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EDITORIAL COMMENT

Ascha et al present a highly informative, retrospective comparison of outcomes of 1-stage phalloplasty by pALT or RFFF in gender confirming neophallus creation. Drawbacks of RFFF include donor site scarring and potential hand/forearm dysfunction. pALT avoids vascular anastomosis and has lower donor site morbidity but carries a risk of higher urethral complications. The authors determine which approach to perform with the patient based on BMI and the desire to avoid donor site morbidity. Future studies should use patient reported outcome measures¹ and seek novel ways to improve long-term followup to most accurately estimate procedure complication profiles.

These surgeries are complex with a high complication rate even in the most experienced hands.

More and more urologists will be called on to help provide care for transgender patients. General urologists must have a basic understanding of gender confirming genital surgery as they will increasingly treat transgender patients. Academic reconstructive urologists will be called on to manage short-term and long-term complications of gender confirming surgery. Fortunately many reconstructive urologists possess the skills needed to be of service to transgender patients. We must invest the time and energy to understand the complications and treatment.

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REPLY BY AUTHORS

We appreciate this appraisal and agree that urologists will increasingly be called upon in the care of transgender patients. It is therefore imperative to establish best practice techniques in this advancing field. We concur that future studies investigating patient reported outcomes in gender affirming surgery are paramount. We have previously argued that patient reported outcomes should be the gold standard by which these procedures are judged (reference 26 in article).¹ A successful postoperative result has often been judged by a low complication profile. However, as reported in our study gender affirming procedures are not performed without

risk. Anecdotally despite a relatively high complication rate we experience high patient satisfaction and resolution of gender dysphoria. We echo that these are the metrics by which a successful result should be assessed.

Transgender patients have attempted suicide at a rate as high as 40%.² Therefore, gender affirming surgery has the potential to be a therapeutic and life-saving intervention, a medical necessity. We would argue that the future standard by which these procedures should be judged is resolution of gender dysphoria and patient satisfaction. Notably these metrics were lacking in our study.