

Temple Gender Affirming Surgery Program

Check List for Scheduling Consults

Date of surgery I am planning for is: _____

Surgery Readiness Letter/s

- Check with Insurance regarding letter requirements.
- How many letters are required? I'll need _____
- Letters were sent to program and are on file in my medical chart.

Permanent Hair Removal (for vaginoplasty full depth)

- I have scheduled my hair removal sessions to prepare for surgery.
 - My estimated date of completion is: _____
 - I have a plan for covering the costs of PHR.

Nicotine Test and Urine Drug Screen

- I understand that I will need to be nicotine free and pass a UDS prior to scheduling for surgery.

Fertility Saving

- I understand that vulvo/vaginoplasty results in permanent infertility
 - I have made a plan for fertility saving prior to surgery
 - I am not planning for fertility saving prior to surgery

Pelvic Floor Physical Therapy (PFPT)

- I understand that I will need to schedule a PFPT appointment after my consults, but before I will be able to schedule my date of surgery.
- I understand that I will need to schedule for PFPT as part of my post-operative care as well.

Post-op recovery plan

- I have safe and stable housing.
- I live within two hours of Temple Hospital and will be healing at home.
- I live more than two hours outside of Temple University Hospital.
 - I have a plan to stay locally for four weeks following discharge
 - I have a financial plan to cover the costs of staying locally for 4 weeks.
- I have a plan for transportation to and from my post-op appointments.
- I have a financial plan for covering cost of living while I am healing after surgery.
- I am able to take the healing time required to heal 6-8 weeks (including work and personal responsibilities)

Primary post-op care person

- I have at least one support person who will be available for taking care of me for the acute healing phase, post-operatively for a minimum of 4 weeks following discharge, optimally for 6-8 week following discharge.

Name: _____ Pronouns: _____ Phone: _____

When you have completed the above, please call the office to schedule for your consults with the surgeons. It is important that you reach out. We will not know if you have completed the tasks above, and will be awaiting you to contact the program.

Gender Affirming Surgery Program | 215-707-8427 | genderaffirmingsurgery@tuhs.temple.edu

