

EDITORIAL COMMENT ON

Urogenital and extra genital mutilation in gender-affirming surgery: Are we violating primum non nocere?Tommaso Cai^{1,2}, Alessandro Palmieri³ on behalf of Italian Society of Andrology¹ Department of Urology, Santa Chiara Regional and Teaching Hospital, Trento, Italy;² Institute of Clinical Medicine, University of Oslo, Oslo, Norway;³ Department of Neurosciences and Reproductive and Odontostomatological Sciences, Urologic Unit, Università Federico II, Naples, Italy.

Submitted 6 February 2025; Accepted 6 February 2025

In *Arch Ital Urol Androl*, Zeki Bayraktar presented the results of a review of all published research on the quality of life, satisfaction, patient-reported outcomes, and short- and long-term problems of patients who had *gender-affirming surgery* (GAS) (1). According to the Author, transgender people who have GAS virtually completely lose their sexual function and irreversibly lose their reproductive function, and their urinary function is also severely compromised (1). According to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision* (DSM-5-TR), gender dysphoria has been defined as a marked incongruence between one's experienced/expressed gender and their assigned gender, lasting at least 6 months (2). Strong desires to be of the other gender and to be treated as such (or any alternative gender different from one's assigned gender) are linked to gender dysphoria (2). On the basis of these considerations, it is clear that transgender people experience an impairment in quality of life in terms of clinically significant distress or impairment in social, occupational, or other important areas of functioning (3, 4). Gender dysphoria-related distress might include anxiety, sadness, low self-esteem, self-harm, suicidality, or trauma reactions, including hypervigilance, brought on by social mistreatment. These facts make it abundantly evident that gender dysphoria is a mental illness that needs specialized care because it has a major detrimental influence on social and familial life. Gender dysphoria is not only a psychological issue but is a complicated mental illness that typically affects individuals and their families. Transgender individuals may need gender-affirming surgery in a number of situations to enhance their overall quality of life. All urologists certified to do this type of surgery must attend to these patients' requirements and works to enhance their quality of life.

These crucial aspects of treating gender dysphoria are not included in Zeki Bayraktar's paper.

1) The lack of recognition of high volume and highly qualified centres; 2) The lack of agreement among surgeons regarding surgical procedures and the management of complications; and 3) The absence of a long-lasting and beneficial partnership between patient associations and the *Uro-andrological Scientific Society* are the unmet needs for bettering the care of transgender individuals who need gender-affirming surgery.

In conclusion, it is clear that gender dysphoria is a complicated mental illness that requires specific treatment such as several times gender-affirming surgery. The question is not: "So, what is the reason for this insistence on GAS?" but "How we can improve the management of gender-affirming surgery in terms of quality of care, patients' satisfaction and quality of life?"

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DECLARATIONS

Ethical approval: Not applicable.

Availability of data and material: Not applicable.

Competing interests: None.

Funding: Not applicable.

Authors' contributions: T.C and A.P. writing.

Acknowledgments: Not applicable.

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