Basics of Gender Affirming Care for Transmen

Julie Nicole, MD FACOG
Clinical Instructor OBGYN UCSF-Fresno

Objectives

- Learn how to better provide culturally sensitive medical care to transmen.
- Review the basics in hormone replacement therapy
- Address common post operative complications
- Explore some of the barriers transmen have to face

Trans Health for the Generalist OBGYN

- Hormones management
- Hysterectomy
  - For usual indications
  - For GRS
- Annual exams
  - Mammogram
  - Pap smear

http://transhealth.ucsf.edu/

From the phone room to the exam room.

- If the patient calls for trans services
  - Inquire about preferred pronouns/first name
  - Make them feel welcomed
    - GYN office is a double edge sword
- Check-in
  - Intake form
- Unisex bathrooms
- Exam room
  - Anxiolytic agent, need a driver

Once in the exam room

- Getting to know the patient
  - How can I help you today?
- Assess their level of knowledge
  - What are you looking forward to with HRT?
  - Any side effects that you are dreading?
- Social history
  - Marital status, sexual orientation, single? Looking?
  - Work/School status (future oriented)
  - Smoking/ETOH/Drugs
  - Always assess for depression and suicidality

The 4 baskets

Medical

Legal

Surgical

Social

The 3 "P's" of transmen GYN care

- Periods
- Pap
- Pregnancy

Periods

- Testosterone alone should stop periods (not a birth control)
- Continuous oral contraceptives (skip placebos)
  - Cyclic OCP will continue to have period
- Levonogestrel containing IUD
  - Copper IUD causes heavy period
- Depo-provera
- Endometrial ablation???
- Hysterectomy

Pap Smears (same for everyone)

- Start at age 21 (not before, regardless of sexual history)
- Every 3 years from age 21-29
- Every 5 years from age 30-65 (with HPV co-testing)
- Can stop pap after hysterectomy (if no abnormal history and if cervix is removed)
- Mention on lab slip that patient is on testosterone
- Talk about them at first visit
  - Needs to be done prior hysterectomy

Pregnancy

- Support and assess for depression
- Education of L&D staff
  - Triage
  - L&D
  - Post-partum
  - Lactation consultants
  - Ultrasounds
  - Anesthesiology
  - Maternal-Fetal Medicine, Pediatrics/Neonatology

Hormone therapy

- Level One:
  - Continue to prescribe to a patient who is well into transition.
- Level Two:
  - Tapering off, changing doses, routes of administration
  - Taking someone off "black market" hormones
- Level Three:
  - Initiation of treatment

Hormone Regimens

- FTM
  - Testosterone
    - Daily Gel
    - Intramuscular injection/Subcutaneous injection
    - Pellets (q4 months)
    - Patch
- NOT A COOKIE CUTTER APPROACH!!!
  - Syringes: afraid of needles, drug use trigger, access to proper disposal and sanitation, insurance limitations
  - Establish goal of transition (non-binary)

Hormone Side effects

- Common side effects
  - Acne
  - Absence of period
  - Fat redistribution
  - Hair, hair, hair!
  - Change in body odor
  - Voice dropping
  - Vaginal atrophy/Cliteromegaly
  - Change in mood, libido

Other screenings

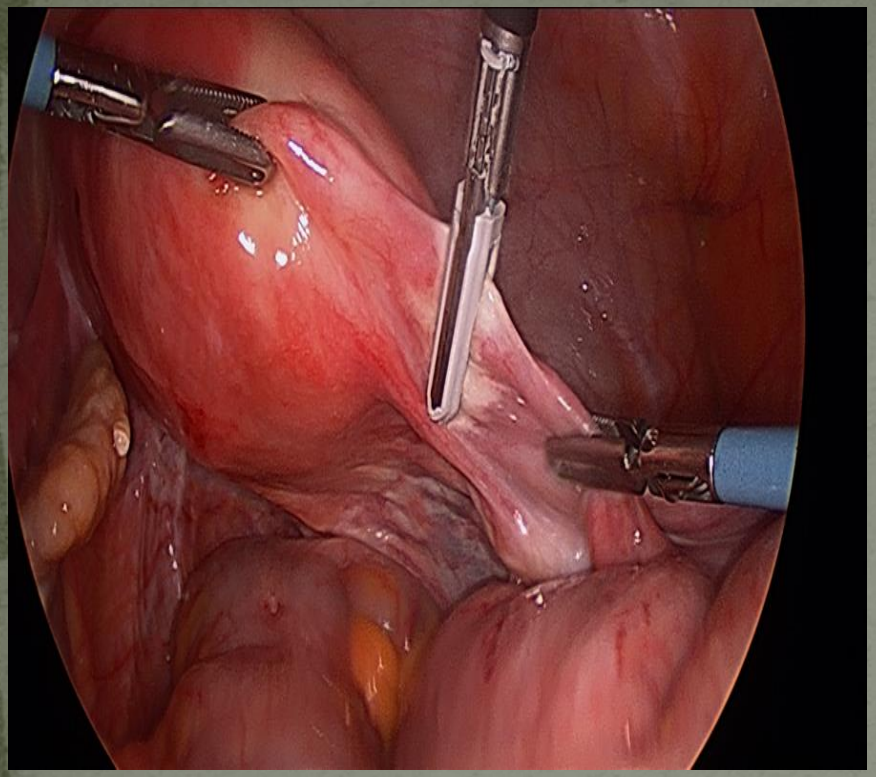
- Mammogram
  - Chest exam, assess for risk of breast cancer
- Endometrial ca:
  - Evaluate spontaneous vaginal bleeding as for post menopausal females.
- Diabetes, Hypertension, Cholesterol
- Weight management
- Mental health

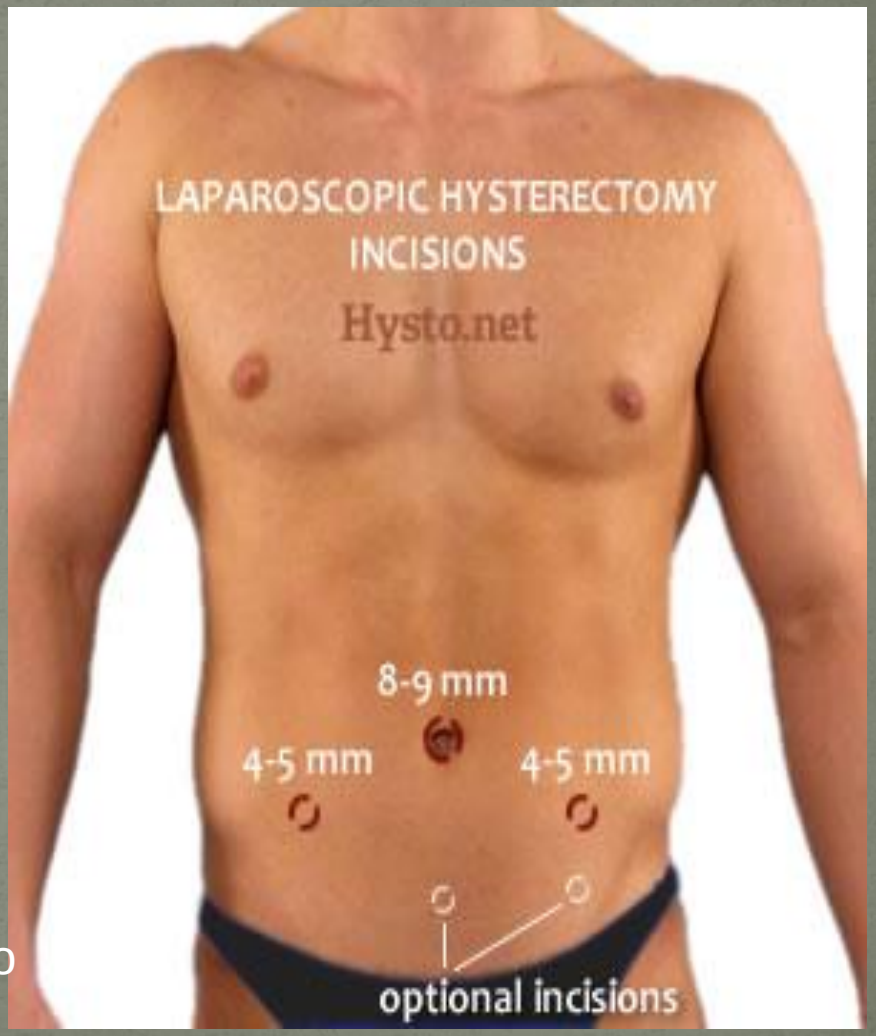
Hysterectomy/BSO

- For usual indications
  - Ok to by pass medical management (IUD, OCP)
    - State that: “Patient strongly desires surgical management”
  - No psychological evaluation letters are needed
  - Need for TVUS and endometrial bx
- As part of GRS
  - Per SOC’s: Two letters of recommendations are needed
    - One letter is waived if someone has transitioned more than 5 years ago

Hysterectomy/BSO

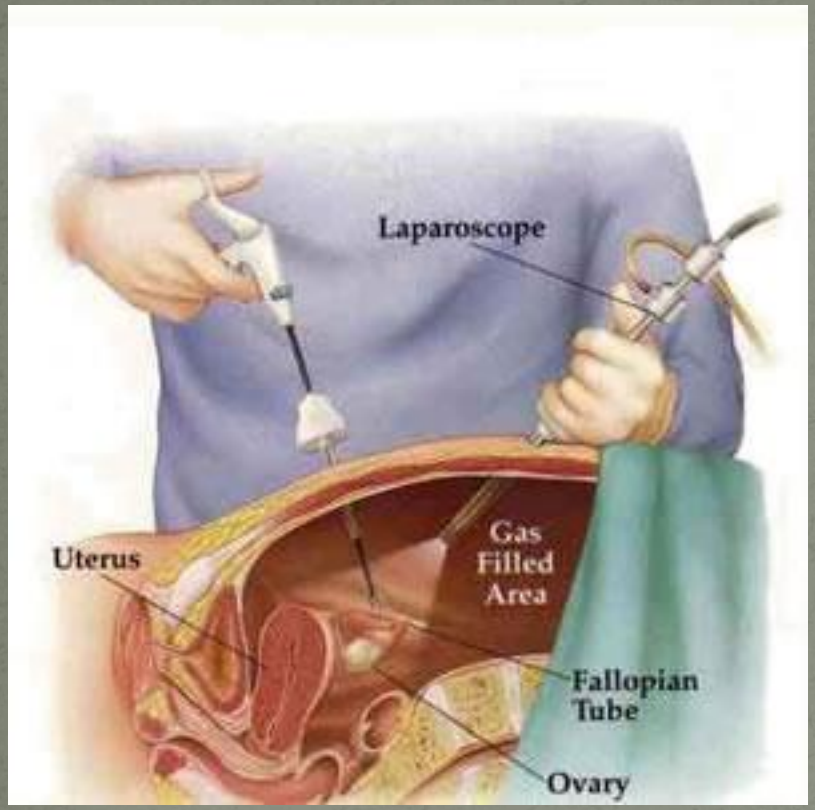
- Different approaches
  - Vaginal
  - Laparoscopic
  - Abdominal
- Salpingo-oophrectomy
  - Can leave one ovary behind for future fertility
- 0-4 days in hospital depending of approach
- Recovery 4-10 weeks
  - Nothing in vagina for 8-10 weeks

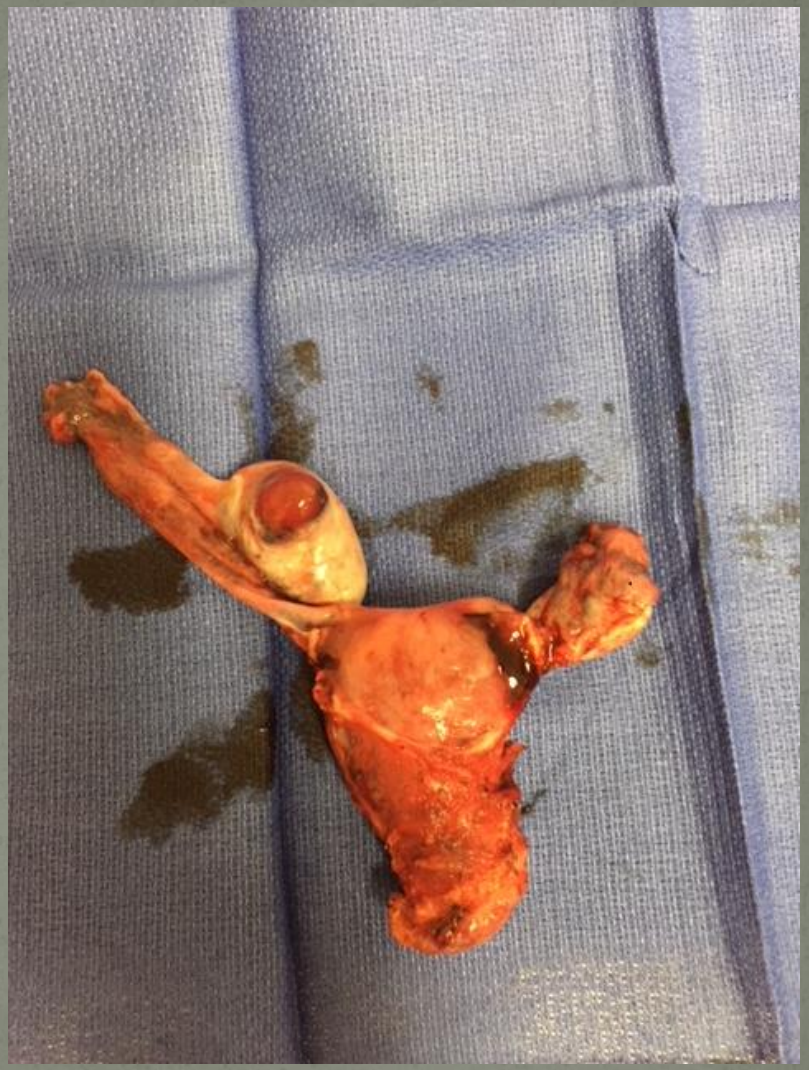




https://www.wagynaescope.com.au/total-laproscopic-hysterectomy/

http://www.hysto.net/procedures/laparoscopic-hysterectomy.htm





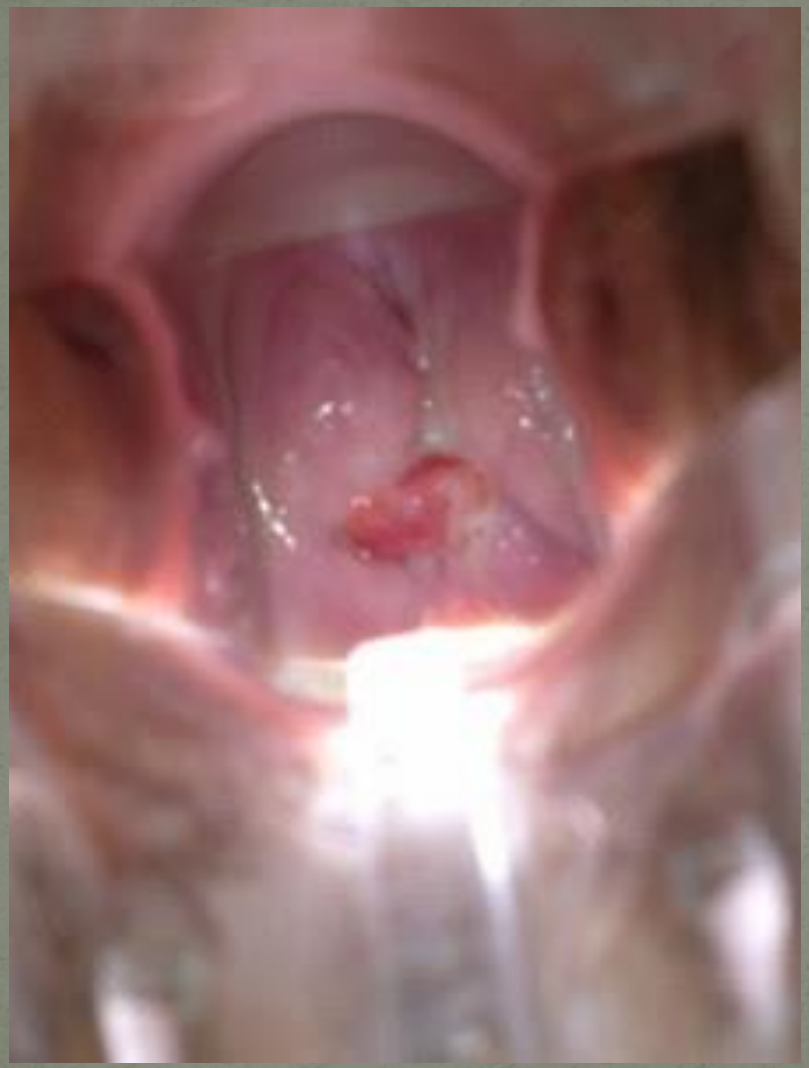
http://www.hysto.net/procedures/laparoscopic-hysterectomy.htm

Surgery

- Chest reconstruction ("Top Surgery")
  - Key hole
  - Double incision with nipple graft
- Genital reconstruction ("Bottom Surgery")
  - Metoidioplasty
    - With/without urethral hook up
  - Phalloplasty
    - Different methods all with high risks of complications

Complications

- Granulation tissue
  - Excision and cauterization with silver nitrate
- Vaginal cuff dehiscence
  - Excessive vaginal bleeding
  - Bowels prolapsing in vagina
  - Emergency GYN consultation
- Wounds complications
  - Get in touch with surgeons
- Urethral fistulas



http://gynogab.blogspot.com/2015/06/granulation-tissue.html

Conclusions

- Making it a positive experience
- Ask for help
  - Center for Excellence in Transgender Health
  - Up to Date
  - US!
- Teach
  - Students, residents, patients, families
  - Don't ask patient to teach us: ok to get back to them

Bibliography

- ACOG Committee Opinion. December 2011. “Healthcare for Transgender Individuals” Opinion No. 512. American College of Obstetricians and Gynecologists. Obstet Gynecol 2011;118:1454–8
- Buchholz L. Transgender care moves into the mainstream. JAMA 2015;314:1785–7.
- Light AD, Obedin-Maliver J, Sevelius JM, Kerns JL. Transgender men who experienced pregnancy after female-to-male gender transitioning. Obstet Gynecol 2014;124:1120–7.
- Unger CA. Care of the transgender patient: a survey of gynecologists’ current knowledge and practice. J Womens Health (Larchmt) 2015;24:114–8
- Unger CA. Gynecologic care for transgender youth. Curr Opin Obstet Gynecol 2014;26:347–54.