gender affirming healthcare guide
TRANS AND GNC HEALTHCARE ACCESS

INGERSOLL GENDER CENTER
www.ingersollgendercenter.org
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**HISTORY OF GENDER AFFIRMING CARE**

There was once a point in time when the trans community members had absolutely no ability to exercise any agency about when or how they transition. Gatekeeping via providers and mental health practitioners often prevented our community from having access to hormones and surgery. Rules that were often further barriers to care were typically that a person had to be living as their known identity for up to ten years before doctors would consider surgery or hormones.

**More about history of gender affirming care:**

- Hopkins Hospital: a history of sex reassignment
- Johns Hopkins to resume gender-affirming surgeries after nearly 40 years

**TRANSITIONING**

Coming to the realization you are or may be trans is both liberating and scary. We know that on the surface, trans means that you do not identify as the gender you were assigned at birth and as trans folks that fact is a commonality we all share.

**However, trying to figure out what trans means in regards to your body, life and how you’d like to show up authentically is a process that looks different for each and every trans and gender diverse person.**
INTRODUCTION TO INFORMED CONSENT

Informed consent in a healthcare setting is defined as permission granted in the knowledge of the possible consequences, typically that which is given by a patient to a doctor for treatment with full knowledge of the possible risks and benefits.

This means that when you go into your medical providers office you are given all necessary information (including risks) of any treatment or procedure that you may undergo with the understanding that with this information you are able to give consent in a way that values your self determination and ability to make an informed decision about your care.

When we discuss informed consent in terms of gender affirming healthcare we mean all of the above, in order to center the self determination of our community members to know their bodies, as well as what is best for their bodies and how best to feel at home in those same bodies.

INTRODUCTION TO WPATH
(WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH)

WPATH is an organization that is devoted to transgender health. They have created a set of Standards of Care and Ethical Guidelines that providers use to direct the ways in which they provide gender affirming care to the trans and gender conforming community. WPATH Standards of Care and Ethical Guidelines are JUST guidelines however some providers adhere to the standards and guidelines more strictly than others, or not at all. They are a generally accepted and respected source. Some will argue that ICATH and WPATH are incompatible however WPATH completely supports an informed consent model of care.¹

MEDICAL TRANSITION FOR NON-BINARY COMMUNITY MEMBERS

Medical transition for non binary trans folks can vary. Non binary folks often struggle to navigate gender affirming healthcare due to binary expectations/knowledge of providers and insurance providers. Non-Binary community members sometimes have to identify as binary trans folks in order to access surgery, and while we believe that it is best to be honest with your medical care providers we understand some of the ways in which our community has historically needed to show up in medical spaces in order to get their needs met. In the same way, binary gender expression and transition may look different for binary trans folks; so too does gender expression and transition look different for non binary folks. Some non binary folks take hormones, some do not. Some have surgery, some do not. Some take hormones and have surgery, and some folks don’t take hormones but do have surgery.

The point is, there is no one way to be trans!

It is important to decide for yourself what it takes for you to feel at home in your body, after all, no one else has to live in it but you! Consult and discuss what options may be best for you with a culturally competent gender affirming medical care provider.
MENTAL HEALTH & TRANSITIONING

Mental health is an important part of the work that we do at Ingersoll. It is important because it can be a beneficial part of self care and navigating dysphoria, anxiety, depression, and well as other mental health diagnosis, whether they are tied to your identity or not. At Ingersoll we believe that being trans is not a mental health condition and as such we are not excited about the ways in which insurance companies require mental health clearance letters to gate keep the access our community has to the care that they need. But because their is still more work to be done on this subject, we often assist community members in obtaining mental health providers that poses the fewest gatekeeping restrictions on helping our community access the care that they need (ie. Informed Consent). We encourage mental health providers to believe trans people, as they should. We also understand that mental health can be affected by past trauma, lack of access to care, and life circumstances.

We are here to support and assist our community in finding providers that meet their needs, treat them with respect, and provide competent and relevant care!
WHAT ABOUT INTERSEX FOLKS?²

As trans and gender diverse folks we know that perspectives and expectations about gender that are limited by colonialism, patriarchy, religion, sexism, transphobia, racism, can be dangerous. However for Intersex folks, not only can these same beliefs be dangerous but so too can the beliefs around what is considered “normal” in terms of sex characteristics.

Far too often sex and gender are determined for intersex individuals and due to the perception of ambiguous sex traits; surgeries are performed before intersex individuals are old enough to determine the sex that aligns with their actual gender but also without consent or respect to the fact that there is nothing wrong with them in the first place.

“Intersex” refers to people who are born with any of a range of characteristics that may not fit traditional conceptions about male or female bodies.

The term intersex is an umbrella term that refers to people who have one or more of a range of variations in sex characteristics that fall outside of traditional conceptions of male or female bodies. For example, intersex people may have variations in their chromosomes, genitals, or internal organs like testes or ovaries. Some intersex characteristics are identified at birth, while other people may not discover they have intersex traits until puberty or later in life. People with intersex traits have always existed, but there is more awareness now about the diversity of human bodies. People with intersex bodies, like anyone who may be seen as different, sometimes face discrimination, including in healthcare settings (as early as infancy).

People who are intersex are more common than you think!

Experts estimate that as many as 1.7% of people are born with intersex traits – that’s about the same number of people who are born with red hair. People with intersex traits aren’t all the same, and some people may not even know they are intersex unless they receive genetic testing (this may happen, for example, with athletes). Intersex people are not that uncommon — they just have been mostly invisible. But that is changing.

Some intersex children undergo unnecessary and irreversible surgeries — without consent.

For many years, the medical establishment has viewed babies born with atypical sex characteristics as having bodies that need to be “fixed.” As many as 1/2000 are faced with unnecessary medical intervention at an early age. Some intersex babies and older youth have undergone extensive, involuntary surgeries for no other reason than to make their bodies conform to traditional notions of what it means to be male or female. The vast majority of these surgeries are not medically necessary when performed on young children and could instead be delayed until the intersex individual can decide whether surgery is right for them. In some instances, intersex individuals grow up without ever having known about the medical procedures they underwent as children. Others report being told that surgery was necessary only to find out later that this was not the case.

Evidence is increasingly showing the harms of these surgeries when performed without informed consent, which can include physical pain, loss of genital sensitivity, scarring, and even sterilization, as well as significant psychological consequences and the risk that the sex assigned will not match the individual’s gender identity. Because of these risks, intersex genital surgeries are now considered human rights abuses by groups like the United Nations, the World Health Organization, and the Gay and Lesbian Medical Association—the world’s largest and oldest association of LGBT healthcare professionals. While this has led some countries, such as Malta, to outlaw non-consensual medical interventions to modify sex anatomy, such procedures are not directly addressed by any law in the United States and are still performed by a small group of specialists across the country.

Intersex people should enjoy autonomy over their bodies. Unfortunately, parents may feel pressured into making irreversible decisions about their children’s bodies before the child can meaningfully participate and choose what, if any, medical procedures they desire.
Most intersex people experience many different harms. Many intersex youth and adults today talk about the consequences suffered as a result of unwanted surgeries, including poor self-esteem, depression, anxiety, and issues with trust and intimacy in relationships. While parents and doctors may act with the best intentions, rushing to “fix” a child’s bodily difference most often does much more harm than good.

Most people think biological sex is either “male” or “female,” but it can actually be more complicated. This misunderstanding makes intersex people feel alone and unnecessarily ashamed of their bodies.

**Don’t make assumptions and let people share their own stories.** If you meet someone who you think may be intersex or who has shared they are intersex, let them share the information they wish to share. Don’t ask about their bodies or what procedures they’ve undergone. Respect their privacy!

Intersex people may identify as male, female, no gender or multiple genders—and they may express their gender in different ways. Similarly, intersex people, like all people, may be straight, gay, lesbian, bisexual, asexual, or identify in another way.

Some (but not all) intersex people may choose to use gender pronouns other than “he” or “she,” like “they” or “zie.” Always allow intersex people to identify what pronouns they’d like you to use.

**Being intersex is not the same as being transgender.** A person who is intersex was born with a variation in their internal or external sex characteristics; a person who is transgender identifies with a different gender than they were assumed to be at birth, but their visible sex characteristics usually fit within what most people think of when they think of male or female bodies.
Intersex people and transgender people may face similar barriers to accessing appropriate medical care and may experience similar discrimination based on their gender identity and expression.

Both communities have a shared interest in autonomy and grapple with the loss of decision-making authority over their own bodies.

While intersex individuals are frequently forced to undergo unwanted and unnecessary surgeries during infancy, transgender individuals are often denied necessary medical treatment in adolescence and beyond. Transgender people may also be required to undergo surgery they don’t want in order to update the gender marker on their identity documents.

By better understanding the similarities and differences between these communities, we can be better allies to both!

There are many ways to be an ally.

» Helping educate friends and family about intersex people through social media.
» Opposing unnecessary and non-consensual surgeries on intersex babies and children.
» Supporting nondiscrimination protections that include intersex people.
» Opposing laws that make it illegal for people to use restrooms that don’t match the gender marker on their birth certificate, which can create serious issues for intersex as well as transgender people.
» Supporting changing regulations and laws around identification so that not every adult intersex person has to choose a male or female gender marker.
» Treating intersex people with respect by not asking invasive questions and using their preferred pronouns.
WHAT IS HRT?

There are a few different reasons why someone might need hormone therapy, and one reason is to change their biological sex as part of their transition. While it’s important to note that gender identity is not determined by body parts, some TGNC people may feel their biological sex, which is determined by reproductive organs, is part of their gender expression. Your sex is determined by how much estrogen and testosterone are produced in the body.

THERE ARE DIFFERENT OPTIONS FOR HORMONE CARE.

For male-to-female (MTF) hormone care, for example, you would receive both estrogen and antiandrogens. Effects from taking estrogen include lessened body hair and muscle mass, and redistribution of fat. This usually takes two to three years to take full effect. Antiandrogens are used to block the effects of testosterone. For female-to-male (FTM) hormone care, you would receive testosterone. Some effects from taking testosterone include decreased breast size, widened shoulders, and no more menstrual cycle. Taking testosterone will also cause your body to develop more muscle, facial hair, and a lower-sounding voice. This often takes one to two years to complete.

Any effects from the hormones will last as long as HRT is continued.

HORMONES, LIKE SURGERY, MAY NOT BE PART OF EVERYONE’S TRANSITION.

“Not everyone who identifies as trans/gender non-conforming chooses hormones to aid in the expression of their gender,” says Dr. Shah. “The 2011 National Transgender Discrimination Survey found that 61% of trans/gender non-conforming people who were surveyed reported taking hormone therapy. Some people may only decide to socially transition, for example, change their pronouns or wear certain clothing in public and/or private spaces.

For those who choose to take hormones or hormone blockers as part of their journey, it is important to find a knowledgeable healthcare provider who can prescribe hormone therapy safely.”

“While surgical options are becoming more available, it is not for everyone,” Dr. Shah continues. “The 2011 National Transgender Discrimination Survey found that 33% of trans/gender non-conforming people who were surveyed had surgery as part of their transition. About 14% of trans-women and 72% of trans-men said they do not want any genital surgery at all. It is important to decide what is right for you and your journey and discuss this with your provider.”

**IF YOU’RE UNDER 18, YOU MIGHT NEED CONSENT FROM A PARENT.**

If you are married, emancipated, or have your own child, you can consent to hormone therapy or other treatments without a parent, guardian, or foster care agency getting involved, regardless of how old you are. But this is not the only way. In some states including Washington, for example, “mature” minors (Mature Minor Rule⁴) may consent to their own healthcare. You are a mature minor if “you understand your condition, your values, the options for treatment, and the consequences of those options in a mature way, and are able to make a mature choice based on those factors,” according to the Sylvia Rivera Law Project. However use of the Mature Minor Rule is not a guarantee, you may have to appeal an insurance decision on the basis of this rule. In addition to the mature minor rule Washington state also has EPSDT (Early Periodic, Screening, Diagnostic and Treatment⁵) which folks who are under 18 can use/qualify for to receive gender affirming care while under 18 and also on Medicaid. Please contact Ingersoll if you have any questions about any of these processes.

**HORMONE THERAPY ISN’T A LIFELONG COMMITMENT, & CAN CHANGE ALONG WITH YOUR GENDER EXPRESSION**

“While hormone therapy can be taken for life, it does not have

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to be,” says Dr. Shah. “While it is hard to predict what changes are reversible and what are permanent, it is thought that some changes become more permanent the longer a person is on hormone therapy.”

**MEDICAL TRANSITION IS A SLOW PROCESS**

“Transitioning along the gender spectrum is a slow process,” explains Dr. Shah. “Some changes may be experienced sooner while others may take longer. Some changes, like breast growth or facial hair, may take up to 2 years.”

**IMPACTS OF FEMINIZING HORMONES**

Feminizing hormone therapy is used to induce physical changes in your body caused by female hormones during puberty (secondary sex characteristics) to promote the matching of your gender identity and your body (gender congruence). If feminizing hormone therapy is started before the changes of male puberty begin, male secondary sex characteristics, such as increased body hair and changes in voice pitch, can be avoided. Feminizing hormone therapy is also referred to as cross-sex hormone therapy.


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Illustration by Katja Tetzlaff, 2015. Ktetzlaff.com
The impact of Hormone Replacement Therapy on the body varies greatly from person to person, and it is therefore wise to stay realistic. But there are six significant effects that are generally quite common.

During feminizing hormone therapy, you’ll be given medication to block the action of the hormone testosterone. You’ll also be given the hormone estrogen to decrease testosterone production and induce feminine secondary sex characteristics. Changes caused by these medications can be temporary or permanent. Feminizing hormone therapy can be done alone or in combination with feminizing surgery.

Feminizing hormone therapy isn’t for all transgender women, however. Feminizing hormone therapy can affect your fertility and sexual function and cause other health problems. Your doctor can help you weigh the risks and benefits.

### WHY IT’S DONE

Feminizing hormone therapy is used to alter your hormone levels to match your gender identity. Typically, people who seek feminizing hormone therapy experience distress due to a difference between experienced or expressed gender and sex assigned at birth (gender dysphoria). To avoid excess risk, the goal is to maintain hormone levels in the normal range for the target gender.

Feminizing hormone therapy can:

» Make gender dysphoria less severe
» Reduce psychological and emotional distress
» Improve psychological and social functioning
» Improve sexual satisfaction
» Improve quality of life

Although use of hormones is currently not approved by the Food and Drug Administration for the treatment of gender dysphoria, research suggests that it can be safe and effective.

If used in an adolescent, hormone therapy typically begins at age
16. Ideally, treatment starts before the development of secondary sex characteristics so that teens can go through puberty as their identified gender. Hormone therapy is not typically used in children.

**Feminizing hormone therapy isn’t for all trans women. Your doctor might discourage feminizing hormone therapy if you:**

» Had or have a hormone-sensitive cancer, such as prostate cancer
» Had or have a thromboembolic disease, such as when a blood clot forms in one or more of the deep veins of your body (deep vein thrombosis) or a blockage in one of the pulmonary arteries in your lungs (pulmonary embolism)
» Have uncontrolled significant mental health issues

**RISKS**

Talk to your doctor about the changes in your body and any concerns you might have.

**Complications of feminizing hormone therapy might include:**

» A blood clot in a deep vein (deep vein thrombosis) or in a lung (pulmonary embolism)
» High triglycerides, a type of fat (lipid) in your blood
» Gallstones
» Weight gain
» Elevated liver function tests
» Decreased libido
» Erectile dysfunction
» Infertility
» High potassium (hyperkalemia)
» High blood pressure (hypertension)
» Type 2 diabetes
» Cardiovascular disease, when at least two other cardiovascular risk factors are present

» Excessive prolactin in your blood (hyperprolactinemia) or a condition in which a noncancerous tumor (adenoma) of the pituitary gland in your brain overproduce the hormone prolactin (prolactinoma)

Current evidence indicates that there is no increased risk of breast cancer.

YOUR FERTILITY

Because feminizing hormone therapy might reduce your fertility, you’ll need to make decisions about future childbearing before starting treatment. The risk of permanent infertility increases with long-term use of hormones, especially when hormone therapy is initiated before puberty. Even after discontinuation of hormone therapy, testicular function might not recover sufficiently to ensure conception.

If you want to have biological children, talk to your doctor about freezing your sperm (sperm cryopreservation) before beginning feminizing hormone therapy.

Other side effects of estrogen use in trans women include reduced libido, erectile function and ejaculation. Erectile function might improve with the use of oral medications such as sildenafil (Viagra) or tadalafil (Adcirca, Cialis).
HOW YOU PREPARE

Before starting feminizing hormone therapy, your doctor will evaluate your health to rule out or address any medical conditions that might affect or contradict treatment.

The evaluation might include:

» A review of your personal and family medical history
» A physical exam, including an assessment of your external reproductive organs
» Lab tests measuring your lipids, blood sugar, blood count, liver enzymes, electrolytes and the hormone prolactin
» A review of your immunizations
» Age- and sex-appropriate screenings
» Identification and management of tobacco use, drug abuse, alcohol abuse, HIV and other sexually transmitted infections
» Discussion about sperm freezing (sperm cryopreservation)
» Discussion about use of potentially harmful treatment approaches, such as unprescribed hormones, industrial-strength silicone injections or self-castration

You might also need a mental health evaluation by a provider with expertise in transgender health.

The evaluation might assess:

» Your gender identity and dysphoria
» The impact of your gender identity at work, school, home and social environments, including issues related to discrimination, relationship abuse and minority stress
» Mood or other mental health concerns
» Sexual health concerns
» Risk-taking behaviors, including substance use and use of nonmedical-grade silicone injections or unapproved hormone therapy or supplements
Protective factors such as social support from family, friends and peers

Your goals, risks and expectations of treatment and your future plans for your care

Adolescents younger than age 18, accompanied by their parents or guardians, also should see doctors and mental health providers with expertise in pediatric transgender health to discuss the risks of hormone therapy, as well as the effects and possible complications of gender transition.

WHAT YOU CAN EXPECT

During the procedure

Typically, you’ll begin feminizing hormone therapy by taking the diuretic spironolactone (Aldactone) at doses of 100 to 200 milligrams daily. This blocks male sex hormone (androgen) receptors and can suppress testosterone production.

After six to eight weeks, you’ll begin taking estrogen to decrease testosterone production and induce feminization. Estrogen can be taken in a variety of methods, including as a pill, by injection or in skin preparations, such as a cream, gel, spray or patch. Don’t take estrogen orally, however, if you have a personal or family history of venous thrombosis. Use of gonadotropin-releasing hormone (Gn-RH) analogs to suppress testosterone production might allow you to take lower estrogen doses and wouldn’t require the use of spironolactone. However, Gn-RH analogs are more expensive.

Additional therapies might include:

» Progesterone that’s been reduced to tiny particles (micronized), which might improve breast development

» Finasteride (Propecia) or topical minoxidil (Rogaine) or both for people prone to male-pattern baldness
After the procedure

Feminizing hormone therapy will begin producing changes in your body within weeks to months. Your timeline might look as follows:

» **Decreased libido.** This will begin one to three months after starting treatment. The maximum effect will occur within one to two years.

» **Decreased spontaneous erections.** This will begin one to three months after treatment. The maximum effect will occur within three to six months.

» **Slowing of scalp hair loss.** This will begin one to three months after treatment. The maximum effect will occur within one to two years.

» **Softer, less oily skin.** This will begin three to six months after treatment.

» **Testicular atrophy.** This will begin three to six months after treatment. The maximum effect will occur within two to three years.

» **Breast development.** This will begin three to six months after treatment. The maximum effect will occur within two to three years.

» **Redistribution of body fat.** This will begin three to six months after treatment. The maximum effect will occur within two to five years.

» **Decreased muscle mass.** This will begin three to six months after treatment. The maximum effect will occur within one to two years.

» **Decreased facial and body hair growth.** This will begin six to 12 months after treatment. The maximum effect will occur within three years.
Results

During your first year of feminizing hormone therapy, you’ll need to see your doctor approximately every three months for checkups, as well as anytime you make changes to your hormone regimen. Your doctor will:

» Document your physical changes
» Monitor your hormone concentration, and use the lowest dose necessary to achieve desired physical effects
» Monitor changes in your lipids, fasting blood sugar, blood count, liver enzymes and electrolytes that could be caused by hormone therapy
» Monitor your mental health stability

After feminizing hormone therapy, you will also need routine preventive care, including:

» **Breast cancer screening.** This includes monthly breast self-exams and age-appropriate mammography screening after five to 10 years of estrogen therapy.

» **Supplementation.** This includes standard calcium and vitamin D supplementation, along with bone density assessment according to the female age-appropriate recommendations.

» **Prostate cancer screening.** This should be done according to age-appropriate recommendations. With estrogen treatment, your PSA is expected to decrease by about 50 percent.
Masculinizing hormone therapy is used to induce the physical changes in your body caused by male hormones during puberty (secondary sex characteristics) to promote the matching of your gender identity and body (gender congruence). If masculinizing hormone therapy is started before the changes of female puberty begin, female secondary sex characteristics, such as the development of breasts, can be avoided. Masculinizing hormone therapy is also referred to as cross-sex hormone therapy.

While one might like to see the effects of HRT sooner rather than later...Every one is different! In some people these effects may remain absent, and in some they may be more pronounced. It takes time, sometimes a lot of time, for effects to become visible or to be noticed. So try to be patient with your body!

During masculinizing hormone therapy, you’ll be given the male hormone testosterone, which suppresses your menstrual cycles.

and decreases the production of estrogen from your ovaries. Changes caused by these medications can be temporary or permanent. Masculinizing hormone therapy can be done alone or in combination with masculinizing surgery.

Masculinizing hormone therapy isn’t for all transgender men, however. Masculinizing hormone therapy can affect your fertility and sexual function and cause other health problems. Your doctor can help you weigh the risks and benefits.

**WHY IT’S DONE**

Masculinizing hormone therapy is used to alter your hormone levels to match your gender identity.

Typically, people who seek masculinizing hormone therapy experience distress due to a difference between experienced or expressed gender and sex assigned at birth (gender dysphoria). To avoid excess risk, the goal is to maintain hormone levels in the normal range for the target gender.

**Masculinizing hormone therapy can:**

» Make gender dysphoria less severe
» Reduce psychological and emotional distress
» Improve psychological and social functioning
» Improve sexual satisfaction
» Improve quality of life

Although use of hormones is currently not approved by the Food and Drug Administration for treatment of gender dysphoria, research suggests that it can be safe and effective.

If used in an adolescent, hormone therapy typically begins at age 16. Ideally, treatment starts before the development of secondary sex characteristics so that teens can go through puberty as their identified gender. Hormone therapy is not typically used in children.
Masculinizing hormone therapy isn’t for everyone, however. Your doctor might discourage masculinizing hormone therapy if you:

» Had or have a hormone-sensitive cancer, such as breast cancer
» Had or have a thromboembolic disease, such as when a blood clot forms in one or more of the deep veins of your body (deep vein thrombosis) or a blockage in one of the pulmonary arteries in your lungs (pulmonary embolism)
» Are pregnant
» Have uncontrolled significant mental health issues

**RISKS**

Talk to your doctor about the changes in your body and any concerns you might have.

**Complications of masculinizing hormone therapy include:**

» Producing too many red blood cells (polycythemia)
» Weight gain
» Acne
» Developing male-pattern baldness
» Sleep apnea
» Elevated liver function tests
» An abnormal amount of lipids in the blood (dyslipidemia), with a higher risk in those who have polycystic ovary syndrome
» Worsening of an underlying manic or psychotic condition
» High blood pressure (hypertension), type 2 diabetes and cardiovascular disease, when risk factors are present

Evidence suggests no increased risk of breast or cervical cancer. The evidence that masculinizing hormone therapy increases the risk of ovarian and uterine cancer is inconclusive. Further research is needed.
YOUR FERTILITY

Because masculinizing hormone therapy might reduce your fertility, you’ll need to make decisions about your fertility before starting treatment. The risk of permanent infertility increases with long-term use of hormones, especially when hormone therapy is initiated before puberty. Even after discontinuation of hormone therapy, ovarian and uterine function might not recover well enough to ensure that you can become pregnant.

If you want to have biological children, talk to your doctor about egg freezing (mature oocyte cryopreservation) or embryo freezing (embryo cryopreservation). Keep in mind that egg freezing has multiple steps — ovulation induction, egg retrieval and freezing. If you want to freeze embryos, you’ll need to go through the additional step of having your eggs fertilized before they are frozen.

At the same time, while testosterone might limit your fertility, you’re still at risk of pregnancy if you have your uterus and ovaries. If you want to avoid becoming pregnant, use a barrier form of contraception or an intrauterine device.

HOW YOU PREPARE

Before starting masculinizing hormone therapy, your doctor will evaluate your health to rule out or address any medical conditions that might affect or contraindicate treatment.

The evaluation might include:

» A review of your personal and family medical history
» A physical exam, including an assessment of your external reproductive organs
» Lab tests measuring your lipids, blood sugar, blood count, liver enzymes and electrolytes, and a pregnancy test
» A review of your immunizations
» Age- and sex-appropriate screenings
» Identification and management of tobacco use, drug abuse, alcohol abuse, HIV and other sexually transmitted infections

» Discussion about contraception and your desire for future fertility

» Discussion about use of potentially harmful treatment approaches, such as unprescribed hormones or industrial-strength silicone injections

**You might also need a mental health evaluation by a provider with expertise in transgender health.**

The evaluation might assess:

» Your gender identity and dysphoria

» The impact of your gender identity at work, school, home and social environments, including issues related to discrimination, relationship abuse and minority stress

» Mood or other mental health concerns

» Sexual health concerns

» Risk-taking behaviors, including substance use and use of nonmedical-grade silicon injections or unapproved hormone therapy or supplements

» Protective factors such as social support from family, friends and peers

» Your goals, risks and expectations of treatment and your future care plans

Adolescents younger than age 18, accompanied by their custodial parents or guardians, also should see doctors and mental health providers with expertise in pediatric transgender health to discuss the risks of hormone therapy, as well as the effects and possible complications of gender transition.
WHAT YOU CAN EXPECT

During the procedure

Typically, you’ll begin masculinizing hormone therapy by taking testosterone. Testosterone is given either by injection or by a patch or gel applied to the skin. Oral testosterone or synthetic male sex hormone (androgen) medication shouldn’t be used because of potential adverse effects on your liver and lipids.

If you have persistent menstrual flow, your doctor might recommend taking progesterone to control it.

After the procedure

Masculinizing hormone therapy will begin producing changes in your body within weeks to months. Your timeline might look as follows:

» Oily skin and acne. This will begin one to six months after treatment. The maximum effect will occur within one to two years.

» Voice deepens. This will begin three to 12 months after treatment. The maximum effect will occur within one to two years.

» Facial and body hair growth. This will begin three to six months after treatment. The maximum effect will occur within three to five years.

» Body fat redistribution. This will begin within three to six months. The maximum effect will occur within two to five years.

» Clitoral enlargement and vaginal atrophy. This will begin three to six months after treatment. The maximum effect will occur within one to two years.

» Increased muscle mass and strength. This will begin within six to 12 months after treatment. The maximum effect will occur within two to five years.

» Scalp hair loss. This will occur within 12 months of treatment.
After masculinizing hormone therapy, you’ll meet regularly with your doctor. They will:

» Document your physical changes
» Monitor your hormone concentration, and use the lowest dose necessary to achieve desired physical effects
» Monitor changes in your lipids, fasting blood sugar, blood count, liver enzymes and electrolytes that could be caused by hormone therapy
» Monitor your mental health stability

After masculinizing hormone therapy, you will also need routine preventive care if you have not had certain surgical interventions, including:

» Breast cancer screening based on age-appropriate female screening recommendations
» Cervical cancer screening based on age-appropriate recommendations
» Early evaluation of persistent or recurrent vaginal bleeding
» Evaluation for obstructive sleep apnea

When undergoing cervical cancer screening, be sure to share that you’re on testosterone therapy and make sure that the gender designation on your sample is disregarded. This kind of therapy can cause your cervical tissues to thin (cervical atrophy), which might mimic a condition in which abnormal cells are found on the surface of the cervix (cervical dysplasia).
OPTIONS FOR TOP SURGERY

Both of these options are good if you want to maintain nipple sensation as they can keep the nipple connected rather than using grafts.

‘Double’ incision joined in the middle

These are common for those with a larger chest.

With any double incision scar placement you have the option to get nipple grafts or to have no nipples at all.

Some procedures such as peri-areolar or keyhole can produce results that look as if there are no scars as they are placed around the nipple. However, to get these surgeries you need a very small and elastic pre-op chest.

Another thing to consider is nipple placement and size (if you want nipples)

The average AMAB chest has nipples that are further apart, compared to AFAB chests whose nipples are closer together. This means that if you want a more ‘androgynous’ chest you might choose to go with closer nips.

The areola (the colored part around the nipple) is usually larger in AFAB bodies. For a more masculine appearing chest you can choose to trim the areola to make it smaller.
INTRODUCTION TO GENDER AFFIRMING SURGERIES

Our community members seek surgery for a variety of reasons. We honor the self determination of our community members to decide what is right for them and their bodies and seek to facilitate when asked, a way for community to do so safely and with the most support and information possible.

A LIST OF DIFFERENT GENDER AFFIRMING SURGERIES

» Abdominoplasty – surgery procedure used to make the abdomen thinner and more firm
» Belpharoplasty – Surgery procedure to aesthetically modify the eye region of the face
» Bilateral mastectomy with or without chest reconstruction
» Cliteroplasty – Surgical creation of a clitoris
» Colovaginoplasty – Surgical procedure that uses the end of the large intestine to create a vagina
» Colpectomy – Surgical excision of the vagina
» Genital surgery – Surgical procedure by which a person’s physical appearance and function of their genitals are altered
» Genital electrolysis as required as part of the genital surgery
» Hysterectomy – Surgical removal of the uterus
» Labiaplasty – Surgical procedure to reduce the length of the labia minora
» Laryngoplasty – Surgical procedure that alters the vocal cord (changes sounds of the voice)
» Metoidioplasty – Surgical procedure of existing genital tissue to form what is called a neophallus (new penis)
» Orchiectomy – Surgical procedure to remove testis
» Penectomy – Surgical amputation of the penis
» Phalloplasty – Surgical creation of a penis
» Placement of testicular prosthesis
» Rhinoplasty – Surgery to alter the shape of the nose
» Salpingo-oophorectomy – Surgery to remove the ovaries and fallopian tubes
» Scrotoplasty – Surgical procedure to use labia majora to create an approximation of a scrotum
» Urethroplasty – Surgical procedure to reconstruct or replace the urethra
» Vaginectomy – Surgery to remove all or part of the vagina
» Vaginoplasty – Surgical procedure that results in the construction or reconstruction of the vagina

THE FOLLOWING IS A LIST OF NON COVERED SERVICES VIA APPLE HEALTH THAT MAY BE COVERED UNDER MEDICAID’S EXCEPTION TO THE RULE POLICY:

» Brow lift
» Calf implants
» Cheek/malar implants
» Chin/nose implants
» Collagen injections
» Drugs for hair loss or growth
» Facial or trunk electrolysis
» Facial feminization
» Face lift
» Forehead lift
» Hair transplantation
» Jaw shortening
» Lip reduction
» Liposuction
» Mastopexy
» Neck tightening
» Pectoral implants
» Reduction thyroid chondroplasty
» Removal of redundant skin
» Suction-assisted lipoplasty of the waist
» Trachea shave
» Voice modification surgery
» Voice therapy
MEDICALLY TRANSITIONING OUTSIDE OF MEDICAL SETTING

Our community members are sometimes forced to get their needs met outside of a medical setting. This can mean hormones from someone who is not a Doctor or Pharmacist, or procedures and treatments administered by someone who is not a licensed professional. Our job is not to judge or shame anyone for getting their needs met. We can support you by asking questions about insurance coverage, supporting you in finding gender affirming providers, asking if you are looking for support with accessing these services from a skilled provider.

If you are experiencing a complication, depending on the severity, 911 may be necessary. If less severe, we are able to refer you to a specialist. If you are deterred by ability to pay we have plenty of options available to you, including financial assistance forms from the major care facilities in the area.

Our goal is to make sure that you are supported in whatever choices you decide to make about your health and healthcare.
ABOUT THIS GUIDE

Ingersoll Gender Center’s Gender Affirming Healthcare Guide takes the best and most informative information about gender affirming care and puts it in one place. This guide seeks to answer the most basic questions about accessing gender affirming care so that you are equipped with the most current information when making decisions about your own care or supporting the decisions of your friends or family. We hope that this guide is a vehicle for empowering our community, as well as improving the health and overall healthcare outcomes of the trans and gender diverse community.

ABOUT INGERSOLL GENDER CENTER

Ingersoll Gender Center is an organization by, and for transgender and gender diverse people that provides mutual support through peer-led support groups, advocacy in navigating resources, community organizing, and education — all in the pursuit of our collective self-determination.

INGERSOLL GENDER CENTER OFFERS FINANCIAL ASSISTANCE FOR:

$  Financial Assistance
For transgender and gender nonconforming community members experiencing crisis.

🔍 Amending Identification Documents
Financial assistance for community members who need support changing their name or amending their identity documents to reflect their name and gender identity.

Ingersoll gender center

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