

## INTRODUCTION

- Gender confirming surgery (GCS) can be used to match a person's physical characteristics to their gender identity, often resulting in complex changes to musculoskeletal and urogenital anatomy
- Prevalence of musculoskeletal and urogenital complications after GCS are similar to those reported after similar surgeries in cisgender people (Cuccolo et al, 2019; Remington et al, 2018)
- Previous work suggests that musculoskeletal pain and pelvic floor dysfunction are common following GCS (Bishop et al, 2023)

## PURPOSE

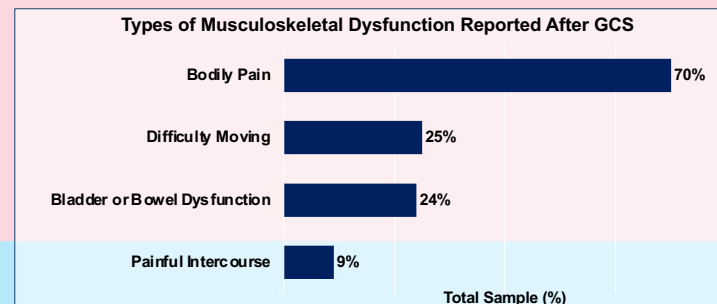
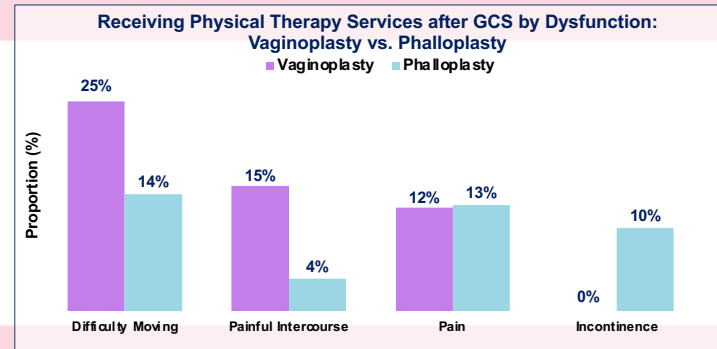
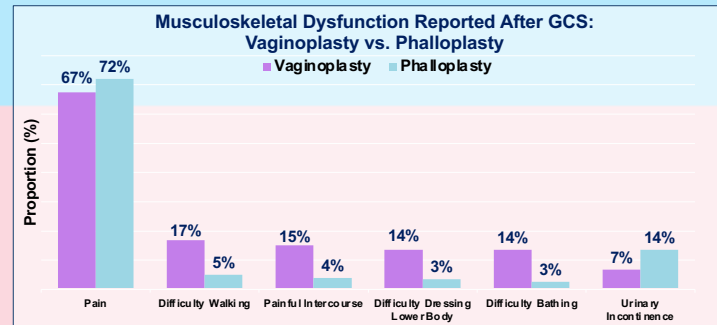
- To explore the rates of pain and types of physical impairments reported by transgender and gender diverse (TGD) individuals following gender-confirming surgery (GCS)

## METHODS

- A custom survey was created and recruiting fliers were sent to LGBTQIA+ organizations across the USA to post on social media and online community platforms
- The survey collected demographic information, types of surgery, post-surgical impairments (pain and urogenital dysfunction) and activity limitation, and the types of providers seen and interventions provided
- Data were cleaned and sorted, and summary statistics were calculated using frequencies and proportions or means and standard deviations based on data structure
- Non-parametric measures were used to test associations between post-surgical care, gender identity, and geographic location

## PARTICIPANTS

- 584 responses from 247 people identifying as female, 293 as male, and 41 nonbinary
- Median of 1 GCS, with a range of 1 to 10
- Average age was 28.6±5.2
- Majority of participants lived in the South-East or Mid-Atlantic USA regions



Upper: Percent of people that reported musculoskeletal dysfunction after vaginoplasty and phalloplasty  
 Center: Percent of that received physical therapy services after vaginoplasty and phalloplasty, by dysfunction  
 Lower: Percent of sample that reported experiencing dysfunction after GCS by type

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## RESULTS

- The most common surgery was breast augmentation, followed by phalloplasty and simple mastectomy
- The most common treatments sought to prepare for surgery were counseling and hormonal treatments
- Post-surgical treatment for pain, difficulty moving, incontinence, and dyspareunia were mostly sought with primary care providers and surgeons
- Only about 30% of our sample received care from a physical therapist after surgery and 20% received care from an occupational therapist.

## DISCUSSION

- Individuals who undergo masculinizing and feminizing procedures report musculoskeletal pain, movement problems, and pelvic floor dysfunction following GCS consistent with rates reported by cisgender peers
- Despite these issues commonly being addressed by rehabilitation providers in patients with similar surgeries, less than half of our sample were referred to a physical or occupational therapist
- This suggests both tremendous need and opportunity for physical therapists
- Education of providers and patients regarding physical therapist services in this context is both needed and warranted.
- Future work in this area should examine the feasibility of including standardized rehabilitative services before and after GCS

## References

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