

CALLEN-LORDE

GENDER CONFIRMING/GRS

SURGEON LIST AND RESOURCES

FOR PREPARING FOR SURGERY

Callen-Lorde encourages patients to research the credentials and qualifications of providers they are considering for any procedure. Inclusion of a surgeon on this list is in no way an endorsement or recommendation by Callen-Lorde.

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1. A surgeon accepting your plan does not guarantee coverage for procedures or describe what your out-of-pocket costs might be. The name of the insurance company also does not give you information about TGNB coverage. Please see Transcend Legal's video guide for more information about insurance coverage: [video.transcendlegal.org](https://www.transcendlegal.org)

2. Listings for surgeons outside of the New York area are compiled only for surgeons who perform some combination of genital surgery or FGCS, though other procedures performed are listed if information is available.

Procedure Descriptions

Facial Gender Confirming Surgery (FGCS)

Also known as facial feminization surgery or FFS, this is a general term for a group of procedures designed to change the bone structure of the face and reshape features that resulted from testosterone exposure. This could include either shaving down or entirely re-contouring of the forehead and sinus area by cutting and repositioning bones (*osteotomies*), reduction and repositioning of the jaw bone and chin using similar cuts (*sliding genioplasty*), lifting the upper lip, nose reconstruction/"nose job" (*rhinoplasty*), and bringing the hair line further forward. These techniques can also be applied in reverse to facial masculinization.

Surgeons who practice facial gender confirming surgery often have special training in reconstructing facial features (craniofacial fellowship) using bone grafting beyond a traditional plastic surgery residency.

Chest Reduction Top Surgery

Periareolar (aka keyhole, peri, circumareolar, minimal scar) Any procedure that that does not involve cutting and removing skin under the pec line, and instead using an approach in the area around the nipple. Results in a scar around the nipple.

Double Incision Any procedure to remove tissue that results in scars under the pectoral line. Better for bodies with more excess skin. Nipples must be replaced onto the body (*grafted*).

Nipple Grafting/Chest Reconstruction

The portion of the procedure that re-sizes and re-replaces nipples. If the nipples are being grafted, they can either be entirely cut from the body and re-attached (*free graft*), or depending on the person and surgeon, can be repositioned with nerves and blood supply intact (*pedicle graft*).

Breast Augmentation Top Surgery

Breast Augmentation: A procedure that increases chest size by inserting a silicone implant from under the breast (*inframammary*), through the armpit (*transaxillary*), or around the nipple (*periareolar*). The implant then sits either between the breast tissue and the muscle (*subglandular*), or partially under the chest muscle (*subpectoral*). New York Medicaid requires either two years on estrogen based hormone therapy or a medical inability to take hormones in order to cover this procedure.

Orchiectomy

Removes testes, shutting down internal testosterone production. Can be done by itself, or at the same time as vaginoplasty. Some ways of doing the procedure may limit skin available for future vaginoplasty, so you should see a surgeon who is familiar with TGNC care or willing to learn. Some surgeons also state that waiting multiple years between orchiectomy and vaginoplasty can lead to shrinkage and less skin available for vaginoplasty. Getting an orchiectomy means that you no longer need to be on testosterone blockers like spironolactone. Some people with very low testosterone levels, including both cisgender women and TGNC people who have had an orchiectomy, choose to supplement their estrogen with very small doses of testosterone in order to help with mood and sex drive. Once orchiectomy is performed, there is no more genetic material to reproduce with. You can freeze genetic material in advance for future use. If you are on hormone therapy, you might need to go off for some period of time in order to have viable material. After orchiectomy, you will need to continue to take external hormones in order to maintain bone density and for energy and mood.

Hysterectomy

Hysterectomy is commonly used to refer to removing all internal reproductive organs: the cervix, uterus, fallopian tubes and ovaries, although technically "*hysterectomy*" only means removal of the uterus. Getting all parts removed at once is called a "*total hysterectomy with bilateral salpingo-oophorectomy*." Removal of the vagina (*vaginectomy*) is not a required part of hysterectomy or other genital surgeries (*metoidioplasty* and *phalloplasty*), but if you are planning to get a vaginectomy, hysterectomy will be performed in advance or at the same time. If the cervix is removed, you no longer need to get monitoring pap smears. Some people choose to leave one or both ovaries in the hope that they can function as internal estrogen hormone production when someone chooses to stop taking testosterone or loses access to testosterone. Long term, you need to have either testosterone or estrogen in order to maintain bone density and for energy and mood. Some people choose to leave ovaries in order to retain material to genetically reproduce with later.

Vaginoplasty

An incision is made in perineum, and space is created between rectum and prostate to create a new vaginal canal. This opening is lined with skin from the shaft of the penis and scrotum, with the option to add urethra lining or other tissues if there is not adequate skin. The head (*glans*) is used to create clitoris, kept attached to nerve connections and made smaller, and the rest of the outside portion of the vagina (the *vulva*) is made using scrotal or other skin. The small lips of the vulva (*labia minora*) can be made during the initial surgery, but often require a second minor surgery after the vaginoplasty is healed to be prominent. Inserting a dildo into the new vagina (*dilation*) must be done several times a day, then less frequently, to ensure healing. This is not only about stretching skin and keeping it from healing closed, but also about relaxing the muscles of the pelvis to allow for pleasurable penetration.

Metoidioplasty

Metoidioplasty frees the existing erectile tissue by cutting the tissue that holds it down against the body. The penis might be enhanced by using nearby tissues to create more girth in "ring" and "centurion" methods, but generally length is dependent on growth from testosterone. Can also lose length post op. Can be combined with urethral lengthening (**usually performed by a surgeon who has completed a reconstructive urology fellowship**) in order to stand to pee, removal of the vaginal opening (*vaginectomy*), creation of a scrotum or ballsack (*scrotoplasty*), creation of a ridge or head of the penis (*glansplasty*), and pubic area lift and debulking (*mons reduction*).

Phalloplasty

Phalloplasty uses non-genital skin grafts from the body to create a new penis. Common sites used are forearm, thigh, and abdomen. Size is dependent on patient preference, donor site availability, and surgeon comfort, however, the penis does not grow/shrink with arousal, and it is always the same size in your pants. Original tissues can be buried under the new penis, or left exposed. Specialized plastic surgeons can use microsurgery during phalloplasty to connect blood supply and sensory nerves from the donor site (the forearm "RFF" or thigh "ALT") to the blood supply and sensory nerves in existing genitals. If this is successful, the full erotic sensation in the genitals will extend through the length of the new penis. Regardless, if the original genital tissue is contained within the new penis, it provides erotic sensation at the base. Can be combined with urethral lengthening (**usually performed by a surgeon who has completed a reconstructive urology fellowship**) in order to stand to pee, removal of the vaginal opening (*vaginectomy*), creation of a scrotum or ballsack (*scrotoplasty*), creation of a ridge or head of the penis (*glansplasty*), pubic area lift and debulking (*mons reduction*), and insertion of testicular implants and erectile device.

Sensation and Healing

Any surgery runs the risk of disrupting nerves in the area of the body where the surgery is being performed, and may result in a change in sensation. These changes are not just lack of feeling, but can also be: tingling, painful, or sharp sensation, sensation that is increased and bothersome (*hypersensitivity*), and loss of specific elements of sensation like hot/cold or light surface touch. Small nerves that branch and supply feeling to surface skin will reconnect and regrow over time, but many factors such as age and other health conditions can affect healing time and nerve regeneration. Sensation reaches its maximum 2-5 years after surgery. Additionally, the mind-body connection is very important to the process of regaining sensation after surgery, and regular exploring and self-testing of sensation can aid in developing good sensation.

Electrolysis

Callen-Lorde recommends patients begin hair removal on skin being utilized for genital reconstruction as soon as possible while preparing for surgery to achieve total clearance after several hair growth cycles. Hair removal can take over a calendar year, even if you are going to regular appointments every four to six weeks. Consult your surgeon for guidance on what areas are being used, as techniques differ. Your surgeon or PCP may be able to prescribe numbing cream to ease discomfort if needed. Being well hydrated before treatment also helps. We are not aware of any scientific evidence for claims that all hair can be removed during surgery.

Community Resources

Support Groups

Stitches *all trans feminine spectrum surgeries 2nd and 4th Tuesdays 6pm-8pm @ GMHC* ceciliaG@GMHC.org

The Tool Shed *trans masculine spectrum genital surgery, 4th Wednesdays 6:30-8pm @ Mt Sinai CTMS* NYCtoolshed@gmail.com

Books

Top Surgery Unbound: An Insider's Guide to Chest Masculinization Surgery, Drake Sterling

Hung Jury: Testimonies of Genital Surgery by Transsexual Men, Trystan Cotton

Facial Feminization Surgery: A Guide for the Transgendered Woman, Dr. Douglas Ousterhout

Web

Fertility:

<http://itsconceivablenow.com/>

Susans.org

Provider Listings:

Transbucket.com
make an account to see pictures

radremedy.org

mytranshealth.com

transcaresite.org

transgenderpulse.com

outcarehealth.org

Trans Media Network *great information but featured surgeons are paying advertisers*

Topsurgery.net

Mtfurgery.net

phallo.net

metoidioplasty.net

Facebook Groups

Top Surgery Support (Removal/Reduction)

[FTM/NB/GNC Hysterectomy](#)

[FTM Bottom Surgery Discussion](#)

[SRS / GRS / Breast Augmentation / Body Feminization Surgery / Transgender](#)

[FFS Facial Feminization Surgery /](#)

[Transgender TG TS](#)

Yahoo Groups:

www.groups.yahoo.com/group/

[ftmsurgeryinfo](#)

[thedecidingline](#)

[ftmphalloplastyinfo](#)

[ftmmetoidioplasty](#)

Consult Questions

A consultation is your chance to learn if a surgeon will meet your needs. This list is a starter guide for getting the most out of it! Ask specific questions in order to get specific answers. You might not get all the answers in an initial consultation, or need to ask every question, but these are all reasonable things to want to know before you commit. It is best to consult with more than one surgeon before making a decision.

- Bring a friend to take notes for you
- Find pictures of ideal results to reference
- Arrive early and expect the visit to run late

The Surgeon

1. What training have you had in this surgery? What training did you have for offering this surgery to TGNB people?
2. How many have you done total? How many do you perform in a year?
3. How many patients are satisfied with the outcome? What kind of long term follow up do you do with patients who had this surgery?
4. What percentage of your patients are TGNB? Are you involved with advocacy for the TGNB community?

Funding and Forms

1. Will your office help fill out disability paperwork? Will you sign a letter to update my gender marker?
2. Will the office negotiate directly with my insurance? When I can expect updates regarding the insurance negotiations? Who is my contact person? When will I know the out-of-pocket costs for using my insurance?
3. Will the office help me with the appeal if surgery is denied by my insurance?
4. If I am not using insurance to pay for the procedure, does the office accept financing plans? When are the payments due? Is the deposit to hold a surgery date refundable?
5. Are there ways to lower the cost? Does the cost include hospital fees, pathology fees, anesthesia fees, all supplies, and all medications? Does the cost include revisions?

The Surgery

1. What is your most popular technique? Why? Do you offer other techniques? Are there techniques for this surgery you do not offer?
2. How will the surgery impact sensation? When after surgery can I expect maximum sensation return?
3. How do you choose size and placement? Can I make specific requests?
4. How long will I be under general anesthesia? Who is involved in the surgery? Who does what?
5. Can I look at before and after pictures?
6. Will staff use my preferred name and pronoun even if my documents are not updated?

Before Surgery

1. How does my medical history impact this procedure? How far in advance should I quit smoking? Is there a minimum or maximum weight?
2. Do you require a pre-op physical or bloodwork? Do you require that I stop hormones before surgery? Stop shaving the area or stop electrolysis?
3. Any diet or lifestyle changes to speed healing?

After Surgery

1. What medications will I be prescribed? What dressing changes and rehab exercises will I need to do after surgery? How often? What scar care routine do you recommend?
2. How soon after surgery can I walk a mile? Take public transportation? Drive? Exercise? Drink Alcohol? Smoke pot? Have sex?
3. How long am I required to stay nearby after surgery? What appointments will we have after surgery? Do I need medical care at home to help with my recovery?
4. What complications can occur? How many of those complications heal on their own? How many people end up needing another surgery?
5. How soon after surgery will I see my final results? How much do complications impact the final result? What are my options if I don't like the final result?

New York City Surgeons**Dr. Rachel Bluebond-Langner (w/ Drs. Lee Zhao, Jamie Levine, and Eduardo Rodriguez)**

NYU Langone Health

Procedures: Vaginoplasty, Phalloplasty, Metoidioplasty, Chest Surgery, FGCS
NY Medicaid, Medicare, Private Plans

Dr. Mark Courey

Mt Sinai

Procedures: Voice Surgery
NY Medicaid, Private Plans

Dr. Aron Grotas

Center for Transgender Medicine and Surgery, Mount Sinai

Procedures: Orchiectomy
NY Medicaid, Private Plans

Dr. Alexis Hazen

Medicare, Private Insurance

Dr. Paul Kwak

NYU Langone Health

Procedures: Voice Surgery
NY Medicaid, Medicare, Private Plans

Dr. Dorothy Min

Downtown Women OB/GYN

Procedures: Hysterectomy
Private Plans

Dr. Bobby Najari

NYU Langone Health

Procedures: Orchiectomy

Tel: 646-825-6300

NY Medicaid, Private Plans

Dr. Nancy A Roberson Jasper

Columbia University

Procedures: Hysterectomy

Private Plans

Dr. Zoe Rodriguez

Center for Transgender Medicine and Surgery, Mount Sinai

Procedures: Hysterectomy

NY Medicaid, Private Plans

Dr. Timothy Ryntz

Columbia University

Procedures: Hysterectomy

NY Medicaid, Medicare, Private Plans

Dr. Joseph Silletti

Bronx Lebanon

Procedures: Orchiectomy

NY Medicaid, Private Plans

Dr. Stephen Teitelbaum

Mount Sinai

Procedures: Orchiectomy

NY Medicaid, Private Plans

Dr. Paul Weiss

Procedures: Chest Surgery

NY Medicaid, Private Insurance

Multiple Surgeons

Metropolitan Hospital Center

Procedures: Chest surgery

NY Medicaid, Private Plans

Multiple Surgeons

Northwell

Possible Surgeons:

Dr. Adam Perry, Dr. Nicholas Bastidas,

Dr. Alan M. Freedman

Procedures: Chest Surgery

NY Medicaid, Private Plans

Multiple Surgeons

Montefiore Medical Center

Possible Surgeons:

Dr. Oren Tepper, Dr. Lawrence Draper

Procedures: FGCS, Chest Surgery

NY Medicaid, Private Plans

Greater New York Area Surgeons

Dr. Prabhat Ahluwalia

Little Falls, NY

Procedures: Hysterectomy
Medicare, Private Plans

Dr. Naveen Ahuja

New Brunswick, NJ

Procedures: Chest Surgery
NJ Medicaid, Private Plans

Dr. James Barada

Albany, NY

Procedures: Orchiectomy
NY Medicaid, Private Plans

Drs. Gregory Baum and Anthony Deboni

Syracuse, NY

Procedures: Chest Surgery
Medicare, Private Plans

Dr. Jose Christiano

Rochester, NY

Procedures: Chest Surgery
NY Medicaid, Private Plans

Dr. Peter Hyans

Livingston, NJ

Procedures: Chest Surgery
NJ Medicaid, Medicare, Private Plans

Dr. Emese Kalnoki

Rochester, NY

Procedures: Chest Surgery
NY Medicaid, Private Plans

Dr. Jonathan Keith

Rutgers University, NJ

Procedures: Vaginoplasty, Phalloplasty,
Metoidioplasty, Chest Surgery
NJ Medicaid, Medicare, Private Plans

Drs. Thom Loree and Mark Burke Erie County Medical Center, University of Buffalo

Procedures: Phalloplasty, Chest Surgery
NY Medicaid, Private Plans

Dr. Jeff Rockmore

Albany, NY

Procedures: Chest Surgery
NY Medicaid, Private Plans

Dr. Kristen Skinner

Rochester, NY

Procedures: Chest Surgery
NY Medicaid, Private Plans

National Surgeons

Drs. Jens Berli and Daniel Dugi

Oregon Health Sciences University

Procedures: Vaginoplasty, Phalloplasty,
Metoidioplasty, FGCS, Chest Surgery
OR Medicaid, Medicare, Private Plans

Dr. Marci Bowers

San Mateo, CA

Procedures: Vaginoplasty,
Metoidioplasty
Medi-Cal, WA Medicaid, Private Plans

Dr. Manish Champaneria

Seattle, WA

Procedures: FGCS, Chest Surgery
WA Medicaid, Medicare, Private Plans

Dr. Mang Chen

San Francisco, CA

Procedures: Phalloplasty, Metoidioplasty
Medicaid, Medicare, Private Plans

Drs. Harvey Chim and Bruce Mast

University of Florida, FL

Procedures: Phalloplasty
FL Medicaid, Medicare, Private Plans

Drs. Curtis Crane, Ashley DeLeon, Thomas Satterwhite, Michael Safir, and Richard Santucci

San Francisco, CA and Austin, TX

Procedures: Vaginoplasty, Phalloplasty,
Metoidioplasty, FGCS, Chest Surgery
Medi-cal, Private Plans

Dr. Alan Dullin

Plano, TX

Procedures: Vaginoplasty,
Metoidioplasty, FGCS, Chest Surgery
Private Plans

Dr. Sidhbh Gallagher

Indiana University, IA

Procedures: Vaginoplasty
Private Plans, Medicare

Dr. Oren Ganor

Boston Children's Hospital, MA

Procedures: Phalloplasty
MA Medicaid, Medicare, Private Plans

Dr. Maurice Garcia

Cedars- Sinai Medical Center, CA

Procedures: Phalloplasty,
Metoidioplasty, Vaginoplasty
Medi-cal, Medicare, Private Plans

Dr. Katherine Gast

University Of Wisconsin-Madison, WI

Procedures: Phalloplasty, Vaginoplasty,
FGCS
Medicare, Private Plans

Drs. Isak Goodwin and Jeremy Myers

University of Utah, UT

Procedures: Phalloplasty
Medicare, Private Plans

Dr. Lawrence J. Gottlieb

University of Chicago, IL

Procedures: Phalloplasty
IL Medicaid, Medicare, Private Plans

Dr. William Hoffman

UCSF, CA

Procedures: FGCS
CA Medicaid, Private Plans

Dr. Kyle Keojampa

Los Angeles, CA

Procedures: FGCS
Private Plans

Dr. Nicholas Kim

University of Minnesota, MN

Procedures: Phalloplasty, Vaginoplasty
MN Medicaid, Medicare, Private Plans

Dr. Justine Lee

Los Angeles, CA

Procedures: FCGS
CA Medicaid, Private Plans

Drs. William Kuzon, Dana Ohl and Miriam Hadj-Moussa

University of Michigan Health System, MI

Procedures: Vaginoplasty,
Metoidioplasty, Phalloplasty,
Chest Surgery
Medicare, Private Plans

Drs. Jorys Martinez-Jorge and Oscar Manrique
 Mayo Clinic, MN
Procedures: Vaginoplasty
 MN Medicaid, Medicare, Private Plans

Drs. Toby Meltzer and Ellie Ley
 Scottsdale, AZ
Procedures: Vaginoplasty, Phalloplasty, Metoidioplasty, FGCS
 Private Plans

Dr. Gladys Ng and Dr. Mark Litwin
 Los Angeles, CA
Procedures: Vaginoplasty, Metoidioplasty
 CA Medicaid, Private Plans

Dr. Anh Nguyen
 Houston, TX
Procedures: Chest surgery, FGCS, Phalloplasty (no microsurgery), Vaginoplasty, Metoidioplasty
 Medicare, Private Plans

Drs. Robert Oates and Jaromir Slama
 Boston Medical Center, MA
Procedures: Vaginoplasty
 MA Medicaid, Private Plans

Drs. Devin O'Brien-Coon and Arthur Burnett
 Johns Hopkins University, MD
Procedures: Vaginoplasty, Metoidioplasty, Phalloplasty, Chest Surgery
 MD Medicaid, Medicare, Private Plans

Dr. Praful Ramineni
 Washington, DC
Procedures: Chest Surgery, Vaginoplasty, Metoidioplasty, Phalloplasty, FGCS
 DC Medicaid, Private Plans

Drs. Bauback Safa and Andrew Watt
 Bunke Clinic SF, CA
Procedures: Phalloplasty
 Medi-cal, Medicare Private Plans

Dr. Javad Sajan
 Seattle, WA
Procedures: FGCS, Chest Surgery
 Private Plans

Dr. Ali Salim
 Kaiser Permanente, CA
Procedures: Vaginoplasty, Phalloplasty, Metoidioplasty,
 Kaiser Medicaid, Kaiser Private Plans

Dr. Christopher Salgado
 University of Miami Health System, FL
Procedures: Vaginoplasty, Phalloplasty
 Private Plans, Medicare

Dr. Loren Schecter
 Chicago, IL
Procedures: Vaginoplasty, Phalloplasty, Metoidioplasty, FGCS
 Private Plans, Medicare
 (separate waitlist)

Dr. Geoffrey D. Stiller
 Moscow, ID
Procedures: Chest Surgery, FGCS, Orchiectomy
 WA Medicaid, Private Plans

Dr. Cecile Unger
 Cleveland Clinic, OH
Procedures: Vaginoplasty
 OH Medicaid, Medicare, Private Plans

Dr. Heidi Wittenberg
 San Francisco, CA
Procedures: Vaginoplasty, Metoidioplasty
 Private Plans

New York Area, No In-Network Insurance

Dr. Gary Alter
 LA, CA, Consults in NY
Procedures: FGCS, Body Contouring, Chest Surgery, Vaginoplasty, Metoidioplasty, Secondary Revisions

Dr. Mordecai Blau
 NYC, NY
Procedures: Chest Surgery

Dr. Keith Blechman
 NYC, NY
Procedures: Chest Surgery

Dr. Nadeem A. Chaudhry
 Brooklyn, NY
Procedures: Trachea Shave, Body Contouring, Silicone Removal, Orchiectomy, Breast Augmentation

Dr. Mark Filstein
 NYC, NY
Procedures: FGCS, Body Contouring, Orchiectomy, Vaginoplasty, Chest Surgery

Dr. Michael Fiorello
 South Pearl, NY
Procedures: Breast Augmentation, FGCS

Dr. Elliot Jacobs
 NYC, NY
Procedures: Chest Surgery, FGCS, Body Contouring

Dr. Daniel Kaufman
 NYC, NY
Procedures: Chest Surgery, FGCS, Body Contouring

Dr. Jamie Kaufman
 NYC, NY
Procedures: Trachea Shave

Dr. Srinivasan Krishna
 Bronx, NY
Procedures: FGCS, Silicone Removal, Trachea Shave

Dr. Harrison Lee
 LA, CA and NYC, NY
Procedures: FGCS, Chest Surgery

Dr. Robert Morin
 NYC, NY
Procedures: FGCS

Dr. Robert Schwarcz
 NYC, NY
Procedures: FGCS, Trachea Shave

Dr. Douglas Senderoff
 NYC, NY
Procedures: Chest Surgery

Dr. Gary Smotrich
 Lawrenceville, NJ
Procedures: Chest Surgery

Dr. John Taylor
 Middletown, NJ
Procedures: Chest Surgery, FGCS, Vaginoplasty

National, No In-Network Insurance

Dr. Joel Beck
Foster City, CA
Procedures: FGCS, Chest Surgery

Dr. Peter K. Davis
Palo Alto, CA
Procedures: Chest Surgery, FGCS, Vaginoplasty

Dr. Jordan Deschamps-Braley
San Francisco, CA
Procedures: FGCS

Dr. Eric Emerson
Gastonia, NC
Procedures: Chest Surgery, FGCS

Dr. C. Michael Haben
Rochester, NY
Procedures: Voice Surgery

Dr. Josef Hadeed
Los Angeles, CA
Procedures: FGCS, Chest Surgery

Dr. Scott Harris
Dallas, Texas
Procedures: Vaginoplasty, Chest Surgery, FGCS, Metoidioplasty

Dr. Sherman Leis
Philadelphia, PA
Procedures: Vaginoplasty, Chest Surgery, Phalloplasty (no urethral lengthening, no microsurgery)

Dr. E. Antonio Mangubat
Seattle, WA
Procedures: FGCS, Chest Surgery

Dr. Varten Mardirossian
Palm Beach, FL
Procedures: FGCS

Dr. Toby Mayer
Los Angeles, CA
Procedures: FGCS

Dr. Christine McGinn
New Hope, PA
Procedures: Vaginoplasty, Metoidioplasty, Chest Surgery

Dr. Tuan A. Nguyen
Lake Oswego, OR
Procedures: Vaginoplasty, Chest Surgery, FGCS, Orchiectomy, Metoidioplasty

Dr. Harold Reed
Miami, FL
Procedures: Vaginoplasty, Metoidioplasty, Phalloplasty (no microsurgery), Chest Surgery, Orchiectomy

Dr. Alexander Sinclair
Los Angeles, CA
Procedures: Vaginoplasty, Chest Surgery

Dr. Jeffrey Spiegel
Boston, MA
Procedures: FGCS

Dr. James P. Thomas
Portland, OR
Procedures: Voice Surgery

Dr. Philip Young
Seattle, WA
Procedures: FGCS

Dr. Mark Zukowski
Chicago, IL
Procedures: FGCS

This information, including the individuals listed, is for information only and should not be considered a recommendation or endorsement of any particular treatment or individual by Callen-Lorde. Patients should do their own research and make individualized decisions as to what practitioner and treatment is best for them.

Current Callen-Lorde patients may also gain additional information by consulting with a case manager.

Compiled by Gaines Blasdel for Callen-Lorde.