

Researchers find that regret is rarer than believed among patients who undergo gender affirming surgery

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In a Viewpoint article published in *JAMA Surgery*, three Johns Hopkins researchers urge the medical community to dismiss a widely held, but scientifically unsupported belief that many people who are transgender and gender diverse (TGD), and undergo gender affirming surgery (GAS), later regret their decision to undergo such procedures.

The researchers include Harry Barbee, Ph.D., assistant professor and

interdisciplinary social scientist at the Johns Hopkins Bloomberg School of Public Health, Bashar Hassan, M.D., a postdoctoral research fellow in plastic and reconstructive surgery at the Johns Hopkins Center for Transgender and Gender Expansive Health (CTH) and the University of Maryland Medical Center's R Adams Cowley Shock Trauma Center, Fan Liang, M.D., medical director at the CTH and assistant professor of plastic and [reconstructive surgery](#) at the Johns Hopkins University School of Medicine.

In their article, the three report findings from a retrospective look at the limited amount of evidence-based studies addressing post-GAS regret. They also describe how research, [health care](#) and public policy can be guided by using scientific data to properly define post-surgical regret—currently believed to be very low—to address health needs across diverse populations.

Among the findings from their review of the available-to-date medical literature on post-GAS regret are:

- Less than 1% of TGD people who receive GAS report regret, which appears dramatically lower than rates of surgical regret among people who are cisgender.
- Differences in post-GAS regret between people who are TGD and those who are cisgender may be linked to the reasons each group has for undergoing the surgery (for example, gender alignment vs. [cancer treatment](#)).
- That reduction in regret also may be due to careful implementation of existing evidence-based, multidisciplinary guidelines and standards of care for those who are TGD, such as requiring a well-documented history of gender dysphoria (feeling mismatch between biological sex and [gender identity](#)).
- Accurately evaluating patient satisfaction and regret following GAS remains a significant challenge.

To improve the assessment and understanding of post-GAS regret, the researchers recommend:

- Using Gender-Q, a promising specific and comprehensive patient-reported outcome measure currently undergoing international field testing and validation.
- Assessing post-GAS regret no earlier than one year following surgery to overcome any biases.
- Incorporating baseline assessments of factors that may influence regret, such as age, race, [education level](#) and quality of life.
- More nuanced research of post-GAS regret that could uncover opportunities to improve [public policy](#), and consequently, the long-term health of the population identifying as TGD.

More information: Harry Barbee et al, Postoperative Regret Among Transgender and Gender-Diverse Recipients of Gender-Affirming Surgery, *JAMA Surgery* (2023). [DOI: 10.1001/jamasurg.2023.6052](https://doi.org/10.1001/jamasurg.2023.6052)

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