The interest in and use of reconstructive urologic procedures for affirmation of gender interventions is increasing in both the numeric frequency of these surgeries and centers providing this care. This article presents an increasingly frequent scenario, that being the need for revision surgery or management of complications of primary surgery done at other institutions seen de novo by urologic and reconstructive surgeons. It would be reasonable to assume that the experience of this center is being encountered and repeated in multiple other centers in this country. Not surprisingly, these authors encountered urethral complications as being the most commonly encountered for male assignment procedures. Of this group of complications, urethral strictures were the most commonly encountered for male assignment procedures. And now in more recent publications and therefore should be a foundational concept in any informed consent dialectic.

The overriding message of these findings is the importance of preoperative planning, intervention by a skilled reconstructive surgeon who has had prior experience with these procedures and the awareness by the patient that complications are frequent, even in the best hands. These complications can result in a significant quality of life impact and overall dissatisfaction with the final result. In summary, this paper underscores the lack of an adequate quality of life assessment for these individuals and lacking that we are unable to determine the overall impact of the complications and the success of the procedure.

Roger Dmochowski, MD, MMHC, Department of Urology, Vanderbilt University Medical Center, Vanderbilt University Hospital, Nashville, TN

https://doi.org/10.1016/j.urology.2019.04.054