

WPATH and WA Standards for Gender Affirming Surgery

Criteria for Breast/Chest, Facial, Vocal Surgery :

1. Persistent, well-documented gender dysphoria;
2. Capacity to make a fully informed decision and to consent for treatment;
3. Age of majority in a given country (if younger, follow the SOC for children and adolescents);
4. If significant medical or mental health concerns are present, they must be reasonably well controlled. Hormone therapy is not a pre-requisite.

*Although not an explicit criterion, it is recommended that MtF patients undergo feminizing hormone therapy (minimum 12 months) prior to breast augmentation surgery. The purpose is to maximize breast growth in order to obtain better surgical aesthetic.

Documentation to accompany surgical referral:

- Letter of support from a primary care provider or whomever is prescribing hormones if applicable.
- 1 mental assessment letter from a licensed mental health provider.

*Letters must be written within 18 mths of surgery.

Criteria for genital surgery (two referrals) Hysterectomy, ovariectomy orchiectomy, metoidioplasty, phalloplasty, Vulvoplasty

Same criteria as Breast/Chest surgery (1-4)

*These criteria do not apply to patients who are having these surgical procedures for medical indications other than gender dysphoria, nor post-op repairs.

** if another indication is appropriate and would facilitate care sooner, fine to proceed on that basis.*

Documentation to accompany surgical referral:

- Letter of support from a primary care provider or whomever is prescribing hormones if applicable.
- **2 mental health assessment letters (2 MH providers)**
 - one from any licensed therapist
 - one from doctorate level (PhD, PsyD or MD, i.e., psychiatrist)

**Insurance regulation vs WPATH recommendation*

*Letters must be written within 18 mths of surgery.