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**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF IDAHO**

ADREE EDMO (a/k/a MASON EDMO),

Plaintiff,

v.

IDAHO DEPARTMENT OF CORRECTION;  
HENRY ATENCIO, in his official capacity;  
JEFF ZMUDA, in his official capacity;  
HOWARD KEITH YORDY, in his official  
and individual capacities; CORIZON, INC.;  
SCOTT ELIASON; MURRAY YOUNG;  
RICHARD CRAIG; RONA SIEGERT;  
CATHERINE WHINNERY; and DOES 1-15;

Defendants.

Case No.: 1:17-cv-00151-BLW

**PLAINTIFF'S BRIEF RE: HEARING ON  
SURGICAL TECHNIQUE AND  
PRESURGICAL TREATMENT**

Complaint Filed:	April 6, 2017
Discovery Cut-Off:	None Set
Motion Cut-Off:	None Set
Trial Date:	None Set

## INTRODUCTION

Plaintiff files this brief and the attached declarations in accordance with this Court's November 8, 2019 Order inviting briefing, affidavits, and other evidentiary materials relevant to the specific surgical technique and corollary presurgical treatments to be provided to Ms. Edmo pursuant to the December 23, 2018 injunction and October 10, 2019 partial lifting of the stay of the injunction. Dkt. 244 at 17-19.<sup>1</sup> Plaintiff also incorporates all facts and arguments set forth in her opposition to Defendants' expedited motion for a stay of this Court's October 24, 2019 Presurgical Order, Dkt. 235, and in her motion for reconsideration of this Court's November 8, 2019 order denying Defendants' motion for a stay, but setting a hearing as to surgical technique and corollary presurgical hair removal requirements.<sup>2</sup> Dkt. 249.

The evidence in the record, both prior to the instant submission and including the attached declarations, establishes that this Court's order for gender confirmation surgery requires Defendants to provide Ms. Edmo with vaginoplasty. Pursuant to the standard of care, the surgical technique used for Ms. Edmo's vaginoplasty, and corollary presurgical treatment, are medical decisions made by the treating surgeon and Ms. Edmo. However, even if Defendants were permitted to contest these medical decisions, they have repeatedly and finally waived the opportunity to do so.

Defendants have not established any other equally medically reasonable or appropriate vaginoplasty alternative for Ms. Edmo, given her particular circumstances. *See, e.g., Edmo v. Corizon, Inc.*, 935 F.3d 757, 794 (9th Cir. 2019) (citing with approval *Roe v. Elyea*, 631 F.3d 843, 859 (7th Cir. 2011) (“[I]nmate medical care decisions must be fact-based with respect to the

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<sup>1</sup> All page numbers herein refer to the ECF page numbers.

<sup>2</sup> Plaintiff notes, however, that, following the Ninth Circuit's summary dismissal of Defendants' improper appeal of this Court's Presurgical Order, it is clear that this Court has jurisdiction over all issues related to provision of presurgical treatment to Ms. Edmo. Case No 19-35917, Dkt. 11 at 2 (“Here, the district court is applying the injunction consistent with this court's partial lift of the stay of that injunction ‘so that Plaintiff may receive all presurgical treatments and related corollary appointments or consultations necessary for gender confirmation surgery.’”) (quoting Case No. 19-35017, Dkt. 104 at 2 (order partially lifting stay)).

particular inmate, the severity and stage of his condition, the likelihood and imminence of further harm and the efficacy of available treatments.”)). Rather, they have simply pointed out that other surgical techniques exist while continuing to argue that Ms. Edmo should not receive any surgery whatsoever. This Court and the Ninth Circuit have held that withholding surgery is not a medically reasonable alternative. In lifting the stay, the Ninth Circuit also conclusively established that Defendants can no longer delay presurgical treatment to prepare Ms. Edmo for surgery upon full lifting of the stay.

This Court already has in evidence a declaration from Dr. Geoffrey Stiller, Defendants’ selected surgeon, setting forth his presurgical requirements for Ms. Edmo. Dkt. 224-1 at Exh. 1. The Court appropriately issued its Presurgical Order, Dkt. 225, based on the requirements set forth in that declaration as well as the prior evidence in the record regarding reasonably necessary presurgical treatment for gender confirmation surgery. Plaintiff now submits further evidence establishing that the Court’s Order setting forth presurgical requirements Defendants must complete, including hair removal treatment, are reasonably necessary to effectuate this Court’s injunction and the Ninth Circuit’s partial lifting of the stay.

Ms. Edmo provides three additional declarations: a declaration from Ms. Edmo setting forth her determination that penile inversion vaginoplasty is most appropriate for her, and declarations from two medical experts in treating gender dysphoria, Dr. Loren Schechter and Dr. Ryan Nicholas Gorton. The medical declarations explain the surgical techniques used to provide vaginoplasty, explain that the penile inversion technique is by far the most common and typically performed vaginoplasty surgery, and confirm penile inversion vaginoplasty as the medically appropriate surgical treatment for Ms. Edmo. These declarations provide additional support for this Court’s existing Presurgical Order, and this Court should enforce its Order forthwith.

### **RELEVANT PROCEDURAL BACKGROUND**

On November 8, 2019, this Court denied Defendants’ motion to stay its Presurgical Order, but set a hearing for November 21, 2019 to consider Defendants’ contentions that: 1) surgical techniques other than penile inversion vaginoplasty are available possibilities for Ms.

Edmo; 2) these other surgical techniques do not require genital hair removal, and; 3) therefore, Defendants should not have to provide hair removal treatment pursuant to this Court's December 13, 2018 injunction and the Ninth Circuit's October 10, 2019 order partially lifting the stay. The Court set forth four specific questions for consideration at the hearing and invited the parties to submit argument and evidence relevant to these questions in advance of the hearing. Dkt. 244 at 18.

On November 12, 2019, Plaintiff moved for reconsideration of the part of the Court's November 8 order allowing evidentiary submission and a hearing on surgical technique and presurgical treatment. Dkt. 249. On November 13, 2019, Defendants filed an "objection" to the Court's order that included submission of a second declaration from Dr. Stiller. Dkt. 250 & Dkt. 250-1.

On November 14, 2019, this Court denied Plaintiff's motion for reconsideration and affirmed that the November 21, 2019 hearing will proceed. Dkt. 251. The Court's November 14 order also made clear that the Court will consider, as part of the November 21 hearing, the issues of whether Defendants have waived objection to surgical technique and presurgical treatment, and whether the record establishes that vaginoplasty is the only surgery that will be gender confirming in Plaintiff's case. *Id.* at 6, 9. Again, the Court invited the parties to submit argument and evidence relevant to the issues for the hearing by the deadlines set forth in its November 8, 2019 order. *Id.* at 8-9.

On November 16, 2019, Defendants filed a brief regarding the hearing in which they again took the position that Ms. Edmo is not entitled to any gender confirmation surgery, and again failed to assert any opinion as to the appropriate surgical technique for Ms. Edmo. Dkt. 252 at 5 ("Defendants have contended all along that no surgery is medical [sic] necessary and such issues are still on appeal...Defendants simply are not in a position to make such arguments or present such evidence, which would be contrary to their arguments in this case and on appeal."). They also declined to respond to any of Plaintiff's arguments in support of her motion for reconsideration, claiming "there does not appear to be briefing allowed for that motion." *Id.*

at 6. This supposition directly contradicts this Court’s express direction that these arguments would be considered at the hearing.

### ARGUMENT

#### **I. The Law of the Case Establishes that Defendants Must Provide Ms. Edmo Vaginoplasty and Corollary Presurgical Treatments Set Forth By Dr. Stiller, Including Hair Removal**

This Court and the Ninth Circuit have both held that Defendants’ refusal to provide Ms. Edmo with gender confirmation surgery violates her right under the Eighth Amendment to be free from cruel and unusual punishment related to medical care. In her motion for reconsideration, Plaintiff summarized the record establishing that the injunction, as affirmed by the Ninth Circuit, requires Defendants to provide Ms. Edmo vaginoplasty upon lifting of the stay. *See* Dkt. 249 at 9-11. The record is clear that all parties understood vaginoplasty to be the gender confirmation surgery required by the injunction. *See id.*; Dkt. 235 at 14-17. Defendants did not dispute this fact in their November 13 or November 16, 2019 filings—rather, they chose to reiterate their original litigation position that Ms. Edmo should not receive any surgery at all. Dkt. 252 at 5. As Plaintiff has extensively set forth, it cannot be disputed that the injunction requires Defendants to provide Ms. Edmo vaginoplasty.

Further, the Ninth Circuit has already ruled that Defendants must move forward with presurgical treatments for vaginoplasty consistent with their chosen surgeon’s stated presurgical requirements, including hair removal. No. 19-35017 Dkt. 104 at 2. Defendants are plainly incorrect in their attempt to re-write the law of the case otherwise. They assert that “Plaintiff improperly tried to litigate the facts before the Ninth Circuit Court of Appeals,” and that “[t]he Ninth Circuit appeared to wrongly presuppose that there was already evidence on the record regarding which specific surgery was medically necessary and what pre-surgical requirements were necessary for that surgery.” Dkt. 252 at 2-3. Defendants ignore the fact that they already made these precise arguments to the Ninth Circuit in opposition to Plaintiff’s motion to partially lift the stay. *See* No. 19-35017 Dkt. 103-1 at 9 (“Moreover, Plaintiff’s motion lacks an evidentiary basis in the record. The letter from the GCS surgeon’s office staff, attached in

support of Plaintiff's motion to modify the stay, is not in the form of a declaration or affidavit and does not establish foundation or any appropriate context for the note. ...It is simply inappropriate for Plaintiff to present new information to the Court of Appeals that is not part of the record (and would be inadmissible) in the underlying litigation."'). The Ninth Circuit thus considered and rejected these arguments when it nevertheless granted Ms. Edmo's motion to partially lift the stay. As set forth in Plaintiff's prior briefing, this is the law of the case and may not be re-written or re-litigated by Defendants in this Court. Dkt. 249 at 18.

## **II. Defendants Have Waived Any Ability to Contest Surgical Technique and Presurgical Requirements**

As Plaintiff set forth in her motion for reconsideration, under the applicable medical standard of care, the qualified treating surgeon and patient determine the appropriate surgical technique for vaginoplasty. *See* Dkt. 249 at 12-15. Defendants themselves acknowledged that they "can't dictate to this surgeon how is going to perform this surgery...The WPATH is very clear that, ultimately, the ethical and legal responsibility to provide the surgery rests with him, and he has got to feel very comfortable with it." Dkt. 183 at 6:5-9. However, even if it were permissible for Defendants to contest the surgical technique and presurgical treatment reasonably necessary to provide Ms. Edmo vaginoplasty, Defendants have repeatedly waived the opportunity to do so. *See, e.g.*, Dkt. 249 at 20-24 (Plaintiff's motion for reconsideration enumerating Defendants' waivers). Defendants yet again waived this issue through both their "Objection" and pre-hearing submission to this Court.

Defendants have not established any medically reasonable alternative to the penile inversion technique for providing Ms. Edmo vaginoplasty. Instead, Defendants have merely identified the fact that another surgical technique for providing vaginoplasty (colo-vaginoplasty) exists and the fact that there is also a "zero depth" surgical option that removes Ms. Edmo's existing genitalia but fails to create a typical vagina (and is thus not a vaginoplasty). The only "alternative" course of "treatment" Defendants have argued for is that Ms. Edmo should not get any surgery at all. *See* Dkt. 252 at 5. This Court and the Ninth Circuit have already found that

Defendants' refusal to provide surgery is not a medically reasonable course of treatment and violates the Eighth Amendment. By clinging to their original defense in this case, Defendants have again waived any ability to contest the surgical technique and presurgical treatment provided Ms. Edmo.

Indeed, Defendants have not identified a single *medical* reason for disputing the use of the penile inversion technique or their own chosen surgeon's presurgical requirements. Their conduct reflects a calculated litigation strategy to delay all treatment in the hope that Ms. Edmo will be released before the injunction can be enforced and care provided to her. This conduct itself demonstrates deliberate indifference. *See* Dkt. 249 at 18-20; *Colwell v. Bannister*, 763 F.3d 1060, 1070 (9th Cir. 2014) (reasonable jury could find deliberate indifference where officials denied treatment because medical need conflicted with prison policy not because non-treatment was medically acceptable option); *Hamilton v. Endell*, 981 F.3d 1062, 1067 (9th Cir. 1992) (overruled, in part, on other grounds) (deliberate indifference to deny treatment for reasons unrelated to medical needs of prisoner).

This Court should not countenance Defendants' litigation tactics of delay and "confusion" to avoid their obligation to comply with an active injunction. *See Maness v. Meyers*, 419 U.S. 449, 458 (1975); Dkt. 249 at 15-20. For more than three months following this Court's issuance of the injunction, Defendants refused to provide Ms. Edmo with access to a surgeon who could help determine the medically appropriate surgical technique for vaginoplasty and the corollary presurgical treatment necessary.<sup>3</sup> *See, e.g.*, Dkt 249 at 8. After Ms. Edmo's

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<sup>3</sup> As Plaintiff has previously noted, the Ninth Circuit has already rejected Defendants' argument that the surgical technique for vaginoplasty had to be established at trial prior to the injunction, holding that Defendants waived it. This argument is also factually incorrect because, contrary to Defendants' assertions, there is evidence in the record about surgical technique. *See, e.g.*, Dkt. 62-1 at 40; Dkt. 138 at 247-59 (Dr. Gorton testimony as to the appropriate surgical technique for vaginoplasty; *see also* Declaration of Ryan Nicholas Gorton, M.D. ("Gorton Decl."), filed herewith, at ¶ 9. Further, this argument would in any event be unavailing because it puts the proverbial cart before the horse: until Ms. Edmo was actually referred to a qualified surgeon and had the presurgical consult, such information could not have been conclusively decided. *See e.g., Rosati v. Igbinoso*, 791 F.3d 1037, 1040 (9th Cir. 2015) ("Although Rosati lacks a medical

presurgical consultation with Dr. Stiller, which was in part for this purpose, Defendants refused to take any further steps regarding gender confirmation surgery, citing the Ninth Circuit’s stay of the injunction. Since the Ninth Circuit partially lifted that stay for the express purpose of ensuring that Ms. Edmo would receive the presurgical treatment deemed necessary by Defendants’ chosen surgeon, Defendants have *still* refused to provide these presurgical treatments, or even take any position about surgical technique. Defendants’ willful obstruction and defiance of federal court orders—in the face of Ms. Edmo’s established and urgent need for medical care—should be rejected by this Court.

**III. Plaintiff Has Established Penile Inversion Vaginoplasty as the Medically Appropriate Course of Action and Defendants Have not Established Any Equally Medically Reasonable Alternative to Satisfy the Injunction**

In contrast to Defendants’ failure to submit *any* evidence as to the medically appropriate surgical technique, and corollary presurgical treatment, for Ms. Edmo, Ms. Edmo has established that penile inversion vaginoplasty is the medically appropriate course of action to comply with the injunction and the Ninth Circuit’s partial lifting of the stay.

As recounted in Plaintiff’s opposition to Defendants’ expedited motion for a stay, Dkt. 235 at 14-17, and Plaintiff’s motion for reconsideration, Dkt. 249 at 9-11, and set forth *supra*, Ms. Edmo established that Defendants are required to provide her with vaginoplasty in accordance with their Constitutional obligation to provide necessary and adequate medical treatment for her serious medical condition of gender dysphoria. The medical standard of care for treatment of gender dysphoria, established by the WPATH Standards of Care, requires that the surgical technique for vaginoplasty be determined through a presurgical consultation between a patient and treating surgeon. *See* Dkt. 249 at 12; *see also* Declaration of Loren Schechter,

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opinion recommending SRS, she plausibly alleges that this is because the state has failed to provide her access to a physician competent to evaluate her.”); *De’lonta v. Johnson*, 708 F.3d 520, 527 n.4 (4th Cir. 2013) (“Appellees and the district court take pains to point out that, absent a doctor’s recommendation, De’lonta cannot show a demonstrable need for sex reassignment surgery. However, we struggle to discern how De’lonta could have possibly satisfied that condition when, as she alleges, Appellees have never allowed her to be evaluated by a GID specialist in the first place.”).

M.D. (“Schechter Decl.”) at ¶¶ 13-14.

Following Ms. Edmo’s presurgical consultation with Dr. Stiller, in which he explained the penile inversion and colovaginoplasty surgical techniques for vaginoplasty, she determined that penile inversion vaginoplasty is most appropriate for her. *See* Declaration of Adree Edmo (“Edmo Decl.”) at ¶¶ 2-7, filed herewith. This comports with Dr. Stiller’s attestations that the surgical technique should ultimately be decided by the patient, Dkt. 2501 at ¶ 10, and with medical standards for treating gender dysphoria through gender confirmation surgery, as explained in the two expert declarations Ms. Edmo submits concurrently with this filing. *See* Schechter Decl. at ¶¶ 13-28, and Gorton Decl. at ¶¶ 10-20. Dr. Schechter is a surgeon who has performed gender confirmation surgeries for over 19 years and is widely recognized as an expert in the field. Schechter Decl. ¶¶ 6-11. Dr. Gorton, whom this Court has already credited as an expert in the field of transgender medicine, has approximately 15 years of experience providing primary care and transition-related care to patients with gender dysphoria. Gorton Decl. ¶ 4; Dkt. 149 at 36, ¶ 23.

Drs. Schechter and Gorton both explain that the penile inversion technique is the surgical technique used for almost all vaginoplasties to treat transgender women with gender dysphoria. Schechter Decl. ¶ 15; Gorton Decl. ¶¶ 11 & 15; *accord* Dkt. 224-1, Exh. 1 (Stiller Decl.) at ¶ 4; Dkt. 250-1 (2nd Stiller Decl) at ¶ 7. It is a safe and effective procedure that is completed in a single surgery after presurgical hair removal through either electrolysis or laser treatment. Schechter Decl. ¶ 16. Drs. Schechter and Gorton also both explain that the colo-vaginoplasty technique (which Dr. Schechter refers to as “intestinal vaginoplasty”) is rarely used as an initial surgery for transgender women. Schechter Decl. ¶ 18; Gorton ¶¶ 11-12. It is primarily used for corrective “revision” surgery after complications with an initial vaginoplasty or “when a patient is not a candidate for penile inversion due to anatomical or other medical reasons.” Schechter Decl. ¶¶ 18-19; Gorton ¶ 12. Drs. Schechter and Gorton describe the medical reasons why the penile inversion technique is the dominant surgical approach, including that it creates a vagina

from homologous<sup>4</sup> anatomical structures, which is medically preferable, Schechter Decl. ¶ 20; it does not interfere or risk complication with a second body system (the gastrointestinal system), Schechter Decl. ¶ 23; Gorton Decl. ¶ 13; it does not result in the serious potential complication of creating malodorous discharge for the rest of the patient's life, Schechter Decl. ¶ 21; Gorton Decl. ¶¶ 14-15; and it leaves the colo-vaginoplasty approach available as a revision surgery if the penile inversion surgery fails, Schechter Decl. ¶ 22; Gorton Decl. ¶ 12. Ms. Edmo's determination that penile inversion vaginoplasty is most appropriate for her thus aligns with the medically reasonable and advisable course of action for her vaginoplasty. *See* Gorton Decl. ¶ 18.

Further, as Drs. Schechter and Gorton explain, the "zero depth" surgical approach is not a medically appropriate course of action for treating a transgender woman with gender dysphoria requiring vaginoplasty because that option does not fully address the treatment goal of surgery, which is to create genitalia consistent with gender identity. Schechter Decl. ¶ 27; Gorton Decl. ¶ 20; *see also* Edmo Decl. ¶ 6. Dr. Schechter states that the "zero depth" procedure "is generally reserved for people who have serious medical and/or surgical comorbidities that would significantly increase the risk of constructing the vaginal canal and/or prevent them from complying with post-surgical requirements for penile inversion or intestinal vaginoplasty." Schechter Decl. ¶ 26; *accord* Gorton Decl. ¶ 20.

Defendants have not provided any evidence that challenges the medical appropriateness of the penile inversion technique or establishes another equally reasonable medical alternative, despite numerous opportunities to do so. Defendants' hand-selected contractor, Dr. Stiller, stated that the penile inversion technique "is by far the most common vaginoplasty option selected by my patients," Dkt. 250-1 at ¶ 7, and "the one performed on the vast majority of patients both in this country and worldwide," Dkt. 224-1, Exh. 1 at ¶ 4. *Cf. U.S. v. Aleksov*, 2009 WL 1259080,

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<sup>4</sup> Dr. Schechter explains that this means that "they have the same relation, relative position, and anatomic structure. For example, the glans penis is homologous to the glans clitoris and the labia majora are homologous to the scrotum. Utilizing the penis and scrotum to create a clitoris, labium, and vagina is thus in line with the surgical concept of replacing 'like with like.'" Schechter Decl. ¶ 20.



**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on the 20th day of November, 2019, I filed the foregoing electronically through the CM/ECF system, which caused the following parties or counsel to be served by electronic means, as more fully reflected on the Notice of Electronic Filing:

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**UNITED STATES DISTRICT COURT  
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ADREE EDMO (a/k/a MASON EDMO),

Plaintiff,

v.

IDAHO DEPARTMENT OF  
CORRECTION; HENRY ATENCIO, in his  
official capacity; JEFF ZMUDA, in his  
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ELIASON; MURRAY YOUNG; RICHARD  
CRAIG; RONA SIEGERT; CATHERINE  
WHINNERY; and DOES 1-15;

Defendants.

Case No.: 1:17-cv-00151-BLW

**DECLARATION OF RYAN NICHOLAS  
GORTON, MD**

I, Ryan Nicholas Gorton, MD, hereby declare and state:

1. I have been retained by counsel for Plaintiff Adree Edmo as an expert in connection with the above-captioned litigation. I have actual knowledge of the matters stated in this declaration and would so testify if called as a witness. I reserve the right to supplement or amend this declaration based on any future information that is provided to me.

2. I previously provided two declarations in this case, was deposed, and testified at the evidentiary hearing.

3. My relevant background has been set forth in prior declarations and during my testimony in this case, but I will restate it briefly here. I am a physician licensed in California. I received my medical degree from the University of North Carolina School of Medicine in 1998 and completed my residency and chief residency in emergency medicine at Kings County Hospital in Brooklyn, New York.

4. In addition to working as an Emergency Medicine physician at Sutter Davis Hospital, for over a decade I have also served as a primary care physician at Lyon-Martin Health Services (“Lyon-Martin”) in San Francisco since 2005 where I have provided primary care and transition-related care to more than 400 transgender patients. I provide medical assessments including the diagnosis of Gender Dysphoria, initiate and monitor hormonal treatment, and refer for mental health treatments. I also determine whether and when patients are appropriate for referral for sex reassignment surgeries, provide pre-operative preparation and clearance, and provide post-operative care in consultation with the appropriate surgeon. I also provide supervision to Nurse Practitioners, Nurse Practitioner Residents, and Physician Assistants treating transgender patients at Lyon-Martin. Lyon-Martin is an historically LGBT clinic that has been serving transgender patients for over 30 years. Lyon-Martin is also one of just a handful of sites in the

United States that trains medical students, residents, and fellows to provide transgender primary care, and I have been a primary clinical instructor for these trainees including the 1 year Nurse Practitioner Residency that Lyon-Martin provides. I have provided extensive clinical instruction to over 100 trainees during this time.

5. I also serve as a clinician consultant for TransLine,<sup>1</sup> a national transgender medical consultation service for clinicians needing expert advice about the care of their individual patients. I am a member of the World Professional Association for Transgender Health (WPATH) and serve on their transgender medicine and research committee and institutionalized persons committee.

6. I have presented lectures and grand rounds on transgender health issues at numerous medical school and residency programs throughout the United States as well as national and international conferences. I have also co-authored numerous publications addressing transgender health, including professional journal articles and chapters and sections in professional texts, and publications aimed at the transgender community itself.

7. A copy of my current *Curriculum Vitae* is attached as **Exhibit A**.

8. As part of my practice, I stay familiar with the latest medical science, research, and treatment protocols relating to transgender people and gender dysphoria. In making this declaration, I relied on my education, experience, and my knowledge of the research literature over the past decade on treating transgender patients, including but not limited to the *Diagnostic and Statistical Manual of Mental Disorders, fifth revision (DSM-5)* (2013), *The World Professional Organization for Transgender Health Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* (Seventh Version 2011), and the materials listed in my curriculum vitae.

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<sup>1</sup> <http://project-health.org/transline/>.

9. I made six medically necessary treatment recommendations regarding Ms. Edmo's care in my expert report dated May 29, 2018 (and reaffirmed in a subsequent report). My first recommendation was as follows:

Ms. Edmo has well established and persistent gender dysphoria, a substantial portion of which is related to her male genitalia. She meets criteria for genital SRS and is stable enough to undergo surgery. It is medically necessary that she be immediately referred to an appropriate surgeon skilled in performing penile inversion vaginoplasty as soon as possible, but at a minimum within the next 6 months. This is particularly important since Ms. Edmo remains at substantial risk for self-surgery or suicide if she is denied this medically necessary care.

10. I am very familiar with surgical techniques for vaginoplasty surgery for transgender women since I refer patients for vaginoplasty surgery and care for patients who have had it. As I testified during the evidentiary hearing in October 2018, I was treating approximately 50 transgender women at that time as a primary care doctor and about 30 of those women had vaginoplasty surgery. As of this date, my current caseload of patients is roughly the same.

11. There are two established techniques for vaginoplasty—the penile inversion technique and the colovaginoplasty technique. The reason I referred specifically to the penile inversion technique in my May 29, 2018 report, and during my testimony at the evidentiary hearing, is because that is by far the most commonly performed and typical vaginoplasty technique. Approximately 98 percent of my patients who have had a vaginoplasty have had the penile inversion technique. As discussed in more detail below, I have only treated five patients since 2005 who have had the colovaginoplasty surgery.

12. Throughout my nearly fifteen year career as a primary care doctor for transgender patients, I have primarily seen the colovaginoplasty technique used as a salvage surgery for patients who had complications from a penile inversion technique. The only exception is a single patient who was not a medical candidate for penile inversion and therefore chose a

colovaginoplasty as her initial surgery. There are several reasons colovaginoplasty is primarily used as a salvage surgery. First, if a surgeon uses the penile inversion technique first, he or she leaves open the option of colovaginoplasty surgery later if complications arise. In contrast, penile inversion can never be a salvage surgery for colovaginoplasty.

13. Second, the colovaginoplasty surgery requires the use of a portion of the patient's colon to form the vagina and vaginal canal. As such, the colovaginoplasty technique affects not just the reproductive organs, but a second body system—the gastrointestinal system. This exposes the patient to possible complications at the surgical site of the colon, such as a stricture (abnormal narrowing of the colon). By using a portion of the colon, the colovaginoplasty technique also exposes a patient to vaginal complications that are typical of the colon, such as colon cancer or ulcerative colitis (an autoimmune disorder of the colon). To be clear, a patient is not at higher risk of developing cancer or these illnesses due to the surgery. If they develop these conditions later, however, they could experience the illnesses not only in the remaining colon, but also in the colonic tissue located in the vagina. I would be concerned if I learned that one of my patients was set to receive a surgery that affects two body systems when there is a common, less invasive, and effective surgical technique to treat the same condition that affects only a single body system. I would counsel my patient about these issues and would also encourage them to discuss them with their surgeon and potentially seek a second opinion.

14. Finally, there are important and extremely unpleasant side effects to the colovaginoplasty technique that are well known and that I have observed in my patients post-surgery. When I discuss this surgical option with my patients, I advise them based on my knowledge and experience that they will experience a constant, malodorous discharge that may never go away. This requires them to wear maxipads all day, every day, for the rest of their lives.

Besides the discomfort and inconvenience of maxipads and the discharge itself, the discharge can cause skin breakdown around the vagina, especially while my patients are sleeping. That is because when they lay flat, the discharge seeps out of their vagina and builds up on the skin. Because of these issues, I tell my patients who are contemplating colovaginoplasty that they should expect discharge (constant leakage of mucus) that drips out of their vagina for years and possibly permanently. These experiences can require additional medical treatment throughout a patient's lifetime, cause emotional distress and physical discomfort, and can impact self-esteem and intimacy.

15. Since 2005, I have treated over 500 transgender patients. Since 2010, I have referred approximately 100 of those patients for primary vaginoplasty. Of these 100 patients, some of whom I co-managed with a nurse practitioner or a physician assistant, all but one have had a penile inversion vaginoplasty as their initial surgery. The remaining patient desired a penile inversion, but could not have that surgery due to anatomical issues. That person is the only patient I have had who had a colovaginoplasty as a primary surgery. Since 2005, I have also had four patients who had revision colovaginoplasties. Every one of those patients experienced the malodorous discharge described above and every one of them has had skin breakdown problems. Each of these patients wears maxipads every day. Although patients can do some things to reduce the odor, such as sanitizing the area and performing regular douches, my patients struggle with these issues. One patient in particular had to wear a topical skin protectant at all times in order to address the skin break down problems, in addition to the maxipads. I have also prescribed a medication that can reduce the volume of the malodorous discharge, but that medication can cause side effects such as dry mouth, constipation, urinary retention, drowsiness, and in very rare cases, heart arrhythmias.

16. The use of colovaginoplasties primarily as revision surgeries is borne out by the medical literature on this topic. The earliest publication describing the use of the bowel as a means to reconstruct the vagina was published in 1904. J.F. Baldwin, *The Formation of an Artificial Vagina by Intestinal Transplantation*, 40(3) *Annals Surgery* 398 (1904) (Baldwin, J.F. (1904). This was 26 years before the first known genital surgery performed on a transgender woman (1930). Unlike the penile inversion technique, which was developed specifically to treat transgender women, the colovaginoplasty technique was developed to treat non-transgender women. The earliest publication describing the use of colovaginoplasty for transgender women in particular was published in 1974. That article discusses how the technique was an adaptation of the technique used for vaginal reconstruction in non-transgender women. C. Markland, & D. Hastings, *Vaginal Reconstruction Using Cecal and Sigmoid Bowel Segments in Transsexual Patients*, 111(2) *J. Urology* 217 (1974). Notably, every one of the seven patients described in that paper had colovaginoplasty as a revision surgery.

17. Because the colovaginoplasty technique uses a portion of the colon, a presurgical requirement for that surgery is a colonoscopy. A colonoscopy is medically necessary in order to ensure that the patient's colon is generally healthy. It is also necessary, for instance, to rule out cancer or colon polyps, to ensure there are no diverticula (abnormal pouches forming from the colon wall) in the colon, and to rule out signs of other colonic illnesses, such as ulcerative colitis or angiodysplasia (overgrowth of blood vessels that could make a patient prone to bleeding).

18. Consistent with my opinion in my May 29, 2018 report, and based on my knowledge of Ms. Edmo's medical factors from my prior review of her medical records and consultation with her, I continue to believe that the penile inversion technique is the most medically appropriate surgery for her unless there are specific medical contraindications identified by the

surgeon or Ms. Edmo.

19. I am also aware that the Idaho Department of Correction and Corizon have raised the possibility of a “zero depth” surgical option. This surgical option is rarely used and as far as I am aware, only four of my transgender patients have had it. All of those patients were unable to have the penile inversion technique due to anatomical limitations and did not want a colovaginoplasty due to the adverse effects of that surgery.

20. Gender dysphoria, and especially dysphoria that is focused on the genitals, is caused when a person’s genitals are incongruent with their gender identity. The medical purpose of vaginoplasty to treat gender dysphoria, and gender confirmation surgery generally, is to achieve congruence between a person’s body and their gender identity. For transgender women for whom vaginoplasty is medically necessary and appropriate (as determined under the WPATH Standards of Care), it is essential to both rid the patient of her existing genitalia (*e.g.* her penis and the testicles that produce testosterone) and create typical female genitalia. The “zero depth” option does not typically accomplish this medical purpose for transgender women.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed November 19, 2019 in Davis, California.



\_\_\_\_\_  
Ryan Nicholas Gorton, MD

# EXHIBIT A

**Ryan Nicholas Gorton, MD, DABEM**

[nickgorton@gmail.com](mailto:nickgorton@gmail.com)

**Professional Practice**

February 2005 – Current      Emergency Medicine Physician  
Sutter Davis Hospital  
Davis, CA

July 2002 – February 2005      Emergency Medicine Physician  
St Tammany Parish Hospital  
Covington, LA

**Professional Practice: Volunteer Activities**

March 2005 – Current      Primary Care Provider and Clinical Instructor  
Lyon-Martin Health Services  
San Francisco, CA.

August 2005 – February 2006      Acting Medical Director  
Lyon-Martin Health Services  
San Francisco, CA.

September 2008 – Current      Executive Committee Member and Lecturer  
Project HEALTH <http://www.project-health.org/>  
San Francisco, CA.

January 2011 – Current      Lead Clinician TransLine National Clinical Consultation Line

Medical-Legal Consultant:      Sylvia Rivera Law Project, New York, NY  
Lambda Legal Defense and Education Fund, Inc., New York, NY  
Transgender Law Center, San Francisco, CA  
National Center for Lesbian Rights. San Francisco, CA  
Northwest Justice Project, Seattle, WA  
The Legal Aid Society, New York, NY  
National Center for Transgender Equality, Washington, DC  
TGI Justice Project, Oakland, CA.  
ACLU Florida

**Post Graduate Training**

June 2001 – June 2002      Chief Resident, Department of Emergency Medicine  
Kings County Hospital Center/SUNY Downstate  
Brooklyn, NY

July 1998 – June 2002      Emergency Medicine Residency  
Kings County Hospital Center/SUNY Downstate  
Brooklyn, NY

## **Education**

August 1994 – May 1998      Doctor of Medicine  
University of North Carolina School of Medicine  
Chapel Hill, NC

August 1988 – August 1991      Bachelor of Science in Biochemistry, Summa Cum Laude  
North Carolina State University  
Raleigh, NC

## **Professional Affiliations**

World Professional Association for Transgender Health (formerly HBGDA)

- ◆ WPATH GEI Certified Member
- ◆ Institutionalized Persons Committee

University of California at San Francisco Center of Excellence for Transgender Health

- ◆ Medical Advisory Board 2010-2013 (during development of original Primary Care Protocols)

American Medical Association

- ◆ GLBT Advisory Committee 2009-2011

Gay and Lesbian Medical Association

- ◆ LGBT Medical Experts Panel

## **Licensure/Certification**

Nov 2003 – Present      Diplomate American Board of Emergency Medicine  
Nov 2004 – Present      CA State Medical License A89440  
Feb 2002 – 2009      LA State Medical License 14466R  
June 2001 – 2010      NY State Medical License 221808

## **Publications and Papers**

Gorton, R, and Berdahl, C. *Improving the Quality of Emergency Care for Transgender Patients. Annals of emergency medicine.* 71(2): 189-192. 2018.

Gorton, R, and Erickson-Schroth, L. *Hormonal and Surgical Treatment Options for FTMs.* Psychiatric Clinics of North America. Psychiatric Clinics of North America. 40(1): 79-97. 2017.

Gorton, R, and Jaffe, J.M., *Transline Medical Consultation Service: Four Years of Clinician Support.* USPATH Poster Presentation: February, 2017.

Ingram, N., Pratt V., and Gorton, R. *Counting trans\* patients: A Community Health Center Case Study.* TSQ: Transgender Studies Quarterly. 2(1): 136-147. 2015.

Gorton, R and Grubb, M. (2014), General, Sexual, and Reproductive Health In Erickson-Schroth, L (Ed) *Trans Bodies, Trans Selves: A Resource*

*for the Transgender Community*. New York, NY: Oxford University Press.

- Gorton R. Transgender as Mental Illness: Nosology, Social Justice, and the Tarnished Golden Mean. In Stryker S and Aizura A (Eds.), *The Transgender Studies Reader, Vol 2*. New York, NY Taylor and Francis. 2013.
- Ehrbar R, Gorton R, and Winters K. Sugerencias para la revisión de los diagnósticos relacionados con el genero en el DSM y el CIE. In Miquel Missé and Gerard Coll-Planas (Eds.), *El Género Desordenado - Críticas en torno a la patologización de la transexualidad*. Madrid: EGALES. 2010.
- Ehrbar R, and Gorton R. *Exploring Provider Treatment Models in Interpreting the Standards of Care*. International Journal of Transgenderism, 12(4):198-210. 2010.
- Pittsburgh Transgender Health Research Summer Institute: *A Review and Guidance for Future Research—Proceedings from the Summer Institute at the Center for Research on Health and Sexual Orientation, University of Pittsburgh t*. International Journal of Transgenderism, 12(4):211-229. 2010.
- Haraldsen I, Ehrbar R, Gorton R, and Menvielle E. *Recommendations for Revision of the DSM Diagnosis of Gender Identity Disorder in Adolescents*. International Journal of Transgenderism, 12(2):75-79. 2010.
- Gorton R. *Transgender Health Benefits: Collateral Damage in the Resolution of the National Health Care Financing Dilemma*. Sexuality Research and Social Policy: Journal of NSRC. 4(4):81-91. Dec 2007.
- Gorton R. *Health Care and Insurance Issues for Transgender Persons*. American Family Practitioner. 74(12):2022. December 2006. <http://www.aafp.org/afp/20061215/letters.html>
- Gorton R. *Current Summary of the Medical Knowledge Base and Current Clinical Standards Surrounding the Treatment of Patients with Gender Identity Disorder*. Report prepared for the Lambda Legal Defense Fund. May 2005.
- Gorton R, Buth J, and Spade D. *Medical Therapy and Health Maintenance for Transgender Men: A Guide For Health Care Providers*. Lyon-Martin Women's Health Services. San Francisco, CA. 2005. ISBN 0-9773250-0-8 ([www.nickgorton.org](http://www.nickgorton.org))
- Gorton R. *A Critical Analysis of the Hayes Report: "Sex Reassignment Surgery and Associated Therapies for Treatment of GID."* Report prepared for

the Lambda Legal Defense Fund. May 2005.

*Greenberg's Text Atlas of Emergency Medicine*, Michael Greenberg Ed. Lippincott Williams & Wilkins. ISBN 0-7817-4586-1 2004. Contributing Author: Chapter 4 – Eyes/Ophthalmic.

Gorton R. “Toward a Resolution of GID, the Model of Disease, and the Transgender Community.” MAKE. March 2005.  
<http://www.makezine.org/giddisease.htm>

Sinnert R, et al, Gorton R. “The ratio of ionized calcium to magnesium modifies the bronchodilatory effects of magnesium therapy in acute asthma.” *Acad Emerg Med* 2002 9(5) 436-437.

Morris D, Rosamond W, Hinn A, Gorton R. “Time delays in accessing stroke care in the emergency department.” *Acad Emerg Med* 1999 Mar; 6(3) 218-23.

Rosamond W, Gorton R, Hinn A, Hohenhaus S, Morris D. “Rapid response to stroke symptoms: the Delay in Accessing Stroke Healthcare (DASH) study.” *Acad Emerg Med* 1998 Jan; 5(1) 45-51.

#### **Selected Conference Presentations and Invited Talks**

Gorton, R, Gruberg, S, Tobin, Harper Jean. Plenary IV: Fighting for LGBT Health Policy Protections: Health Providers’ Crucial Role in Advocacy. GLMA 2019. New Orleans, LA, September 2019.

Gorton, R. Genital Gender Affirming Surgery for the Transgender Patient: A Didactic and Hands-on Fresh Cadaver-Based Course: “Hormone Replacement for Transgender Patients”. American Urological Association 2018. San Francisco, CA. May, 2018.

Gorton, R, Jaffe, JM, Tescher, J, and Baker, K. “Mini-Symposium: As California Goes, So Goes the Nation (Hopefully)”. USPATH. February, 2017.

Gorton, R. Sessuion Moderator. USPATH Symposium. San Francisco CA. February, 2017.

Gorton, R. “Acute and Long Term Complications of Silicone Pumping: Primary, Secondary, and Tertiary Prevention”. WPATH Symposium. Amsterdam, The Netherlands. June, 2016.

Gorton, R, Ettner, R, Brown, G, Bermudez, F, Orthwein, J and Mazur, T. “Orange isn’t the New Black (Yet)”. WPATH Symposium. Amsterdam, The Netherlands. June, 2016.

Gorton R. “Transgender Patient Care in the Emergency Department”. American

Academy of Emergency Medicine Scientific Assembly. Las Vegas, Nevada. February 2016.

Gorton R. "Transgender Patients in the Emergency Department". Stanford University Department of Emergency Medicine SimWars. Stanford, CA. February 2016.

Gorton R. "History of Transgender Medicine". UCSF School of Medicine Transgender Health elective. San Francisco, CA. February 2016.

Gorton R. "Free Silicone Complications and Management". National Transgender Health Summit. Oakland, CA. April 2015.

Gorton R. "History of Transgender Medicine". UCSF School of Medicine Transgender Health elective. San Francisco, CA. March 2015.

Gorton R. "Transgender Healthcare". UC Davis School of Medicine. Sacramento, CA. December 2015.

Gorton R. "Engaging and Retaining Transgender Patients in Ongoing Primary Care". National Association of Community Health Centers Health Institute and Expo. San Diego, CA. August 2014.

Gorton R. "Sexual and Reproductive Health: A Focus on Transgender Patients". California Family Health Council. Webinar. March 2014.

Gorton, R, Green, J and Tescher, J. "California Dreaming: Two Decades of Change in Health Insurance Law and Policy". WPATH Symposium. Bangkok, Thailand. February, 2014.

Gorton, R and Chung, C. "From Grassroots Health Advocacy to Expanding Clinician Competency: Project HEALTH (Harnessing Education, Advocacy & Leadership for Transgender Health)". WPATH Symposium. Bangkok, Thailand. February, 2014.

Gorton, R and Tescher, J. "Minding the Gap: Development and Implementation of a Clinical Rotation in Transgender Health". WPATH Symposium. Bangkok, Thailand. February, 2014.

Gorton R and Keenan C. "LGBT Sexual and Reproductive Health Issues". California Family Health Council Women's Health Update. San Francisco, CA. April, 2013.

Gorton R. "Transgender Medicine". California AHEC Webinar. San Francisco, CA. April, 2013.

Gorton R. "Transgender Aging Issues". Institute on Aging Conference on LGBT

Aging. San Francisco, CA. November, 2012.

Gorton R and Branning N. "Transgender Primary Care". California Academy of Physician Assistants Annual Conference. Palm Springs, CA. October, 2012.

Gorton R. "Primary care and Hormonal Treatment for Transgender Clients". Samuel Merritt University. Oakland, CA. June 2012.

Gorton R. "Primary care and Hormonal Treatment for Transgender Clients" Grand Rounds for the VA Medical Center. San Francisco, CA. June 2012.

Gorton R and Wertz K. "Transgender Health Care" Webinar for the California Family Health Council. San Francisco, CA. June, 2012.

Eichenbaum J, Gorton R and May A. "Transgender Health, the VA, and Barriers to Care." San Francisco Veterans Administration Mental Health Services Grand Rounds. San Francisco, CA. May, 2012.

Gorton R and Wertz K. "Working With GLBT Clients" California Family Health Council Webinar. Los Angeles, CA. May, 2011.

Gorton R. "Improving Access to Transgender Health Care: Outcomes from Project HEALTH" World Professional Association for Transgender Health. Atlanta, GA. September, 2011.

Gorton R and Wertz K. "Trailblazing for Transgender Health" Southern Comfort Conference. Atlanta, GA. September, 2011.

Gorton R. "Nuts and Bolts of Transgender Primary Care" Gay and Lesbian Medical Association Annual Conference. Atlanta, GA. September, 2011.

Gorton R. "Transgender Medicine and Cultural Competency" Kaiser Department of OB/Gyn Grand Rounds. San Francisco, CA. April, 2011.

Gorton R. "Evidence Based Transgender Medicine" Opening Plenary UCSF National Transgender Health Summit. San Francisco, CA. January, 2011.

Green J and Members of the Center of Excellence for Transgender Health Medical Advisory Board. "Primary Care Protocols" Morning Plenary UCSF National Transgender Health Summit. San Francisco, CA. January, 2011.

Freshel K, Gorton R, Hansom C and Barnes A. "Communities Working Together to Become Culturally Competent" California State Rural Health

Association Conference. Sacramento, CA. November, 2010.

Gorton R, Spade D and Wilkinson W. "Transposium: Healthcare Access and Quality For Transgender Individuals" Shaking the Foundations: The West Coast Conference on Progressive Lawyering, Primary Care Associate Program, Stanford School of Law. Stanford CA. October, 2010.

Gorton R. "Improving Access to Transgender Healthcare: Outcomes from Project HEALTH (Harnessing Education, Advocacy, and Leadership for Transgender Health)" Gay and Lesbian Medical Association Annual Conference. San Diego, CA. September 2010.

Gorton R, Gould D and Wertz K. "Trailblazing for Transgender Health" National Gay and Lesbian Task Force Creating Change Conference. March 2010.

Gorton R. "Grand Rounds: Transgender Medicine" Highland General Hospital Department of Internal Medicine. Oakland, CA. January, 2010.

Gorton R. "Grand Rounds: Transgender Medicine" Kaiser Permanente Department of Internal Medicine. San Francisco, CA. December, 2009.

Keatley J and Gorton R. "Transgender Health Care Issues in California Today" Equality California and the California LGBT Legislative Caucus Briefing on LGBTI Health Care Issues. Sacramento, CA. December 2009.

Ehrbar R, Winters K, and Gorton R. "Revision Suggestions for Gender Related Diagnoses in the DSM and ICD" WPATH XXI Biennial Symposium. Oslo, Norway. June, 2009.

Gorton R. "A Place at the Table" American College Health Association Annual Meeting. San Francisco, CA. May, 2009.

Famula M, Hall A, Pardo S, Gorton R. "Providing Trans-Specific Health Care to Transgender Students in the College Setting." American College Health Association Annual Meeting. San Francisco, CA. May, 2009.

Gorton R. "Transgender Health" American Medical Student Association: Regional Conference. Lubbock, TX. March, 2009.

Gorton R. "Medical Ethics and Evidence Based Transgender Medicine" Equality and Parity II: A Statewide Action for Transgender HIV Prevention and Care. Los Angeles, CA, January 2009.

Gorton R. "Transgender Medicine 101" AMSA Regional Conference. Lubbock,

TX. December, 2008.

Gorton R, Djordjevic M, and Brownstein M. "Female to Male (FTM) Health Update" (Provider Session) The 7<sup>th</sup> Annual Mazzoni Center Trans-Health Conference. Philadelphia, PA. May 2008.

Gorton R. "FTM Hormones 201." (Community Session) The 7<sup>th</sup> Annual Mazzoni Center Trans-Health Conference. Philadelphia, PA. May 2008.

Green J, Gorton R, Razza R, and Tamar-Mattis A, "Healthcare and Access Issues Panel." University of California Hastings College of the Law Transposium Conference. April 2008.

Arkles G, Gorton R, Sanchez D, Suarez C. "Trans Issues in Health Care Panel." Harvard Law School Lambda Legal Advocacy Conference. February 2008.

Gorton N, Thaler C, and Keisling M. "Drawing the Curtain: An Overview of Medical Privacy Protections and Risks for Transgender Patients and Providers " WPATH Symposium, 2007, Chicago.

Gorton R. "Transgender Medicine 2007: A Medical Ethics and Evidence Based Paradigm Shift." (Provider Session) The 6<sup>th</sup> Annual Mazzoni Center Trans-Health Conference. Philadelphia, PA. April 2007.

Gorton R. "FTM Hormones 201." (Community Session) The 6<sup>th</sup> Annual Mazzoni Center Trans-Health Conference. Philadelphia, PA. April 2007.

Gorton R. "Medical Ethics and Evidence Based Transgender Medicine." FORGE Forward. Milwaukee WI. March 2007.

Gorton R. "FTM Hormonal Treatment: Beyond 101." FORGE Forward. Milwaukee WI. March 2007.

Gorton R. "Transgender Healthcare in 2007: Its Time to Take it Seriously." Humboldt State University 13<sup>th</sup> Annual Diversity Conference and Education Summit. Arcata CA. March 2007.

Spade D, Gehi P, Arkles G, and Gorton R. "Barriers to health care access for transpeople." UCLA School of Law, Williams Institute Annual Update. Los Angeles, CA. February 2007.

Marksamer J and Gorton R. "Legal Support and Advocacy for Transgender Youth and Their Families." Gay and Lesbian Medical Association Annual

Conference. San Francisco, CA. October 2006.

Gorton R. "Hormone Therapy 101." FTM-Gender Odyssey 2006. Seattle, WA. September 2006.

Gorton R. "Hormone Therapy 201." FTM-Gender Odyssey 2006. Seattle, WA. September 2006.

Gorton R. "Transgender Medicine." California Department of Health Early Intervention Program Statewide Conference. May 2006.

Gorton R. "Primary Care and Hormonal Therapy for Transgender Males." (Provider Session) The 5<sup>th</sup> Annual Mazzoni Center Trans-Health Conference. Philadelphia, PA. March 2006.

Gorton R. "Health Maintenance for Transgender Men." (Community Session) The 5<sup>th</sup> Annual Mazzoni Center Trans-Health Conference. Philadelphia, PA. March 2006.

Gorton R. "Primary Care and Hormonal Therapy for Transgender Males." The 23<sup>rd</sup> Annual Conference of the Gay and Lesbian Medical Association. Montreal, Canada. September, 2005.

Spade, D, and Gorton R. "Medical-Legal Policy Update in the Quest for Trans Health Care and Justice." The 23<sup>rd</sup> Annual Conference of the Gay and Lesbian Medical Association. Montreal, Canada. September, 2005.

Arkles Z, and Gorton R. "Medical-legal Collaboration in the Quest for Trans Health Care and Justice" The 19<sup>th</sup> Biennial Symposium of the Harry Benjamin International Gender Dysphoria Association. Bologna, Italy. April, 2005.

### **Professional Advocacy**

Supported as physician member of the American Medical Association for adoption of inclusive language for transgender people within AMA policy. "Recommendations to Modify AMA Policy to Ensure Inclusion for Transgender Physicians, Medical Students and Patients." Accepted by the AMA Board of Delegates July 2007. See "AMA Meeting: Anti-discrimination policy extended to transgendered." AMA News July 16, 2007. <http://www.ama-assn.org/amednews/2007/07/16/prsk0716.htm>. Policy amendment available at:

<http://www.ama-assn.org/ama1/pub/upload/mm/467/bot11a07.doc>

Authored and proposed with Vernon A, and Maxey K. *Resolution to amend the American College of Emergency Physicians 'Code of Ethics for Emergency Physicians.'* Accepted as policy October 2005. Now reads (amended language underlined): “Provision of emergency medical treatment should not be based on gender, age, race, socioeconomic status, sexual orientation, real or perceived gender identity, or cultural background.”

**Awards**

Claire Skiffington Vanguard Award. Transgender Law Center. San Francisco, CA. 2012.

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jwilensky@nclrights.org

Attorneys for Plaintiff

**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF IDAHO**

ADREE EDMO (a/k/a MASON EDMO),

Plaintiff,

v.

IDAHO DEPARTMENT OF  
CORRECTION; HENRY ATENCIO, in his  
official capacity; JEFF ZMUDA, in his  
official capacity; HOWARD KEITH  
YORDY, in his official and individual  
capacities; CORIZON, INC.; SCOTT  
ELIASON; MURRAY YOUNG; RICHARD  
CRAIG; RONA SIEGERT; CATHERINE  
WHINNERY; and DOES 1-15;

Defendants.

Case No.: 1:17-cv-00151-BLW

**DECLARATION OF LOREN  
SCHECHTER, MD**

I, Loren Schechter, MD, hereby declare and state:

1. I have actual knowledge of the matters stated in this declaration and would so testify if called as a witness. I reserve the right to supplement or amend this declaration based on any future information that is provided to me.

2. I am a board certified plastic surgeon. I specialize in performing gender confirming surgeries (including chest reconstruction surgeries, genital reconstruction surgeries, and other procedures to feminize or masculinize the body).

3. The information provided regarding my professional background, experiences, publications, and presentations are detailed in my curriculum vitae. A true and correct copy of my CV is attached to this declaration as Exhibit A.

4. I received my medical degree from the University of Chicago, Pritzker School of Medicine. I completed my residency and chief residency in plastic and reconstructive surgery and a fellowship in reconstructive microsurgery at the University of Chicago Hospitals.

5. I am currently a Clinical Professor of Surgery at the University of Illinois at Chicago. I also maintain a clinical practice in plastic surgery in Illinois where I treat patients from around the country, as well as from around the world.

6. I have been performing gender confirming surgeries for over 19 years. For the past four or five years, I have been performing over 150 gender confirming procedures every year. I have performed over 500 gender confirming surgeries during my medical career. Currently, approximately 85-90 percent of the patients in my clinical practice are transgender individuals seeking gender confirmation surgeries.

7. I was a contributing author to the Seventh Version (current) of the World Professional Association for Transgender Health's (WPATH) *Standards of Care for the Health*

*of Transsexual, Transgender, and Gender-Nonconforming People* (hereafter, “WPATH SOC”).

In particular, I wrote the section focused on the relationship of the surgeon with the treating mental health professional and the physician prescribing hormone therapy. WPATH is in the midst of drafting the eighth version of the WPATH SOC. I am the co-lead author on the surgical and postoperative care chapter in the eighth version.

8. In addition, I have written a number of peer-reviewed journal articles and chapters in professional textbooks about gender confirmation surgeries. In 2016, I published *Surgical Management of the Transgender Patient*, the first surgical atlas (a reference guide for surgeons on how to perform surgical procedures using safe, well-established techniques) dedicated to gender confirming surgeries. A full and complete list of my publications is included in my CV.

9. I am a guest reviewer for the *Journal of Plastic and Reconstructive Surgery*, the *Journal of Reconstructive Microsurgery*, and the *Journal of Sexual Medicine*. I also serve on the editorial board of both *Transgender Health* and the *International Journal of Transgenderism*. Each of these publications is a peer-reviewed medical journal.

10. I am actively involved in training other surgeons to perform gender confirming surgeries. In 2017, I started the surgical fellowship in gender surgery at Weiss Memorial Hospital in Chicago. I am also the Medical Director of the Center for Gender Confirmation Surgery at Weiss Memorial Hospital. In addition, I am the site director for a fellowship in reconstructive urology and gender surgery at Weiss Memorial Hospital, under the auspices of the Department of Urology at the University of Illinois at Chicago. I have given dozens of public addresses, seminars, and lectures on gender confirming surgery, including many through the American Society of Plastic Surgeons.

11. I am also a former member of the Board of Governors of the American College of

Surgeons and a current member of the Board of Directors of WPATH.

12. My opinions contained in this declaration are based on: (1) my clinical experience as a surgeon performing gender confirming surgeries for patients; (2) my knowledge of the peer reviewed research, including my own, regarding gender confirming surgeries; (3) my work as a contributing author of the WPATH SOC; and (4) my work as an author and teacher of surgical techniques used in gender confirming surgeries.

13. The WPATH Standards of Care include a section about the “Relationship of Surgeons with Mental Health Professionals, Hormone-Prescribing Physicians (if Applicable), and Patients (Informed Consent).” Included in this section is a discussion about a surgeon’s presurgical appointment with a patient:

Once a surgeon is satisfied that the criteria for specific surgeries have been met (outlined below) surgical treatment should be considered and a preoperative surgical consultation should take place. During this consultation, the procedure and postoperative course should be extensively discussed with the patient. Surgeons are responsible for discussing all of the following with patients seeking surgical treatments for gender dysphoria:

- The different surgical techniques available (with referral to colleagues who provide alternative options);
- The advantages and disadvantages of each technique;
- The limitations of a procedure to achieve “ideal” results; surgeons should provide a full range of before-and-after photographs of their own patients, including both successful and unsuccessful outcomes;
- The inherent risks and possible complications of the various techniques; surgeons should inform patients of their own complication rates with each procedure.

These discussions are the core of the informed consent process, which is both an ethical and legal requirement for any surgical procedure. Ensuring that patients have a realistic expectation of outcomes is important in achieving a result that will alleviate their gender dysphoria.

WPATH Standards at 56-57.

14. I follow these standards when I have presurgical consultations with my patients. The WPATH Standards recognize that surgeons inform their patients about all reasonable options, the risks and benefits of each option, potential benefits and disadvantages, and post-surgical care. These practices are typical of all surgeries and not just surgeries for transgender people. It is essential that doctors and patients engage in the final decisionmaking process about surgery together so that the surgical plan is consistent with the patient's individualized medical needs and goals and with the surgeon's professional and medical judgment.

15. The most common and standard vaginoplasty surgery for transgender women is the penile inversion technique. This surgery, which utilizes a patient's existing anatomy (penis and scrotum) to create appropriate anatomy (vagina, labium, clitoris) is performed in the vast majority of cases. This is the surgery that I most often perform and that other surgeons treating transgender women also most often perform. Of the vaginoplasties I perform in any given year, approximately 85-90 percent are penile inversions.

16. Surgeons have used the penile inversion vaginoplasty technique for at least 50 years. It is safe, effective, and successful in treating gender dysphoria in transgender women.

17. Another surgical technique is the intestinal vaginoplasty, which typically utilizes a portion of the patient's colon to create the lining of the vagina. When I perform this surgery, I, in conjunction with other surgeons (most often colorectal surgeons) detach a portion of the patient's intestine and relocate it to its new position in order to create a vagina.

18. Although I perform both surgeries, I rarely use the intestinal technique as an initial surgery for transgender women. Rather, I primarily use it as a revision procedure for transgender patients who have experienced vaginal stenosis (abnormal narrowing of the vagina)

after an initial vaginoplasty.

19. To put this another way, utilizing the intestine for vaginoplasty surgery is not typically a first line surgical approach. In general, intestinal vaginoplasty is used when a patient is not a candidate for penile inversion due to anatomical or other medical reasons.

20. There are several reasons why the intestinal technique is generally not a first line treatment for vaginoplasty. First, the external genitalia are similar from a surgical perspective and are homologous structures, meaning that they have the same relation, relative position, and anatomical structure. For example, the glans penis is homologous to the glans clitoris and the labia majora are homologous to the scrotum. Utilizing the penis and scrotum to create a clitoris, labium, and vagina is thus in line with the surgical concept of replacing “like with like.”

21. Second, the intestinal vaginoplasty creates a mucosal-lined vaginal canal that raises several potential concerns. The mucosal lining from an intestinal vagina often creates copious discharge which very commonly requires patients to wear absorbent pads in their undergarments throughout the course of the day. As a result, I counsel my patients that they should expect to wear absorbent pads every day for the rest of their lives. This is an important consideration due to its impact on a patient’s daily functioning. Additionally, the discharge may be malodorous. While the odor and volume of the discharge may decrease over time, it generally persists throughout the patient’s lifetime. As patients age and become less able to care for themselves, they may have an increasingly difficult time addressing this issue. In addition, the intestinal lined vagina may be more friable, meaning that it can be more prone to bleeding and inflammation. It also requires routine surveillance to evaluate for potential gastrointestinal cancers or tumors that can occur in the newly formed vaginal segment.

22. Third, utilizing an intestinal vaginoplasty in the first instance eliminates or

significantly reduces one of the most important surgical benefits of that technique—its availability as a revision surgery.

23. Fourth, harvesting tissue from the intestine can result in complications at the surgical site of the intestine that can affect the gastrointestinal system. These include intra abdominal complications such as anastomotic leakage, sepsis, abscess, and bowel obstruction.

24. Finally, the intestinal vaginoplasty technique is more invasive than the penile inversion technique. It is typically performed in conjunction with a colorectal surgeon, which means that more than one surgeon is needed to perform the surgery.

25. These issues help explain why surgeons who perform both techniques generally utilize penile inversion far more often than intestinal vaginoplasty.

26. I am also aware that the Idaho Department of Corrections and Corizon have discussed a “zero depth” surgical option. I have also performed this type of surgery, which is generally reserved for people who have serious medical and/or surgical comorbidities that would significantly increase the risk of constructing the vaginal canal and/or prevent them from complying with post-surgical requirements for penile inversion or intestinal vaginoplasty. This could include, for example, patients who are not candidates for full-depth vaginoplasties due to previous surgery or radiation (*i.e.*, a history of radiation and/or anal or rectal cancer or prostate cancer). It could also include some older patients or patients with neuromuscular diseases or disorders that inhibit post-surgery care (*i.e.*, limits their ability to perform post-surgical vaginal dilation). In my practice, these surgeries represent a small percentage of the surgeries I perform. I typically use this technique in instances where, for medical reasons specific to a particular patient, the creation or dissection of the vaginal canal is too risky.

27. An important medical goal of vaginoplasty for transgender women is to rid the patient of her existing genitalia (*i.e.*, her penis and the testicles that produce testosterone) and create typical female genitalia. In my experience, the zero depth option is not medically sufficient for most of my transgender patients because it does not accomplish this goal.

28. In my practice, the presurgical requirements for penile inversion and intestinal vaginoplasty are similar. I instruct patients for both surgeries to discontinue hormones two weeks prior to surgery and to have a pre-operative medical evaluation from their primary care provider no later than two weeks prior to surgery. For the intestinal vaginoplasty, an additional presurgical requirement is a colonoscopy. I also require hair removal for both surgeries if I am performing them as initial surgeries. The intestinal technique typically necessitates less hair removal than the penile inversion technique, however, because that surgery necessitates less skin from the scrotum and penis.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed November 19, 2019 in Highland Park, Illinois.



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Loren Schechter, MD

# EXHIBIT A

## Curriculum Vitae

**NAME:** LOREN SLONE SCHECHTER, MD, FACS

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[www.plasticsurgery.org/md/DRLOREN.htm](http://www.plasticsurgery.org/md/DRLOREN.htm)

**BIRTHDATE:** August 14, 1968

**BIRTHPLACE:** Galveston, Texas

**MARITAL STATUS:** Married

**SPOUSE:** Rebecca Brown Schechter, MD

**CHILDREN:** Owen Slone Schechter

Miles Slone Schechter

**CERTIFICATION:** The American Board of Plastic Surgery 2001  
Certificate Number 6271  
Date Issued: September 2001  
Maintenance of Certification: 2011

**EDUCATION:**  
1986-1990 The University of Michigan BS, 1990  
1990-1994 The University of Chicago MD, 1994  
Pritzker School of Medicine

**POSTGRADUATE TRAINING:**

Residency: The University of Chicago Hospitals 1994-1999  
Coordinated Training Program in  
Plastic and Reconstructive Surgery  
Chief Resident: The University of Chicago Hospitals 1998-1999  
Section of Plastic and Reconstructive  
Surgery  
Fellowship: Reconstructive Microsurgery 1999-2000  
The University of Chicago Hospitals  
Section of Plastic and Reconstructive  
Surgery

**TEACHING APPOINTMENT:**

Clinical Professor of Surgery, The University of  
Illinois at Chicago

Associate Professor, Physician Assistant Program,  
College of Health Professionals, Rosalind  
Franklin University

**LICENSURE:**

Illinois  
Illinois Controlled Substance  
DEA

**STAFF APPOINTMENTS:**

University of Illinois at Chicago Hospital  
Rush University Medical Center  
Advocate Lutheran General Hospital  
Louis A. Weiss Memorial Hospital  
Illinois Sports Medicine and Orthopedic Surgery Center

**HONORS AND AWARDS:**

2017-2019 Castle Connolly Top Doctor (Chicago)  
2017 Chicago Consumer Checkbook Top Doctor  
2015 University of Minnesota Program in Human  
Sexuality Leadership Council  
2014 National Center for Lesbian Rights honored guest  
2013 Illinois State Bar Association Award for  
Community Leadership  
2010 Advocate Lutheran General 2009 Physicians  
Philanthropy Leadership Committee-Outstanding  
Leadership  
2009 Advocate Lutheran General Hospital Value Leader  
1994 Doctor of Medicine with Honors  
1994 University of Chicago Department of  
Surgery Award for Outstanding  
Performance in the Field of Surgery  
1994 Catherine Dobson Prize for the Best Oral  
Presentation Given at the 48<sup>th</sup>  
Annual Senior Scientific Session in  
The Area of Clinical Investigation  
1993 Alpha Omega Alpha  
1991 University of Chicago National Institutes  
Of Health Summer Research Award  
1990 Bachelor of Science with High Distinction  
And Honors in Economics  
1990 James B. Angell Award for Academic Distinction  
1989 Omicron Delta Epsilon-National Economic Honor  
Society  
1988 College Honors Program Sophomore Honors Award  
For Academic Distinction  
1988 Class Honors (Dean's List)

**MEMBERSHIPS:**

2018- The American Association of Plastic Surgeons

2016- The American Society for Gender Surgeons  
(founding member and president-elect)  
2010- World Society for Reconstructive Microsurgery  
2005- The University of Chicago Plastic Surgery Alumni  
Association  
2005- The Chicago Surgical Society  
2004- The American Society for Reconstructive  
Microsurgery  
2003- The American College of Surgeons  
2002- The American Society of Plastic Surgeons  
2001- Illinois Society of Plastic Surgeons (formerly,  
Chicago Society of Plastic Surgeons)  
2001- The American Society of Maxillofacial Surgeons  
2001- American Burn Association  
2001- Midwest Association of Plastic Surgeons  
2001- WPATH  
1994- The University of Chicago Surgical Society  
1994- The University of Chicago Alumni Association  
1992- American Medical Association  
1992- Illinois State Medical Society  
1992- Chicago Medical Society  
1990- The University of Michigan Alumni Association

**CURRENT HOSPITAL COMMITTEES:**

Director, Center for Gender Confirmation Surgery,  
Louis A. Weiss Memorial Hospital

**PROFESSIONAL SOCIETY COMMITTEES:**

American Board of Plastic Surgery, Guest Oral  
Board Examiner

WPATH Ethics Committee

American College of Radiology Committee on  
Appropriateness Criteria Transgender Breast  
Imaging Topic

American Society of Plastic Surgeons, Finance and  
Investment Committee

Board of Directors, at-large, The World  
Professional Association for Transgender Health

PlastyPac, Chair, Board of Governors

American Society of Plastic Surgeons, Coding and  
Payment Policy Committee

American Society of Plastic Surgeons, Practice  
Management Education Committee

Medicare Carrier Advisory Committee

Chair of the Metro Chicago District #2 Committee  
on Applicants, American College of Surgeons

American Society of Plastic Surgery, Health  
Policy Committee

American Society of Plastic Surgery, Patient  
Safety Committee

**OTHER:**

Guest Reviewer, Open Forum Infectious Diseases

Guest Reviewer, The Journal of The American  
College of Surgeons

Guest Book Reviewer, Plastic and Reconstructive  
Surgery

Editorial Board, Transgender Health

Editorial Board (Associate Editor), International  
Journal of Transgenderism

Fellow of the Maliniac Circle

Guest Reviewer, Journal of Reconstructive  
Microsurgery

Guest Reviewer, Journal of Plastic and  
Reconstructive Surgery

Guest Reviewer, Journal of Sexual Medicine

Guest Editor, Clinics in Plastic Surgery,  
Transgender Surgery (Elsevier Publishing)

Guest Reviewer, The Journal of Plastic and  
Reconstructive Surgery

**PREVIOUS EDITORIAL ROLE:**

Guest Reviewer, EPlasty, online Journal

Module Editor for Patient Safety, Plastic Surgery  
Hyperguide

Editorial Advisory Board, Plastic Surgery  
Practice

Guest Reviewer, International Journal of  
Transgenderism

Guest Reviewer, Pediatrics

**PREVIOUS ACADEMIC APPOINTMENT:**

Visiting Clinical Professor in Surgery, The  
University of Illinois at Chicago

Chief, Division of Plastic and Reconstructive  
Surgery, Chicago Medical School, Rosalind  
Franklin University of Medicine and Science

Associate Professor of Surgery, The College of  
Health Professionals, Rosalind Franklin  
University

Clinical Associate in Surgery, The University of  
Chicago

**PREVIOUS HOSPITAL COMMITTEES:**

Division Director, Plastic Surgery, Lutheran  
General Hospital

Division Director, Plastic Surgery, St. Francis  
Hospital

Medical Staff Executive Committee, Secretary,  
Advocate Lutheran General Hospital

Credentials Committee, Lutheran General Hospital

Pharmacy and Therapeutics Committee Lutheran  
General Hospital

Operating Room Committee, St. Francis Hospital

Cancer Committee, Lutheran General Hospital  
-Director of Quality Control

Risk and Safety Assessment Committee, Lutheran  
General Hospital

Nominating Committee, Rush North Shore Medical  
Center

Surgical Advisory Committee, Rush North Shore  
Medical Center

Section Director, Plastic Surgery, Rush North  
Shore Medical Center

**PREVIOUS SOCIETY COMMITTEES:**

Board of Governors, Governor-at-large, The  
American College of Surgeons

American College of Surgeons, International  
Relations Committee

Chair, Government Affairs Committee, American  
Society of Plastic Surgeons

President, The Metropolitan Chicago Chapter of  
The American College of Surgeons

2012 Nominating Committee, American Society of  
Plastic Surgeons

Program Committee, The World Society for  
Reconstructive Microsurgery, 2013 Bi-Annual  
Meeting

President, Illinois Society of Plastic Surgeons

Vice-President, The Illinois Society of Plastic  
Surgeons (formerly the Chicago Society of Plastic  
Surgery)

Vice-President, The Metropolitan Chapter of the  
American College of Surgeons

American Society of Plastic Surgery, Chairman,  
Patient Safety Committee

2006-2007 Pathways to Leadership, The American  
Society of Plastic Surgery

2005 & 2006 President, The University of Chicago  
Plastic Surgery Alumni Association

2003 Leadership Tomorrow Program, The American  
Society of Plastic Surgery

Senior Residents Mentoring Program, The American  
Society of Plastic Surgery

American Society of Maxillofacial Surgery,  
Education Committee

Alternate Councilor, Chicago Medical Society

American Society of Aesthetic Plastic Surgery,  
Electronic Communications Committee

American Society of Aesthetic Plastic Surgery,  
Intranet Steering Committee

American Society of Aesthetic Plastic Surgery,  
International Committee

Membership Coordinator, The Chicago Society of  
Plastic Surgeons  
The Illinois State Medical Society, Governmental  
Affairs Council

The Illinois State Medical Society, Council on  
Economics

Chicago Medical Society, Physician Review  
Committee

-Subcommittee on Fee Mediation

Chairman, Chicago Medical Society, Healthcare  
Economics Committee

Secretary/Treasurer, The Metropolitan Chicago  
Chapter of the American College of Surgeons

Scientific Committee, 2007 XX Biennial Symposium  
WPATH

Local Organizing Committee 2007 WPATH

Secretary, The Chicago Society of Plastic  
Surgeons

Treasurer, The Chicago Society of Plastic  
Surgeons

Council Member, The Metropolitan Chicago Chapter  
of the American College of Surgeons

**INTERNATIONAL MEDICAL SERVICE:**

Northwest Medical Teams  
Manos de Ayuda (Oaxaca, Mexico)

Hospital de Los Ninos (San Juan, Puerto Rico)

**COMMUNITY SERVICE:**

Board of Directors, Chicago Plastic Surgery  
Research Foundation

National Center for Gender Spectrum Health  
Advisory Council

**PREVIOUS COMMUNITY SERVICE:**

Board of Directors, Committee on Jewish Genetic  
Diseases, Jewish United Fund, Chicago, Illinois

Governing Council, Lutheran General Hospital,  
Park Ridge, Il

Lutheran General Hospital Development Council,  
Park Ridge, Il

Lutheran General Hospital Men's Association, Park  
Ridge, Il

Advisory Board, Committee on Jewish Genetic  
Diseases, Cancer Genetics Subcommittee, Jewish  
United Fund, Chicago, Illinois

Health Care Advisory Board, Congressman Mark  
Kirk, 10<sup>th</sup> Congressional District, Illinois

Major Gifts Committee, Saint Francis Hospital  
Development Council, Evanston, Il

**Visiting Professor:**

1. University of Utah, Division of Plastic Surgery, November 6-8,  
2014.
2. Northwestern University, Division of Plastic Surgery, April 21-  
22, 2016.
3. The University of North Carolina, Division of Plastic Surgery,  
March 28-29, 2017
4. Georgetown University, Department of Plastic Surgery, May 17-  
18, 2017
5. The University of Basel, Basel, Switzerland, August 31-  
September 1, 2018
6. The Ochsner Health System, January 28-January 30, 2019

7. The University of Toronto, Toronto, Ontario, Canada, February 21-22, 2019
8. The University of Michigan, Ann Arbor, MI

**Invited Discussant:**

1. Department of Defense, Military service by people who are transgender, Invitation from Terry Adirim, M.D., M.P.H. Deputy Assistant Secretary of Defense for Health Services Policy & Oversight, The Pentagon, November 9, 2017
2. Aesthetic Surgery Journal, Invited Discussant May 7, 2019, Journal Club. "What is "Nonbinary" and What Do I need to Know? A Primer for Surgeons Providing Chest Surgery for Transgender Patients."

**Research Interests:**

1. Role of Omental Stem Cells in Wound Healing (Grant: Tawani Foundation)
2. Robotic-Assisted Bilateral Prophylactic Nipple Sparing Mastectomy with Immediate Tissue Expander/Implant Reconstruction (Pending submission to the FDA for Investigational Device Exemption in association with Intuitive Surgical)
3. Transgender Health and Medicine Research Conference, National Institutes of Health, Bethesda, MD May 7-8, 2015

**BIBLIOGRAPHY:**

**PEER REVIEWED ARTICLES:**

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2. David C. Cronin, II, **Loren Schechter**, Somchi Limrichramren, Charles G. Winans, Robert Lohman, and J. Michael Millis, Advances in Pediatric Liver Transplantation: Continuous Monitoring of Portal Venous and Hepatic Artery Flow with an Implantable Doppler Probe. *Transplantation* 74(6):887-889, 2002.
3. Robert F. Lohman, **Loren S. Schechter**, Lawrence S. Zachary, Solomon Aronson: Evaluation of Changes in Skeletal Muscle Blood Flow in the Dog with Contrast Ultrasonography Revisited: Has the Technique Been Useful, and Where are We Headed Now? *The Journal of Plastic and Reconstructive Surgery* 111(4):1477-1480, 2003.

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6. Iris A. Seitz, MD, David Tojo, MD, **Loren S. Schechter**, MD Anatomy of a Medication Error: Inadvertent Intranasal Injection of Neosynephrine During Nasal Surgery - A Case Report and Review of The Literature (accepted for publication, *Journal of Plastic and Reconstructive Surgery, March 2010*)
7. Iris Seitz, MD Craig Williams, MD, Thomas Weidrich, MD, John Seiler, MD, Ginard Henry, MD, and **Loren S. Schechter, MD**: Omental Free Tissue Transfer for Coverage of Complex Upper Extremity Defects: The Forgotten Flap (published online March 25, 2009, *Hand)Hand, Vol. 4. Issue 4 (2009)p.397*
8. Michael Salvino and **Loren S. Schechter**: Microvascular Reconstruction of Iatrogenic Femoral Artery Thrombus in an Infant: A Case Report and Review of the Literature *ePlasty Volume 9 ISSN: 19357-5719, E-location ID: e20*
9. Phillip C. Haeck, MD, Jennifer A. Swanson, BS, Med, Ronald E. Iverson, MD., **Loren S. Schechter, MD**, Robert Singer, MD, Bob Basu, MD, MPH, Lynn A. Damitz, MD, Scott Bradley Bradley Glasberg, MD, Lawrence S. Glasman, MD, Michael F. McGuire, MD, and the ASPS Patient Safety Committee: Evidence-Based Patient Safety Advisory: Patient Selection and Procedures in Ambulatory Surgery, *Supplement to Plastic and Reconstructive Surgery, Volume 124, Number 4s, October Supplement 2009*.
10. Philip C. Haeck, MD, Jennifer A. Swanson, BS, Med, **Loren S. Schechter, MD**, Elizabeth J. Hall-Findlay, MD, Noel B. McDevitt, MD, Gary Smotrich, MD, Neal R. Reisman, MD, JD, Scot Bradley Glasberg, MD, and the ASPS Patient Safety Committee: Evidence-Based Patient Safety Advisory: Blood Dyscrasias, *Patient Selection and Procedures in Ambulatory Surgery, Supplement to Plastic and Reconstructive Surgery, Volume 124, Number 4s, October Supplement 2009*.
11. **Loren S. Schechter, MD**, The Surgeon's Relationship with The Physician Prescribing Hormones and the Mental Health Professional: Review for Version 7 of the World Professional Association of Transgender Health's Standards of Care *International Journal of Transgenderism 11 (4), p.222-225 Oct-Dec 2009*

12. Iris A Seitz, MD, PhD, Craig Williams, MD, **Loren S. Schechter, MD**, Facilitating Harvest of the Serratus Fascial Flap With Ultrasonic Dissection, *Eplasty* 2010 Feb 23;10:e18
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14. Iris A. Seitz, Sally Friedewald, MD; Jonathon Rimler, **Loren S. Schechter**, Breast MRI to Define The Blood Supply to The Nipple-Areolar Complex. *Plast Recon Surg Suppl* 126 (26) p. 27 Oct 2010
15. **Loren S. Schechter** (contributor): Evidence-Based Clinical Practice Guidelines: Reduction Mammoplasty, The American Society of Plastic Surgeons
16. Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7, *International Journal of Transgenderism*, 13 (4) p. 165-232, August 2012.
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21. Loren S. Schechter, MD, FACS, Gender Confirmation Surgery in the Male-to-Female Individual: A Single Surgeon's Fourteen Year Experience, *Annals of Plastic Surgery*, Vol. 74, Suppl. 3, June 2015, p. s187.
22. Loren S. Schechter, Gender Confirmation Surgery: An Update for the Primary Care Provider, *Transgender Health*. Jan 2016, 1(1): 32-40.
23. Loren S. Schechter, Mimis N. Cohn, Gender Confirmation Surgery: A New Frontier in Plastic Surgery Education, *Journal of Plastic and Reconstructive Surgery*, October 2016, 138 (4): 784 e

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25. Seitz, I.A., Lee, J.C., Sulo, S, Shah, V, Shah, M, Jimenez, M, Schechter, L, Common characteristics of functional and adverse outcomes in acute lower-extremity trauma reconstruction, The European Journal of Plastic Surgery, (2017) doi:10.1007/s00238-016-1268-5
26. Loren S. Schechter, Salvatore D'Arpa, Stan Monstrey, Gender Confirmation Surgery: Guiding Principles Journal of Plastic and Reconstructive Surgery, November 2017 140(5), P. 1077
27. Iris A. Seitz, Loren S. Schechter, "Successful Tongue Replantation Following Segmental Auto-Amputation Using Supermicrosurgical Technique," (accepted for publication The Journal of Reconstructive Microsurgery Open)
28. Randi Ettner, Fred Ettner, Tanya Freise, Loren Schechter, Tonya White, "Tomboys Revisited: A retrospective comparison of childhood behavioral patterns in lesbian women and transmen" (accepted for publication, Journal of Child and Adolescent Psychiatry)
29. Editor: Loren S. Schechter, Bauback Safa, Gender Confirmation Surgery, Clinics in Plastic Surgery, Vol. 45 (3), July 2018
30. Loren S. Schechter, Bauback Safa, Preface: Gender Surgery: A Truly Multidisciplinary Field, Gender Confirmation Surgery, Clinics in Plastic Surgery, Vol. 45 (3), p. xiii July 2018 (editors Loren S. Schechter, Bauback Safa)
31. Loren S. Schechter, Bauback Safa, Introduction to Phalloplasty, Gender Confirmation Surgery, Clinics in Plastic Surgery, Vol. 45 (3), p. 387 July 2018 (editors Loren S. Schechter, Bauback Safa)
32. David Whitehead, Loren S. Schechter, Cheek Augmentation Techniques, Facial Plastic Surgery Clinics of North America 27 (2019) 199-206
33. Mosser SW, Schechter LS, Facque AR, et. al, Nipple Areolar Complex Reconstruction in an Integral Part of Chest Reconstruction in the Treatment of Transgender and Gender Diverse People, The International Journal of Transgenderism, DOI: 10.11080/15532739.2019.1568343
34. Ervin Kocjancic, Loren Schechter, Jorge Juanarena, Omer Acar, "Penile Prosthetic Surgery in Patients with Prior Phalloplasty," (accepted for publication, International Journal of Impotence Research 2019)

35. Loren S. Schechter, Mimis N. Cohen, "Gender Confirmation Surgery: Moving Forward," *The Journal of Craniofacial Surgery*, Vol. 30, No. 5, July 2019, P. 1364
36. Loren S. Schechter, Rebecca Schechter, "Training Surgeons in Gender Confirmation Surgery," *The Journal of Craniofacial Surgery*, Vol 30, No 5, July 2019, p. 1380
37. Walter Pierre Bouman MD PhD, Jon Arcelus MD PhD, Griet De Cuyper MD PhD, M. Paz Galupo PhD, Baudewijntje P.C. Kreukels PhD, Scott Leibowitz MD, Damien W. Riggs PhD, Loren S. Schechter MD FACS, Guy T'Sjoen MD PhD, Jaimie Veale PhD, Transgender and gender diverse people's involvement in transgender health research, *International Journal of Transgenderism*, vol. 19, no. 4, 357-358.
38. Oscar J. Manrique, Loren S. Schechter, MD "Impact of Social Media Presence on Online Reviews Among Plastic Surgeons Who Perform Gender Affirming Surgeries" (submitted for publication, *Journal of Plastic and Reconstructive Surgery*).
39. *Aesthetic Surgery Journal*, Invited Commentary on: "Gender Surgery Beyond Chest and Genitals: Current Insurance Landscape" (accepted for publication)

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1. Printen KJ, Schechter HO, Veldenz HE, **Schechter LS**, Otto S, Jaley A, Otto W: Undetected Transport Hypoxia in Major Surgical Procedures. *The Quarterly Bulletin of St. Francis Hospital*, Spring, 1989
2. **Schechter LS**, Memmel H, Layke J: Breast Reconstruction: The Plastic Surgeon as a Member of the Multi-Disciplinary Team. *Chicago Medicine*, 106(15): 34-38, 2003
3. **Schechter LS**: Mission Accomplished: Achieving a Successful Microsurgical Reconstruction of the Head and Neck. *Plastic Surgery Products*, March 2004
4. **Loren S. Schechter, MD**: A Helping Hand. *Plastic Surgery Products*, November 2005.
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6. **Loren S. Schechter, MD** and Iris Seitz, MD, PhD: Mission: Possible Achieving a Successful Microsurgical Reconstruction of the Head and Neck, *Plastic Surgery Practice*, May 2009.

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9. Lucio A. Pavone, MD, Iris A. Seitz, MD, Michelle C. Roughton, MD, Daniel Z. Liu, **Loren S. Schechter, MD**: Options in Breast Reconstruction, *Chicago Medicine*, June 2013.

**Textbooks and Book Chapters:**

1. **Loren S. Schechter**, Surgery for Gender Identity Disorder, *Plastic Surgery*, Third Edition, ed. Neligan, 2013, Elsevier, Vol. Four, Volume Editor: David H. Song.
2. **Loren S. Schechter**, Surgery for Gender Identity Disorder, *Plastic Surgery*, Fourth Edition, ed. Neligan, 2013, Elsevier, Vol. Four, Volume Editor (Submitted for publication): David H. Song
3. Nicholas Kim and **Loren S. Schechter**, Plastic Surgery Board Review: Pearls of Wisdom, 3<sup>rd</sup> Edition, Gender Confirmation Surgery McGraw Hill, 2016
4. **Loren S. Schechter**, Surgical Management of the Transgender Patient (Elsevier, 2016)
5. **Loren S. Schechter** and Rebecca B. Schechter, Pursuing Gender Transition Surgeries, *Adult Transgender Care An Interdisciplinary Approach for Training Mental Health Professionals*, First Edition, published 2018, Taylor and Francis, edited by Michael Kauth and Jillian Shipherd
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7. **Loren S. Schechter**, Gender Confirmation Surgery-Principles and Techniques for an Emerging Field, (Springer-Verlag, in preparation, delivery date November 2017)
8. **Loren S. Schechter**, Gender Confirmation Surgery, *Clinics in Plastic Surgery* (Elsevier, in preparation)
9. **Loren S. Schechter** and Paul Weiss, Transgender Breast Surgery, *Cosmetic Breast Surgery*, (In publication, Thieme)
10. **Loren S. Schechter**, Surgical Effects of GnRHa Treatment, Pubertal Suppression in Transgender Youth, (in preparation, Elsevier)

11. **Loren S. Schechter**, Surgical Anatomy: Phalloplasty, in Urological Care for the Transgender Patient: A Comprehensive guide (in preparation, Springer Nature)

**ABSTRACTS:**

1. **L.S. Schechter**, J.G. Lease, L.J. Gottlieb: Routine HIV Testing in a Burn Center: A Five Year Experience. AAST 52<sup>nd</sup> Annual Meeting Program Manual, P. 122, 1992

2. E. Wall, **L. Schechter**, L.J. Gottlieb, D. Schoeller: Calculated Versus Measured Energy Requirements in Adult Burn Patients. Proceedings of the ABA 26<sup>th</sup> Annual Meeting, p. 239, 1994

3. **L. Schechter**, Robert Walton: Plication of the Orbital Septum in Lower Eyelid Blepharoplasty. New Frontiers in Aesthetic Surgery Annual Meeting Program Manual, p.90-91, 1999

4. **Loren Schechter, M.D.**, K. Alizadeh, M.D., M. McKinnon, M.D., Craniofacial Osseo-Distracton: A Bridge to Eucephaly, Abstracts of the 12th Congress of the International Confederation for Plastic, Reconstructive, and Aesthetic Surgery, p. 63, 1999.

5. McKay McKinnon, M.D., K. Alizadeh, M.D., **L. Schechter**, M.D., Ethnic Aesthetic Analysis and Surgery, Abstracts of the 12th Congress of the International Confederation for Plastic, Reconstructive, and Aesthetic Surgery, p. 89, 1999

6. Mark A. Grevious, **Loren S. Schechter**, David H. Song, and Robert Lohman: Sural Neurocutaneous Flaps for Reconstruction of Leg Wounds The American Society of Plastic Surgery Senior Residents' Conference 2001

7. **Loren S. Schechter**, Mark A. Grevious, David H. Song, Risal Djohan, and Robert F. Lohman: Comparing Sural Neurocutaneous and Free Flaps for Reconstruction of Leg Wounds: Indications and Outcomes, The World Society for Reconstructive Microsurgery p.29, 2001

8. LC Wu, **LS Schechter**, and RF Lohman: Negative Pressure Wound Therapy as a Bridge Between Debridement and Free Flap Reconstruction of Extremity Wounds, The World Society for Reconstructive Microsurgery p. 31, 2001

9. Mark A. Grevious, **Loren S. Schechter**, Risal Djohan, David H. Song, and Robert Lohman: Role of Free-Tissue Transfer and Sural Neurocutaneous Flaps for Reconstruction of Leg Wounds, The Journal of Reconstructive Microsurgery, 18(6):533, 2002.

10. Lawrence J. Gottlieb, Alex Kaplan, Kirstin Stenson, **Loren Schechter**: The Thoracoacromial Trunk as a Recipient Vessels: A Lifeboat in Head and Neck Reconstruction, *The Journal of Reconstructive Microsurgery*, 18(6):563, 2002.
11. Liza C. Wu M.D., **Loren S. Schechter, M.D.**, Robert F. Lohman M.D., Robin Wall, P.A., Mieczyslawa Franczyk, P.T., Ph.D.: Defining the Role for Negative Pressure Therapy in the Treatment Algorithm of Extremity Wounds, *Plastic Surgical Forum*, Vol. XXV, p.245 2002.
12. Liza C. Wu, **Loren S. Schechter**, Robert F. Lohman, Somchai Limsrichamren, Charles G. Winans, J. Michael Millis, and David C. Cronin: Implantable Doppler Probe for Continuous Monitoring of Hepatic Artery and Portal Vein Blood Flow in Pediatric Liver Transplantation, *The Journal of Reconstructive Microsurgery*, 19(7): 517, 2003.
13. **Loren S. Schechter, MD**, John C. Layke, MD, Wayne M. Goldstein, MD, Lawrence J. Gottlieb, MD: The Gastrocnemius-Achilles Tendon Myocutaneous Flap (GAT Flap) for Single Stage Reconstruction of Combined Soft Tissue and Extensor Mechanism Defects of the Knee: An 18 Year Experience, *Plastic Surgery Forum*, Vol. XXVII, P. 133.
14. Joseph Talarico, MD, Wayne Lee, MD, **Loren Schechter, MD**: When Component Separation Isn't Enough, *American Hernia Society, Inc, Hernia Repair 2005*, P. 194
15. **Loren S. Schechter, MD, FACS**, James Boffa, MD, Randi Ettner, Ph.D., and Frederic Ettner, MD: Revision Vaginoplasty With Sigmoid Interposition: A Reliable Solution for a Difficult Problem, *The World Professional Association for Transgender Health (WPATH) 2007 XX Biennial Symposium* P. 31-32
16. Jacob M.P. Bloom, MS, Alvin B. Cohn, MD, Benjamin Schlechter, MD, Nancy Davis, MA, **Loren S. Schechter, MD**, Abdominoplasty and Intra-Abdominal Surgery: Safety First, *Plastic Surgery Abstract Supplement* vol. 120, no 4, p. 99
17. I.A. Seitz, C.S. Williams, T.A. Wiedrich, **L.S. Schechter**, Omental Free Tissue Transfer for Coverage of Complex Upper Extremity and Hand Defects-The Forgotten Flap, *Plastic Surgery At The Red Sea International Symposium Book Of Abstracts*, March 24-28, 2009, p. 25
18. Michael Salvino, MD and **Loren S. Schechter, MD**, Microvascular Reconstruction of Iatrogenic Femoral Artery Injury in a Neonate, *The Midwestern Association of Plastic Surgeons Book of Abstracts*, April 18-19, 2009, p.65
19. Michelle Roughton, MD and **Loren Schechter, MD**, Two Birds, One Stone: Combining Abdominoplasty with Intra-Abdominal Procedures, *The*

Midwestern Association of Plastic Surgeons Book of Abstracts, April 18-19, 2009, p.65

20. Iris A. Seitz, MD, PhD, Sarah Friedewald, MD, Jonathon Rimler, BS, **Loren Schechter, MD, FACS**, Breast MRI Helps to Define the Blood Supply to the Nipple-Areolar Complex, Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010,p.26

21. Iris A. Seitz, MD, PhD, Craig Williams, MD, Daniel Resnick, MD, Manoj Shah, MD, **Loren Schechter, MD, FACS**, Achieving Soft Tissue Coverage of Complex Upper and Lower Extremity Defects with Omental Free Tissue Transfer, Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, p. 28

22. Iris A. Seitz, MD, PhD, Craig Williams, MD, **Loren Schechter, MD, FACS**, Facilitating Harvest of the Serratus Fascial Flap with Ultrasonic Dissection, Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, p. 29

23. Michelle Roughton, MD, **Loren Schechter, MD, FACS**, Patient Safety: Abdominoplasty and Intra-Abdominal Procedures, Advocate Research Forum, Research and Case Report Presentation Abstracts, Advocate Lutheran General Hospital, May 5, 2010, p. 20

24. Iris A. Seitz, MD, PhD., Sarah M. Friedewald, MD, Jonathon Rimler, BS, **Loren S. Schechter, MD, FACS**, Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, Abstract, P. 44.

25. 25<sup>th</sup> WPATH Symposium, Surgeons Only, November 1, 2018, Buenos Aires, Argentina, A Novel Approach for Neovagina Configuration During Vaginoplasty for Gender Confirmation Surgery

26. 25<sup>th</sup> WPATH Symposium, Surgeons Only, November 1, 2018, Buenos Aires, Argentina, IPP Implantation Post-Phalloplasty: The Chicago Experience

27. 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, The Role of Pelvic Floor Physical Therapy in Patients Undergoing Gender Confirming Vaginoplasty Procedures

28. 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Establishing Guidelines for VTE Prophylaxis in Gender Confirmation Surgery

29. 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Gender Surgeons Experience with Detransition and Regret

**PRESENTATIONS:**

1. Student Summer Research Poster Forum-The University of Chicago, Jan. 21, 1992: "A Comparison of Dynamic Energy Expenditure Versus

Resting Energy Expenditure in Burn Patients Using The Doubly Labeled Water Method"

2. American Association for the Surgery of Trauma, Sept. 17-19, 1992, Louisville, KY: "Routine HIV Testing in A Burn Center: A Five Year Experience"
3. American Burn Association Poster Session, April 20-23, 1994, Orlando, Fl: "Calculated Versus Measured Energy Requirements in Adult Burn Patients"
4. 48<sup>th</sup> Annual Senior Scientific Session: The University of Chicago, May 19, 1994: "Calculated Versus Measured Energy Requirements in Adult Burn Patients"
5. Plastic Surgery Senior Residents Conference, April 20-25, 1999, Galveston, TX: "Plication of the Orbital Septum in Lower Eyelid Blepharoplasty"
6. The Chicago Society of Plastic Surgery, May 6, 1999, "Plication of the Orbital Septum in Lower Eyelid Blepharoplasty"
7. The American Society for Aesthetic Plastic Surgery, May 14-19, 1999, Dallas, TX: "Plication of the Orbital Septum in Lower Eyelid Blepharoplasty"
8. XIII Congress of the International Confederation for Plastic, Reconstructive, and Aesthetic Surgery, June 27-July 2, 1999, San Francisco, CA: "Craniofacial Osseo-Distraktion: A Bridge to Eucephaly"
9. XIII Congress of the International Confederation for Plastic, Reconstructive, and Aesthetic Surgery, June 27-July 2, 1999 San Francisco, CA: "Ethnic Aesthetic Analysis and Surgery"
10. Inaugural Congress of the World Society for Reconstructive Microsurgery, October 31-November 3, 2001, Taipei, Taiwan: "Comparing Sural Neurocutaneous and Free Flaps for Reconstruction of Leg Wounds: Indications and Outcomes"
11. American Society for Reconstructive Microsurgery, January 12-15, 2002, Cancun, Mexico: "The Role to Free Tissue Transfer and Sural Neurocutaneous flaps for Reconstruction of Leg Wounds"
12. American Society of Plastic Surgery, 71st Annual Scientific Meeting, November 2-6, 2002, San Antonio, Texas: "Defining the Role for Negative Pressure Therapy in the Treatment Algorithm of Extremity Wounds"

13. American Society of Reconstructive Microsurgery, Annual Scientific Meeting, January 11-15, 2003, Kauai, Hawaii: "Advances in Pediatric Liver Transplantation: Continuous Monitoring of Portal Venous and Hepatic Artery Flow With an Implantable Doppler Probe"
14. The 5<sup>th</sup> Annual Chicago Trauma Symposium, August 8-10, 2003, Chicago, Illinois: "Soft Tissue Salvage: Where Are We in 2003?"
15. The Midwestern Association of Plastic Surgeons, 42<sup>nd</sup> Annual Meeting, Chicago, Il May 1-2, 2004: "The Gastrocnemius-Achilles Tendon Myocutaneous Flap (GAT Flap) for Single Stage Reconstruction of Combined Soft Tissue and Extensor Mechanism Defects of the Knee: An Eighteen Year Experience"
16. The 6<sup>th</sup> Annual Chicago Trauma Symposium, August 12-15, 2004, Chicago, Il "Complex Wound Management"
17. The American Society of Plastic Surgery, October 9-13, 2004, Philadelphia, Pennsylvania: "The Gastrocnemius-Achilles Tendon Myocutaneous Flap (GAT Flap) for Single Stage Reconstruction of Combined Soft Tissue and Extensor Mechanism Defects of the Knee: An Eighteen Year Experience"
18. The American Society for Reconstructive Microsurgery, January 15-18, 2005, Fajardo, Puerto Rico: "Surviving as a Plastic Surgeon"
19. American Hernia Society, Poster Presentation, February 9-12, 2005, San Diego, California: "When Component Separation Isn't Enough"
20. The Midwestern Association of Plastic Surgeons, April 23-24, Chicago, Il: "Hereditary Gingival Fibromatosis in Monozygotic Twins: First Reported Case"
21. The Midwestern Association of Plastic Surgeons, April 23-24, Chicago, Il: "Modified Components Separation Technique for Two Massive Ventral Hernias"
22. The Midwestern Association of Plastic Surgeons, April 23-24, Chicago, Il: "Mucormycosis of the Head and Neck: A Fatal Disease?"
23. The 7<sup>th</sup> Annual Chicago Trauma Symposium, August 11-14, 2005, Chicago, Il "Management of Complex Injuries"
24. Current Concepts in Advanced Wound Healing: *A Practical Overview*, Rush North Shore Medical Center, Skokie, Il September 18, 2005 "From Flaps to Grafts"
25. Taizoon Baxamusa, M and Loren S.Schechter, MD, Abdominoplasty: Use in Reconstruction of the Mangled Upper Extremity, The American

Association For Hand Surgery Annual Scientific Meeting, January 11-14, 2006, Tucson, Arizona.

26. The American Academy of Orthopedic Surgeons 2006 Annual Meeting, March 22-26, 2006, Chicago, Il "Methods of Patella-Femoral and Extensor Mechanism Reconstruction for Fracture and Disruption After Total Knee Arthroplasty"

27. Midwestern Association of Plastic Surgeons 44<sup>th</sup> Annual Meeting, April 29-30, 2006, Oak Brook, Illinois "Elective Abdominal Plastic Surgery Procedures Combined with Concomitant Intra-abdominal Operations: A Single Surgeon's Four Year Experience"

28. Midwestern Association of Plastic Surgeons 44<sup>th</sup> Annual Meeting, April 29-30, 2006, Oak Brook, Illinois "Hereditary Gingival Fibromatosis: Aggressive Two-Stage Surgical Resection Versus Traditional Therapy"

29. Midwestern Association of Plastic Surgeons 44<sup>th</sup> Annual Meeting, April 29-30, 2006, Oak Brook, Illinois "Abdominoplasty Graft & VAC Therapy: Two Useful Adjuncts in Full-Thickness Grafting of the Mangled Upper Extremity"

30. The American Association of Plastic Surgeons 85<sup>th</sup> Annual Meeting, May 6-9, 2006 Hilton Head, South Carolina "Excision of Giant Neurofibromas"

31. The 8<sup>th</sup> Annual Chicago Trauma Symposium, July 27-30, 2006, Chicago, Il "Management of Complex Injuries"

32. The American Society of Plastic Surgeons Annual Meeting, October 6-12, 2006, San Francisco, California "Excision of Giant Neurofibromas"

33. The American College of Surgeons Poster Presentation, October, 2006, Chicago, Il "Abdominoplasty: Use in Reconstruction of the Mangled Upper Extremity"

34. American Medical Association-RFS 3<sup>rd</sup> Annual Poster Symposium, November 10, Las Vegas, NV, 2006 "Abdominal Wall Reconstruction With Alloderm"

35. Advocate Injury Institute: "Trauma 2006: The Spectrum of Care), November 30-December 2, 2006, Lisle, Il, "Pit Bull Mauling: A Case Study"

36. The 9<sup>th</sup> Annual Chicago Trauma Symposium, August 10-12, 2007, Chicago, Il "Management of Complex Injuries"

37. The World Professional Association for Transgender Health (WPATH) 2007 XX Biennial Symposium, September 5-8, 2007, Chicago, IL Revision Vaginoplasty With Sigmoid Interposition: "A Reliable Solution for a Difficult Problem"
38. Metropolitan Chicago Chapter of the American College of Surgeons, 2008 Annual Meeting, March 15, 2008 "ER Call: Who's Job is it Anyway"
39. The 10<sup>th</sup> Annual Chicago Trauma Symposium, August 7-10, 2008, Chicago, IL "Management of Complex Injuries"
40. 23<sup>rd</sup> Annual Clinical Symposium on Advances in Skin & Wound Care: The Conference for Prevention and Healing October 26-30, 2008, Las Vegas, Nevada, poster presentation "Use of Dual Therapies Consisting of Negative Pressure Wound Therapy (NPWT) and Small Intestine Mucosa (SIS) on a Complex Degloving Injury With an Expose Achilles Tendon: A Case Report."
41. The American Society of Plastic Surgeons Annual Meeting, October 31-November 3, 2008, Chicago, IL "Panel: Fresh Faces, Real Cases"
42. The American Association for Hand Surgery Annual Meeting, January 7-13, 2009, Maui, Hawaii, poster session: "Omental Free Tissue Transfer for Coverage of Complex Upper Extremity and Hand Defects-The Forgotten Flap."
43. Plastic Surgery At The Red Sea Symposium, March 24-28, 2009 Eilat, Israel, "Omental Free Tissue Transfer for Coverage of Complex Upper Extremity and Hand Defects-The Forgotten Flap."
44. ASPS/IQUAM Transatlantic Innovations Meeting, April 4-7, 2009 Miason de la Chimie, Paris, France, "Advertising in Plastic Surgery?"
45. ASPS/IQUAM Transatlantic Innovations Meeting, April 4-7, 2009 Miason de la Chimie, Paris, France, "Cost-Effectiveness of Physician Extenders in Plastic Surgery"
46. Midwestern Association of Plastic Surgeons, 47<sup>th</sup> Annual Meeting, April 18-19, 2009, Chicago, IL, "Microvascular Reconstruction of Iatrogenic Femoral Artery Injury in a Neonate"
47. Midwestern Association of Plastic Surgeons, 47<sup>th</sup> Annual Meeting, April 18-19, 2009, Chicago, IL, "Two Birds, One Stone: Combining Abdominoplasty with Intra-Abdominal Procedures"
48. The 11<sup>th</sup> Annual Chicago Trauma Symposium, August 1, 2009, Chicago, IL "Management of Complex Injuries"

49. Societa Italiana Di Microchirurgia, XXIII Congresso Nazionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, "Omental Free Tissue Transfer for Coverage of Complex Extremity Defects: The Forgotten Flap."

50. Societa Italiana Di Microchirurgia, XXIII Congresso Nazionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, "Challenging Cases."

51. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, "President's Panel: The Future of the Solo Practice-Can We, Should We Survive?"

52. The 12<sup>th</sup> Annual Chicago Trauma Symposium, August 5-8, 2010, Chicago, Il "Management of Complex Injuries"

53. Breast MRI to Define The Blood Supply to the Nipple-Areolar Complex. German Society of Plastic, Reconstructive and Aesthetic Surgery (DGPRaec), Dresden, Germany, September 2010

54. Roundtable Discussion: Electronic Health Records-Implications for Plastic Surgeons, The American Society of Plastic Surgeons Annual Meeting, October 3, 2010, Toronto, CA

55. Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, The American Society of Plastic Surgeons Annual Meeting, October 3, 2010, Toronto, CA.

56. ASPS/ASPSN Joint Patient Safety Panel: Patient Selection and Managing Patient Expectations, The American Society of Plastic Surgeons Annual Meeting, October 4, 2010, Toronto, CA

57. Lunch and Learn: Prevention of VTE in Plastic Surgery Patients, The American Society of Plastic Surgeons Annual Meeting, October 5, 2010, Toronto, CA

58. Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, 16<sup>th</sup> Congress of The International Confederation for Plastic Reconstructive and Aesthetic Surgery, May 22-27, 2011, Vancouver, Canada

59. Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, The 6<sup>th</sup> Congress of The World Society for Reconstructive Microsurgery, WSRM 2011, 29 June-2 July, 2011, Helsinki, Finland

60. Applications of the Omentum for Limb Salvage: The Largest Reported Series, The 6<sup>th</sup> Congress of The World Society for

Reconstructive Microsurgery, WSRM 2011, 29 June-2 July, 2011, Helsinki, Finland

61. Successful Tongue Replantation Following Auto-Amputation Using Supermicrosurgical Technique, Poster Session, The 6<sup>th</sup> Congress of The World Society for Reconstructive Microsurgery, WSRM 2011, 29 June-2 July, 2011, Helsinki, Finland

62. The 13<sup>th</sup> Annual Chicago Trauma Symposium, August 25-28, 2011, Chicago, IL "Soft Tissue Defects-Getting Coverage"

63. WPATH: Pre-conference Symposium, September 24, 2011, Atlanta, GA "Surgical Options and Decision-Making"

64. American Society of Plastic Surgeons Annual Meeting, September 27, 2011, Denver, CO Closing Session Lunch and Learn: Pathways to Prevention-Avoiding Adverse Events, Part I: Patient Selection and Preventing Adverse Events in the Ambulatory Surgical Setting

65. American Society of Plastic Surgeons Annual Meeting, September 27, 2011, Denver, CO Closing Session Lunch and Learn: Pathways to Prevention-Avoiding Adverse Events, Part III: Preventing VTE

66. XXIV Congresso Nazionale della Societa Italiana di Microchirurgia congiunto con la American Society for Reconstructive Microsurgery, October 20-22, 2011, Palermo, Sicily: 3 Step Approach to Lower Extremity Trauma

67. XXIV Congresso Nazionale della Societa Italiana Microchirurgia congiunto con la American Society for Reconstructive Microsurgery, October 20-22, 2011, Palermo, Sicily: Applications of the Omentum for Limb Salvage: The Largest Reported Series

68. American Society for Reconstructive Microsurgery, Poster Presentation, January 14-17, 2012, Las Vegas, NV: Neonatal Limb Salvage: When Conservative Management is Surgical Intervention

69. The 14<sup>th</sup> Annual Chicago Trauma Symposium, August 2-5, 2012, Chicago, IL "Soft Tissue Defects-Getting Coverage"

70. The Annual Meeting of The American Society of Plastic Surgeons, October 25<sup>th</sup>-30, 2012, New Orleans, LA "Reimbursement in Breast Reconstruction"

71. The Annual Meeting of The American Society of Plastic Surgeons, October 25<sup>th</sup>-30, 2012, New Orleans, LA "Thriving in a New Economic Reality: Business Relationships and Integration in the Marketplace"

72. The 15<sup>th</sup> Annual Chicago Trauma Symposium, August 2-5, 2013, Chicago, IL "Soft Tissue Defects-Getting Coverage"

73. 2014 WPATH Symposium, Transgender Health from Global Perspectives, February 14-18, 2014, "Short Scar Chest Surgery."
74. 2014 WPATH Symposium, Transgender Health from Global Perspectives, February 14-18, 2014, "Intestinal Vaginoplasty with Right and Left Colon."
75. 24<sup>th</sup> Annual Southern Comfort Conference, September 3-7, 2014, Atlanta, Georgia, "Gender Confirmation Surgery: State of the Art."
76. The 15<sup>th</sup> Annual Chicago Trauma Symposium, September 4-7, 2014, Chicago, IL "Soft Tissue Defects-Getting Coverage"
77. The Midwest Association of Plastic Surgeons, May 30, 2015, Chicago, IL "Gender Confirmation Surgery: A Single-Surgeon's Experience"
78. The Midwest Association of Plastic Surgeons, May 30, 2015, Chicago, IL, Moderator, Gender Reassignment.
79. the American Society of Plastic Surgeons 2015 Professional Liability Insurance and Patient Safety Committee Meeting, July 17, 2015, "Gender Confirmation Surgery."
80. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. From Fee-for-Service to Bundled Payments
81. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. Moderator, Transgender Surgery
82. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. Efficient Use of Physician Assistants in Plastic Surgery.
83. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. Patient Safety: Prevention of VTE
84. The World Professional Association for Transgender Health, Objective Quality Parameters for Gender Confirmation Surgery, June 18-22, 2016, Amsterdam, Netherlands
85. The World Professional Association for Transgender Health, Resident Education Curriculum for Gender Confirmation Surgery, June 18-22, 2016, Amsterdam, Netherlands
86. The World Professional Association for Transgender Health, Urologic Management of a Reconstructed Urethra (Poster session #195), June 18-22, 2016, Amsterdam, Netherlands

87. The World Professional Association for Transgender Health, Construction of a neovagina for male-to-female gender reassignment surgery using a modified intestinal vaginoplasty technique, poster session (Poster session #198), June 18-22, 2016, Amsterdam, Netherlands
88. Aesthetica Super Symposium, The American Society of Plastic Surgeons, Genital Aesthetics: What are we trying to achieve?, Washington, DC June 23-25, 2016
89. Aesthetica Super Symposium, The American Society of Plastic Surgeons, Female to Male Gender Reassignment, Washington, DC June 23-25, 2016
90. Aesthetica Super Symposium, The American Society of Plastic Surgeons, The journal of retractions, what I no longer do, Washington, DC June 23-25, 2016
91. Aesthetica Super Symposium, The American Society of Plastic Surgeons, The three minute drill, tips and tricks, Washington, DC June 23-25, 2016
92. Aesthetica Super Symposium, The American Society of Plastic Surgeons, Moderator, Mini master class: Male genital plastic surgery, Washington, DC June 23-25, 2016
93. The 16<sup>th</sup> Annual Chicago Trauma Symposium, August 18-21, 2016, Chicago, Il "Soft Tissue Defects-Getting Coverage"
94. USPATH Poster Session, Feb 2-5, 2017, Los Angeles, CA, Partial Flap Failure Five Weeks Following Radial Forearm Phalloplasty: Case Report and Review of the Literature
95. USPATH Poster Session, Feb 2-5, 2017, Los Angeles, CA, Urethroplasty for Stricture after Phalloplasty in Transmen Surgery for Urethral Stricture Disease after Radial Forearm Flap Phalloplasty-Management Options in Gender Confirmation Surgery
96. USPATH, Feb 2-5, 2017, Los Angeles, CA, Patient Evaluation and Chest Surgery in Transmen: A Pre-operative Classification
97. USPATH, Feb 2-5, 2017, Los Angeles, CA Single Stage Urethral Reconstruction in Flap Phalloplasty: Modification of Technique for Construction of Proximal Urethra
98. USPATH, Feb 2-5, 2017, Los Angeles, CA, Use of Bilayer Wound Matrix on Forearm Donor Site Following Phalloplasty
99. USPATH, Feb 2-5, 2017, Los Angeles, CA, Vaginoplasty: Surgical Techniques

100. USPATH, Feb 2-5, 2017, Los Angeles, CA, Positioning of a Penile Prosthesis with an Acellular Dermal Matrix Wrap following Radial Forearm Phalloplasty
101. USPATH, Feb 2-5, 2017, Los Angeles, CA, Principles for a Gender Surgery Program
102. USPATH, Feb 2-5, 2017, Los Angeles, CA, Construction of a Neovagina Using a Modified Intestinal Vaginoplasty Technique
103. The 18<sup>th</sup> Annual Chicago Orthopedic Symposium, July 6-9, 2017, Chicago, Il "Soft Tissue Defects-Getting Coverage"
104. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, Moderator: Genital Surgery Trends for Women
105. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, Adding Transgender Surgery to Your Practice, Moderator and Speaker
106. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, Transbottom Surgery
107. 14<sup>th</sup> Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018 A Novel Approach to IPP Implantation Post Phalloplasty: The Chicago Experience
108. 14<sup>th</sup> Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018, A Novel Approach for Neovagina Configuration During Vaginoplasty for Gender Confirmation Surgery
109. 14<sup>th</sup> Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018 Development of a Pelvic Floor Physical Therapy Protocol for Patients Undergoing Vaginoplasty for Gender Confirmation
110. 14<sup>th</sup> Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018 Establishing Guidelines for Gender Confirmation Surgery: The Perioperative Risk of Asymptomatic Deep Venous Thrombosis for Vaginoplasty
111. The 19<sup>th</sup> Annual Chicago Trauma Symposium, August 16-19, 2018, Chicago, Il "Soft Tissue Defects-Getting Coverage"
112. Midwest LGBTQ Health Symposium, September 14-15, 2018, Chicago, Il "Quality Parameters in Gender Confirmation Surgery"

113. 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Poster Session, Proposed Guidelines for Medical Tattoo Following Phalloplasty; An Interdisciplinary Approach
114. 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Establishment of the First Gender Confirmation Surgery Fellowship
115. 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, ISSM Lecture, The Importance of Surgical Training
116. 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Tracking Patient-Reported Outcomes in Gender Confirmation Surgery
117. "Theorizing the Phantom Penis," The Psychotherapy Center for Gender and Sexuality's 6<sup>th</sup> Biannual Conference, Transformations, March 29-March 30, 2019, NY, NY

**INSTRUCTIONAL COURSES:**

1. Emory University and WPATH: Contemporary Management of Transgender Patients: Surgical Options and Decision-Making, September 5, 2007 Chicago, IL
2. Craniomaxillofacial Trauma Surgery: An Interdisciplinary Approach, February 16-17, 2008, Burr Ridge, IL
3. Societa Italiana Di Microchirurgia, XXIII Congresso Nazionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, Moderator: Free Papers, Lower Extremity
4. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, Moderator: ASPS/ASPSN Patient Panel: Effective Communication-A Key to Patient Safety and Prevention of Malpractice Claims
5. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, Instructional Course: Strategies to Identify and Prevent Errors and Near Misses in Your Practice
6. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, Roundtable Discussion: Electronic Health Records-Implications for Plastic Surgeons
7. 10<sup>th</sup> Congress of The European Federation of Societies for Microsurgery, May 2-22, 2010, Genoa, Italy, "The Mangled Lower Extremities: An Algorithm for Soft Tissue Reconstruction."

8. Multispecialty Course for Operating Room Personnel- Craniomaxillofacial, Orthopaedics, and Spine, A Team Approach, AO North American, June 26-27, 2010, The Westin Lombard Yorktown Center.
9. Management of Emergency Cases in the Operating Room, The American Society of Plastic Surgeons Annual Meeting, October 4, 2010, Toronto, CA.
10. Surgical Approaches and Techniques in Craniomaxillofacial Trauma, November 6, 2010, Burr Ridge, IL.
11. The Business of Reconstructive Microsurgery: Maximizing Economic value (Chair)The American Society for Reconstructive Microsurgery, January 14-17, 2012, Las Vegas, Nevada.
12. Strategies to Identify and Prevent Errors and Near Misses in Your Practice, The Annual Meeting of The American Society of Plastic Surgeons, October 25<sup>th</sup>-30<sup>th</sup>, 2012, New Orleans, LA
13. Strategies to Identify and Prevent Errors and Near Misses in Your Practice, The Annual Meeting of The American Society of Plastic Surgeons, October 11<sup>th</sup>-15<sup>th</sup>, 2013, San Diego, CA
14. Mythbusters: Microsurgical Breast Reconstruction in Private Practice, The Annual Meeting of The American Society of Plastic Surgeons, October 11<sup>th</sup>-15<sup>th</sup>, 2013, San Diego, CA
15. Minimizing Complications in Perioperative Care, The American Society for Reconstructive Microsurgery, January 11-14, 2014, Kauai, Hawaii
16. Genitourinary and Perineal Reconstruction, The American Society for Reconstructive Microsurgery, January 11-14, 2014, Kauai, Hawaii
17. Transgender Breast Surgery, The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA
18. Gender Confirmation Surgery, The School of the Art Institute (recipient of American College Health Fund's Gallagher Koster Innovative Practices in College Health Award), October 27, 2015, Chicago, IL
19. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, IL Overview of Surgical Treatment Options
20. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015 Chicago, IL Surgical Procedures

21. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, IL Surgical Complications
22. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, IL Post-operative Care
23. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, IL Case Discussions: The Multidisciplinary Team
24. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, January 20-23, 2016, Atlanta, GA Overview of Surgical Treatment Options
25. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, January 20-23, 2016, Atlanta, GA Surgical Treatment Options
26. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, March 30-April 1, 2016, Springfield, MO, Surgical Treatment Options.
27. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, March 30-April 1, 2016, Springfield, MO, Multi-disciplinary Case Discussion.
28. Introduction to Transgender Surgery, ASPS Breast Surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016
29. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Advanced Training Course, September 28, 2016, Ft. Lauderdale, FL.
30. Cirugias de Confirmacion de Sexo Paso a Paso, XXXV Congreso Confederacion Americana de Urologia (CAU), Panama City, Panama, October 4-8, 2016.
31. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Advanced Training Course, December 3, 2016, Arlington, VA.
32. PSEN (sponsored by ASPS and endorsed by WPATH), Transgender 101 for Surgeons, January 2017-March 2017
33. Surgical Anatomy and Surgical Approaches to M-to-F Genital Gender Affirming Surgery and the Management of the Patient Before, During and After Surgery: A Human Cadaver Based Course, Orange County, CA, Feb. 1, 2017

34. Gender Confirmation Surgery, ALAPP, 2 Congreso Internacional de la Asociacion Latinoamericana de Piso Pelvico, Sao Paulo, Brasil, 9-11 de marzo de 2017
35. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Foundations Training Course, Overview of Surgical Treatment, March 31-April 2, 2017, Minneapolis Minnesota.
36. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Foundations Training Course, The Multi-Disciplinary Team Case Discussions, March 31-April 2, 2017, Minneapolis Minnesota.
37. Transfeminine Cadaver Course, WPATH, May 19-20, 2017, Chicago, IL
38. Transgender/Penile Reconstruction-Penile Reconstruction: Radial Forearm Flap Vs. Anterolateral Thigh Flap, Moderator and Presenter, The World Society for Reconstructive Microsurgery, June 14-17, 2017, Seoul, Korea
39. Primer of Transgender Breast Surgery, ASPS Breast Surgery and Body Contouring Symposium, San Diego, CA, August 10-12, 2017
40. Confirmation Surgery in Gender Dysphoria: current state and future developments, International Continence Society, Florence, Italy, September 12-15, 2017
41. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, ASPS/WPATH Joint Session, Session Planner and Moderator
42. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Foundations Training Course: Overview of Surgical Treatment, Columbus, OH, October 20-21, 2017
43. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Advanced Training Course: Medical Care in the Perioperative Period, Aftercare: Identifying Potential Complications, Columbus, OH, October 20-21, 2017
44. Webinar: Gender Affirming Surgeries 101: Explore The Latest Topics in Gender Affirmation Surgery, PSEN, April 18, 2018
45. Course Director: MT. Sinai/WPATH Live Surgery Training Course for Gender Affirmation Procedures, April 26-28, 2018, New York, NY

46. Philadelphia Trans Wellness Conference, Perioperative Care of the Transgender Woman Undergoing Vaginoplasty (Workshop), Philadelphia, PA, August 3, 2018
47. Philadelphia Trans Wellness Conference, Gender Confirmation Surgery (Workshop), Philadelphia, PA, August 3, 2018
48. Gender Confirmation Surgery, 2018 Oral and Written Board Preparation Course, The American Society of Plastic Surgeons, August 16-18, 2018, Rosemont, IL
49. Confirmation Surgery in Gender Dysphoria: Current State and Future Developments, The International Continence Society, Philadelphia, PA August 28, 2018
50. WPATH Global Education Initiative, Foundations Training Course, "Overview of Surgical Treatment," Cincinnati, OH, September 14-15, 2018
51. WPATH Global Education Initiative, Foundations Training Course, "The Multi-Disciplinary Team: Case Discussions," Cincinnati, OH, September 14-15, 2018
52. WPATH Global Education Initiative, Advanced Training Course, "Medical Care in the Perioperative Period After Care: Identifying Potential Complications," Cincinnati, OH, September 14-15, 2018
53. 25<sup>th</sup> WPATH Symposium, Surgeons Conference, November 1, 2018, Buenos Aires, Argentina, Moderator
54. 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Global Education Initiative (GEI): Surgery and Ethics
55. WPATH GEI: Best Practices in Medical and Mental Health Care, Foundations in Surgery, New Orleans, March 22, 2019
56. WPATH GEI: Best Practices in Medical and Mental Health Care, Advanced Surgery, New Orleans, March 22, 2019
57. Program Chair: ASPS/WPATH GEI Inaugural Gender-Affirming Breast, Chest, and Body Master Class, Miami, FL, July 20, 2019
58. Overview of Surgical Management and The Standards of Care (WPATH, v. 7) ASPS/WPATH GEI Inaugural Gender-Affirming Breast, Chest, and Body Master Class, Miami, FL, July 20, 2019
59. Program Director, Gender Affirming Breast, Chest, and Body Master Class, The American Society of Plastic Surgeons, Miami, FL, July 20, 2019

60. Gender Confirmation Surgery, The American Society of Plastic Surgeons Oral and Written Board Preparation Course, August 15, 2019, Rosemont, IL

61. Upper Surgeries (chest surgery & breast augmentation), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC

62. Preparing for Upper Surgeries-Case Based (chest surgery & breast augmentation), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC

63. Preparing for Feminizing Lower Surgeries-Case Based (vaginoplasty), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC

64. Lower Surgeries-Masculinizing (phalloplasty & metoidioplasty), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC

65. Preparing for Masculinizing Lower Surgeries-Case Based (phalloplasty & metoidioplasty), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC

66. Panel Discussion about Ethics in Surgery and Interdisciplinary Care, WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC

67. Discussion about Ethics and Tensions in Child and Adolescent Care, WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC

**SYMPOSIA:**

1. Program Director, 2011 Chicago Breast Symposium, October 15, 2011, The Chicago Plastic Surgery Research Foundation and The Chicago Medical School at Rosalind Franklin University, North Chicago, IL,

2. Fundamentals of Evidence-Based Medicine & How to Incorporate it Into Your Practice, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC

3. Understanding Outcome Measures in Breast & Body Contouring Surgery, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC

4. Benchmarking Complications: What We Know About Body Contouring Complication Rates from Established Databases, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
5. Special Lecture: VTE Prophylaxis for Plastic Surgery in 2011, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
6. Nipple Sparing Mastectomy: Unexpected Outcomes, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
7. Program Director, 2011 Chicago Breast Symposium, October 13-14, 2012, The Chicago Plastic Surgery Research Foundation and The Chicago Medical School at Rosalind Franklin University, North Chicago, IL
8. Practice Strategies in a Changing Healthcare Environment, Moderator, Midwestern Association of Plastic Surgeons, April 27-28, 2013, Chicago, IL
9. Moderator: Breast Scientific Paper Session, The Annual Meeting of The American Society of Plastic Surgery, October 12, 2014, Chicago, IL.
10. Moderator: The World Professional Association for Transgender Health, Tuesday, June 21, Surgical Session (0945-1045), June 18-22, 2016, Amsterdam, Netherlands
11. Course Director: Transmale Genital Surgery: WPATH Gender Education Initiative, October 21-22, 2016 Chicago, IL
12. Co-Chair and Moderator: Surgeon's Only Session, USPATH, Los Angeles, CA, Feb. 2, 2017
13. Vascular Anastomosis: Options for Lengthening Vascular Pedicle, Surgeon's Only Session, USPATH, Los Angeles, CA, Feb. 2, 2017
14. Transgender Healthcare Mini-Symposium, Chicago Medical School of Rosalind Franklin University, North Chicago, IL March 10, 2017.
15. Moderator: Penile Transplant: Genito-urinary trauma/penile cancer, The European Association of Urologists, Meeting of the EAU Section of Genito-Urinary Reconstructive Surgeons (ESGURS), London, United Kingdom, March 23-26, 2017

- 16: 25<sup>th</sup> WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Mini-Symposium: A Comprehensive Approach to Gender Confirming Surgery
17. Program Director, 2<sup>nd</sup> Annual Live Surgery Conference for Gender Affirmation Procedures, Ichan School of Medicine at Mt. Sinai, NY, NY February 28, 2019-March 2, 2019.
18. Moderator, "Genital Reassignment for Adolescents: Considerations and Conundrums," Discussions on gender affirmation: surgery and beyond, Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019
19. Moderator, "Reconstructive Urology and Genitourinary Options in Gender Affirming Surgery," Discussions on gender affirmation: surgery and beyond, Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019
20. Moderator, "Complications in Masculinizing Genital Reconstruction Surgery," Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019
21. Moderator, "Preparing for Surgery and Recovery," Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019
22. Discussant, "WPATH Standards of Care Version 8 Preview," Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019
23. Program Coordinator, Surgeon's Only Course, USPATH, September 5, 2019, Washington, DC
24. Master Series in Transgender Surgery 2020: Vaginoplasty and Top Surgery, course co-director, Mayo Clinic, Rochester, MN, August 7-8, 2020

**FACULTY SPONSORED RESEARCH:**

1. Societa Italiana Di Microchirurgia, XXIII Congresso Nazionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, "Free Tissue Transfer in the Treatment of Zygomycosis." Presented by Michelle Roughton, MD
2. Hines/North Chicago VA Research Day, Edward Hines, Jr., VA Hospital, Maywood, Il, April 29, 2010, "Breast MRI Helps to Define the Blood Supply to the Nipple-Areolar Complex." Presented by Iris A. Seitz, MD, PhD.

3. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Breast MRI Helps to Define the Blood Supply to the Nipple-Areolar Complex." Presented by Iris A. Seitz, MD, PhD.
4. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Achieving Soft Tissue Coverage of Complex Upper and Lower Extremity Defects with Omental Free Tissue Transfer." Presented by Iris A. Seitz, MD, PhD.
5. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Facilitating Harvest of the Serratus Fascial Flap with Ultrasonic Dissection." Presented by Iris A. Seitz, MD, PhD.
6. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Patient Safety: Abdominoplasty and Intra-Abdominal Procedures." Presented by Michelle Roughton, MD
7. The Midwestern Association of Plastic Surgeons, 49<sup>th</sup> Annual Scientific Meeting, May 15<sup>th</sup>, 2010, "Breast MRI Helps Define The Blood Supply to the Nipple-Areolar Complex." Presented by Iris A. Seitz, MD, PhD.
8. Jonathan M. Hagedorn, BA, **Loren S. Schechter**, MD, FACS, Dr. Manoj R. Shah, MD, FACS, Matthew L. Jimenez, MD, Justine Lee, MD, PhD, Varun Shah. Re-examining the Indications for Limb Salvage, 2011 All School Research Consortium at Rosalind Franklin University. Chicago Medical School of Rosalind Franklin University, 3/16/11.
9. Jonathan Bank, MD, Lucio A. Pavone, MD, Iris A. Seitz, Michelle C. Roughton, MD, Loren S. Schechter, MD Deep Inferior Epigastric Perforator Flap for Breast Reconstruction after Abdominoplasty The Midwestern Association of Plastic Surgeons, 51st Annual Educational Meeting, April 21-22, 2012, Northwestern Memorial Hospital, Chicago, Illinois
10. Samuel Lake, Iris A. Seitz, MD, PhD, Loren S. Schechter, MD, Daniel Peterson, PhD Omentum and Subcutaneous Fat Derived Cell Populations Contain hMSCs Comparable to Bone Marrow-Derived hMSCs First Place, Rosalind Franklin University Summer Research Poster Session
11. J. Siwinski, MS II, Iris A. Seitz, MD PhD, Dana Rioux Forker, MD, Lucio A. Pavone, MD, Loren S Schechter, MD FACS. Upper and Lower Limb Salvage With Omental Free Flaps: A Long-Term Functional Outcome Analysis. Annual Dr. Kenneth A. Suarez Research Day, Midwestern University, Downers Grove, IL, May 2014

12. Whitehead DM, Kocjancic E, Iacovelli V, Morgantini LA, **Schechter LS**. A Case Report: Penile Prosthesis With an Alloderm Wrap Positioned After Radial Forearm Phalloplasty. Poster session presented at: American Society for Reconstructive Microsurgery Annual Meeting, 2018 Jan 13-16; Phoenix, AZ.

13. Whitehead DM, Kocjancic E, Iacovelli V, Morgantini LA, **Schechter LS**. An Innovative Technique: Single Stage Urethral Reconstruction in Female-to-Male Patients. Poster session presented at: American Society for Reconstructive Microsurgery Annual Meeting, 2018 Jan 13-16; Phoenix, AZ.

14. Whitehead, DM Inflatable Penile Prosthesis Implantation Post Phalloplasty: Surgical Technique, Challenges, and Outcomes, MAPS 2018 Annual Scientific Meeting, April 14, 2018, Chicago, Il

15. Whitehead, DM, Inverted Penile Skin With Scrotal Graft And Omission of Sacrospinal Fixation: Our Novel Vaginoplasty Technique MAPS 2018 Annual Scientific Meeting, April 14, 2018, Chicago, Il

**Keynote Address:**

1. University of Utah, Gender Confirmation Surgery, Transgender Provider Summit, November 8, 2014

**INVITED LECTURES:**

1. Management of Soft Tissue Injuries of the Face, Grand Rounds, Emergency Medicine, The University of Chicago, August, 1999

2. Case Report: Excision of a Giant Neurofibroma, Operating Room Staff Lecture Series, Continuing Education Series, St. Francis Hospital, Evanston, Il March 2000

3. Wounds, Lincolnwood Family Practice, Lincolnwood, Il April 2000

4. The Junior Attending, Grand Rounds, Plastic and Reconstructive Surgery, The University of Chicago, June 2000

5. Case Report: Excision of a Giant Neurofibroma, Department of Medicine Grand Rounds, St. Francis Hospital, Evanston, Il June 2000

6. Facial Trauma, Resurrection Medical Center Emergency Medicine Residency, September 2000

7. Plastic Surgery of the Breast and Abdomen, Grand Rounds, Dept. of Obstetrics and Gynecology, Evanston Hospital, September, 2000

8. Change of Face; Is Cosmetic Surgery for You?, Adult Education Series, Rush North Shore Medical Center, October, 2000

9. Reconstructive Surgery of the Breast, Professional Lecture Series on Breast Cancer, St. Francis Hospital, October, 2000
10. Plastic Surgery of the Breast and Abdomen, Grand Rounds, Dept. of Obstetrics and Gynecology, Lutheran General Hospital, December, 2000
11. Change of Face; Is Cosmetic Surgery for You?, Adult Education Series, Lutheran General Hospital and The Arlington Heights Public Library, December, 2000
12. Updates in Breast Reconstruction, The Breast Center, Lutheran General Hospital, January 2001
13. Abdominal Wall Reconstruction, Trauma Conference, Lutheran General Hospital, February 2001
14. Wound Care, Rush North Shore Medical Center, March 2001
15. Breast Reconstruction, Diagnosis and Treatment Updates on Breast Cancer, Lutheran General Hospital, April 2001
16. Wound Care and V.A.C. Therapy, Double Tree Hotel, Skokie, Il October 2001
17. The Role of the V.A.C. in Reconstructive Surgery, LaCrosse, WI November 2001
18. Dressing for Success: The Role of the V.A.C. in Reconstructive Surgery, Grand Rounds, The University of Minnesota Section of Plastic and Reconstructive, Minneapolis, MN January, 2002
19. The Vacuum Assisted Closure Device in the Management of Complex Soft Tissue Defects, Eau Claire, WI February, 2002
20. The Vacuum Assisted Closure Device in Acute & Traumatic Soft Tissue Injuries, Orland Park, Il March, 2002
21. Body Contouring After Weight Loss, The Gurnee Weight Loss Support Group, Gurnee, Il April, 2002
22. An Algorithm to Complex Soft Tissue Reconstruction With Negative Pressure Therapy, Owensboro Mercy Medical Center, Owensboro, Ky, April, 2002
23. Breast and Body Contouring, St. Francis Hospital Weight Loss Support Group, Evanston, Il April, 2002

24. The Wound Closure Ladder vs. The Reconstructive Elevator, Surgical Grand Rounds, Lutheran General Hospital, Park Ridge, Il, May, 2002.
25. An Algorithm for Complex Soft Tissue Reconstruction with the Vacuum Assisted Closure Device, The Field Museum, Chicago, Il, May, 2002
26. The Role of Negative Pressure Wound Therapy in Reconstructive Surgery, Kinetic Concepts, Inc. San Antonio, Texas, July 31, 2002
27. Management of Complex Soft Tissue Injuries of the Lower Extremity, Chicago Trauma Symposium, August 2-5, 2002, Chicago, Illinois:
28. Wound Bed Preparation, Smith Nephew, Oak Brook, Il, August 6, 2002
29. Getting Under Your Skin...Is Cosmetic Surgery for You?, Rush North Shore Adult Continuing Education Series, Skokie, Il August 28, 2002.
30. The Role of Negative Pressure Therapy in Complex Soft Tissue Wounds, Columbia/St. Mary's Wound, Ostomy, and Continence Nurse Program, Milwaukee, Wi, September 17, 2002
31. A Systematic Approach to Functional Restoration, Grand Rounds, Dept. of Physical Therapy and Rehabilitation Medicine, Lutheran General Hospital, September 19, 2002
32. The Role of Negative Pressure Wound Therapy in Reconstructive Surgery, Ann Arbor, Mi September 26, 2002
33. Dressing for Success: The Role of the Vacuum Assisted Closure Device in Plastic Surgery, Indianapolis, In November 11, 2002
34. The Wound Closure Ladder Versus the Reconstructive Elevator, Crystal Lake, Il November 21, 2002
35. A Systematic Approach to Functional Restoration, Grand Rounds, Dept. of Physical Therapy, Evanston Northwestern Healthcare, Evanston, Il February 13, 2003
36. Case Studies in Traumatic Wound Reconstruction, American Association of Critical Care Nurses, Northwest Chicago Area Chapter, Park Ridge, Il February 19, 2003
37. Reconstruction of Complex Soft Tissue Injuries of the Lower Extremity, Podiatry Lecture Series, Rush North Shore Medical Center, Skokie, Il March 5, 2003

38. The Use of Negative Pressure Wound Therapy in Reconstructive Surgery, Kalamazoo, Mi March 19, 2003
39. Updates in Breast Reconstruction, The Midwest Clinical Conference, The Chicago Medical Society, Chicago, Il March 21, 2003
40. Updates of Vacuum Assisted Closure, Grand Rounds, The Medical College of Wisconsin, Department of Plastic Surgery, Milwaukee, Wi March 26, 2003
41. Breast Reconstruction, Surgical Grand Rounds, Lutheran General Hospital, Park Ridge, Il March 27, 2003
42. Decision-Making in Breast Reconstruction: Plastic Surgeons as Members of a Multi-Disciplinary Team, 1st Annual Advocate Lutheran General Hospital Breast Cancer Symposium, Rosemont, Il, April 11, 2003
43. The Wound Closure Ladder Versus The Reconstructive Elevator, Duluth, Mn, April 24, 2003
44. Dressing For Success: The Role of The Wound VAC in Reconstructive Surgery, Detroit, Mi, May 9, 2003
45. Plastic Surgery Pearls, Grand Rounds Orthopedic Surgery Physician Assistants Lutheran General Hospital and Finch University of Health Sciences, Park Ridge, Il, June 5, 2003
46. A Systematic Approach to Complex Reconstruction, 12<sup>th</sup> Annual Vendor Fair "Surgical Innovations," October 18, 2003, Lutheran General Hospital, Park Ridge, Il 2003
47. Dressing For Success: The Role of the Wound VAC in Reconstructive Surgery, American Society of Plastic Surgery, October 26, 2003, San Diego, CA
48. Beautiful You: From Botox to Weekend Surgeries, 21<sup>st</sup> Century Cosmetic Considerations, March 21, 2004 Hadassah Women's Health Symposium, Skokie, Il
49. Updates in Breast Reconstruction, The 2<sup>nd</sup> Annual Breast Cancer Symposium, Advocate Lutheran General, Hyatt Rosemont, April 2, 2004
50. Head and Neck Reconstruction, Grand Rounds, The University of Illinois Metropolitan Group Hospitals Residency in General Surgery, Advocate Lutheran General Hospital, May 6, 2004
51. Abdominal Wall Reconstruction, Surgeons Forum, LifeCell Corporation, May 15, 2004, Chicago, Il

52. 4<sup>th</sup> Annual Chicagoland Day of Sharing for Breast Cancer Awareness, Saturday, October 2, 2004, Hoffman Estates, IL
53. Abdominal Wall Reconstruction, University of Illinois Metropolitan Group Hospitals Residency in General Surgery, November 19, 2004, Skokie, IL
54. Advances in Wound Care, Wound and Skin Care Survival Skills, Advocate Good Samaritan Hospital, Tuesday, February 8, 2005, Downer's Grove, IL
55. Plastic Surgery: A Five Year Perspective in Practice, Grand Rounds, The University of Chicago, May 18, 2005, Chicago, IL
56. New Techniques in Breast Reconstruction, The Cancer Wellness Center, October 11, 2005 Northbrook, IL
57. Principles of Plastic Surgery; Soft Tissue Reconstruction of the Hand, Rehab Connections, Inc., Hand, Wrist, and Elbow Forum, October 28, 2005, Homer Glen, IL
58. Principles of Plastic Surgery, Lutheran General Hospital Quarterly Trauma Conference, November 9, 2005, Park Ridge, IL
59. Principles of Plastic Surgery, Continuing Medical Education, St. Francis Hospital, November 15, 2005, Evanston, IL
60. Dressing for Success: A Seven Year Experience with Negative Pressure Wound Therapy, Kinetic Concepts Inc, November 30, 2005, Glenview, IL.
61. Breast Reconstruction: The Next Generation, Breast Tumor Conference, Lutheran General Hospital, May 9, 2006.
62. Complex Wound Care: Skin Grafts, Flaps, and Reconstruction, The Elizabeth D. Wick Symposium on Wound Care, *Current Concepts in Advanced Healing: An Update*, Rush North Shore Medical Center, November 4, 2006.
63. An Approach to Maxillofacial Trauma: Grand Rounds, Lutheran General Hospital/Univ. of Illinois Metropolitan Group Hospital Residency in General Surgery, November 9, 2006.
64. "From Paris to Park Ridge", Northern Trust and Advocate Lutheran General Hospital, Northern Trust Bank, June 7, 2007.
65. "Private Practice Plastic Surgery: A Seven Year Perspective," Grand Rounds, The University of Chicago, Section of Plastic Surgery.

66. "Meet the Experts on Breast Cancer," 7<sup>th</sup> Annual Chicagoland Day of Sharing, Sunday, April 13<sup>th</sup>, 2008
67. Gender Confirmation Surgey: Surgical Options and Decision-Making, The University of Minnesota, Division of Human Sexuality, May 10, 2008, Minneapolis, Minnesota.
68. "Private Practice Plastic Surgery: A Seven Year Perspective," Grand Rounds, Loyola University, 2008 Section of Plastic Surgery.
69. "Management of Lower Extremity Trauma," Grand Rounds, The University of Chicago, Section of Plastic Surgery, October, 8, 2008.
70. "Concepts in Plastic Surgery: A Multi-Disciplinary Approach," Frontline Surgical Advancements, Lutheran General Hospital, November 1, 2008
71. "Surgical Techniques-New Surgical Techniques/Plastic Surgery/Prosthetics," Caldwell Breast Center CME Series, Advocate Lutheran General Hospital, November 12, 2008
72. "Genetics: A Family Affair" Panel Discussion: Predictive Genetic Testing, 23<sup>rd</sup> Annual Illinois Department of Public Health Conference, Oak Brook Hills Marriott Resort, Oak Brook, Il, March 18, 2009
73. "Gender Confirmation Surgery" Minnesota TransHealth and Wellness Conference, May 15, 2009, Metropolitan State University, Saint Paul, MN.
74. "The Role of Plastic Surgery in Wound Care, " Practical Wound Care A Multidisciplinary Approach, Advocate Lutheran General Hospital, October 9-10, 2009, Park Ridge, Il.
75. "In The Family," Panel, General Session III, 2009 Illinois Women's Health Conference, Illinois Dept. of Health, Office of Women's Health October 28-29, 2009, Oak Brook, Il.
76. "Patient Safety in Plastic Surgery," The University of Chicago, Section of Plastic Surgery, Grand Rounds, November 18, 2009.
77. "Compartment Syndrome," 6<sup>th</sup> Annual Advocate Injury Institute Symposium, Trauma 2009: Yes We Can!, November 19-20, 2009.
78. "Maxillofacial Trauma," 6<sup>th</sup> Annual Advocate Injury Institute Symposium, Trauma 2009: Yes We Can!, November 19-20, 2009.
79. "Management of Complex Lower Extremity Injuries," Grand Rounds, The Section of Plastic Surgery, The University of Chicago, December 16, 2009, Chicago, Il.

80. "Gender-Confirming MTF Surgery: Indications and Techniques," Working Group on Gender, New York State Psychiatric Institute, March 12, 2010
81. "Gender-Confirmation Surgery," Minnesota Trans Health and Wellness Conference, Metropolitan State University, St. Paul Campus, May 14<sup>th</sup>, 2010
82. "Physical Injuries and Impairments," Heroes Welcome Home The Chicago Association of Realtors, Rosemont, Illinois, May 25<sup>th</sup>, 2010.
83. "Genetics and Your Health," Hadassah Heals: Healing Mind, Body, & Soul, Wellness Fair, 2010, August 29, 2010, Wilmette, Illinois.
84. "GCS," Southern Comfort Conference 2010, September 6-11, 2010, Atlanta, GA.
85. "Gender Confirming Surgery," The Center, The LGBT Community Center, October 22, 2010 New York, NY.
86. "Gender Confirming Surgery," the Center, The LGBT Community Center, May 20, 2011, New York, NY.
87. "Gender Confirming Surgery," Roosevelt-St. Lukes Hospital, May 20, 2011, New York, NY
88. "Principles of Plastic Surgery," Learn about Ortho, Lutheran General Hospital, May 25, 2011, Park Ridge, Il.
89. "Forging Multidisciplinary Relationships in Private Practice," Chicago Breast Reconstruction Symposium 2011, September 9, 2011, Chicago, Il
90. "Gender Confirming Surgery," Minnesota TransHealth and Wellness Conference, Diverse Families: Health Through Community, September 10, 2011, Minneapolis, Minnesota
91. "Gender Confirming Surgery," University of Chicago, Pritzker School of Medicine, Anatomy Class, September 16, 2011, Chicago, Il
92. "Facial Trauma," 8<sup>th</sup> Annual Advocate Injury Institute Symposium, Trauma 2011: 40 years in the Making, Wyndham Lisle-Chicago, November 9-10, 2011
93. "Establishing a Community-Based Microsurgical Practice," QMP Reconstructive Symposium, November 18-20, 2011, Chicago, Il

94. "Surgery for Gender Identity Disorder," Grand Rounds, Dept. of Obstetrics and Gynecology, Northshore University Health System, December 7, 2011
95. "Managing Facial Fractures," Trauma Grand Rounds, Lutheran General Hospital, Park Ridge, Il July 17, 2012
96. "Principles of Transgender Medicine," The University of Chicago Pritzker School of Medicine, Chicago, Il, September 7, 2012
97. "State of the art breast reconstruction," Advocate Health Care, 11<sup>th</sup> Breast Imaging Symposium, January 26, 2013, Park Ridge, Il.
98. "State of the art breast reconstruction," Grand Rounds, Dept. of Surgery, Mount Sinai Hospital, April 25, 2013, Chicago, Il.
99. "Getting under your skin: is cosmetic surgery right for you?" Lutheran General Hospital community lecture series, May 7, 2013, Park Ridge, Il.
100. "Gender Confirming Surgery," University of Chicago, Pritzker School of Medicine, Anatomy Class, September 27, 2013, Chicago, Il
101. "State of the Art Breast Reconstruction," Edward Cancer Center, Edward Hospital, October 22, 2013, Naperville, Il
102. "Transgender Medicine and Ministry," Pastoral Voice, Advocate Lutheran General Hospital, October 23, 2013, Park Ridge, Il
103. "Principles of Transgender Medicine and Surgery," The University of Illinois at Chicago College of Medicine, January 28, 2014, Chicago, Il
104. "Principles of Transgender Medicine and Surgery," Latest Surgical Innovations and Considerations, 22<sup>nd</sup> Annual Educational Workshop, Advocate Lutheran General Hospital, March 1, 2014, Park Ridge, Il.
105. "Principles of Transgender Medicine: Gender Confirming Surgery," Loyola University Medical Center, March 12, 2014.
106. "Principles of Plastic Surgery," Grand Rounds, Dept. of Obstetrics and Gynecology, Lutheran General Hospital, September 12, 2014.
107. "Gender Confirmation Surgery," The University of Chicago, Pritzker School of Medicine, October 3, 2014

108. "Private Practice: Is There a Future?" The Annual Meeting of The American Society of Plastic Surgical Administrators/The American Society of Plastic Surgery Assistants, Chicago, Il, October 11, 2014.

109. "Private Practice: Is There a Future?" The Annual Meeting of The American Society of Plastic Surgery Nurses, Chicago, Il, October 12, 2014.

110. "Gender Confirmation Surgery" Grand Rounds, The University of Minnesota, Dept. of Plastic Surgery, Minneapolis, MN, October 29, 2014.

111. "Body Contour After Massive Weight Loss," The Bariatric Support Group, Advocate Lutheran General Hospital, February 5, 2015, Lutheran General Hospital, Park Ridge, Il.

112. "Gender Confirmation Surgery," The School of the Art Institute of Chicago, February 1, 2015, Chicago, Il.

113. "Gender Confirmation Surgery," The Community Kinship Life/Bronx Lebanon Department of Family Medicine, Bronx, NY, March 6, 2015

114. "Gender Confirmation Surgery," Educational Inservice, Lutheran General Hospital, Park Ridge, Il, April 20, 2015

115. "Principles of Plastic Surgery, " Surgical Trends, Lutheran General Hospital, Park Ridge, Il, May 16, 2015

116. "Updates on Gender Confirmation Surgery, " Surgical Trends, Lutheran General Hospital, Park Ridge, Il, May 16, 2015

117. "Gender Confirmation Surgery," Lurie Childrens' Hospital, Chicago, Il, May 18, 2015, Chicago, Il 2015.

118. "Gender Confirmation Surgery," TransClinical Care and Management Track Philadelphia Trans-Health Conference, June 5, 2015, Philadelphia, Pa.

119. "Gender Confirmation Surgery: A Fifteen Year Experience," Grand Rounds, The University of Minnesota, Plastic and Reconstructive Surgery and the Program in Human Sexuality, July 30, 2015, Minneapolis, Mn

120. "Gender Confirmation Surgery," Grand Rounds, Tel Aviv Medical Center, Tel Aviv, Israel, August 13, 2015

121. "Gender Confirmation Surgery," Grand Rounds, University of Illinois, Dept of Family Medicine, September 2, 2015

122. "Principles of Plastic Surgery," Grand Rounds, St. Francis Hospital, Evanston, Il September 18, 2015
123. "Gender Confirmation Surgery," Midwest LGBTQ Health Symposium, Chicago, Il, October 2, 2015
124. "Gender Confirmation Surgery," Southern Comfort Conference, Weston, Fl, October 3, 2015
125. "Surgical Transitions for Transgender Patients," Transgender Health Training Institute, Rush University Medical Center, Chicago, Il, October 8, 2015
126. "Gender Confirmation Surgery," The Transgender Health Education Peach State Conference, Atlanta, GA, October 30, 2015
127. "Gender Confirmation Surgery," Weiss Memorial Medical Center, November 4, 2015, Chicago, Il
128. "Gender Confirmation Surgery," University of Illinois at Chicago, Operating Room Staff Inservice, November 18, 2015, Chicago, Il
129. "Gender Confirmation Surgery," University of Illinois at Chicago, Plastic Surgery and Urology Inservice, November 18, 2015, Chicago, Il
130. "Gender Confirmation Surgery," Weiss Memorial Medical Center, November 19, 2015, Chicago, Il
131. "Gender Confirmation Surgery," Section of Plastic Surgery, The University of Illinois at Chicago, January 13, 2016, Chicago, Il
132. "Gender Confirmation Surgery," Dept. of Medicine, Louis A. Weiss Memorial Hospital, February 18, 2016, Chicago, Il
133. "Gender Confirmation Surgery," BCBSIL Managed Care Roundtable March 2, 2016 Chicago, Il
134. "Gender Confirmation Surgery-MtF," Keystone Conference, March 10, 2016, Harrisburg, PA
135. "Gender Confirmation Surgery-FtM," Keystone Conference, March 10, 2016, Harrisburg, PA
136. "Gender Confirmation Surgery," Grand Rounds, Dept. of Ob-Gyn, March 25, 2016, Lutheran General Hospital, Park Ridge, Il 60068

137. "Surgical Management of the Transgender Patient," Spring Meeting, The New York Regional Society of Plastic Surgeons, April 16, 2016, New York, NY
138. "A Three Step Approach to Complex Lower Extremity Trauma," University of Illinois at Chicago, April 27, 2016, Chicago, Il.
139. "Gender Confirmation Surgery," Howard Brown Health Center, July 12, 2016, Chicago, Il
140. "Creating the Transgender Breast M-F; F-M", ASPS Breast surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016
141. "Overview of Transgender Breast Surgery," ASPS Breast surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016
142. "VTE Chemoprophylaxis in Cosmetic Breast and Body Surgery: Science or Myth", ASPS Breast surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016
143. "Gender Confirmation Surgery," Gender Program, Lurie Childrens', Parent Group, September 20, 201, 467 W. Deming, Chicago, Il
144. "Gender Confirmation Surgery," The American Society of Plastic Surgeons Expo, September 24, 2016, Los Angeles, CA
145. Transgender Surgery, Management of the Transgender Patient, Female to Male Surgery, Overview and Phalloplasty, The American College of Surgeons, Clinical Congress 2016 October 16-20,2016 Washington, DC
146. "Gender Confirmation Surgery," The Department of Anesthesia, The University of Illinois at Chicago, November 9, 2016
147. "Gender Confirmation Surgery," The Division of Plastic Surgery, The University of Illinois at Chicago, December 14, 2016
148. "Gender Confirmation Surgery," Nursing Education, The University of Illinois at Chicago, January 10, 2017
149. "F2M-Radial Forearm Total Phalloplasty: Plastic Surgeon's Point of View," The European Association of Urologists, Meeting of the EAU Section of Genito-Urinary Reconstructive Surgeons (ESGURS), London, United Kingdom, March 23-26, 2017
150. "Gender Confirmation Surgery," Grand Rounds, The Department of Surgery, The University of North Carolina, March 29, 2017.

151. "Transgender Facial Surgery," *The Aesthetic Meeting 2017 - 50 Years of Aesthetics* - in San Diego, California April 27- May 2, 2017.
152. "Gender Confirmation Surgery: A New Surgical Frontier," 15<sup>th</sup> Annual Morristown Surgical Symposium Gender and Surgery, Morristown, NJ, May 5, 2017.
153. "Gender Confirmation Surgery: A New Surgical Frontier," Dept. of Obstetrics and Gynecology, The Medical College of Wisconsin, May 24, 2017
154. "Gender Confirmation Surgery: A New Surgical Frontier," Dept. of Obstetrics and Gynecology, Howard Brown Health Center, August 8, 2017
155. "Current State of the Art: Gynecomastia," ASPS Breast Surgery and Body Contouring Symposium, San Diego, CA, August 10-12, 2017
156. "Gender Confirmation Surgery-An Overview," ASPS Breast Surgery and Body Contouring Symposium, San Diego, CA, August 10-12, 2017
157. "Gender Confirmation Surgery," Grand Rounds, Dept. of Obstetrics and Gynecology, The University of Chicago, August 25, 2017
158. "Gender Confirmation Surgery," Wake Forest School of Medicine, Transgender Health Conference, Winston-Salem, NC, September 28-29, 2017
159. "Phalloplasty," Brazilian Professional Association for Transgender Health, Teatro Marcos Lindenberg, Universidade Federal de São Paulo (Unifesp), November 1-4, 2017
160. "Gender Confirmation Surgery," Brazilian Professional Association for Transgender Health/WPATH Session, Teatro Marcos Lindenberg, Universidade Federal de São Paulo (Unifesp), November 1-4, 2017
161. "Gender Confirmation Surgery," The Division of Plastic Surgery, The University of Illinois at Chicago, December 13, 2017, Chicago, IL
162. "Gender Confirmation Surgery," Gender and Sex Development Program, Ann and Robert H. Lurie Children's Hospital of Chicago, December 18, 2017, Chicago, IL
163. "Transgender Breast Augmentation," 34<sup>th</sup> Annual Atlanta Breast Surgery Symposium, January 19-21, 2018, Atlanta, GA
164. "Top Surgery: Transmasculine Chest Contouring," 34<sup>th</sup> Annual Atlanta Breast Surgery Symposium, January 19-21, 2018, Atlanta, GA

165. "Gender Confirmation Surgery," The 17<sup>th</sup> International Congress of Plastic and Reconstructive Surgery in Shanghai, March 18-25, 2018, Shanghai, China

166. "Gender Confirmation Surgery: Facial Feminization and Metoidioplasty," 97<sup>th</sup> Meeting of the American Association of Plastic Surgeons, Reconstructive Symposium, April 7-10, 2018, Seattle, WA

167. Moderator: "Gender Confirmation Surgery: Top Surgery", The Annual Meeting of The American Society of Aesthetic Plastic Surgery, April 26-May 1, 2018, New York, NY

168. "Gender Confirmation Surgery," Econsult monthly meeting, Dept. of Veterans' Affairs, May 24, 2018

169. "Gender Confirmation Surgery," Transgender Care Conference: Improving Care Across the Lifespan, Moses Cone Hospital, Greensboro, NC, June 8, 2018

170. "WPATH State of the Art," 1<sup>st</sup> Swiss Consensus Meeting on the Standardization of Sex Reassignment Surgery, The University of Basel, August 31, 2018-September 1, 2018

171. "Facial Feminization Surgery: The New Frontier?" 1<sup>st</sup> Swiss Consensus Meeting on the Standardization of Sex Reassignment Surgery, The University of Basel, August 31, 2018-September 1, 2018

172. "Current Techniques and Results in Mastectomies," 1<sup>st</sup> Swiss Consensus Meeting on the Standardization of Sex Reassignment Surgery, The University of Basel, August 31, 2018-September 1, 2018

173. "Gender Confirmation Surgery," The University of Chicago, Pritzker School of Medicine, September 7, 2018, Chicago, IL.

174. The Business End: Incorporating Gender Confirmation Surgery, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, September 29, 2018, Chicago, IL

175. Body Contouring in Men, Gynecomastia, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, September 30, 2018, Chicago, IL

176. Moderator: Breast Augmentation and Chest Surgery in Gender Diverse Individuals, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, October 1, 2018, Chicago, IL

177. Moderator: Aesthetic Surgery of The Male Genitalia, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, October 1, 2018, Chicago, IL

178. Moderator: Gender Confirmation Surgeries: The Standards of Care and Development of Gender Identity, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, October 1, 2018, Chicago, IL

179. The Center for Gender Confirmation Surgery Lecture Series, "Introduction to Gender Confirmation Surgery," Weiss Memorial Hospital, October 17, 2018, Chicago, IL

180. Institute 3: Gender Dysphoria Across Development: Multidisciplinary Perspectives on the Evidence, Ethics, and Efficacy of Gender Transition, Gender Confirming Care in Adolescence: Evidence, Timing, Options, and Outcomes, The American Academy of Child and Adolescent Psychiatry, 65<sup>th</sup> Annual Meeting, October 22-27, 2018, Seattle, WA

181. Gender Confirmation Surgery, Combined Endocrine Grand Rounds, The University of Illinois at Chicago, Rush University, Cook County Hospital, January 8, 2019

182. Gender Confirmation Surgery: An Update, Division of Plastic Surgery, The University of Illinois at Chicago, January 23, 2019

183. Gender Confirmation Surgery from Top to Bottom: A 20 Year Experience, Grand Rounds, The Department of Surgery, Ochsner Health System, January 30, 2019, New Orleans, LA

184. Master Series of Microsurgery: Battle of the Masters One Reconstructive Problem - Two Masters with Two Different Approaches, Gender Affirmation, Male-to-Female Vaginoplasty: Intestinal Vaginoplasty, The American Society for Reconstructive Microsurgery, Palm Desert, California, February 2, 2019

185. Gender Confirmation Surgery: From Top to Bottom, The University of Toronto, Toronto, Canada, February 21, 2019

186. Gender Confirmation Surgery: Where are We, The University of Toronto, Toronto, Canada, February 21, 2019

187. Professors' Rounds: Gender Confirmation Surgery: A Twenty Year Experience, Princess Margaret Hospital, Toronto, Canada, February 22, 2019

188. A 3 Step Approach to Lower Extremity Trauma, Plastic Surgery at The Red Sea, Eilat, Israel, March 6-9, 2019.

189. Gender Surgery: Where are We Now?, Plastic Surgery at The Red Sea, Eilat, Israel, March 6-9, 2019.

190. Gender Confirmation Surgery, A Single Surgeon's 20 Year Experience, Plastic Surgery at The Red Sea, Eilat, Israel, March 6-9, 2019.
191. Gender Confirmation Surgery: Where We Have Been and Where We Are Going, Grand Rounds, The University of Chicago, Section of Plastic Surgery, March 13, 2019
192. Gender Confirmation Surgery: From Top To Bottom, Resident Core Curriculum Conference, The University of Chicago, Section of Plastic Surgery, March 13, 2019.
193. "Gender Confirmation Surgery," WPATH/AMSA Medical School Trans Health Elective, Webinar, March 13, 2019
194. Robotic Vaginoplasty: An Alternative to Penile Inversion Vaginoplasty in Cases of Insufficient Skin, Vaginal Stenosis, and Rectovaginal Fistula. The European Professional Association for Transgender Health, April 9-13, Rome, Italy
195. Current State of Gender-Affirming Surgery in the US and Beyond, Gender-affirming genital surgery presented by the American Urologic Association in collaboration with the Society for Genitourinary Reconstructive Surgeons (GURS), May 2, 2019, Chicago, Il
196. Surgical Training-How Can I get it, The Aesthetic Meeting 2019, New Orleans, LA, May 20, 2019
197. What is the Standard of Care in This New Frontier, The Aesthetic Meeting 2019, New Orleans, LA, May 20, 2019
198. The 20<sup>th</sup> Annual Chicago Orthopedic Symposium, August 15-18, 2019, Chicago, Il "Soft Tissue Defects-Getting Coverage"
199. Gender Confirmation Surgery, The Potocsnak Family Division of Adolescent and Young Adult Medicine, Ann & Robert H. Lurie Children's Hospital of Chicago, August 19, 2019
200. Anatomy, Embryology, and Surgery, The University of Chicago, First Year Medical Student Anatomy Lecture, September 9, 2019, The University of Chicago, Chicago, Il.
201. Gender Confirmation Surgery, Howard Brown Health Center Gender Affirming Learning Series, September 13, 2019, Chicago, Il.
202. Moderator, Patient Selection in Gender Affirming Survey Surgery, 88<sup>th</sup> Annual Meeting of The American Society of Plastic Surgeons, September 20-23, 2019, San Diego, CA

203. Breast Augmentation in Transwomen: Optimizing Aesthetics and Avoiding Revisions, 88<sup>th</sup> Annual Meeting of The American Society of Plastic Surgeons, September 20-23, 2019, San Diego, CA

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**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF IDAHO**

ADREE EDMO (a/k/a MASON EDMO),  
Plaintiff,

v.

IDAHO DEPARTMENT OF  
CORRECTION; HENRY ATENCIO, in his  
official capacity; JEFF ZMUDA, in his  
official capacity; HOWARD KEITH  
YORDY, in his official and individual  
capacities; CORIZON, INC.; SCOTT  
ELIASON; MURRAY YOUNG; RICHARD  
CRAIG; RONA SIEGERT; CATHERINE  
WHINNERY; and DOES 1-15;

Defendants.

Case No.: 1:17-cv-00151-BLW

**DECLARATION OF ADREE EDMO**

I, Adree Edmo, hereby declare and state:

1. I am the Plaintiff in this case. I have actual knowledge of the matters stated in this declaration and would so testify if called as a witness.

2. On April 12, 2019, I had a presurgical consultation with Dr. Geoffrey Stiller. It is my understanding that the Idaho Department of Correction and Corizon picked Dr. Stiller to provide my gender confirmation surgery and that Dr. Stiller agreed to contract with them to provide surgery to me.

3. This appointment was the first time a doctor who was treating me ever discussed surgical procedures and options for vaginoplasty with me. The experts who interviewed me related to my case did ask me some questions about surgery and explain some information, but not in any detailed way.

4. Dr. Stiller explained that there are two possible options for vaginoplasty: penile inversion and colo-vaginoplasty. Dr. Stiller explained that the penile inversion is the usual procedure and is done in one surgery and the colo-vaginoplasty is done in two separate surgeries. I also understand that sometimes, although rarely, the penile inversion surgery is not successful. If that happens, the colo-vaginoplasty can be used to correct the vaginoplasty. However, if the colo-vaginoplasty is done first, then there is no second option.

5. Dr. Stiller told me during the presurgical appointment that his standard practice is to discuss these options with the patient, and that the patient ultimately chooses which vaginoplasty procedure will be done.

6. I have also been informed there is another surgical technique referred to as a “zero depth” genital removal. My understanding is that this surgical procedure removes male genitalia and does not create functional female genitalia. I do not believe this procedure is appropriate for

me because I do not think it will adequately address my gender dysphoria or permit me to live functionally as a woman in society, which is what I have transitioned to do.

7. Based on the information Dr. Stiller gave me and my own research, I have considered which vaginoplasty surgery option would be right for me. This is a very intimate medical decision about my body, and I believe the penile inversion procedure makes the most sense for me and is what I want. Some of the reasons for this are: It is reassuring to me that it is the standard procedure that is used for vaginoplasties for transgender women, and I also want to have the option of the colo-vaginoplasty if anything goes wrong with the penile inversion. I also understand that the colo-vaginoplasty will result in me having discharge for the rest of my life, and it is important to me to avoid that side effect if possible.

8. I have not had any appointments or communications with Dr. Stiller since April 12, 2019 so I have not been able to inform him about my decision. I have also not had any other medical appointments to discuss surgical options for vaginoplasty.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed November <sup>20<sup>th</sup></sup>, 2019 in Kuna, Idaho.

  
Adree Edmo