Biological Integrity
Integrating the Mind and Body

FACT SHEET: SURGICAL INTERVENTIONS IN MINORS WITH GENDER DYSPHORIA

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People of all ages who perceive or desire their sexual identities to be other than their biological sex have Gender Identity Disorder. Today's culture and even medical literature frequently conflate such sexual identities with personhood (i.e. "transgender persons"). Their gender (sexual images and feelings) identity is prioritized over their actual biology, and is "affirmed" socially, through drugs or hormones, and even by surgical alterations of their healthy bodies in an attempt to align their outward appearance and function with their thoughts and desires. The motivation behind these harmful and irreversible interventions is the rejection of biological sex so we prefer to use the term "sex-rejecting surgery" (SRS) rather than GAS.

SRSs include:

- **Mastectomies (also called "chest" or "top" surgery)** - the most common procedure performed on biological females to eliminate their natural secondary sexual characteristic (female breasts)
- **Vaginoplasty** - formation of a "vaginal canal" (for males who desire to appear and function as females)
- **Gonadectomy** - removal of male testes (orchiectomy) or female ovaries (oophorectomy)
- **Augmentation mammoplasty** - constructing female-type breasts for males
- **Hysterectomy** – removal of uterus
- **Phalloplasty** - construction of an artificial penis (for females who desire to appear as males)
- **Scrotoplasty** - use of a female's labia minora to try to mimic the appearance of a male scrotum

Minors (less than 18 years old) in the U.S. are increasingly subjected to SRS:

SRS is much less common in minors than in adults, but there has been a remarkable increase in pediatric SRS in recent years in the U.S.[1] It is most commonly done on biological females as mastectomies (called "chest" or "top" surgery) to eliminate their natural secondary sexual characteristics (female breasts), but also includes mutilating male (penectomy and "vaginoplasty") and female ("phalloplasty" and "scrotoplasty") genitals in an attempt to mimic those of the

opposite sex. Castration and hysterectomies are also done. The California Kaiser study found a 13-fold increased incidence in pediatric (12-17 years) mastectomies between 2013 and 2020.[1] Federal and state laws regarding transgender intervention coverage by insurance may have played a role in that increase.[2] At Boston Children's Hospital, where the official policy is to only do "masculinizing chest reconstruction" after the 15th birthday and genital ("bottom") surgery after the 18th birthday, 204 cases were reported in 2017 through 2020. Most (87%) were "chest" surgery, and 65 of those 177 were done on minors.[3] A 2018 study from Los Angeles also included at least one patient as young as 13 years old.[4] A recent GAS prevalence study in minors and young adults using U.S. insurance data from 2019 found low numbers of "breast reduction" cases in 13- and14-year-olds[5] but likely grossly underestimates actual numbers in the U.S. for that year, most of which were probably not covered by insurance. Another U.S. national outpatient-based study found 3678 GAS cases in 12-18 year olds between 2016 and 2020.[2]

Non-breast SRS cases in minors are rarely mentioned in research papers but undoubtedly occur as they do in young adults. Most U.S. pediatric SRS is not reported or studied systematically, but available insurance claim data has been used by "Do No Harm" to better assess its prevalence. They report 5747 pediatric SRS cases between 2019 and 2023.[6] Also indirectly from "Do No Harm", reportedly 4160 mastectomy procedures and 660 phalloplasty (genital manipulation) procedures occurred in that same time period.[7] Between 2016 and 2020, other investigators found 3,678 pediatric (12-18 years old) SRS cases, including 3,215 on breasts, 405 on genitals, and 350 "other cosmetic" (breakdown of types for age group not provided).[2]

How informed is consent for SRS in minors?

Those who reject their sex frequently want anything that supports their current sexual identity, often ignoring potential risks and costs.[8] Adolescents are known to be impulsive with immature executive brain function.[9] That, together with a paucity of data (especially long-term) about benefits and risks of SRS, make true informed consent tenuous, if not impossible. Minors generally cannot join the military, buy alcoholic beverages, or rent a car.

Genital SRS is especially experimental with most of the limited experience gained from work on virilized females with congenital adrenal hyperplasia.[10] Transgender-identifying children also have high rates of depression, anxiety, and other mental disorders compared to "cis-gender" peers at 9-10 years of age,[11] and transgender-identifying adolescents can have high rates (over 50%) of psychiatric diagnoses besides a gender dysphoria diagnosis.[12] These mental health problems

plus immature executive function of adolescents may play an important role in "patients and stakeholders" moving forward with SRS without any efforts to preserve fertility.[8]

Proponents of "gender affirmation" say that it helps significantly with mitigating depression and suicide, yet fail to provide evidence that such problems were rampant in decades and centuries past when transgender identities were rarely affirmed. Furthermore, studies purporting benefit have unacceptably brief and incomplete follow-up data.[13] In a 2018 Los Angeles study, only 14% of participants were at least 3 years post-op when they filled out the survey.[4] In another study spanning 7 years, only 137 (66%) of adolescents getting sex-rejecting mastectomies had over 1 year of follow-up, 7.3% of whom had at least 1 complication (the most common being hematoma).[1] Post-SRS deaths in adults compared to controls increased significantly at 7-10 years (diverging even more at 10-30 years) after surgery.[14] In that study, while the overall mortality was 2.8 times higher after SRS, the mortality from suicide was 19 times higher in SRS subjects than in the controls. In the Boston study, the institutional review board waived the requirement for written informed consent.[3]

Is gynecomastia surgery comparable to sex-rejecting mastectomy?

Some authors have tried to legitimize sex-rejecting mastectomy by conflating it with similar surgery sometimes done for gynecomastia in males.[5] Yet breast SRS removes normal body organs, destroying both form and function, whereas gynecomastia surgery removes abnormal tissue while restoring normal form without affecting function.

Do people who receive SRS ever change their mind and embrace their biological sex?

Yes. The common argument from those involved with SRS is that regret is very rare - less than 1%.[15] Most SRS is done on biological females. In the 5.5-year study claiming mastectomy regret was so rare, there were a small number (6) who requested "reversal" surgery at that same institution. Many more may have regretted the surgery but did not seek the so-called "reversal" surgery from the same doctors who permanently rendered them incapable of breastfeeding. After all, those surgeons could never actually reverse the functional damage done, but only attempt to regain the cosmetic effect of breasts, at great physical and financial cost.

What are the financial costs of SRS?

There was a 5-fold increase in SRS between 2012 and 2019 in the U.S., during which the cost increased 36% (adjusted for inflation). The cost of "chest surgery" was reported as $13,238-$21,309.[16] A report on costs of genital SRS cited costs ranging from about $40,000 to $240,000 each.[17] These costs are largely passed on to insurance premium payers, with the potential to be passed on to taxpayers if government sponsored insurance starts paying for them.

What are the complications of SRS?

While available pediatric complication data regarding SRS is very limited, there is some such adult data. Procedures to create a makeshift penis resulted in strictures and fistulas in 63% of patients. After necessary follow-up surgeries, 30% were still unable to urinate through the tip of the makeshift phallus.[18] SRSs such as hysterectomy and gonadectomy have the inherent life-altering consequence of irreversible sterility. Bilateral mastectomies preclude any future breastfeeding. Any surgical procedure has potential risks such as bleeding and infection, but SRS is unique in that loss of normal form and function are inherent consequences.

What evidence exists that demonstrates the efficacy of SRS?

Some people who want to appear sexually different seek surgical solutions for that goal and often are pleased with those efforts, at least in the short run.[15] Almost no long-term controlled studies (even for adults) are available to assess long-term outcomes of SRS. The best long-term controlled study regarding SRS actually found that those who had received SRS to become legally "sex-reassigned" in Sweden had 19 times the suicide rate of age/sex matched controls.[14] Sweden has historically been very accepting of alternative sexual expressions. More than half of the Endocrine Society recommendations for treatment of gender dysphoria have been graded as weak, and the quality of evidence cited for over 80% of those recommendations has been graded as very low to low quality.[19] The principal argument for any sex-rejecting intervention is to reduce the risk of suicide, yet no SRS study to date has systematically measured rates of serious suicide attempts, hospitalizations, and completed suicide after SRS. Other study flaws have included self-selection bias, confirmation bias, short-term follow-up, small sample size, high number of patients lost to follow-up, and lack of a randomized controlled design.

How accurate are the terms used to describe SRS procedures?

Calling a mastectomy just "chest" or "top" surgery is very imprecise and misleading for an operation in which healthy breasts are removed. That terminology is

comparable to calling a tonsillectomy "head surgery." To call it "reconstructive surgery"[3] is more than imprecise, it is dishonest. Reconstructive surgery involves restoring or improving function and/or form to a structural abnormality caused by disease, infection, congenital deformity, trauma, or tumors.[20] Breast SRS destroys normal function (breastfeeding) and distorts normal form. It sacrifices function for appearance. What is referred to as "genital reconstruction"[2] is actually genital mutilation in an ineffective attempt to mimic the genital appearance and function of the opposite sex while destroying healthy organs and their normal function.

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