

# National Survey of Transgender Bottom Surgical Workforce: Supply and Demand

Christine O. Kang, MD, MHS, MS.<sup>1</sup> Erin Kim, BA.<sup>3</sup> Elizabeth Boskey, PhD.<sup>2</sup> Alexander Dagi, BA.<sup>2</sup> Anamika Veeramani, BS.<sup>1</sup> Nicholas Cuccolo, BS.<sup>1</sup> Bernard Lee, MD, MPH, MBA.<sup>1</sup> Oren Ganor, MD.<sup>2</sup>

<sup>1</sup> Division of Plastic and Reconstructive Surgery. Beth Israel Deaconess Medical Center. Harvard Medical School. Boston, MA.

<sup>2</sup> Department of Plastic and Oral Surgery. Boston Children's Hospital. Harvard Medical School. Boston, MA.

<sup>3</sup> Boston University School of Medicine, Boston, MA

**Background:** There is a paucity of literature regarding the accessibility of gender affirmation surgery (GAS) by transgender patients. This study aims to characterize the discrepancy between the gender dysphoric population's interest in "bottom" GAS (i.e. vaginoplasty, phalloplasty, metoidioplasty, orchiectomy, hysterectomy, erectile prostheses, testicular prostheses) and the availability of surgeons trained in these procedures.

**Methods:** We created a cross-sectional survey using REDCap. Using 18 web-based databases for bottom GAS performing surgeons, we identified 958 providers of which 688 met the inclusion criteria. After duplicates were removed, we sent survey invitations to 87 unique practice sites.

**Results:** We collected a total of 19 complete responses, representing practices from 15 states and 46 surgeons. The represented practices had an average of 2.4 (SD = 1.3) surgeons and trained 2 (SD = 3.3) new residents/fellows each year. Vaginoplasty was the most consistently performed procedure (89% of practices, 31 surgeons), followed by phalloplasty (68.4% of practices, 23 surgeons). The waitlist size was the largest for vaginoplasty (range = 2 - 360 days, average = 96.17 +/- 140.17), followed by phalloplasty (range = 5 - 69 days, average = 32.67 +/- 32.87). Comparing the reported capacities of each practice and the rate of growth of patient interest, 12.38% of patients seeking vaginoplasty and 49.85% of new patients seeking phalloplasty will experience delays in accessing the gender affirming procedure they desire.

**Conclusions:** Upon evaluating the discrepancy between interest and availability of bottom GAS performing providers, our results demonstrate a need to increase the size of the plastic reconstructive surgery workforce to better provide surgical care for patients with gender dysphoria.