

## Audit Questionnaire – Trans Woman (MtF)

This questionnaire contains 6 sections. Not all may be applicable. Please answer all that are relevant for you and allow approx 20 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 peno-scrotal inversion v colo-vaginoplasty)?  
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 first 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?

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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 a vaginoplasty (an operation to create a vagina)?

Yes  Am planning to  No/will not be

14. If yes, was hair removal from donor site advised prior to surgery?

Yes  No  N/A

15. If you have had a vaginoplasty, were you given sufficient instruction in how to dilate your vagina?

Yes  No  N/A

16. Was your dilation regime and possible options for changes explained to you in sufficient detail prior to discharge from hospital?

Yes  No  N/A

Please comment on any good or bad experiences relating to your responses to Q15 and Q16:

17. Was your first dilation conducted in suitably private surroundings such that your comments, instructions from staff and your reactions could not be overheard?

Yes  No

If no, Please explain any improvements you would have wished or problems which you felt limited your learning from that first dilation below:

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

Yes  No

If yes please explain below:

19. Are you satisfied with your genital reconstruction surgery?

Yes  No

Please explain further below:

**Section 4: Post surgery**

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

Always  Sometimes  Never

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

Yes  No

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

Yes  No

If yes, which operations:

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

Yes  No

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

Yes  No

25. 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"/>		

26. 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

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

Yes  No

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

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

29. How long after surgery was it before you returned to your previous normal daily routine (eg. 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:

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

- Yes  No  N/A

If no please explain why if possible:

31. Following your genital surgery do you still have sexual sensation in your clitoris?

- Yes  No

If no, please explain why below:

32. Do you experience pain during intercourse?

- Yes  No

33. 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:

34. Have you needed any subsequent corrective surgery?

Yes  No  Anticipate/waiting for corrective surgery

Please explain:

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

Yes  No  Don't know

36. 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

37. 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:

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

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

No problem  Difficult  Avoided   
Impossible  N/A

40. 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 because of the excellent and speedy results that are obtained? Please explain your reasons for this choice.

**Section 6: Final Feelings**

41. 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:

42. 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"/>

43. 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.**