



## A View from the O.R. by Paula-Jo Husack, M.A., M.F.C.C

*Paula-Jo Husack is a therapist in the San Francisco Bay Area who has contributed this unique operating-room perspective on a Montreal chest surgery.-Ed.*

Dr. Yvon Menard is a plastic and reconstructive surgeon who has been performing female-to-male and male-to-female gender reassignment surgeries since 1971—back when he was a resident and asked to assist senior physician Dr. Claude Dupont with a male-to-female penile inversion procedure. Canada has been lengths ahead of U.S. insurance companies in its health care system's approval of such surgeries. But back then, when Dr. Menard first scrubbed for the procedure at the University of Montreal's Notre Dame Hospital, the gender reassignment surgery (GRS) was called the "first" within Montreal's health care system. Previous FTM and MTF surgeries there were not documented. Physicians were not applauded by colleagues or others for using their skills on behalf of the transgender community. Dr. Menard describes the difficulty in finding a hospital that would accept such a medical procedure within its walls: Catholicism is a huge influence in the society, and Catholic monies owned and maintained the hospitals. Through the humanitarian efforts and advocacy of many, this now well-documented surgery came to be.

From that time on, Dr. Menard has been interested in the art, science, and advocacy of such surgeries. As he sees it, the influence and implications on the individual's quest for internal and external unity and harmony ultimately became his, too. Dr. Menard has taught and lectured worldwide, training surgeons in GRS over the last 15 years—four from the U.S., one from Japan, and three others from Quebec.

Taking a taxi across the beautiful international city of Montreal, I passed through residential neighborhoods where some children were off to school with books in tow. I noticed other children playing in very gender-specific ways. I reflected on my clients' stories over the past eleven years. They had painfully recounted their discomfort and confusion in similar childhood scenes. The commute traffic was dental-floss thin by Bay Area standards. It was 7 a.m.

The taxi driver stopped the meter. We arrived at Chirurgie Esthetique St. Joseph with its non-

descript facade, where Dr. Menard works with colleague Dr. Pierre Brassard. No neon sign with arrow blinked "Transgender Surgeries—Bargain Prices." But pricing in Canada for medical service is in fact much different than here in the U.S., and tends to be much lower. One designated price is given for pre-surgery care, the surgery itself, and the post-operative care; the one price covers everything. Because of socialized medicine, medical costs are not inflated as they are here in the United States. In addition the current exchange rate means the U.S. dollar buys much more. Some approximate prices (in U.S. dollars):

MTF Gender Reassignment Surgery  
Canada: \$11,000 U.S.: \$17,000

FTM Phalloplasty  
Canada: \$60,000 U.S.: \$100,000

FTM Metaoidioplasty  
Canada: \$9,000 U.S.: \$20,000

FTM Mastectomy  
Canada: \$4,000 U.S.: \$6,000

Most U.S. plastic surgeons do very little GRS. It's often a very small part of their overall practice. Thus, their skill levels can be much, much lower. Fifty per cent of Dr. Menard's practice is in transgender surgery: the majority are MTF, but a substantial number are FTM.

Patients arrive in Montreal prior to their surgery date. They share comfortable apartments nearby, provided by the center as part of the package of services. (Meals, lodging and transportation are included in the one overall fee for the surgery.) Here, patients tell each other their stories, reflect down the long road to this landmark commitment, and share their excitement. It's also where patients "come home" to recuperate after the post-operative critical care.

Clinique de Chirurgie Esthetique St. Joseph is technologically state-of-the-art. Patients are treated with deserved, and often-overdue, dignity and respect.

In my view, Dr. Menard's abilities add a unique artistry and skill to his work. I watched him from several observation points in the O.R. I, too, was in scrubs from 7:35 am until mid-afternoon on two successive days. This opportunity to observe also gave me a chance to ask questions; and there were many. I had so much to compare with surgeries I'd previously observed elsewhere.

There are transgender surgeries performed each week. The week I observed, all day Monday through Wednesday was scheduled. Ninety per cent of patients are from the U.S., eight per cent from Canada, and two per cent from Europe, Asia, and Australia. As with any serious artist, this amount of time and dedication is evidenced by repeatedly good results. While similar procedures are done, there are no two body shapes exactly alike. Each individual's needs are truly individual. For example, the surgery can be a one- or two-step procedure. It depends on the size of the chest and the amount of skin. Menard uses a small, semi-circular incision along the bottom of the areola whenever possible. This technique avoids the long horizontal side-to-side scars other methods leave. If he performs a second stage to the procedure, he'll return to the same incision site to ensure less scarring.

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Some patients haven't had favorable outcomes the first time, with other surgeons. They travel here seeking "redos" for their prior, often disfiguring outcomes. Some may feel immense fear and distrust one feels after having previously chosen a surgeon who could not deliver. I, too, felt some sadness, though mostly anger and disdain, as the surgically inept outcomes were uncovered.

The "boom box" has a place of honor on a top cabinet shelf in the operating room. Favorite musical selections provided accompaniment. Glen (not his real name) came for a subcutaneous mastectomy. Both breasts were removed. In the process, one mastectomy yielded a white, pearly cyst, which was sent to pathology for analysis. An additional short, simple procedure was done under local anesthesia to remove the excess skin. Incisions were made around the nipples to hide scarring. This was Glen's first procedure. He had seen friends' results from other surgeons which had been aesthetically displeasing and, in some cases, alarming. He recalled large horizontal scars on each side of their nipples. Some chests still had the excess skin. Yet, his friends' surgeons had considered the procedures complete. Glenn told me he respected all scars as badges of honor in this war of self-unification.

"It's a longer surgical process to do this," described Menard. "But the results are much nicer because his breast size was small." Glen's would be a two-step process; part done today and part a few days later. This strategy is not universally used by all surgeons; for one thing, it takes more time. For many surgeons, more time equals less profit.

After my second day of observation, I remove my scrubs and bid adieu. I'm feeling sentimental and joyous: for the patients, whose very intimate passage I was privileged to observe. For my clients over the past eleven years, who have entrusted me to team up on their roads to unity; and for the clients whom I have yet to work with, who will board the future flights to Montreal. I decided to walk a while. My heart was soaring. I had observed the highest-quality final steps of clinical care. It was almost as though the experience had been mine. Now, I was feeling that kind of exhilaration that artists describe when they reach the final pinnacle of their long-labored and carefully-tended masterpieces.

Clinique de  
Chirurgie  
Esthetique St.  
Joseph; the destination  
joining scalpel and soul.  
Hmmm...I wonder  
if St. Joseph was  
previously St.  
Josephine.

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