from your caregiver when transferring from bed to the chair and from chair to a standing position. Participate in learning how to empty the drainage bag in case your caregiver is not available.

CONTACT THE OFFICE IF YOU EXPERIENCE:

- *Increased swelling, bruising, redness, or pain not relieved by medication.*
- *Rash, nausea, headache, vomiting, or temperature over 101 degrees.*
- *Yellow/green/foul-smelling drainage from the incisions or bleeding not controlled with gentle pressure.*
- *Cold phallus that does not refill with blood after depressing for 2 seconds.*

Postoperative Timeline

Week 1

You will have a suprapubic (SP) catheter in place, as well as gauze pads and mesh underwear over your phallus and scrotum. You may have a small rubber tube emanating from the scrotal incision. You will be instructed about how to take care of the SP catheter. Blood in your urine is normal and expected after surgery. If it persists more than an hour, increase fluid consumption, stay in bed and notify the office. If the catheter is not draining and you are feeling the urge to urinate, shift position in bed or briefly stand to see if this allows the catheter to drain.

- **DO NOT LEAVE YOUR HOME** outside of your appointments. You may walk very gently around your bed, or to the bathroom, or to the kitchen.
- Eat a well-balanced, regular diet.
- Us ice packs around the phallus but **don't apply directly to the phallus or scrotum**
- **DO NOT GET CONSTIPATED**. Use MiraLAX after surgery daily until you have a smooth bowel movement.

End of Week 1

You will come into the office, and we will assess wound healing and proper function of the SP tube. If you have a drain, it will be painlessly removed. Let us know about any wound separation.

We will explain your new anatomy, explain what to expect over the next week and re-dress the wound.

Week 2-6

Continue to take it easy, even if you feel better. Your incisions are still very fragile.

- Expect some drainage (of many different colors, including blood). This is normal. Change your dressings as frequently as needed to keep the surgical site dry.
- We will demonstrate how to plug the SP tube to begin your voiding trial. We will tell you when to start (2-3 weeks).
- You may have areas of numbness after surgery. Improvement may take a year.

Frequently asked questions after Phalloplasty

How much bleeding is too much? What do I do?
If bleeding, apply direct pressure with gauze for 15 minutes. If bleeding doesn't stop, apply direct pressure a second time – notify our office 310-751-5886. If you are lightheaded, seeing spots or dizzy, notify us immediately.

How do I know there is good blood flow to phallus?
The phallus should be as warm as the inside of the thigh. If you press on the tip up the phallus, it should refill with blood in about two seconds. If the phallus is not warm and the tip doesn't refill with blood in two seconds, notify us immediately and prepare for an immediate visit to the emergency room.

The genitals are swollen. Is this ok?
Bruising and swelling can be dramatic and are expected after surgery. Swelling can last for 6 months.

I'm having wound separation. What do I do?
Open areas or "popped stitches" are common as hundreds of stitches are used for phalloplasty. They rarely require intervention.

- Your phallus and/or scrotum may be tender. The head of the phallus (or glans), due to increased length) may be in contact with the underwear – applying Vaseline to the glans may reduce friction while your mind and body adjust to the new changes.
- **Walking** – First six weeks (20 min a day). Gradually increase as tolerated.
- **Showering** - Do not shower earlier than your first postop visit. Do not scrub penis, scrotum or perineum.
- **Lifting** – none > 10-15 pounds for 4 weeks.
- **Bathing** – No immersion in water or any kind for 4 weeks.
- **Exercise** – No lifting weights, running or straddle-type activity for 8 weeks.

Urination tips

During the voiding trial

If you HAVE NOT undergone urethral lengthening, you should expect to urinate like you did before surgery. There may be some splaying of the urinary stream, but this should improve.

If you HAVE HAD urethral lengthening, after we have instructed you to begin the voiding trial with a catheter plug in place, urinate in the shower initially to avoid spraying the bathroom. You may have difficulty voiding initially – this is common. Try again 10-20 minutes later. If you are not able to void, drain the bladder urine into the toilet, plug the tube and try again in a few hours when you have the urge to void again. It is OK to leave the SP catheter draining to a bag overnight. Simply resume the voiding trial in the morning. You will be asked about your ***POST-VOID RESIDUAL (PVR),*** *which is simply the amount of urine left in your bladder after you urinate through the phallus. Simply unplug the catheter plug and drain the urine into a plastic measuring cup. You can obtain a plastic measuring cup (at least 2 cup capacity) and re-use by washing with hot soapy water and allowing to air-dry.*

After you're home

Undo your pants, drop your undershorts and pull both below your knees when standing to void. You may want to use an "upside down peace sign" to push inward the skin on either side of the phallus. Try to void at least every 3 hours during the day so that the bladder doesn't get overly full. Turning down the bathroom lights, running the tap water, or breathing slowly may help the relaxation process to facilitate voiding.

- **Sexual Activity** – No vaginal, anal or oral sex for 3 months. Stimulation with a vibrator is OK

SUGGESTED SUPPLIES

- **Xeroform Gauze: 5" x 9"**

  Used in dressing changes on the phallus

  Purchase on Amazon.com or medical equipment stores.

- **Hand mirror**

  Allows the patient to view surgical area while changing dressings

- **Medihoney**

  Topical gel for wound healing. This can be purchased at our office for $10**.**

- **Nonstick gauze**

  Applying postoperative ointments and dressings.

- **Thick pillow or Medical donut**

  For comfort while sitting or travelling.

- **Ice packs or Bags of frozen vegetable**

  Moldable ice packs or bags of frozen vegetables provide temporary pain relief and decrease swelling.

- **Extra pairs of underwear**

  Most patients prefer underwear that is looser and seamless if possible. Tight underwear can be uncomfortable and rub against the newly exposed skin. Seams can also cause discomfort.

- **Sweat pants and loose jeans**

  For comfort and to accommodate the catheter with drainage bag and drain that will still be present postoperatively.

- **Extra Strength Tylenol (Acetaminophen)**

  Transition to taking Tylenol after your pain medication for mild to moderate pain relief. Do not take Tylenol concurrently with your pain medication as the pain medication also contains acetaminophen and large amounts may cause liver damage.

- **Kerlix Gauze Bandage Rolls**

  Used for dressing changes and surgery wound site protection.

- **Medical Cloth Tape**

  Used for a variety of purposes.

SUPRAPUBIC CATHETER HOME CARE

A suprapubic catheter is a rubber tube with a small balloon on the end. It is used to drain urine from the bladder. This catheter is put in your bladder through a small opening in the lower center part of your abdomen. Suprapubic refers to the area just above your pubic bone.

The balloon on the end of the catheter is filled with sterile water. The balloon keeps the catheter from slipping out. When the catheter is in place, your urine will drain into a collection bag. The bag can be put beside your bed at night or attached to a leg bag during the day. The catheter drains to gravity, the bag should be kept below bladder level at all times.

Catheter Care

It is important to wash your hands prior to handling the suprapubic tube/catheter (SPT). After leaving the facility, you will have the SPT in your bladder for 3-4 weeks post operatively. The bladder produces mucus, which will appear at the surface and collect around the tube entry site. It is common to see blood tinged mucus collect here. You can wash this area with soap and water daily, or as needed. It is also helpful to keep a dry 4x4 gauze under the tube entry site to help absorb this drainage. A 4x4 gauze can be cut in order to place around the tube as shown below:

Cut here and place around tube to help

When emptying the suprapubic tube, you will either empty from the catheter bag or remove the plug that has been placed in the end of the SPT.

First, wash your hands with soap and water.

If you have a catheter bag, hold the bag over the toilet or another container, release the valve at the bottom of the bag. Do not touch the opening or let the opening touch the toilet or container. Close the valve when the bag is empty.

If you have a cap at the end of the SPT, you should gently twist the cap to remove. The SPT is now open and can be emptied.

Clean the bag every few days.

Occasionally urine flow can become blocked. This can happen if the catheter or tubes aren't working right. A blood clot can also block urine flow.

If there is interruption in urine flow, the catheter will need to be flushed with saline to clear the tube. This can be done by taking a large syringe and pushing saline into the tube.

1. Wash your hands with soap and water.
2. Remove the SPT cap or catheter bag.
3. Place the syringe filled with 30 ML of saline into the SPT connector site and gently push the saline into the tube to clear any debris that may be causing a blockage. If there is resistance, pull back gently on the syringe and try to push saline into the tube again. DO NOT PUSH FORCEFULLY.

4. Pull back gently on the syringe to collect any debris. You may see a blood clot or other debris. Discard syringe contents into a clean container.
5. This can be repeated until the tube is cleared. Remember to drain the SPT to empty the bladder after flushing with saline.

Important Points to Remember:

• Always wash your hands with soap and water prior to handling your SPT.
• DO NOT pull or dislodge the suprapubic (urinary) catheter. There is an inflated balloon inside the bladder, and pulling on this can do internal damage to the bladder.
• Always make sure there are no kinks in the catheter or tubing
• Always make sure there are no leaks in the catheter, tubing, or collection bag.
• The catheter may cause bladder irritation and bleeding
• Hematuria (blood in the urine) is common in anyone who has a suprapubic catheter. It will be intermittent and will occur off and on for as long as the catheter is in place. Hematuria is expected and is a normal part of your recovery.
• Empty the urine bag at least 3 times daily or when it gets close to full.

Please call the office or after hours answering service if you experience increased pain not relieved by pain medication, fever, chills, decreased or interruption of urine flow, or if your urine is cloudy or smelly.

Guide to Post-Operative Scar Care

Use paper tape or silicone-based scar treatments for your surgical incisions.
Silicone has been shown to improve the appearance of scar over time.

- Topical silicone is available over the counter in gel or sheet/tape form. Use whichever is more suitable for your incisions. Some recommended brands are:

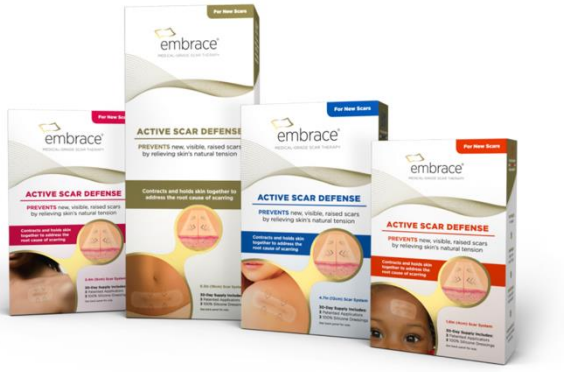
Kelo-Cote UV

ScarAway

Biocorneum

GEL

example: amazon.com



SHEET

example: embracescartherapy.com

- Your incisions may be covered with surgical glue or tape after surgery, which will soften and peel off after about 3 weeks.

- Start using silicone tape or gel where the glue or tape has fallen off, and the incisions are fully sealed. If any scabs or raw areas remain, hold off on using topical silicone until they're closed.
    - **If using the gel**, apply a very thin layer over the scar twice a day, letting it dry for 1-2 mins each time.
    - **If using the sheet/tape**, keep it on as close to 24 hours a day as possible, removing it only for showers. You can reuse the same sheet until it's no longer sticky. Washing it with soap and water can make it sticky again.
- Use silicone (gel or sheet) for a full 12 months to make scars fade as much as possible.
- **Avoid direct sun exposure, use sunblock, and cover your scars for 12 months to prevent darkening.**

Fertility

Most surgeries that change the genitals (bottom surgeries) can make it difficult or impossible to have biological children. **It is vital to communicate with your surgeon if you want to have biological children, or even if you're not sure yet.** While our surgeons do not provide fertility counseling or treatments directly, it is imperative to share your concerns about fertility with us. This communication will enable us to collaboratively select the most appropriate surgical option for you.

Professional Guidelines

Two major organizations, the World Professional Association for Transgender Health (WPATH) and the American Society for Reproductive Medicine (ASRM), recommend that providers counsel transgender and non-binary patients on how medical and surgical gender-affirming therapies might affect their ability to have children. If you have questions regarding how medical treatments such as hormone therapy or puberty blockers affect having children, it's a good idea to talk to the physician or healthcare provider who prescribed these medications.

For Patients Assigned Female at Birth:

If you haven't had surgery to remove your ovaries, there are ways to preserve your ability to have children. One way is through egg or embryo banking. This means a fertility specialist, called a reproductive endocrinologist, helps save your eggs or embryos (fertilized eggs) for later. This usually takes place close to where you live, and you'll need to take hormones. It also involves either keeping your uterus or finding a gestational surrogate (someone who carries a baby for someone else). Keep in mind, this process can be expensive, might take a few tries, and insurance might not cover it.

It's also good to know that there are surgeries that can change the genitals but still keep the uterus. If the uterus is kept, the vagina is also kept. This is important because the uterus needs a natural way to clean itself. But surgeries that keep the vagina AND lengthen the urethra (so you can urinate while standing) has an elevated risk of complications, notably urethral fistula.

For Patients Assigned Male at Birth:

If you haven't had surgery to remove your testicles, you can save sperm for later. A local urologist or fertility specialist can help with this. It involves collecting sperm samples over several weeks. If you're taking hormones, these can really lower your sperm count, so you might need to stop hormones for a while. Keep in mind, it can take up to three months for your body to start making sperm again after stopping hormones.

If you hope to have biological children, there are options for you. Also, remember that the health and medications of your partner can affect having kids too. If you want children, it's very important to talk to your surgeon well before the date of your surgery. This is because (1) fertility evaluation and treatments can take a long time, (2) most bottom surgeries permanently remove the ability to conceive, and (3) you might decide to wait on surgery if having kids is important to you.

Understanding Risks

Information for Patients Seeking Gender Affirming Surgery - Understanding the Risk of Regret
The team at Align Surgical Associates is dedicated to providing high-quality gender-affirming surgical care. We are committed to affirming your gender identity and offering surgical services to support your embodiment goals. As part of the informed consent process, this document aims to provide you with essential information regarding the rare, but serious, possibility of experiencing regret following medical or surgical interventions in gender-affirming care.

Understanding Regret
While instances of regret are rare, it is important to acknowledge that some individuals may come to regret their decision to undergo hormonal or surgical intervention. Gender-affirming care is deeply personal, and one's understanding of their gender identity may evolve over time. Since we cater to patients at various stages in their lives, we have observed that multiple factors can contribute to feelings of regret in relation to gender-affirming care.

Factors Contributing to Regret
Here are some reasons one might experience regret after undergoing gender-affirming interventions:

- Challenges arising from changes in social relationships (e.g., family, romantic, friendships, work)
- Shifts in life goals (e.g., desire for biological children)
- Changes in sexual orientation or preferences
- Complications related to surgery, medication, or endocrine treatment
- Dissatisfaction with surgical outcomes
- Religious or spiritual conflicts or losses
- Development of a gender-fluid or nonbinary identity
- Changes in societal understanding and acceptance of gender identity and expression
- Recognition that factors other than gender incongruence may have influenced the decision to transition

Permanent Changes and Informed Decisions
Many interventions involved in gender-affirming care can result in permanent changes. Halting or altering hormonal therapy, or undergoing additional surgeries, may not necessarily reverse changes that have already occurred, and could carry additional risks. Therefore, it is crucial that your decision to undergo surgery is based on a thorough understanding of the benefits, risks, and realistic expectations. We encourage you to discuss any questions or concerns with your healthcare team, which should include a mental health professional. Ideally, factors that could contribute to regret should be carefully considered and understood, enabling you to make the most informed and enduring decision regarding your gender-affirming care.

Addressing Regret
Even with diligent efforts to make the best decision, it is possible to experience regret. While feelings of regret are typically temporary, in rare cases they may persist. We understand the sensitivity of this topic. If you are grappling with these emotions or are concerned that you might in the future, involve your mental health provider and let your surgical team know. Our team is available to support you in navigating these emotions and in determining the best course of action. If you choose to proceed with surgery and later experience feelings of regret, do not hesitate to reach out to us and your mental health provider. We are here to support you as an individual and assist you in achieving your goals.

Thank You

Thank you for taking the time to review these documents and for trusting us with your care. Your Surgery Pre-Surgical Instruction Packet is now complete.

Sincerely,
Your Align Surgical Team

ALIGN SURGICAL ASSOCIATES INC.

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For any life-threatening emergencies please call 9-1-1