

**NORWEGIAN NATIONAL CENTRE FOR
GENDER INCONGRUENCE**

Information to patients about the surgical
treatment services at NCGI

M-F

Information about the surgical treatment services at NCGI

"Can I get breast implants?"

If hormone therapy does not produce satisfactory results, breast augmentation surgery (insertion of breast implants) will be considered.

"What if I have no particular effect of the hormones?"

If there has been very little breast development during hormone therapy, the surgeon may consider inserting expandable prostheses that are gradually filled with saline, at 4 week intervals, until the desired size is reached.

"Do the prostheses need to be changed regularly?"

Modern breast prostheses cause less problems than before, such as hardening of the breasts (connective tissue capsule). Most prostheses have a lifetime warranty against rupture/leakage. They consist of silicone gel.

"Will I have visible scars?"

The incision is placed in the fold under the breast. This gives good access and control during insertion and, when done correctly, the scar will not be visible.

"Can I have a mammogram with prostheses?"

Yes, but you must inform the technician that you have breast prostheses. It is important that after the age of 50, you get a mammography according to the health authorities' recommendations for women.

"Can something go wrong during or after surgery?"

Yes, all operations involve some risk. Bleeding or infection can occur. Encapsulation can occur around the prosthesis with, in the worst case, an unfortunate result.

"Do I have to be admitted to the hospital?"

No, this is done on a day surgery basis.

"What kind of prosthesis can I get?"

As a rule, round breast prostheses are inserted under the mammary gland. The amount of skin and tissue gained during hormone therapy will be decisive in relation to size. The surgeon will advise you on the type of prosthesis and size you should choose.

"Can you remove or reduce my Adam's apple?"

You cannot remove it, but you can surgically reduce the Adam's apple (larynx) so that it is not as visible. Individual assessment.

"How is a vagina constructed?"

The first description of genital reconstruction was published in 1931. Over the past decades, this has become a relatively standardised procedure.

Objective: Construction of a genital approximately similar to female anatomy and function

At the first session, the testicles and most of the erectile tissue are removed. The urethra is shortened to female length.

An opening is made between the rectum and the urethra where a vagina is constructed, primarily by removing the testicles, the erectile tissue (penis), shortening the urethra to a female length and creating a vagina that is "lined" with the skin of the penis. Parts of the penis head are preserved to create a clitoris capable of orgasm. Sometimes there is not enough penis skin. Skin must then be taken from other parts of the body (thighs, flanks). It is a comprehensive and non-reversible procedure. The procedure is done in one operation.

"How deep will the vagina be?"

The goal is to create a neovagina that is at least 10 cm deep and 3 cm in diameter. In some cases, the skin of the penis is too short and the surgeon must use a split-thickness skin graft from, for example, the thigh/flank.

"Will I have a functioning clitoris?"

Yes, the surgeon retains part of the tip of the penis (glans) along with a nerve/vascular bundle. About 80% of patients report sexual feeling and orgasmic function after surgery.

"Is everything done in one operation?"

Yes, but corrective surgery may be necessary later, following individual assessment.

"Is the prostate removed?"

No, the prostate must therefore be checked according to the authorities' current recommendations. This means that when you reach a certain age, your GP should take a blood sample and examine you physically if necessary.

"What do I have to do after my operation?"

After the operation, before going home, you have to learn how to "dilate" your vagina. To keep the vagina functional, you have to use latex medical "dilators". This is especially important

initially after surgery, but for some it may be necessary throughout their life. You can have sex when your vagina is healed. While you are in the ward, a nurse will show you how to dilate and rinse your vagina. The vagina does not have moisture-producing glands, so you will need to use lubricant for dilation and intercourse. Although the vagina is surgically constructed, you can contract venereal disease and have other gynaecological problems, like other women.

"Do I have to pay for the surgeries myself?"

No, it is covered in its entirety by the government.

Sources:

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