



## Gender Affirming Genital Surgery Patient Agreement

To ensure your safety, well-being, and successful recovery, while on the gender affirming surgical pathway, we request your acknowledgement of the following pre-surgical requirements. Please initial each line item and place your signature at the bottom of the form.

### Health & Lifestyle:

- I agree to follow up with my PCP for routine health evaluations as indicated. If I am not currently assigned to a PCP, I agree to choose a PCP to be assigned to my healthcare.
- I understand that surgery will not be scheduled if my body mass index (BMI) >35.
- I understand that surgery will not be scheduled if my Hgb A1C is >7.0.
- I agree to have my labs monitored at the discretion of *Care Pathway Center*.
- I understand that surgery will not be scheduled until I have stopped using nicotine (eg. cigarettes, vape, lozenges, patches, gum, etc.).
- I agree to discontinue smoking cannabis at minimum three months prior to my surgery date.
- I agree to discontinue using edible cannabis products at minimum two weeks prior to my surgery date.

### Hormone Therapy:

- If on hormone therapy, I agree to only be using hormones that are prescribed/monitored by a licensed medical provider.
- If on estradiol hormone therapy, I agree to maintain an estradiol level between 50-200 prior to surgery.
- If on estradiol hormone therapy, I agree to maintain a testosterone level <50 prior to surgery.
- If on testosterone hormone therapy, I agree to maintain a total testosterone level <900 prior to surgery.

## Electrolysis Hair Removal:

- I understand that permanent hair removal of the genital area may be required and completed prior to undergoing genital gender affirming surgery per the *Care Pathway Center* Electrolysis Agreement.
- If undergoing genital electrolysis, I agree to attend my electrolysis appointments on a consistent basis until completion of hair removal.
- I understand that undergoing electrolysis hair removal may require traveling interisland for treatment.
- I understand that if I am undergoing genital hair removal, I cannot undergo facial hair removal simultaneously (unless willing to pay out of pocket).
- I understand that I will need to have the status of my hair removal checked periodically by *Care Pathway Center* to determine stage of completion and need for continued treatment.
- I understand that my electrolysis treatment may be discontinued per the discretion of *Care Pathway Center*.
- I understand that electrolysis hair removal can be an uncomfortable and lengthy process and that pain control is limited to topical options.

## Caregiver/Travel Companion:

- I understand that certain gender affirming surgeries occur on the continental US and that I may need to travel there to undergo surgery.
- I understand that I need to identify a primary caregiver/travel companion, as well as a secondary back-up caregiver/travel companion per the *Care Pathway Center* Caregiver Agreement.
- I understand that failure to comply with any of the above may result in discontinuation of my surgical pathway per the discretion of *Care Pathway Center*.

## Peri-Operative Care Delivery:

- I understand that I will need to have periodic lab draws and attend various pre- and post-surgical wellness appointments per the discretion of *Care Pathway Center* including, but not limited to: hair removal status checks, routine behavioral health visits, vital signs/weight updates, and primary care-related health visits. I agree to attend these appointments as indicated by *Care Pathway Center*.

Signature:

Date: