

First accurate data showing male to female transgender surgery can give better life

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Scientists have developed a transgender-specific questionnaire, which confirms for the first time that gender surgery significantly improves quality of life for the majority of patients. The study shows that 80% of male-to-female patients perceived themselves as women post-surgery. However, the quality of life of transgender individuals is still significantly lower than the general population.

Many transgender individuals request gender reassignment surgery, but until now there only existed information on general aspects of health related [quality](#) of life (QoL) and non-validated questionnaires about improvement of QoL. A team at the University hospital in Essen, Germany, led by Dr. Jochen Hess, followed 156 patients for a median of more than 6 years after surgery. They developed and validated the new Essen Transgender Quality of Life Inventory, which is the first methodology to specifically consider transgender QoL.

They found that there was a high overall level of satisfaction with the outcomes of surgery. When comparing the QoL of the last four weeks with the QoL during the time of publicly identifying as transgendered there was a highly significant increase on all subscales of the ETL as well as for the global score indicating a large improvement of QoL in the course of the transitioning process.

Doctor Hess commented: "The good news is that we found that around three-quarters of patients showed a better quality of life after surgery. 80% perceived themselves to be women, and another 16% felt that they

were 'rather female'. 3 women in 4 were able to have orgasms after reassignment surgery.

It's very important that we have good data on Quality of Life in transgender people. They generally suffer from a worse QoL than non-transgender population, with higher rates of stress and mental illness, so it's good that surgery can change this, but also that we can now show that it has a positive effect. Until now we have been using general methods to understand quality of life in transgender individuals, but this new method means that we can address well-being in greater depth".

Recent data estimates that 1.4 million adults in the USA identify as transgender, which is about 0.6% of the population. Comparable European figures are not available, but there is wide variation between reported prevalence in individual European countries. Transgender individuals have seen greater visibility in recent years due to the openness of personalities such as Caitlin Jenner, Chelsea Manning, and Andreja Pejic.

The team notes that there are limitations to the study: there was a high drop-out rate, and the results are from a single centre (NOTE: please see information in 'Notes for Editors', which contains more information on the drop-out rate. Info also available directly from press officer).

"Nevertheless, we now have the first specific validated tool for measuring QoL in transgender patients, we hope that this means that we can go forward to gather better information to help us improve treatment", said Dr. Hess.

Commenting, Prof Professor Piet Hoebeke (Ghent University Hospital, Belgium) said:

"As patients develop a better understanding and higher acceptance of

[transgender](#) surgery, more will seek gender confirming surgery. Despite this observation many doctors are still not convinced that this is a medical condition for which [surgery](#) can be offered as a valuable treatment. We need studies like this one to convince the medical world that these [patients](#) can get a better QOL with treatment".

Professor Jens Sørensen (University of Copenhagen) commented: "This study suffered from a high drop-out rate, which needs to be considered alongside the main data. Nevertheless, this is a large important study, one of the largest clinical transsexual surveys ever attempted, and the fact that has been performed using a specific validated questionnaire is significant. This is probably the best view of quality of [life](#) in after sex-reassignment that we have".

Neither Professor Hoebeke nor Professor Sørensen were involved in this work, these are independent comments.

Provided by European Association of Urology

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