Abstract

Study objective: To describe the incidence of pelvic pain in transgender men undergoing hysterectomy for gender affirmation, and to describe the incidence of endometriosis found at the time of surgery.

Design: Retrospective chart review of transgender men presenting for gender affirming hysterectomy between 2010 and 2019. Patients were identified by Current Procedural Terminology (CPT) codes and documented male gender in the medical record, which was queried for perioperative data.

Setting: All patients underwent minimally invasive hysterectomy under general anesthesia by two surgeons at two institutions.

Patients or participants: Patients were individuals assigned female at birth identifying as male who met criteria for gender affirming hysterectomy.

Interventions: Hysterectomy performed using preferred techniques by the surgeons in this study.

Measurements and main results: Sixty-seven (N=67) patients underwent hysterectomy: 98.5% (66) total laparoscopic with salpingo-oophorectomy and 1.5% (1) total laparoscopic with ovarian preservation. Mean age and BMI were 29(±8) years and 28.6(±6.7) kg.m2. 89.5% (60) of patients were on testosterone for a median of 36 (12-300) months: 59.7% (40) were amenorrhoeic, 43.2% (29) had dysmenorrhea, 17.9% (12) reported heavy menses and 14.9% had irregular menses. Of the patients, 50.7% (34) complained of pelvic pain (35.3% constant, 64.7% cyclic). Intraoperative endometriosis was diagnosed in 26.9% (18) of patients: in 32.3% of patients who reported pelvic pain and in 21.9% of patients without pain. There were no differences between patients with endometriosis compared to those without except for: patients with endometriosis were more likely to report irregular bleeding (27.8% vs 8.3%, p=0.04) and were also more likely to complain of heavy menses (66.7% vs 35.4%, p=0.03).

Conclusion: Of the transgender men who presented for hysterectomy, 50% reported pelvic pain, but only 1 in 3 with pain had findings of endometriosis. Patients found to have endometriosis were more likely to report irregular bleeding and/or heavy menses.