

Audit Questionnaire - Trans Man (FtM)

This questionnaire contains 6 sections. Not all may be applicable. Please answer all that are relevant to you and allow approx 30 mins to complete.

Please use an extra sheet at any point in the questionnaire where you wish to answer more fully.

Section 1: Your first consultation with a surgeon

1. When you saw the surgeon did he discuss each of the following with you:
- a) Surgical complications? Yes No Don't Know
- b) Possible effects upon sexual function post-operatively? Yes No Don't Know
- c) Possible options for types of surgery (eg phalloplasty v metoidoplasty)?
Yes No Don't Know
- d) The structure and function of your post-operative genitalia and possible trade-offs which might improve one aspect (eg appearance) at the cost of others (eg function)?
Yes No Don't Know
2. Did you feel that you fully understood the surgery prior to it being done and that you were in control of the decisions taken?
- Yes No To a degree

Please explain below any aspects about which you were unclear or of which you did not feel in control:

3. Prior to the surgery did your GP discuss your post-operative support needs with you?
- Yes No

Section 2: Your experience of hospital and surgery

4. On admission to hospital did you feel you were treated throughout with dignity and respect?
- Yes No
5. Did staff at the hospital make your condition widely known among other staff or patients?
- Yes No

Please make any comment you feel would clarify your responses to Q4 and Q5:

6. Immediately following your surgery, during recovery from the anaesthetic, do you feel you were supported enough in terms of:

Being kept informed of what was happening?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Being informed of how surgery had gone?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Being allowed to sleep?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Being given appropriate pain control?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please explain by noting any good points or bad points in the immediate recovery process below:

7. How many nights did you spend in hospital after surgery?

8. Do you feel that you were given suitable pain control in the days following surgery?

Yes No

Please explain giving medication names if known, how pain was controlled during these first few days:

9. Did you experience any complications while you were in hospital?

Yes No

If yes, please explain below:

10. Do you feel that any complications that arose were dealt with efficiently and promptly?

Yes No N/A

11. Did you have sufficient time after surgery to discuss with your surgeon the outcome and possible future consultations?

Yes No

12. Before discharge from hospital were you given a contact point of someone who could advise if complications developed while you were at home?

Yes No Told to contact GP

Section 3: Surgery you underwent

13. Have you had chest reconstruction surgery?

Yes Am planning to No/will not be

If yes, how long did you have to wait for this surgery?

14. Do you feel this was too long?

Yes No N/A

15. If yes, did the delay in having this operation cause you problems when trying to transition?

Yes No

Please explain below:

16. If you have had chest reconstruction surgery, were you pleased with the results?

Yes No N/A

If no please explain why below:

17. If you needed scar revision were you offered it?

Yes No N/A

If no please explain why below:

18. Have you had a hysterectomy or oophorectomy (to remove the womb or ovaries)?

Yes Am planning to No/will not be

19. If you have had a hysterectomy was the surgeon aware of what veins, skin tissue etc needed to be preserved for later use by an urologist or specialist phalloplasty surgeon to give you the option of penis construction at a future date?

Yes No N/A

20. Were these options above (Q19) discussed with you?

Yes No N/A

21. If you have had a hysterectomy, were the problems and issues involved should you then go on and have genital surgery explained to you?
Yes No N/A

22. If you have not had a hysterectomy or oophorectomy, was the possible risk of ovarian, endometrial or cervical cancer, should you decide not to have them removed, explained to you?
Yes No N/A

23. Have you discussed penis construction with your surgeon?
Yes No
If yes, How far into your treatment was it before the possibility of phalloplasty was mentioned?

24. Did/do you feel deterred from phalloplasty or similar genital surgery?
Yes No

If yes please explain why below:

Genital Construction Surgery (Not including Hysterectomy or Oophorectomy)
If you have not had any kind of genital construction please go to Question 65:

25. Have you had a phalloplasty (operation to create a penis)?
Yes Am planning to No/will not be

If not, please could you give your reasons below:

26. If you have had a phalloplasty at which hospital was it carried out?
.....

27. What kind of phalloplasty did you have?
Abdominal flap Forearm flap
Other (please state):

28. Prior to surgery was hair removal from donor site advised?

Yes No N/A

29. Did you have the opportunity to see more than one phalloplasty or urology specialist surgeon before reaching your decision to have a phalloplasty or metoidoplasty (operation to create a micropenis)?

Yes No

30. What factors influenced your decision concerning the type of phalloplasty or metoidoplasty you had?

Specialism of particular surgeon
Recommendation from clinician
Recommendation from other trans man
Potential outcome
Risks involved
Healing time
Other (please state): _____

31. How many surgeons were you referred to for phalloplasty?

32. Have you had a metoidoplasty?

Yes Am planning to No/will not be

33. If yes, what was the main reason you preferred a metoidoplasty to a phalloplasty?

34. If you have had any kind of genital surgery (i.e phalloplasty or metoidoplasty), how long including all procedures, revisions, stages and post operative remedial work was it before you had a functional penis that you are satisfied with?

35. Did you experience any complications during surgery or afterwards?

Yes No

If yes please explain below:

36. Are you satisfied with your phalloplasty or other genital surgery?

Yes No

If no, please explain why below:

37. Have you had a vaginectomy (to remove the vagina)?

Yes Am planning to No/will not be

38. Was this your choice?

Yes No

If no please explain why below:

39. If you have had a vaginectomy, are you satisfied with the result?

Yes No N/A

If no please explain why below:

40. If you have had an erection device implanted are you satisfied with its functionality?

Yes No N/A

If no please explain why below:

41. If you have had genital surgery can you urinate whilst standing?

Yes No

If no please explain why below:

42. If no, are you content not to stand in order to urinate?

Yes No

If no please explain any difficulties you may be experiencing:

Scrotoplasty and Testicle Implant

If you have not had this surgery, please go to Question 65:

43. Have you had a testicular prosthesis?

Yes Am planning to No/will not be

44. If yes, how many silicon testicles do you have?

One Two

45. If one, are you satisfied with the appearance of your genitals?

Yes No N/A

46. If you have had a scrotoplasty are you satisfied with the surgical outcome?

Yes No N/A

Section 4: Post surgery

47. Were you able to have access to your surgeon whenever you needed him/her?

Always Sometimes Never

48. Were you forced by circumstances to travel in great discomfort at any time post-operatively?

Yes No

49. Did you have any choice of surgeon for any of your genital operations?

Yes No

If yes, which operations:

50. Would you have liked to have had the option of consulting other surgeons even if this meant travelling abroad?

Yes No

51. Have you had any surgery outside of the UK?

Yes No

If yes, how did your experience compare to your experience of surgery in the UK?

- | | | | |
|--------------------|--------------------------|------------------------------------|--------------------------|
| Better than the UK | <input type="checkbox"/> | Worse than the UK | <input type="checkbox"/> |
| Same as the UK | <input type="checkbox"/> | Have not had any surgery in the UK | <input type="checkbox"/> |
| N/A | <input type="checkbox"/> | | |

Please note which countries you have had surgery in:

52. After the surgery when you had returned home did you feel that support was available from your GP and their practice colleagues (e.g. nurses)?

- Yes No

53. If yes, were you satisfied with the level of support received from your GP's practice?

- Yes No

Please explain below what support was provided and how well it met or did not meet your needs:

54. How long has it been since your genital surgery?

55. How long after surgery was it before you returned to your previous normal daily routine (e.g. work)?

- | | | | | | |
|-------------------|--------------------------|----------------|--------------------------|---|--------------------------|
| Less than 4 weeks | <input type="checkbox"/> | 4 to 8 weeks | <input type="checkbox"/> | 9 to 12 weeks | <input type="checkbox"/> |
| 13 to 16 weeks | <input type="checkbox"/> | 4 to 6 months | <input type="checkbox"/> | 7 to 12 months | <input type="checkbox"/> |
| 13 to 24 months | <input type="checkbox"/> | Over 24 months | <input type="checkbox"/> | Never able to return to previous routines | <input type="checkbox"/> |

Please comment as appropriate below:

56. Following your genital surgery do you have a satisfactory sex life?

- Yes No N/A

If no, please explain why if possible:

57. Following your genital surgery do you still have sexual sensation in your micro penis (clitoris)?

Yes No N/A

If no please explain why below:

58. Can you achieve climax with your penis?

Yes No N/A

If no please explain why below:

59. Do you like the appearance of your penis?

Yes No N/A

60. If you use public male spaces such as showers or changing rooms are you inhibited from revealing your penis due to its appearance?

Yes No N/A

61. Have you had any long term complications with the outcome of your surgery?

Yes No Minor Issues

Please explain any issues or complications arising from your surgery:

62. Have you needed any subsequent corrective surgery?

Yes No Anticipate/waiting for corrective surgery

Please give details below:

63. Have you been/will you be able to obtain any corrective surgery you need on the NHS?

Yes No Don't know

64. Did you need to have another psychiatric evaluation in order to obtain access to corrective surgery?
- Yes No Had to explain that it was not appropriate

Section 5: General experiences

65. Relating to your post operative care did you experience any problems whilst in hospital (this may be related to the surgery, staff or any aspect of your care)?
- Yes No

If yes, please give details below:

66. If you did experience problems, how do you think these issues can be overcome? Please explain below:

67. If you have not had genital surgery, how do you find sexual relationships?

No problem Difficult Avoided
Impossible N/A

68. Presuming distance and money are not an issue; where in the world, including the UK, do you feel is the best country to go to have genital reconstruction surgery/phalloplasty because of the excellent and speedy results that are obtained? Please explain your reasons for this choice.

69. Phalloplasty in the UK is currently carried out using multiple stages and can take up to five years or more to complete if the patient has a urinary hook up due to complications and other factors. If you are aware of the methods used in Europe, America or elsewhere and this could be made available to you would you prefer to have a phalloplasty that could produce the same results but with less down time, recovery and being off work, carried out by surgeons from those countries, if the surgeon/s from abroad were brought over to the UK?

Yes No

Please explain why below and give details:

Section 6: Final Feelings

70. In hindsight, would you say that you felt you were well prepared for your surgery?

Yes No

If no, please comment on your preparedness and how it might have been improved:

71 Overall, how would you describe your experience of genital surgery?

All positive	<input type="checkbox"/>	Mostly positive	<input type="checkbox"/>
A mixture of positive and negative	<input type="checkbox"/>		<input type="checkbox"/>
Mostly negative	<input type="checkbox"/>	All negative	<input type="checkbox"/>

72. Finally, how would you regard your decision to have surgery and the effects of surgery in your life (please tick one box only):

Best thing I ever did	<input type="checkbox"/>	A happy event	<input type="checkbox"/>	A positive experience	<input type="checkbox"/>
Overall the right decision	<input type="checkbox"/>	Uncertain – could have got by without it	<input type="checkbox"/>	Probably the wrong decision for me	<input type="checkbox"/>
It left me in constant pain or disabled	<input type="checkbox"/>	I wish I'd never done it	<input type="checkbox"/>	I wish I could go back	<input type="checkbox"/>

This concludes the audit questionnaire. Thank you very much for your time and effort you have given in participating in this Audit.