

# Bottom Surgery

## What is Bottom Surgery?

Bottom surgery refers to a range of gender-affirming procedures that reshape or remove genital tissue to better align with one's gender identity. This can include:

- Vaginoplasty (construction of a vagina).
- Phalloplasty (construction of a penis).
- Metoidioplasty (releasing a hormonally-enlarged clitoris into a phallus).
- Orchiectomy (removal of testicles).
- Scrotoectomy (removal of the scrotum).
- Clitoroplasty (reshaping of the clitoris).
- Hysterectomy and oophorectomy (removal of uterus, ovaries, fallopian tubes).

Not everyone who transitions wants or needs surgery, and some folks know right away that they do. You don't owe anyone an explanation, a timeline, or a particular outcome. You are not less trans if you choose not to have surgery. Your body is yours, and your identity is valid no matter what path you take.

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## Bottom Surgery Process

### Step 1: Talk to a Provider

This step can feel frustrating, especially when providers still rely on outdated ideas about what "counts" as being trans. You may be expected to prove your readiness for surgery in ways that feel unnecessary or dehumanizing. This can show up as questions that feel invasive, irrelevant, or impossible to answer "correctly." These often act as informal tests, even if providers don't call them that.

That doesn't mean you owe anyone a perfect answer. You don't need to perform your gender in a certain way, meet arbitrary standards, or exaggerate your experience to be taken seriously. You deserve care that affirms who you are, not who someone else expects you to be. You might begin by speaking with a family doctor, nurse practitioner, psychiatrist, or someone at a sexual health or community clinic. What matters most is that they see you, respect you, and support you as you are.

If your provider doesn't understand trans care, it's not your job to educate them. You can ask them to consult [resources on gender-affirming care](#) or look for a provider with more experience in trans health. Many folks find more support in [community-based clinics or 2SLGBTQIA+ health centres](#) than in traditional family practices. You deserve affirming care. It's okay to find someone else.

### Step 2: Get Paperwork

For some gender-affirming surgeries, especially bottom surgeries like vaginoplasty, phalloplasty, or metoidioplasty, OHIP requires several formal steps. This typically includes:

- Two referral letters from qualified providers (physicians, nurse practitioners, psychiatrists, or registered social workers) who are experienced in gender-affirming care.
- Proof that you've lived in a gender role congruent with your identity for at least 12 months.
- At least 12 continuous months on hormones therapy, unless there is a medical reason not to (requirements may vary slightly depending on the specific procedure).

OHIP coverage is constantly changing and evolving. It's okay to ask your provider whether they're up to date or to double-check requirements. Many folks bring a [printed template or sample letter](#) to help their provider include the right language in the referral letter. It's totally okay to do this, especially if your provider is supportive but inexperienced.

These steps are often treated as a formality, but they can feel like a test, especially when the system expects you to prove your gender in specific ways. There is no single "right" way to be trans. You may be asked to explain your experience, but that doesn't mean you need to justify your identity or share trauma to access care. You're allowed to self-define, and you're allowed to ask for support in making this step as smooth as possible.

### **Step 3: Get OHIP Approval**

Once the letter is submitted, some community-based clinics say that OHIP approval typically takes 3 to 6 months. However, in reality, the full process (from referral to surgery) often takes 1 to 1.5 years or longer. You'll receive written confirmation once OHIP approves your surgery, which you'll need before booking a surgical consult. You can call the Ministry of Health after a few weeks to confirm they've received your paperwork and check the status. Don't wait passively if it feels urgent.

### **Step 4: Choose a Surgeon**

Surgeons for bottom surgery are fewer and more specialized than for top surgery. Right now, most Ontario residents go to GRS Montreal in Quebec, which is OHIP-funded and offers a range of procedures, including vaginoplasty, phalloplasty, and metoidioplasty. You do not need to speak French to access care at GRS. Many folks choose GRS because it is a private clinic that offers extended post-op care and structured aftercare, which some public clinics cannot provide. Because of this more comprehensive care model, wait times at GRS can be longer, but for many, the extra support is worth it. Folks have also reported finding informal peer support during recovery at private clinics like GRS, which can help reduce isolation during healing.

There are also a small number of Ontario-based options for bottom surgery, including Women's College Hospital in Toronto and Ottawa General Hospital in Ottawa. These are public hospitals that offer some gender-affirming bottom surgeries. However, they are known to have long waitlists and may not offer the same variety of procedures or aftercare services as GRS. Availability depends on provider capacity and referral processes, and experiences can vary. Some folks explore out-of-province or U.S.-based clinics as well, but this route requires prior OHIP approval, additional paperwork, and often comes with out-of-pocket costs.

Some helpful things to ask might be:

- What procedures do you offer, and which ones are OHIP-covered?
- How long is your waitlist?
- Will I need hair removal beforehand? (This is often required for vaginoplasty and phalloplasty).
- What kind of follow-up or post-op support do you offer?
- If something doesn't heal well or needs a touch-up, are revisions covered? (OHIP typically does not cover revisions for cosmetic or non-urgent surgical outcomes).

Surgical options and standards of care are constantly evolving. New techniques, guidelines, and supports are emerging all the time. It's okay to ask your surgeon if they're up to date or to explore other options if something doesn't feel right.

## Getting Ready For Bottom Surgery

Getting ready for bottom surgery isn't just about supplies—it's about setting yourself up to feel as safe, supported, and cared for as possible.

- **Set up a gentle recovery space:** Things like a lap tray, grabber tool, laxatives, stool softeners, ice packs, support pillows, and zip-up clothes can make day-to-day tasks easier. Keep snacks, chargers, and water within reach so you don't have to stretch or strain.
- **Prepare easy meals and entertainment:** Line up shows, podcasts, or audiobooks that don't require a lot of movement or focus. Gentle distractions can help on hard days.
- **Make things accessible:** Move essentials, like medications, toiletries, or hygiene supplies, to waist or counter height before surgery.
- **Ask for support:** It's very common to need help with walking, bathing, and keeping an eye on healing in the first 7 to 10 days. If you can, arrange for someone you trust to be nearby or check in regularly.

## After Bottom Surgery: What to Expect

Healing after bottom surgery takes time—often several weeks or more, depending on the procedure. You'll likely have limited movement, and for certain surgeries like vaginoplasty or phalloplasty, you may have a catheter, surgical drains, or need to begin regular dilation. Swelling, bleeding, and fatigue are common in the early days, and emotional shifts can happen too. This kind of healing is physical, mental, and emotional. Stay ahead of discomfort by taking pain medication as directed. Don't wait until you're hurting—this isn't the time to "tough it out." Follow your surgeon's instructions for hygiene and wait until you're cleared before starting any scar care or massage.

Ask your provider ahead of time:

- When can I remove bandages?
- What signs mean something isn't healing right?
- When can I walk, lift, pee, or shower?
- Can my support person reach you if I can't?
- If I have a question or concern about the surgery or possible complications, are you willing to coordinate with my family doctor or other care providers?

Once you're cleared, some folks find massage, pelvic floor physiotherapy, or trauma-informed therapy helpful as part of their recovery. Healing isn't always linear. However you're feeling, emotionally or physically, is valid. There's no one right way to go through this.

## What if You're Not Ready Yet? Or Don't Want Surgery?

You don't need surgery. You don't need HRT. You don't need to change your body to be trans. There's no finish line. No deadline. No checklist you have to follow. If you're questioning, unsure, or just not ready, that doesn't make you any less worthy of care, respect, or belonging. And that doesn't make you any less trans. This is your body. Your choice. Your timeline. You are enough, exactly as you are.



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