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Article *in* Journal of Sex and Marital Therapy · January 2019

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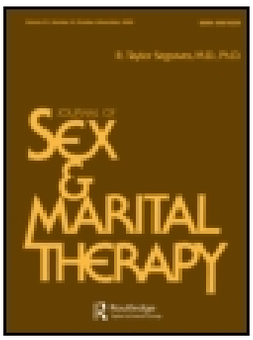

Journal of Sex & Marital Therapy

ISSN: 0092-623X (Print) 1521-0715 (Online) Journal homepage: https://www.tandfonline.com/loi/usmt20

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To cite this article: Tim C. van de Grift, Garry L. S. Pigot, Baudewijntje P. C. Kreukels, Mark-Bram Bouman & Margriet G. Mullender (2019): Transmen's Experienced Sexuality and Genital Gender-Affirming Surgery: Findings From a Clinical Follow-Up Study, Journal of Sex & Marital Therapy

To link to this article: https://doi.org/10.1080/0092623X.2018.1500405

Published online: 23 Jan 2019.

JOURNAL OF SEX & MARITAL THERAPY
https://doi.org/10.1080/0092623X.2018.1500405

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Transmen's Experienced Sexuality and Genital Gender-Affirming Surgery: Findings From a Clinical Follow-Up Study

Tim C. van de Grift[a,b], Garry L. S. Pigot[c], Baudewijntje P. C. Kreukels[b,d], Mark-Bram Bouman[a], and Margriet G. Mullender[a]

[a]Department of Plastic, Reconstructive and Hand Surgery, VU University Medical Center, Amsterdam, The Netherlands; [b]Department of Medical Psychology, Section Gender and Sexology, VU University Medical Center, Amsterdam, The Netherlands; [c]Department of Urology, VU University Medical Center, Amsterdam, The Netherlands; [d]Amsterdam Public Health Research Institute, Amsterdam, The Netherlands

ABSTRACT

Genital gender-affirming surgery (GAS) aims to alleviate feelings of gender dysphoria and support psychosexual outcomes. However, little is known of sexual activity and satisfaction of transmen after phalloplasty or metoidioplasty. A clinical follow-up study was conducted in transmen at least one year after genital GAS in order to evaluate measures of experienced sexuality. Participants ($N = 38$) received a set of self-constructed questionnaires on sexual relationships and orientation, use of genitals during sexual contact, and the experienced influence of surgery on sexuality. Twenty-nine had received phalloplasty, nine metoidioplasty. The average follow-up time was 32 months. The majority reported to be sexually active. The use and enjoyment of both chest and genitals during sexual activity increased after surgery. Other areas of improvement included arousability, sexual interest, and pleasure. Free text comments provided an insight into the role of genital sensation and sexual self-esteem in postoperative sexuality. In conclusion, genital GAS positively impacts transmen's sexuality, although possible issues with genital sensation or penetration may exist and should be communicated preoperatively. Therefore, we recommend interdisciplinary collaboration on this subject.

Introduction

Gender dysphoria and associated body dissatisfaction may result in sexual issues. In recent years, a significant increase in referrals for gender-affirming medical therapies has been observed around the globe (Zucker, 2017). In essence, psychological, hormonal, and surgical interventions are provided to relieve mental distress and support satisfactory psychosexual outcome.

While for some aspects of psychological well-being, substantial research has been produced, indicating the effectiveness of genital gender-affirming surgery (GAS; phalloplasty or metoidioplasty; van de Grift, Elaut et al., 2017), little is known of the effects of surgery on sexual experiences of transmen specifically (Stephenson et al., 2017). Studies on postoperative sexuality of transmen are generally limited to frequency of sexual activity and masturbation (equally or more frequent than preoperative) and orgasmic ability (mostly able to achieve postoperative; Klein &

CONTACT Tim van de Grift t.vandegrift@vumc.nl Department of Plastic, Reconstructive and Hand Surgery, VU University Medical Center, Amsterdam, the Netherlands; Department of Medical Psychology, Section Gender and Sexology, VU University Medical Center, P.O. Box 7057, 1007 MB, Amsterdam, the Netherlands.

Table 1. Experienced impact of genital GAS on aspects of sexuality, *n* (%).

	Increased	Similar	Decreased	Mean[a]
Arousability	10 (32)	20 (65)	1 (3)	0.29
Sexual sensation	14 (45)	12 (39)	5 (16)	0.29
Sexual pleasure	12 (40)	14 (47)	4 (13)	0.27
Interest in sex	12 (39)	14 (45)	5 (16)	0.23
Sexual initiative	8 (26)	18 (58)	5 (16)	0.10
Orgasmic intensity	8 (21)	16 (52)	7 (23)	0.03
Orgasmic capacity	7 (18)	16 (52)	8 (26)	−0.03

Due to rounding, percentages may not sum to 100; data available for 31 participants.
GAS = :gender-affirming surgery.
[a]−1 = decreased, 0 = similar, +1 = increased.

Gorzalka, 2009). Other parameters of sexuality after phalloplasty have been studied in non-transmen populations only, albeit the lack of sufficient studies was pointed out here as well (Callens et al., 2013). With regard to providing an adequate preoperative informed consent and developing supportive follow-up services, the present clinical follow-up study was conducted focusing on sexual activity, orientation, and function.

Methods

A clinical follow-up study was conducted in 47 candidates who had received genital GAS surgery between 2011 and 2015 and were at least one year postoperation. Care was conducted in a center of expertise following the Standards of Care of the World Professional Association for Transgender Health (Coleman et al., 2012). Surgical procedures included phalloplasty and metoidioplasty with or without urethral lengthening. Preoperative counseling was conducted by a plastic surgeon, a urologist, and a psychologist-sexologist (e.g., on sexuality or possible penetrative ability after surgery). Everyone received similar surgical follow-up and no differences in background characteristics were observed between participants and non-participants.

Preoperative data on sexuality were collected standardly during the consultation with the psychologist-sexologist, and postoperative data were collected as part of this follow-up study. Participants ($n = 38$, 81% of the recruited sample) received a set of (self-constructed) questionnaires assessing sexual relationships/orientation, the use of genitals during sexual contacts, and the experienced impact of surgery on sexual function (attached as Appendix A). Descriptive statistical analyses were performed. The research project was approved by the local ethical review board (van de Grift, Pigot et al., 2017).

Results

Participants were aged 40 years on average ($SD = 10$) and had on average received 13 years ($SD = 8$) of testosterone treatment at follow-up. In 29, a phalloplasty was performed (22 with and 7 without urethral lengthening; 15 FTFF, 2 ALT, and 10 ALT + FTFF flaps[1]); in 9, metoidioplasty (6 with and 3 without urethral lengthening); in all, mastectomy; in 18, testicular implants; and in 2, a penile implant. The average follow-up time after genital GAS was 32 months ($SD = 20$). Overall satisfaction with genital appearance was 68% and with sexual functioning 36% ([strongly] agree on 5-point scale).

At follow-up, 28 reported they had a (sexual) partner (78%; 25 female, 3 male). Four reported sexual attraction (primarily) to men, thirty (primarily) to women, three to other than men/

[1]ALT = anterolateral thigh flap, which is a sensate fasciocutaneous flap harvested from the thigh; FTFF = free radial forearm flap, which is a sensate fasciocutaneous flap harvested from the arm.

women. Three participants reported changed sexual orientation after surgery (men to women, and unspecified to men and both). Most participants reported one ($n = 21$) or no ($n = 9$) sexual partners in the last 12 months. Sexuality was considered important by 82%. Comparing preoperative to postoperative data, the percentage of transmen who used their chest and genitalia during sexual contacts increased (chest: from 30% to 40%, $p > .05$; genitals: 31% to 78%, $p = .007$). The share of participants who enjoyed using these body parts increased (chest: from 22% to 50%, $p > .05$, genitals: 14% to 72%, $p = .006$). A trend was observed with participants with metoidioplasty being more often (strongly) satisfied with their sexual function (63.5%) compared with participants who received a phalloplasty (28.0%; $p = .09$).

Table 1 displays the experienced effects of GAS on aspects of sexuality. On average, most improvement was experienced on arousability, sexual sensation, and pleasure. A substantial minority, however, experienced a decrease (mostly regarding orgasmic capacity) and many reported no changes. Free text comments illustrated how sexuality related to phallic sensation: "I don't have much sensation in my penis, and orgasm is less as well." The neo-penis was experienced supportive in developing a positive self-esteem and masculine affirmation: "Surgery has made me more self-confident. Therefore I experience more gratification of my body and sex life," and as a result it was considered easier to engage in and enjoy sexual contacts: "I'm less confronted with being a 'woman.' I can easily let go during sex now." Still, some issues, mostly relating to penetrative inability because of absence of a penile implant, were reported. Some experienced feelings of insufficiency as a man toward their female partner: "My body is complete, but not being able to penetrate negatively impacts the sexual relation with my partner. It decreases my self-confidence, although my partner isn't to blame."

Discussion

GAS aims to alleviate feelings of gender dysphoria and support psychosexual outcome. This study aimed to add to the knowledge on the effects of genital GAS in transmen on sexual activity, orientation, and function. Most transmen experienced similar or improved sexual function after surgery. An important area of improvement includes one's gender affirmation. A finding that confirms other studies (Nikkelen & Kreukels, 2018; van de Grift, Elaut et al., 2017) observing positive associations among gender affirmation, body satisfaction and sexual outcomes. Also, participants experienced increased sexual initiative and sexual pleasure. This may relate to increased (sexual) self-esteem and affirmation of masculinity. These findings were supported by the free text comments as well. Phallic sensation and inability to penetrate were found to negatively impact sexual well-being. The first aspect may be related to the decreased orgasmic capacity, experienced by a significant minority of participants (possibly because genital stimulation is more difficult with a buried clitoris). This is important to consider when counseling transmen on how they might develop pleasurable sex and how erogenous stimulation may have to be rediscovered (e.g., due to decreased sensitivity of the phallus). Also, for some transmen, penetrative ability may be more important after surgery than anticipated preoperatively. The inability to penetrate was experienced negatively as it conflicted with male-typical sexual roles and related to feelings of insufficiency. This was not unexpected, as only a few of the participants had received an penile implant. Earlier studies found improved sexual function after penile implants after phalloplasty (Young et al., 2017), while pain was reported as well (Wierckx et al., 2011). Therefore, a future study could follow up on the present group after implantation or compare the findings with cohorts who did receive these implants. Also, (improving) individual coping with surgical outcomes is important to consider in this context.

Limitations

Although this is among the first studies on this subject, it was limited by its relatively small sample size, explorative questions, and short follow-up time. The design did not allow to differentiate among different treatment modalities. For some subgroups (e.g., those who underwent metoidioplasty or a phalloplasty without urethral lengthening), a larger sample size (e.g., 20 participants per subgroup) would have made the outcomes more generalizable. Also, as participants were already on testosterone therapy, we only studied the effects of surgery. No outcome data on non-participants were available, and several outcomes had significant missing data. Moreover, no validated measure of sexual well-being is available to follow up on transgender individuals. Most instruments are sex-specific (i.e., pre- and postoperative comparisons are not possible) and/or based on heteronormative sexual activity (i.e., penetrative sex is assumed). Therefore, we plea for the development of transgender-inclusive measures of sexuality. Also, we emphasize the need for broader understanding of other factors, such as socioeconomic- and mental health–related factors, in surgical decision making.

Conclusion

Our findings can assist clinicians in their informed consent regarding genital GAS; surgery can positively influence sexual experiences, and changes in sexuality may occur (e.g., changed sexual orientation), yet decreased sensation or inability to penetrate are prevalent as well and may decrease sexual outcomes. In order to improve psychosexual outcomes of surgery, we recommend collaboration between surgeons and psychologist-sexologists, both in preoperative counseling and in postoperative follow-up. Such collaboration may focus on informing transmen on opting for penile implant surgery versus developing satisfactory non-penetrative sexual strategies.

Acknowledgements

The authors would like to thank all study participants, as well as Siham Boudhan, Marlon Buncamper, Lian Elfering, Luk Gijs, Eric Meuleman, Müjde Özer, Wouter van der Sluis, and Mieke Staphorsius for their contribution to the study.

References

Callens, N., De Cuypere, G., Van Hoecke, E., T'Sjoen, G., Monstrey, S., Cools, M., & Hoebeke, P. (2013). Sexual quality of life after hormonal and surgical treatment, including phalloplasty, in men with micropenis: A review. *The Journal of Sexual Medicine*, *10*(12), 2890–2903.

Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., … Zucker, K. (2012). Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. *International Journal of Transgenderism*, *13*(4), 165–232.

Klein, C., & Gorzalka, B. B. (2009). Continuing medical education: Sexual functioning in transsexuals following hormone therapy and genital surgery: A review (CME). *The Journal of Sexual Medicine*, *6*(11), 2922–2939.

Nikkelen, S. W. C., & Kreukels, B. P. C. (2018). Sexual experiences in transgender people: The role of desire for gender confirming interventions, psychological well-being, and body satisfaction. *Journal of Sex & Marital Therapy*, *44*(4), 370–381.

Stephenson, R., Riley, E., Rogers, E., Suarez, N., Metheny, N., Senda, J., … Bauermeister, J. A. (2017). The sexual health of transgender men: A scoping review. *The Journal of Sex Research*, *1*, 22.

van de Grift, T. C., Elaut, E., Cerwenka, S. C., Cohen-Kettenis, P. T., De Cuypere, G., Richter-Appelt, H., & Kreukels, B. P. (2017). Effects of medical interventions on gender dysphoria and body image: A follow-up study. *Psychosomatic Medicine*, *79*(7), 815.

van de Grift, T. C., Pigot, G., Boudhan, S., Kreukels, B. P. C., Elfering, L., Özer, M., … Mullender, M. G. (2017). An explorative prospective study of motivations before and psychosexual outcomes after penile reconstructive surgery in transgender men. *Journal of Sexual Medicine*, *14*, 1621–1628.

Wierckx, K., Van Caenegem, E., Elaut, E., Dedecker, D., Van de Peer, F., Toye, K., … T'Sjoen, G. (2011). Quality of life and sexual health after sex reassignment surgery in transsexual men. *The Journal of Sexual Medicine*, *8*(12), 3379–3388.

Young, E. E., Friedlander, D., Lue, K., Anele, U. A., Khurgin, J. L., Bivalacqua, T. J., … Gearhart, J. P. (2017). Sexual function and quality of life before and after penile prosthesis implantation following radial forearm flap phalloplasty. *Urology*, *104*, 204–208.

Zucker, K. J. (2017). Epidemiology of gender dysphoria and transgender identity. *Sexual Health*, *14*(5), 404–411.

Appendix A. Follow-up survey questions on sexuality

Question	Answering options
To whom are you sexually attracted?	Modified Kinsey scale
Has your sexual attraction changed as a result of your genital surgery?	Yes
	No
How many sexual partners have you had over the past year?	n/a
How important is sexuality for you?	Important
	Not so important
	Unimportant
How frequently does your partner touch your chest during sexual activity?	Never
	Sometimes
	Often
	Always
Did you enjoy this?	Never
	Sometimes
	Often
	Always
How frequently does your partner touch your genitals during sexual activity?	Never
	Sometimes
	Often
	Always
Did you enjoy this?	Never
	Sometimes
	Often
	Always
How did genital surgery impact the following aspects of your sexual life?	Increased
Arousability	Similar
Interest in sex	Decreased
Orgasmic capacity	
Orgasmic intensity	
Sexual initiative	
Sexual pleasure	
Sexual sensation	
Can you briefly elaborate whether/how your genital surgeries have influenced your sexual life?	n/a