



Patient Name : _____

Facility Name : _____

Name of Provider conducting informed consent: _____

Your Health

You are going through a gender transition and/or gender transformation. As part of that process, you have to decide to undergo bilateral orchiectomy surgery (i.e., the removal of both testicles) to help make your body more feminine.

This consent form explains more about the surgery and the possible risks. After reading through this form completely and asking any questions you may have for your doctor(s) you can decide if bilateral orchiectomy surgery is right for you.

The Procedure and Follow Up.

You will be given anesthesia before the procedure. The procedure may be performed with local anesthesia, intravenous sedation, or general anesthesia.

During a bilateral orchiectomy, the surgeon will make an incision in the middle of the scrotum and will remove both testes and then close the incision, often with sutures. It is important to understand that if your transition will eventually include a vaginoplasty, the scrotal tissue may be used to create the vaginal lining instead of being discarded. A vaginoplasty is the construction of a vagina using skin grafts. Discuss this option with your doctor before proceeding with the bilateral orchiectomy, and also make your doctor aware of any future surgeries you may plan to undergo. Additionally, you may wish to consider fertility preservation through sperm storage prior to surgery.

The procedure will take between one and two hours. You will be able to go home the same day. Physical recovery from the procedure will last anywhere between one and two hours. You will be able to go home the same day. Physical recovery from the procedure will last anywhere between a few days to a week. Your doctor will likely prescribe pain medications to manage pain and antibiotics to prevent infection.

Ideally, the procedure will result in a drastic decrease in testosterone, which may allow you to reduce your dose of feminizing hormones. It may also reduce gender dysphoria as you take a step closer to matching your physical appearance with your gender identity.

Because of the permanent nature of this surgery, we require at least one behavioral health assessment letter from a mental health provider.





Risks and Common Problems

There are risks linked to this surgery, which include but are not limited to:

Risks and Common Problems of Bilateral Orchiectomy Surgery:

- **Blood Clots:** A clot is a gelled mass of blood that can stop blood flow. You may get a color that starts in the legs and travels to the lungs. This can cause breathing problems and chest pain. This is a medical emergency that can cause death.
- **Allergic reaction:** You could have a minor reaction such as a rash or a severe reaction such as swelling of your tongue or throat. A severe allergic reaction is a medical emergency that can cause death.
- **Anesthesia problems:** You could have a bad response to the anesthesia drugs you were given for the procedure. Risks of anesthesia include allergic reaction, nausea, damage to teeth, sore throat, hoarse voice, vocal cord damage, vomiting, recall of procedure, and aspiration of gastric contents.
- **Bleeding:** You may have bleeding at the surgical site. This may happen until the wound heals. If you have a lot of bleeding, then you should call your doctor or go to the nearest emergency room.
- **Delayed healing:** If this happens, you may need more surgery.
- **Infection:** You could get a sickness caused by germs. If this happens, then you will need to be treated with drugs that kill germs or slow their growth.
- **Nerve injury:** A nerve could be damaged or stretched. If this happens, skin in or around the surgical site could feel numb or hurt. This feeling may last a short or long time, or it may never go away.
- **Scar tissue:** Your skin will be cut, and you will have scar tissue. Scar tissue is thick tissue that forms on your skin as a wound heals.
- **Skin discoloration:** Healing skin could end up lighter or darker. This might not go away.
- **Unsatisfactory result:** There is no guarantee you will be happy with the results. This is a major change in your body and the surgical area may not look like you hoped or expected. For this reason, more surgery might be needed. Moreover, the surgery may have no effect, or may even further exacerbate, any psychological issues that you may have been experiencing prior to the surgery.
- **Injury to surrounding organs:** The organs adjacent to your scrotum may be injured during the surgery.
- **Infertility:** The surgery will result in total and complete sterilization. You will not be able to get someone pregnant. Some patients collect some of their sperm and have it frozen before undergoing bilateral orchiectomy surgery.
- **Decreased Libido and Energy:** The surgery may result in decreased sexual desire and lower energy.





- **Osteoporosis:** The removal of your testes can result in low bone density and osteoporosis, or thinning bones, resulting in painful fractures.

If any of the problems listed above happen to you, then you may need to have more treatments or procedures. This means you may need to go to the hospital or stay in the hospital for longer than planned.

Other Choices

If you choose not to undergo transgender bilateral orchiectomy surgery, you may have other choices.

Removing your testes and scrotum is not the only way that a person may appear more feminine and live as a female.

Your doctor will let you know what other choices may be best for you. How well any other treatment works will depend on your specific health problem.

More Facts

The use of bilateral orchiectomy for gender transition and/or affirmation is relatively new in treating transgender patients such that both the short- and long-term effects of this surgery are not fully understood.

You will need to stop taking hormones for a few weeks before and after any surgery.

By signing this form, you agree to:

- Tell your doctor if you are taking or start taking any drugs (prescription, street, over-the-counter, herbal, or natural) or alcohol.
- Tell your doctor about any new problems that happen before or after the surgery.
- Go to all follow-up appointments.

Consent to Treatment

_____ Patient Initial. This form told you about the surgery, risks and common problems, and other choices you have for treatment. If, after you have read and reviewed this form with your doctor, you do not believe that you really understand the surgery itself, the risks, common problems or other choices, do not sign the form until all your questions have been answered and you are fully comfortable proceeding with surgery.

I have ____ no known drug allergies or ____ the drug allergies listed below:





Pre-Orchiectomy Checklist:

- Contact insurance company to verify coverage and requirements
- Obtain necessary psychological clearance letters (determined by insurance)
- Email kathy.johnson@advancedurology.com with clearance letters to schedule orchiectomy

COUNSELING RESOURCES

❖ Ren Massey, PhD

Address: 1244 Clairmont Rd, #101, Decatur, GA 30030

Phone: 404-292-3400

❖ Dr. Faughn Adams

Address: 1244 Clairmont Rd, SUITE 204, Decatur, GA 30030

Phone: 404-354-6244

❖ Dr. Ana Adelstein

Address: 675 Seminole Ave NE, #307, Atlanta, GA 30307

Phone: 678-701-9559

❖ Mick D. Rehrig, LCSW

Address: 1273 Metropolitan Ave SE, Box#17624, Atlanta, GA 30316

Phone: 678-335-1270

❖ Smruti Desai, LPC

Address: 315 W Ponce De Leon Ave, SUITE 370, Decatur, GA 30030

Phone: 404-323-3553

❖ Anneliese A. Singh, PhD

Address: 75 Wiltshire Dr, Avondale Estates, GA 30002

Phone: 404-849-8186

❖ Katie Leikam, LCSW

Address: 118 E Maple St, Decatur, GA 30030

Phone: 404-800-7586

When ready to schedule or for questions concerning financing, please contact
Kathy.Johnson@advancedurology.com



Dr [Doctor Name]
[Qualifications]
[Type of physician]
Medicare Provider:

[DATE]

Re: [Patient Name]

You can find and replace the following terms: [Patient Name] [Patient First Name] [Doctor Name] & [Procedure Name].

You can also replace the pronouns in this letter by replacing [Pronoun 1] with the singular subject pronoun (e.g. he, she, they) and [Pronoun 2] with the singular possessive pronoun (e.g. his, her, their)

Thank you for attending [Patient Name], who is ready and suitable for [Procedure Name] as part of their gender affirmation.

[Patient First Name] is [patient's identity, e.g. a trans woman / a non-binary person]. Pronouns are [Pronoun 1]/[Pronoun 2].

[Patient First Name] was assessed on [DATE].

[Describe gender identity, pronouns, original assessment.]

Since their original assessment [progress, change, etc].

[Specifics re medical and mental health concerns and their control]

[Patient First Name] has a strong understanding of the nature, purpose and outcomes of [Procedure Name], including the recovery timeframe and any effects and side effects.

[Any additional insight]

[Patient First Name]'s capacity to consent to this procedure was specifically assessed.

- Prepared to make decision
- Has a solid plan for gender affirmation
- Understands alternatives
- Retains information — and recalls the advantages and disadvantages
- Can balance those factors to arrive at a decision
- Understands nature and purpose of [Procedure Name]
- Understands concepts of permanence and irreversibility
- Freedom from pressure, including pain, to make this decision
- Treatment is in their best interest
- Sufficient intellect and maturity to make the decision
- Meets all criteria outlined in the WPATH Standards of Care version 7