

# Basics of Gender Affirming Care for Transwomen

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# Learning Objectives

- Describe basic components of providing gender affirming care in a clinical setting.
- Define the basics of hormone therapy for transgender women.
- Demonstrate an understanding of other gender affirming interventions such as hair removal and gender affirming surgeries.
- Family building.

# What is Gender Affirming Care?

- Process of having one's authentic gender affirmed and recognized across four domains:
  - ***Social*** –name, pronoun, clothing, expression
  - ***Psychological*** – access to trans competent counseling
  - ***Medical*** – hormones, surgery, reproductive options, primary care, voice therapies
  - ***Legal*** – name and gender change, anti-discrimination legislation, right to self determination



# Establishing a Welcoming Environment

- Intake forms:
  - Preferred name/Name in use
  - Name and gender as printed on insurance card
- Bathrooms
- Training staff
- Hire trans people

# Intake Forms - example

What is your current gender identity?  
(Check all that apply)

- ☐ Male
- ☐ Female
- ☐ Female-to-Male (FTM)/Transgender Male/Trans Man
- ☐ Male-to-Female (MTF)/Transgender Female/Trans Woman
- ☐ Genderqueer, neither exclusively male nor female
- ☐ Additional Gender Category/(or Other), please specify
- ☐ Decline to Answer, please explain why

What sex were you assigned at birth on your original birth certificate?  
(Check one)

- ☐ Male
- ☐ Female
- ☐ Decline to Answer, please explain why

- Two-step gender data collection tested at large FQHC's
- 97% of respondents able to answer without problems

(CHARN White Paper, 2013)

# Establish Trust

“The only valid route to understanding a person’s gender identity is to listen to them. Whatever our scientific understandings, the needs of transgender people should be met on the basis of universally recognised human rights”





# Sample Introduction

- “Hi, my name is Denise, I use feminine pronouns. What pronouns do you use?”
- “Do you have any other name you would like us to call you by here in the clinic?”
- “If anything changes at all in the future please let us know so that we can update your chart.”

# Language and Concepts

## *MTF, Male-to-Female, Transwoman*

- Someone assigned male at birth who identifies more on the feminine spectrum.
- Ask and listen as patients may use different terminology to describe their experience of gender.



# Transgender Hormone Therapy

- Covered by MediCal/Cencal, Medicare and many private insurance policies.
- The goal of treatment for transgender people is to improve their quality of life by facilitating their transition to a physical state that more closely represents their sense of themselves.
- Treatment can save lives and change the world!

# World Professional Association for Transgender Health (WPATH)

Standards of Care Version 7 – 2012

## Eligibility Criteria for Hormone Therapy

1. Persistent, well-documented gender dysphoria/incongruence
2. Capacity to make a fully informed decision and to consent for treatment
3. Age of majority in a given country
4. If significant medical or mental health concerns are present, they must be reasonably well-controlled

No counseling requirement

# General Principles

- It may take 2-3 visits before the person receives hormones
- This would be dependent on the knowledge the trans person has about hormones, and their readiness to proceed
- Get informed consent – therapy no longer a requirement



# General Principles (cont'd)

- Counseling may be useful for the person undergoing transition, and to satisfy requirements for surgery
- A physical examination and blood tests would usually be required initially, and on an ongoing basis just as with any medical condition
- Be an advocate for your patient

# History

**Psychosocial**

**Family History**

**Mental Health**

**Sexual History**

**Family Planning**

**History of hormone use**

**Surgical history**

**Organ inventory**

# History

- **Sexual Health – “Are you comfortable with me asking you a few questions about your sexual health? Tell me about your sexual partners. What type of sex do you have?”**
- **Use general terminology for body parts, or ask patients if they have a preferred term to be used**
- **Don’t make assumptions!**



# Physical Exam

- As appropriate for clinical evaluation
- Secondary sex characteristics will depend on past hormone use and surgical procedures
- Examine genitalia only when necessary
- Neovagina – blind cuff, anoscope may provide more accurate visualization, prostate is anterior to vaginal wall

# Male to Female (MTF) Treatment Options

- No hormones – psychosocial support
- Estrogens – pills, pellets, injections, cream, patches
- Progesterones
- Androgen blockers

# Estrogens

- 17-beta Estradiol – bioidentical
  - Delestrogen: 10-20 mg im or sq weekly or 10-40mg im q2weeks
  - Estrace: 2-8mg po daily (available as 2mg tablets)
  - Estrogen patches: 0.2 – 0.8 mg twice weekly (available as a 0.1mg patch)
  - Estrogen pellets – compounding pharmacy like Anazao
- *Lower doses post orchiectomy*



# Progesterone

- Review of literature found low quality research with no conclusive evidence.
- Some clinicians use micronized progesterone 100-200 mg daily.
- Anecdotal improvement in breast development, mood and libido.
- Side effects can include depression, weight gain, bloating and acne

# Anti-Androgens

- **Most common: Spironolactone up to 400 mg daily (effective, low cost, possible side effects)**
- **Alternatives: 5-alpha reductase inhibitor (may be less effective), GnRH agonist (\$\$\$)**
- **Titrate dose to clinical outcome and serum testosterone level, as guided by patient goals**

# Effects of MTF Hormone Treatment

Effect	Expected Onset of Effect	Expected Maximum Effect	Reversible or Permanent if Estrogen stopped
Emotional changes	1-2 months	variable	Reversible
Breast growth	3-6 months	2-3 years	Permanent
Thinning/slowed growth of body and facial hair	6-12 months	>3 years	Reversible
Softening of skin/decreased oiliness	3-6 months	unknown	Reversible
Body fat redistribution (less on abdomen, more on hips/buttocks/face)	3-6 months	2-3 years	Reversible
Decreased muscle mass/strength	3-6 months	1-2 years	Reversible
Decreased libido, firmness of erections, spontaneous/morning erections	1-3 months	3-6 months	Reversible
Decreased sperm production/maturation, reduced fertility	variable	variable	Permanent
Decreased testicular volume by 25-50%	3-6 months	2-3 years	Likely permanent
Cessation of male pattern balding	No regrowth, loss stops 1-3 months	1-2 years	Reversible
Voice changes	NONE	-	-

Adapted from Endocrine Society Guidelines Hembree et al 2017;  
UCSF CoE Deutsch et al, 2016



# Risks of MTF Hormone Therapy

- Venous thrombosis/thromboembolism
- Benign pituitary prolactinoma
- Drug interactions
- Coronary artery disease
- Cerebrovascular disease
- Cholelithiasis
- Hypertriglyceridemia

# Lab Monitoring

- Testosterone levels – <50 ng/dL
- Estrogen levels – 100-200 pg/ml
- Creatinine and potassium levels in patients on spironolactone, consider lipid panel and Prolactin levels.
- Monitor every 3 months in the first year and then 1-2 times per year thereafter

# Follow-Up Care for MTF Patients

- **Assess feminization**
- **Review medication use**
- **Discuss social impact of transition**
- **Counsel regarding sexual activity**
- **Review surgical options**
- **Complete forms for name and gender change as needed**
- **Continue HCM – CAD risk factors, cancer screening**



# Primary Care

- Network of referrals to gender affirming providers
- Complete prior authorizations
- Refer to competent surgeons
- Write letters for surgery

# **Surgical Options - MTF**

- **Gender Reassignment Surgery (GRS)**
- **Breast Augmentation**
- **Facial Feminization Surgery (FFS)**
- **Tracheal shave**
- **Vocal cord surgery**
- **Hair removal procedures**

# Gender Affirming Surgery

- Vaginoplasty
- Orchiectomy
- Vulvoplasty
- *Goal is to match physical appearance to inner self.*



# Breast Augmentation

- Anatomical considerations – wide chest, nipples wider set, hormones usually not sufficient.
- Surgical approach – periareolar, transaxillary, IMF, usually require larger volume implants
- Bandage is removed after 4-6 weeks.

# Facial Feminization Surgery

- Operations can last up to 12 hours
- Forehead – decreased frontal bossing, lower hairline
- Rhinoplasty
- Jaw reconstruction – shave off angle, decrease size
- Facelift, lips, cheeks, eyes, tracheal shave
- *High degree of patient satisfaction*

# Vocal Cord Surgery

- Voice pitch not changed with hormones
- Voice therapy and training can help alter pitch
- Vocal feminization surgery involves shortening vocal cords – open technique vs noninvasive (South Korea)
- Results are mixed, procedure is expensive



# Hair Removal

- **Laser—targets coarse hairs that are dark in contrast to lighter skin. FDA approved for “hair reduction”.**
- **Electrolysis—FDA approved for “permanent hair removal”.**
- **Often required prior to surgery.**
- **Expensive and usually not covered by insurance companies.**

# Family Building

- **Adoption**
- **Intercourse with cisgender or female bodied partner**
- **IVF or IUI with patient or partner's sperm with female bodied recipient (patient's partner or surrogate)**
- **IUI \$1000 plus procedures, labs**
- **IVF \$12,000 - \$15,000 per cycle**

# Fertility Preservation

- Cryopreservation - \$1500 - \$3000
- Sperm retrieval from gonadal tissue – epididymal or testicular source
- On HRT – many able to produce specimens that can be utilized for IVF
- Previously on HRT – near normal parameters after about 4-5 months off estrogen but infertility is possible.



# Summary

- Hormone treatment is a medical necessity for some transgender people and contributes to improved quality of life
- There are some unanswered questions about long term effects of hormone therapy but the benefits almost always outweigh the risks.
- This is not rocket science.
- Surgical treatment is a medical necessity for some transgender people and contributes to improved quality of life

# Selected On-line Resources

- World Professional Association for Transgender Health - [www.wpath.org](http://www.wpath.org)
- Center of Excellence for Transgender Health - <http://transhealth.ucsf.edu/trans?page=protocol-00->
- Tom Waddell Clinic protocol - <https://www.sfdph.org/dph/comupg/oservices/medSvs/hlthCtrs/TransGendprotocols122006.pdf>

# Contacts/Consultations

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# Questions?

