



INFORMATION BOOKLET

ORCHIECTOMY

PART A

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1. GENERAL PRESENTATION

Thank you for choosing the Complexe Chirurgical CMC for your surgical experience.

This booklet was designed to support you from beginning to end of the surgical process. It is divided into three parts:

PART A: This section will provide you with information about the surgical procedure and its risks and complications.

PART B: It contains information about the surgical procedure and how to prepare for it.

PART C: This part contains many tips on hygiene, mobility and pain relief. These recommendations will help you have a faster and easier recovery.

This booklet contains essential information for the smooth running of your pre-operative care, surgical procedure, and post-operative care.

The GrS Montréal team is available to answer all your questions and any requests for additional information from you, or health professionals involved in your surgical process. You will find all the contact details needed to get in touch with us below.

DISCLAIMER OF LIABILITY

The information in the booklet (comprising Parts A, B and C) is provided for educational purposes and should not be considered medical advice. If you have any questions about your personal medical situation, please contact us or consult your healthcare professional.

2. WHAT IS AN ORCHIECTOMY?

Orchiectomy is a surgical procedure to remove both testicles.

This procedure reduces testosterone production. In some case, the surgery alone is sufficient to eliminate the need for testosterone blockers, either because the patient wants to stop taking them or because the side effects are too intense. After this procedure, you will need to follow-up with a doctor or endocrinologist to obtain the hormone replacement therapy for your overall health. This replacement can be estrogen or testosterone.

*Our team performs testicle removal as part of the vaginoplasty procedure. If you are considering a vaginoplasty with a vaginal cavity, you should be aware that if you have an orchiectomy beforehand, the surgical technique for vaginoplasty will require a skin graft taken from another part of the body to compensate for the absence or insufficiency of scrotal skin. In fact, once the testicles have been removed, the skin of the scrotum may contract over time. Please refer to [Part A of the Vaginoplasty booklet](#) if necessary.

THE SURGICAL TECHNIQUE

This procedure will make you infertile. Therefore, we recommend discussing fertility preservation options with your treating professional before proceeding with surgery.

The steps of the surgical procedure:

1. A vertical incision of 4 to 5 cm is made in the centre of the scrotum. This technique generally preserves sensations in the surrounding skin.
2. The spermatic cords that attach the testicles to the abdomen are cut.
3. The testicles are removed.
4. The incision is closed with dissolving sutures.

Results vary from person to person.

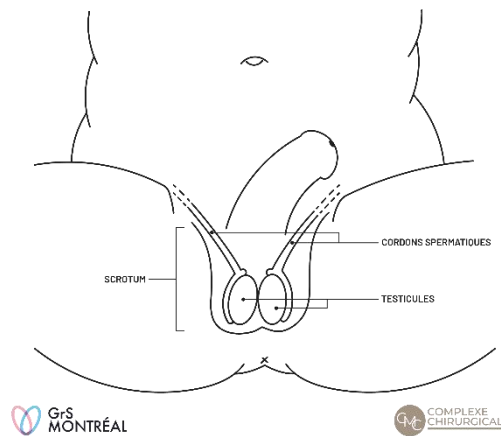


Fig.1 Orchiectomy
Pre-operative – Front

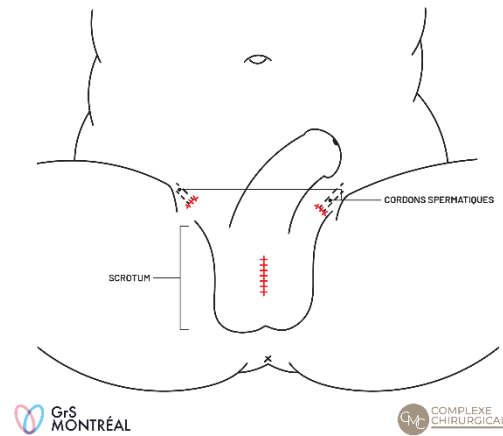


Fig.2 Orchiectomy
Post-operative – Front

Possibility of scrotoectomy

If you wish, the surgeon can perform a partial or total scrotoectomy. This procedure involves removing some or all the skin from the scrotum, which is the sac that surrounds the testicles. This procedure reduces the amount of skin and modifies the appearance of the scrotum.

Most third-party payers (provinces, territories and insurance companies) do not fund scrotoectomies. If it is not covered, you may be able to have this procedure performed at your own expense at the same time as your program-funded orchiectomy. Check with your provincial program or insurance company to find out if this procedure can be funded.

It is important to let our team know as soon as possible whether you would like a partial or total scrotoectomy once your request for surgery is being evaluated.

3. PREREQUISITES

3.1 BODY MASS INDEX (BMI)

To be eligible for a gender-affirming orchiectomy at CMC, your BMI must be below 40.

A high BMI may have significant consequences on your health and your quality of life, reduced healing potential and satisfaction with surgical results. Severe obesity (BMI ≥ 35) increases the risk of surgical complications and requires increased monitoring at all stages of your surgical procedure.

Please note that if your BMI is above 40 on the morning of the surgery, your surgeon may postpone the procedure.

3.2 GENITAL HAIR REMOVAL

Laser or electrolysis hair removal of the genitals is not mandatory before surgery.

Please note, however, that if you decide to undergo these treatments, they should be completed in advance. If you decide to stop the treatments, they must be interrupted at least three months before surgery, as the remaining hairs must be visible to be cauterized during surgery.

3.3 TOBACCO

At least **6 weeks before and 8 weeks after** your surgery stop smoking cigarettes and electronic cigarettes containing nicotine. Also, stop consuming nicotine products or nicotine substitutes (Nicorette® or others) because they have the same harmful effects as cigarettes. We suggest that you quit nicotine now to increase your chances of success.

Nicotine and toxic substances contained in tobacco can constrict small blood vessels (this is called vasoconstriction) and therefore

- slow down the healing of your wounds,
- increase the risk of infection,
- increase the risk of respiratory problems and pneumonia after the procedure,
- cause bouts of coughing when getting up, increasing the risk of post-operative bleeding.

3.4 CANNABIS

Please note that the use of non-prescription cannabis in any form is prohibited on the entire property of the Complexe chirurgical CMC. In addition, municipal laws prohibit the consumption of cannabis in any public place, indoor or outdoor. It is important to know that smoking cannabis, like smoking cigarettes, contributes to the deterioration of your respiratory system and can impair your post-operative recovery and cause complications during the anaesthesia. No study confirms a safe threshold for cannabis consumption in the pre- and post-operative periods; the safest approach is, therefore, to avoid all consumption if possible.

If your cannabis, in any form, is not prescribed by a healthcare professional:

- Talk to your healthcare professionals as far in advance of your surgery date as possible to give yourself time to find an alternative treatment that will meet your needs during your stay.
- Please inform us during your first communications with our team to plan your surgery.
- It is recommended that you gradually reduce cannabis consumption in the months preceding the surgical procedure to be able to stop completely at least two weeks before.

If you have a medical prescription for cannabis consumption:

- Please let us know from your first communications with our team to plan your surgical procedure and give us a copy of the prescription confirming the therapeutic indication, dosage and form used.
- Inhaled cannabis should be replaced with another form in the weeks before the surgical procedure due to this form's impact on the airway during anaesthesia. Inhalation should be stopped at least 2 weeks before surgery. The forms we allow under prescription are capsules or drops. Gummies or other edible forms are not authorized.

We recommend that you discuss your consumption with our team as soon as possible so that we can prepare your surgical stay and ensure that it runs as smoothly as possible.

Our team is not authorized to write these prescriptions or process your orders.

4. SURGICAL PROCEDURE

4.1 ANAESTHESIA

During the procedure, in addition to the surgical team, you will be under the care of an anaesthesiologist and a respiratory therapist. Various anaesthetics (to numb and put you to sleep) and analgesic (to relieve pain) techniques may be used during the surgical procedure.

4.2 PROCEDURE

Average duration of the procedure	30 minutes
Anaesthesia	Regional or general
Hospitalization	Day surgery
Convalescence and sick leave	3 weeks
Resuming physical and sports activities	4 weeks

5. ADDITIONAL INFORMATION ABOUT THE SURGICAL PROCEDURE

5.1 HEALING

Complete healing may take 9 to 12 months following surgery.

Due to several factors that are specific to each individual, results may vary from one person to another. Be assured that our surgical team works with each patient to achieve the best possible results.

5.2 FOOD HABITS

An unbalanced diet or dietary deficiencies can delay healing and therefore increase the risk of post-operative complications. If your diet is vegetarian or vegan or your body mass index is below optimal values (18.5), your surgeon may order additional blood tests. We also recommend you consult your doctor or a nutritionist to ensure your diet contains all the necessary elements. They will be able to establish a nutritional plan that promotes healing.

5.3 PAIN RELIEF

It is normal to feel pain after surgery. A prescription for pain medication will be given to you when you are discharged from CMC. You will find tips to help you manage your pain in Part C of this booklet.

5.4 REPRODUCTION AND FERTILITY

Orchiectomy is a gender-affirming surgery that permanently and irreversibly eliminates your ability to reproduce. Your treating physician, gynecologist, healthcare professionals and fertility preservation specialists can explore the various options with you. We advise you to discuss and reflect on these options before proceeding with this procedure.

6. RISKS AND COMPLICATIONS

6.1 INFORMED CONSENT

The decision to undergo a surgical procedure must be made in an informed manner, that is, after having obtained all the information you need to understand, asked your questions, obtained answers to your satisfaction and had sufficient time to reflect before expressing your consent.

6.2 INFORMATION ON THE RISKS AND COMPLICATIONS RELATED TO ORCHIECTOMY

Any surgical procedure carries risks and may give rise to complications and side effects. Our surgical team and clinical staff are trained to minimize the risks associated with orchiectomy and to follow proven and rigorous protocols in the event of a complication.

It is important for you to know and accept that although our experience demonstrates a high rate of success and satisfaction, we cannot, in any way, guarantee the aesthetic and functional results of this surgical procedure. Although we take all available means and apply the highest professional standards, it is possible that the result of the procedure may not be entirely satisfactory and that it may be necessary to resort to other procedures or treatments which may then be offered to you. Corrective surgical procedures not considered medically required are not funded by third-party payers. Some corrective surgeries will be at your expense if desired.

It is important to note that certain lifestyle habits, such as an unbalanced diet, smoking, alcohol or drug use, physical inactivity and health history, can increase the risk of complications.

Your cooperation at all stages is essential. Therefore, we expect you to inform us of any medical condition or problem so that we can assess its possible impact on the surgical procedure, anaesthesia or other care that may be required. You must read this section carefully and take the time to reflect on it.

Complications may occur during the procedure but also in the weeks that follow. Some complications are common to all surgical procedures, while others are more specific to orchiectomy surgical procedure.

If you need further explanations of the content of this section, please discuss it with our team and your surgeon.

6.3 SMOKING

Smoking increases the risks of complications. Smokers have increased risks of infectious, pulmonary, respiratory, and cardiovascular complications. Smoking can cause delayed healing of surgical wounds and cause complications such as those mentioned in this document.

6.4 BLOOD CLOTS AND PULMONARY EMBOLISM

These complications can occur with any type of surgery. Immobilization and gynecological positioning during a surgical procedure can increase the risk of blood stagnation in the veins of the lower limbs and pelvis, potentially leading to the formation of a blood clot that can cause a pulmonary embolism. They are more frequent in pelvic surgery and for patients taking hormone supplements. These complications require treatment in hospital and monitoring by a specialized doctor. Early mobilization after the procedure helps prevent complications related to blood circulation.

6.5 BLEEDING

Bleeding risks are associated with all surgical procedures. Bleeding requiring transfusion of blood products is rare but can occur. To minimize the risk of bleeding, avoid Aspirin (ASA), anti-inflammatories, natural products and alcohol 10 days prior to the surgical procedure.

6.6 HEMATOMA AND SEROMA

A hematoma is an accumulation of blood under the skin, while a seroma is an accumulation of clear body fluid. In both cases, it may be a mild accumulation, but these complications may also result from a more serious build-up requiring drainage to remove excess blood or fluid from under the skin.

6.7 INFECTION

Infection is a common risk associated with many surgical procedures. Infection occurs when tissues are affected by microorganisms such as bacteria or other pathogens. An infection is treated with local, oral or intravenous antibiotics.

Local infection with pus build-up (abscess) often requires drainage. An untreated infection could lead to necrosis (cell death) of the surrounding tissues.

6.8 ALLERGIES OR SENSITIVITY TO PRODUCTS OR MATERIALS USED

In rare cases, an allergic reaction or sensitivity to soaps, ointments, adhesive tapes, or stitches may develop during or after surgery. This complication is usually treated quite easily. Severe allergic reactions are extremely rare but may sometimes require hospitalization.

6.9 REOPENING (DEHISCENCE) OF WOUNDS

The healing process is influenced by numerous factors: edema, infection, tension on wounds, poor blood circulation, alcohol, smoking, diet, etc. These factors can cause wounds to reopen, requiring a longer healing period. Usually, this will not affect the final appearance of operated area.

6.10 INJURIES TO OTHER PARTS OF THE BODY

In rare cases, blood vessels, nerves and muscles may be damaged during the surgical procedure.

6.11 LOSS OF SENSATION AND PAINFUL HYPERSENSITIVITY

It is possible that the operated area will not regain its sensitivity or, on the contrary, that some areas remain hypersensitive. It is also possible that numbness persists in some areas, and that sensation does not return completely.

The spermatic cords are cut on either side of the scrotum and will retract into the groin. This can cause discomfort up to the iliac crest. The end of the severed spermatic cord can be felt under the skin. This may create the sensation of small bumps or a cut cord inside the scrotal sac. These sensations should diminish as healing progress.

It is also possible to develop chronic pain at the surgical site. Various treatments may be recommended, including follow-up in a pain clinic in your area if the recommendations of our team fail to improve the situation.

6.12 REDUCED SEXUAL FUNCTION

After surgery, desire may no longer be spontaneous, and it may take longer to reach a satisfactory level of sexual arousal. You may also notice changes in the capacity and firmness of your erections, or in your ability to reach orgasm. If indicated, your healthcare professional or hormone prescriber may discuss medication for erectile dysfunction with you.

6.13 CANCER MONITORING AND PREVENTION

Because only the testicles are removed during an orchiectomy, it is important to follow public health recommendations and your healthcare professional's instructions for monitoring and preventing prostate and other genitourinary cancers.

6.14 UNSATISFACTORY RESULTS OR NEED FOR CORRECTION

The surgeon may suggest secondary corrective surgery to restore physical integrity by correcting acquired malformations if they deem it medically necessary.

The decision whether to fund corrective surgery rests with the third-party payer (most often the Ministry of Health in your province or territory).

The following procedures are not eligible for funding by your province or territory:

- revision of a scar that does not cause functional issues,
- removal of asymptomatic excess fatty tissue,
- surgeries to correct results considered unsatisfactory by patients and not causing functional interference. Disappointment with the results is not considered a valid medical reason.

Corrective surgeries for aesthetic purposes are at your expense.

6.15 SOUTIEN PSYCHOSOCIAL

Gender affirmation surgeries lead to multiple changes in patients' lives. To successfully adapt to all these changes, it may be essential to receive help from health professionals and from those around you.

You might sometimes experience feelings such as:

- discouragement about post-operative care,
- boredom or isolation during recovery,
- sadness at the reaction of certain people close to you,
- exhaustion due to pain and the desire to stop important care for your recovery,
- regrets or doubts about your decision to have surgery,
- etc.

If this is the case, do not hesitate to ask for help from local psychosocial or psychological support resources or contact a professional you trust.

7. INFORMED CONSENT

7.1 TYPE OF SURGICAL PROCEDURE

I have expressed, to the Complexe chirurgical CMC and the doctors who practise there as well as their agents and delegates (collectively the “CC-CMC”), the decision to have a gender-affirming orchiectomy.

More specifically, a bilateral orchiectomy

☐ WITHOUT scrotoectomy

or

☐ WITH scrotoectomy:

☐ partial

☐ total

Dr. _____ agreed to proceed with this procedure.

7.2 NATURE OF THE PROPOSED SURGICAL PROCEDURE, PURPOSE AND EXPECTED RESULTS

I understand that the procedure will include removal of both testicles, with or without partial or total reduction of the scrotal skin, depending on the chosen option.

I understand that surgical results and cosmetic appearance following this surgery may vary from one person to another.

7.3 ALTERNATIVES

The decision to have a “gender-affirming orchiectomy” procedure is a personal choice. Choosing not to have this surgery is also possible. The selected technique was chosen in an informed manner in collaboration with my surgeon at the Complexe chirurgical CMC.

7.4 POSSIBLE RISKS AND COMPLICATIONS

I acknowledge that all surgical procedures involve risks and may lead to complications. By giving my informed consent to the surgery, I consent to the risks and complications that may result.

Before signing this consent, I have read section 6, *Risks and complications* in part A of the *Gender affirmation orchiectomy* booklet.

I have been informed that unforeseeable circumstances may arise during the surgical procedure, requiring a change in the surgical approach. I consent to any changes that may be necessary during surgery and for which I would not be able to express specific consent because of the anaesthesia.

In addition to the above, I fully understand the meaning and scope of the following statements, which are fundamentally linked to the procedure to which I consent:

- Removal of both testicles is permanent.
- This is a permanent change in the appearance of my genitals.
- This operation will make me infertile. Therefore, I will be unable to conceive a child without using my gametes, which would have been collected and preserved at a fertility centre.

I freely assume and without any external constraint the choice I make to consent to the surgery, and I confirm that neither the Complexe chirurgical CMC and its staff nor the physicians practising therein can guarantee me the aesthetic and functional results of this procedure and that they have made no representation to me of any such guarantee.

7.5 INFORMED CONSENT TO SURGICAL PROCEDURE

I certify that I have read Parts A, B and C, of the *Orchiectomy* information booklet, I have received all the information necessary for my understanding, I have asked my questions, obtained answers to my satisfaction, and had enough time to think before expressing my consent, and I have no more questions. With my signature, I certify that I voluntarily consent to the surgical procedure.

I confirm that I am of legal age and able to consent hereto.

7.6 RIGHTS OF REVOCATION

I understand that I may revoke this consent unless the CC-CMC has already performed the surgical procedure based on this consent.

PATIENT

Full name _____
Full address _____
Date of birth _____
Signature _____ Date: _____

GUARDIAN/LEGAL REPRESENTATIVE (IF APPLICABLE)

Full name _____
Date _____
Signature _____

WITNESS

Full name _____
Date _____
Signature _____