

The Art of Authenticity

Dr. Sidhbh Gallagher is the Surgical Director of the University Gender Affirmation Surgery Program and Eskenazi Transgender Health and Wellness Program, and a practicing plastic surgeon.

BY SEUNGYUP SUN

Seungyup Sun sat down with Dr. Sidhbh Gallagher to learn more about her path to plastic surgery, her experiences with bringing gender-affirming surgeries to Indiana, and the important lessons she's learned along the way.

Seungyup Sun: Thank you for agreeing to sit down and talk with me today. To get started, could you tell us about your educational background and your path to plastic surgery?

Sidhbh Gallagher: I went to medical school in Dublin, Ireland where I was born and raised. When I was still a medical student, I came to Emory School of Medicine for three months. My first exposure to the OR was there. I did a month of general surgery and I thought, "This is pretty cool, but all these guys look stressed out and I'm not really into that." Then I did two months of plastics and I totally fell in love with it. At that point, I was probably the equivalent of an MS2.

I realized that as a foreign graduate, the integrated pathway in plastics was very competitive. So, the path I took was through doing general surgery first – five years of general surgery and then three years of plastics. General surgery was OK, but it was never my passion. I always liked plastics because of the creativity and because the surgeries were all so much more fun. In general surgery, it's "cookbook." You make the incision, you go after the gallbladder, it's step, by step, by step, each of which are memorized and don't really vary. Whereas in plastics, you usually have a problem where the steps aren't clearly defined, which is what I loved about it. It's highly variable, all ages, and all parts of the anatomy.

S: How did you then become interested in the gender affirmation field?

G: There were a few reasons I became interested in the gender affirmation field. Initially, I thought it was fascinating. I knew a couple of trans people and working with that population appealed to me, especially in Indiana because at this point, I knew I was going to try to stay at IU. When I was still in my fellowship in plastics, I did a few rotations out on the West Coast and I saw some of the surgeries. I found it fascinating because it was form and function. You get to make patients look good and they're still quite functional. One of my mentors calls the genital surgeries reverse embryology; it's taking the structures apart and using their embryological analogues to put them back together. That's how I fell in love with it.

I tried to seek out training in the United States but without much success, so I opted to take four months off to go travelling in search of this specialized education. I went to Serbia, Belgium, and Australia to learn the surgical techniques. I returned and began building the practice. Initially, I was unsure of how successful this was going to be but then insurance started paying

and things took off from there. I'm the only one doing these surgeries in Indiana and in most of Illinois. There's nobody in Kentucky, and there are limited options in Ohio, so we have a really big catchment area. It's gratifying now that we have a more national presence. For example, I just had a patient fly in from LA for a surgery yesterday.

S: Could you speak on how mentorship played a role throughout your career development?

G: I didn't probably have any real mentors until maybe about three years ago. It was difficult in general surgery because I was in a field that I knew I wasn't going to stay in. I would say most people don't have lifelong mentors but there are people who are there at the right phase. A lot of it is modeling. You meet doctors and certain people who make an impression on you and you're like, "Wow, I want to do that!"

The ideal mentor to me is somebody who is ahead of me and has nailed all the things that I want to do. I don't have to reinvent the wheel; I can collaborate and bounce things off of them. The other thing that I strongly believe in is cross-pollination. You can learn a lot from different fields because they have different perspectives. So, finding a good mentor is a lot more about personality fit.

Right now, I would say my best mentors are an endodontist – a wickedly smart woman – and a famous plastic surgeon named Lee Dellon. Having exposure to these types of minds has inspired me. When I discuss a problem with them, they always put a lot of thought and effort into their advice. They've really helped me with ideas and innovations. At this point in my career, it's ideal to have a "board of advisors" rather than a single mentor.

One mistake I used to make in medical school was to think the most important thing was to fill my brain with medical knowledge, and I believed the way to do that was to isolate myself and to study. I believed social life was the enemy. I've learned the hard way that that's really not true. You get so much further with collaboration. I used to think for example that going for coffee with somebody was a waste of my time and that I should be using every minute to study. As I've gotten older, I've realized that going for coffee with somebody can be really enlightening because you gain another idea or more information. And besides, it's more fun. It took me a long time to fully appreciate that.

S: Thank you for those wonderful insights. I'd like to talk more about your role as director of transgender health programs at both Eskenazi Health and IU Health. Can you speak about the two programs and how they came to be?

G: The Eskenazi Transgender Health and Wellness Program was started by Dr. Janine Fogel just after I started offering gender affirmation surgery. It has been a wonderful, much needed go-to for the transgender community in the state, and I currently work with the program as the surgical director. However, a limiting factor has always been that many of the patients don't have

access to insurance that covers surgery.

I started my Gender Affirmation Surgery Program at IU Health about four years ago. We are the only such surgery program in the state of Indiana, and currently we see about 40% of our patients coming from out of state.

One thing about gender affirmation surgery is that it takes lots of different specialists. IU is a tertiary referral center and really, it's a matter of tapping into that multidisciplinary expertise. We're talking gynecologists, urogynecologists, urologists, family physicians, psychologists, licensed social workers, ENT surgeons, craniofacial surgeons, and endocrinologists. Transgender patients potentially need access to a long list of providers, many of whom are here already. Over the past few years, what we've tried to do is to make a more cohesive program with an easier flow. It's still an ongoing process and requires a lot of administrative support.

S: What challenges did you face in getting that program started?

G: The number one challenge was navigating insurance. Getting patients the care they need paid for is probably still our biggest barrier. The second part was patient education. Most of our patients are reliant on online resources and they're for the most part really poor quality. For that reason, we have embraced social media, which is so powerful. One of my educational YouTube videos has 30-some-thousand views. It's very hard to reach that many patients through traditional ways.

S: Your YouTube channel has an impressive following, and I can tell you're very passionate about patient education.

G: It's so funny because for the first half of my medical career, I was trying to convolute things. I was trying to learn logistic regression and all these statistical ways of making data really complex to put it in journals. That was my entire focus. Now, my focus is on simplifying concepts for the patient to understand, which I really love so much more. We understand now that this concept of "medical literacy" is so important now. When we are dealing with the general public, we are meeting people from very diverse educational backgrounds and one of the most common mistakes doctors make is that when in clinic, they use words that patients don't understand. So, that's my whole focus: trying to simplify and communicate these concepts.

It's particularly important in gender affirmation. If you have appendicitis, you need your appendix out. It's pretty simple. You can safely say to the patient that this is what you need, and this is what we're going to do. In gender affirmation, it's such a personalized decision. A patient needs to be really well-educated in their surgical options or they may choose the wrong option for them. An example of that would be, and we see this all the time, a patient who is male and is transitioning to female. They want to look like a female, they want to function like a female, but they have no interest in having penetrative sex. The most dangerous part of that procedure is to create a vaginal canal that wasn't

there before. New vaginas also have to be kept open by dilation for the rest of the patient's life. If the patient doesn't do that, they're going to close it off and it may even cause pain, drainage, and other problems. So, if that patient never wants to use that vagina, why are we exposing them to these risks? We can instead feminize their external genitalia and forego the creation of the vaginal canal in what we call a "zero-depth" procedure. Patients need to know all their options.

S: That is definitely critical. What would you say has been the most rewarding aspect of it all?

G: It's the most meaningful work I've ever done. There's no question.

The surgeries themselves are extremely gratifying. People talk about the concept of "flow," that feeling you get when painting a picture, riding on your skateboard, or whatever it is, and you get really engrossed in what you're doing and it feels blissful. That's why surgeons love operating, because we get into a flow state. We get into the OR, we listen to good music, and often times we have learners with us. Very few things go wrong. We have our protocols set out now, so the surgeries aren't very stressful at all.

We all get that Monday morning feeling – it's human nature – the 'here we go again' thoughts. However, with this work, I can remind myself that the person I will be operating on has been waiting for this day almost all of their life. That certainly gives



Dr. Sidhbh Gallagher (left) with her patient (right) post-masculoplasty.

SIDHBH GALLAGHER | PHOTO

meaning to my day. Or I look on Instagram and, coming into the warmer months, my patients will be there, posting their shirtless selfies of their top surgeries. It's not technically life or death surgery, but a lot of my patients would say these are life-saving procedures.

Another aspect is that I've always admired bravery in people because I have to work hard to push myself to speak up and to be authentic. And what's more authentic than a kid in rural Indiana who understands their identity and is willing to own that—despite all the adversity that they're going to face. Some of my patients pay a huge price to be authentic, and I admire their bravery immensely. It's fantastic getting to work with people like that. Also, traditionally the Midwest hasn't been a welcoming place for the transgender community and the medical profession does not have a good history with trans folks either. It's great to try to right those wrongs.

Perhaps the most gratifying aspect of providing these surgeries here in Indiana is helping to effect meaningful improvements. An example would be that we just recently did our first Medicaid gender affirmation surgery for one of our patients who won a 2-and-a-half-year court battle. As his doctor, I was able to help testify that his gender-affirming surgery was a medically necessary procedure.

S: Could you elaborate on that?

G: Traditionally, Indiana Medicaid didn't cover gender affirmation surgery. I saw Medicaid patients who we submitted but were denied. But now, these fantastic Indiana lawyers, who have dedicated themselves to civil rights, realized very quickly that there is a surgeon in the state who does this work. Before, there wasn't, so they could never fight this battle. Lawyers and patients fought this through the courts. It took two-and-a-half years, but a judge ruled that they should have their surgeries. This sets a precedent. Things are soon likely to improve for all patients in Indiana.

S: Wow. Not only are you fighting this battle on the healthcare side, but you've even gotten involved in the legal side as well. That's amazing.

To continue, can you speak on what role innovation and research play a role in your practice?

G: In the reconstructive world, you're faced with new problems all the time. You constantly have to apply principles and it's really like an art. I know this sounds a little bit grandiose, but you're often not even using the conscious part of the brain. I think most plastic surgeons agree that the plan often comes from the subconscious and from years of experience. We're always innovating. And being in a university or academic center, you also have really bright residents who come in with ideas, as well as all these other experts with their niches. This university is a really good breeding ground for innovation because there are lots of bright minds here and a lot of different disciplines.

However, it doesn't matter how many good ideas you come up with if you don't publish them. One of my mentors says that you can only touch so many patients in your life. But if you come up

with something new like he has done over and over again, you're going to touch hundreds of thousands. And that's very true. I didn't like publishing before I started working with him. So, that's one of my goals.

One of the other projects I was working on last year was a drain-free technique of doing a top surgery. We came up with a specific name for it. We're calling it masculoplasty because the guys don't want to get mastectomies. And we just got a paper published of the first 306 of those. It's pretty cool because most people believe when you do a mastectomy, you should put a drain in. We showed in this paper you really don't have to.

Innovation is a huge part of my practice and with that comes gathering the data, watching the data, and publishing it to support what we do because we should always be practicing

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evidence-based medicine. And it's lovely for plastic surgeons since our results are there for everyone to see on Instagram. You can see the before and after pictures. There's no hiding.

S: To wrap this up, do you have any advice for medical students?

G: I'm going to give you my top 5 tips.

- 1. Ask.** One thing I never knew, somebody had to tell me this – you can cold call, cold email, even cold DM pretty much any doctor. And we have an obligation, as doctors, to educate. The good ones accept this and understand this. It doesn't matter what level you're at, whether you are an MS1 or you are way into your career. People want to help and you're not bugging them (and if they think you're bugging them, they're the wrong person and you don't want to be with them). Ask to get on projects. Ask to come to clinic. Ask to come and watch surgeries. Your job as a medical student is to ask. Everybody above you knows that they should be teaching you.
- 2. Apply for everything.** One fundamental thing I've learned is that if you never apply, the answer is automatically no. For example, coming from Ireland, I never applied for the integrated pathway in plastics because I just presumed I would never get it. But who knows? Since then, I've met other foreign graduates who have gotten in.

The other thing is that I hear a lot of medical students say, “I'd love to do plastics, but I'm not good enough,” or

whatever. No, don't accept that. I'm a foreign graduate, so I was starting at the bottom of the heap. There are definitely ways. It's the United States, it's huge, and it's the land of opportunity. It might take a little bit longer, you might have to take a little detour, but there are always ways. Don't presume you are not good enough for a specialty.

3. **Don't stress about where you're going.** The answers will come with time. You couldn't possibly know what your final destination is. When I was a medical student, I used to stress out a little bit because it was sort of foggy to me what I wanted to do. I was very stepwise; once I saw this, now I could see the next step, now I could see the next step. It's fascinating how people sort of find their way. I was maybe a PGY7 when I found the gender affirmation field, but now it's rapidly becoming the whole focus of my career.
4. **People go through phases.** If you look at your hobbies, you're passionate for a time about something. Oh, I don't know, surfing. And then something else catches your imagination and you're passionate about that instead. I've noticed that some of the most brilliant and successful people have careers that go in phases. Especially with modern careers. It used to be that you would be a 9-to-5 accountant for 40 years. You don't have to do that anymore so try not to worry too much. What your career looks like in the first few years may morph drastically. There's a lot of career adaptability.
5. **Be persistent.** There were numerous times in my nine formal years of training when I was telling the voice of doubt to shut up. I wasted a lot of time doubting. When you're a medical student and you're on your surgery rotation, you're going to be looking at the back of somebody's head for eight hours in a Whipple and saying, "This is nonsense." But sometimes you just have to hang in with it. I had to do five years of general surgery and at the time, I wasn't sure if it was worth it. I was burning out towards the end of my plastic surgery training and thinking, "What have I done? This was a bad idea." But it absolutely paid off. I'm so happy I did it. Hang in there; there will be so many doubts along the way but it's totally worth it. And if it's not, go back to tip four and you can go do something else.

S: Finally, for any students who are interested in serving this population of patients, how can they get involved?

G: From my point of view, students are always welcome either in the OR or at clinic. Best way to get me is either email or social media. And then, to add to that, there's always opportunities for research. The rule is, the earlier the better for research. You can come not knowing anything and you will be told exactly what to do. You just need to be literate. You don't have to come up with a big idea, a lot of these projects are rolling and you can be put in on something, which is super useful.

Also, we now estimate about three to six in a thousand people identify as transgender. That's as common as Type 1 Diabetes. It's no longer optional to be comfortable with this population as a doctor. It's no longer specialized care. It's just exposure, that's it. If you don't know anybody who is trans, it can be unnerving when you first interact with a transgender person. So, just being in clinic will help greatly improve your comfort levels, and no matter what specialty you go into, will ultimately make you a better, more well-rounded doctor.

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