

# Broken Systems: the abandonment of trans masculine genital surgery in the UK and issues for patient safety

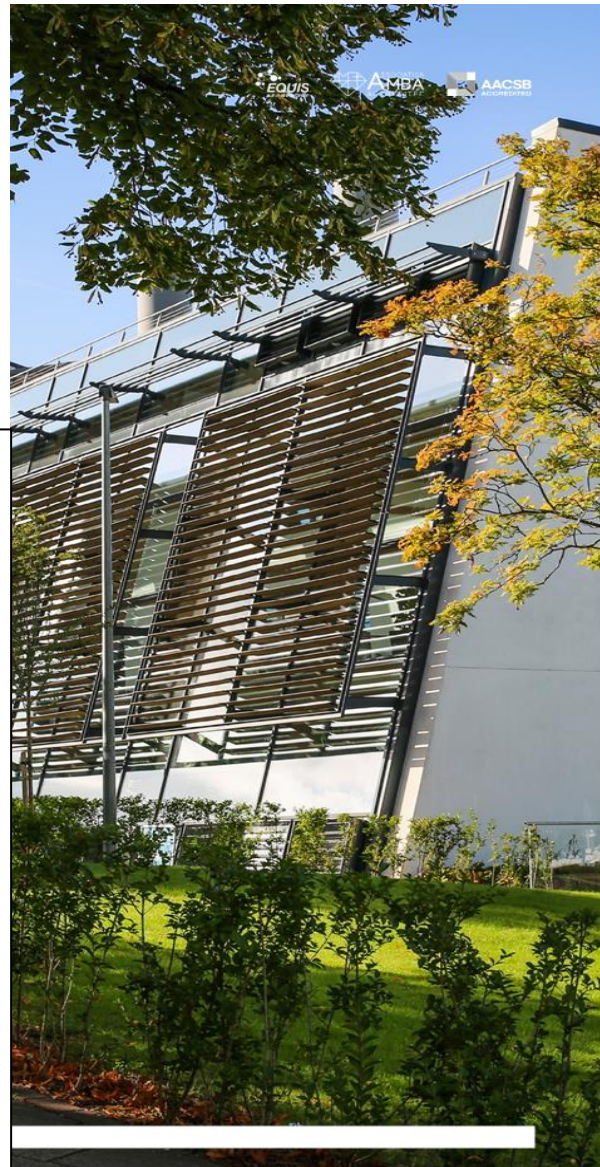
Summary Report

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## This report:

- Summarizes the immediate impact of temporary removal of lower surgeries and interim care trans men and non-binary adults during the ongoing Covid-19 pandemic.
- Emphasizes the necessity for transparency and more robust communication systems between patients and services.
- Provides recommendations on health system strengthening between specialist services, GPs and surgery patients for bettering patient safety, health and wellbeing.



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# Lower Surgery Activity + Communications 2020-2021

All NHS + Private gender affirming surgeries postponed due to COVID-19 **March 2020**

**September 2020** lower surgeries postponed indefinitely again for all patients including aftercare.

**June-July 2021** letters sent to most patients from NHS GDNRSS confirming no lower surgery provision until further notice

**August – September 2020** a handful of lower surgeries discreetly resumed for London based patients.

**Early May 2021** post appears on social media asking about removal of lower surgery provider. Some patients begin to contact provider.

**June 2021** phone calls from surgery provider reassuring some patients that contracts and surgery will resume shortly after July 2021.

**August 2021** no further information provided to patients from either NHS or private surgery provider



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The timeline above notes key dates during the covid-19 pandemic from cancelled surgeries to temporarily resumed and contradictory communications between the NHS Gender Dysphoria National Referral Support Service (GDNRSS), patients and the contracted provider.

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## **Background**

Trans people are a minority sub-group within the broader LGBTQI population. Not all trans adults need to or can medically transition. For those people that do, accessing transition related healthcare involves facing long waiting lists, gatekeeping and systemic discrimination.

Throughout the covid-19 pandemic trans adults have faced unique challenges including temporary closure of specialist services, cancelation of surgeries, disruption to hormone prescriptions and increased risk of mental health crisis and suicide (1,2).

An indirect consequence of the pandemic for trans men is delay and subsequent removal of lower surgeries provision for the foreseeable future. NHS England commission all gender affirming surgery providers exclusively and therefore this impacts all patients in England, Scotland, Wales and Northern Ireland.

In the UK patients have the options of either metoidioplasty (releasing the tethering of the clitoris to the pubic bone) or phalloplasty (structuring aesthetic appearing phallus). Both methods are highly intricate and completed in 2-3 stages with phalloplasty having the highest complication rate (3). This means that at first and second stages patients are often in need of surgical revision with urology or graft healing complications that can impact significantly on their quality of life.

## **Key Findings**

- Patients first became aware of the contract cancelation via peer-to-peer social media not via service providers.
- When official communications were sent to patients via GDNRSS not all people affected received a letter, causing increased anxiety and poor mental health.
- Patients were advised to seek mental health support from GPs or GICs. Neither service providers were aware nor could provide specific support.
- Mid-stage patients with complications have been left with no interim specialist care or effective point of contact.
- Patients feel unable to complain due to monopolized service provision and constant fear of losing already precarious healthcare provision.

## **Study Method**

From June 2020-June 2021 a rapid ethnographic assessment study of trans adult patient's barriers to healthcare during the first two lockdowns was completed. A thematic analysis of online peer support platforms together with fifteen 1 hour interviews with trans women, trans men and non-binary people (4).

Five participants in that study were at either pre or post-operative mid-stage phalloplasty and impacted by the contract issue. They were interviewed separately focusing on this topic.

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## **Recommendations**

To address the increasing inequalities that trans men and non-binary adults face for genital surgery options and to improve the care and welfare of trans people during and beyond pandemic conditions, the conclusions of this study are:

**Re-build relationships of trust between healthcare providers and the trans community** via transparency, actively listening to patients, and including robust and consistent information sharing.

**Carry out an independent review of surgical pathways for trans men and patient experience.** Covid has impacted society greatly since the last government review of transgender healthcare and equality in 2018. Referrals have risen and wait times are increasingly unmanageable.

**Provide UK wide training and support for GPs and community healthcare professionals to better manage post-surgery related healthcare.** Best practice evidence demonstrates the role that GPs and community nurses can play in transition related healthcare, though many still appear ill-equipped to do so.

**Further commitment from the NHS to training andrology specialists** and a clear strategy to avoid having only one provider monopolizing trans masculine lower surgery provision, whether in the UK or Europe.

## **References**

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## **Ethics Statements**

Ethical approval was granted for this study by the University of Bradford Research Ethics Committee (Ref: E823). Participant consent for publication was given.

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