



# Basics of Gender Affirming Healthcare for Trans and Gender Diverse Patients

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# DISCLOSURES

This lecture is for informative purposes only  
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# LEARNING OBJECTIVES

## Terminology

Navigating Intersex patient care

Barriers to care and statistics

How to provide a gender inclusive practice

Basics of gender affirming hormone therapy

Gender Diverse Children

Puberty blockers

Pregnancy considerations for gender diverse patients.

Body Modification techniques

Gender affirming surgeries



Photo by [Vidal Balielo Jr.](#) from [Pexels](#)

## Exercise

How comfortable are you seeing gender diverse patients?

Does your clinic intake documents allow for names and pronouns options?

What if a very masculine presenting patient came to see you and told you she uses she/her pronouns?

How would you navigate a patient that uses they/them pronouns?

What would you do if you accidentally misgendered your patient?



# Definitions

Transgender: gender identity differs from assigned sex at birth

Cisgender: gender identify matches assigned sex at birth

Gender non-conforming, gender non-binary, NB, enby: gender identity is something other than male or female

Gender fluid: a person that does not have a fixed gender

Gender queer: can be a mix of GNC and gender fluid

Intersex: a person born with variations of genitalia and/or internal sex organ expressions

AMAB: assigned male at birth

AFAB: assigned female at birth

GAHT: gender affirming hormone therapy

Medical transition: hormone therapy and or/ puberty blockers to affirm gender identity

Social transition: changing gender identity, pronouns and/or name to affirm one's gender



## Avoid using these words and assumptions (a small list)

Transvestite

Cross dresser

Tranny

Transsexual (some clients are ok with this term but best to error on the side of caution)

Hermaphrodite

Not all trans/GNC people are gay or lesbian

GNC/NB does not mean androgenous

Not all GNC/NB people are asexual

Not all gender diverse people experience gender dysphoria

They/them pronouns are proper grammar! “Someone left their wallet here.”

A trans woman is NOT male/female. They are a female/woman bc they told you so. Period. There is no ownership of their “maleness” they are AMAB. And vice versa for trans man.

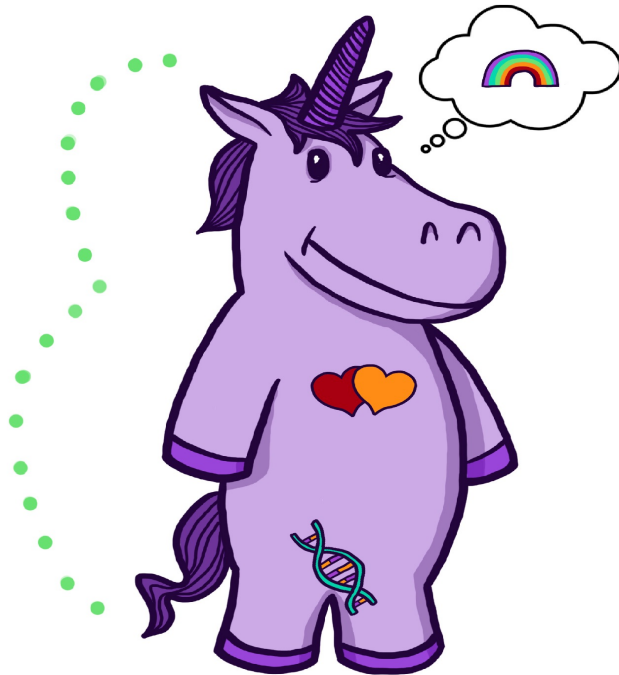
“a sweet femme presenting, gender non-conforming person from Transylvania...”



# Gender Unicorn

## The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



### Gender Identity

-  Female/Woman/Girl
-  Male/Man/Boy
-  Other Gender(s)

### Gender Expression

-  Feminine
-  Masculine
-  Other

### Sex Assigned at Birth

-  Female
-  Male
-  Other/Intersex

### Physically Attracted to

-  Women
-  Men
-  Other Gender(s)

### Emotionally Attracted to

-  Women
-  Men
-  Other Gender(s)

To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore

# Gender Unicorn

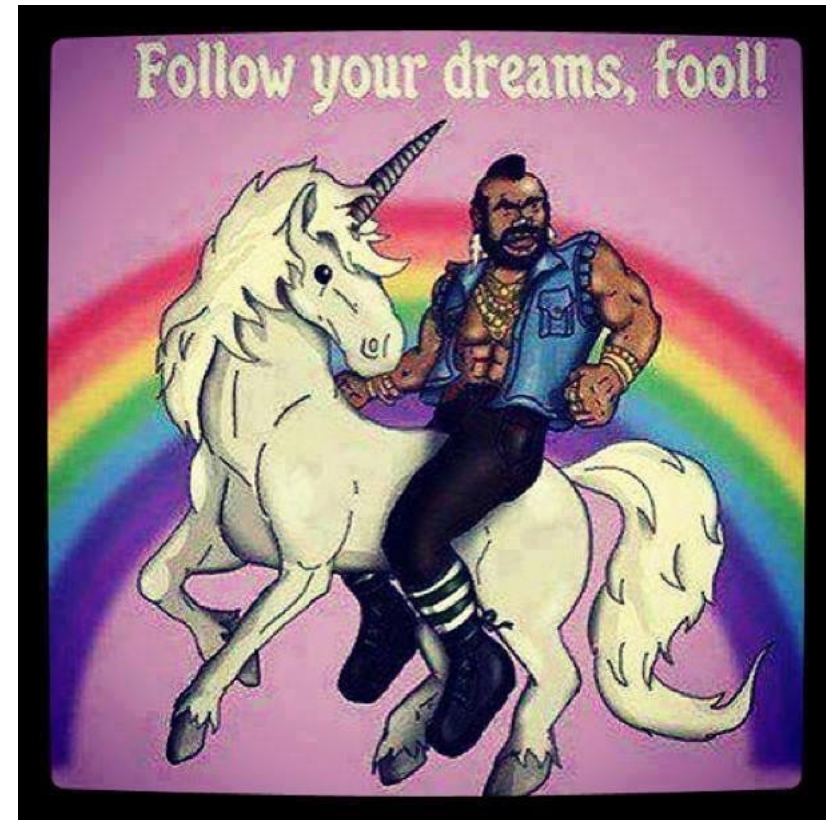
Each aspect of self descriptions exist as separate categories.

Each aspect is mutually exclusive.

Sexual orientation usually stays constant as gender identity and/or gender expression changes

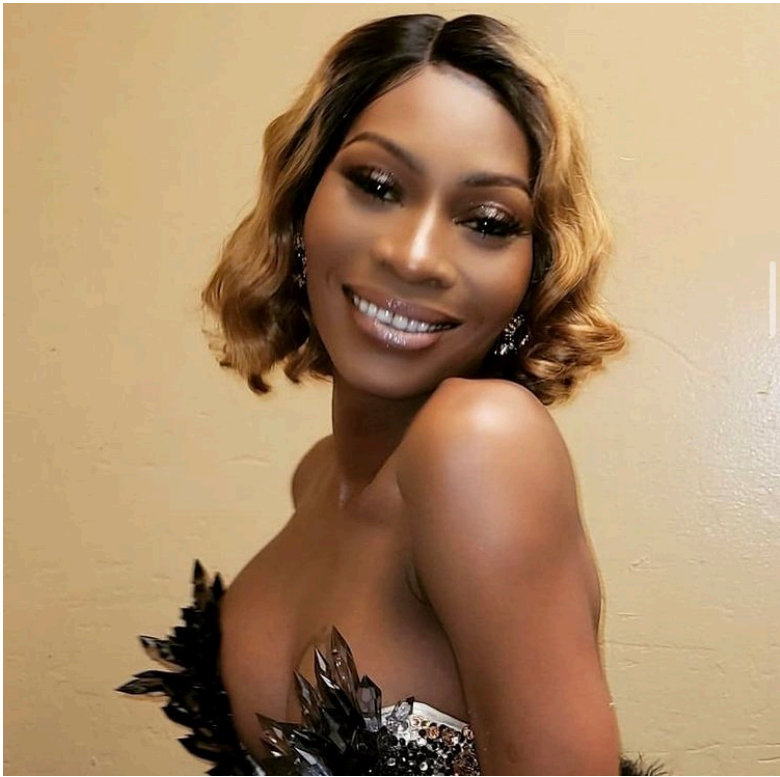
“Assigned sex at birth” is important to say rather than “birth sex”. It takes the ownership off of the other gender that they were given.

Many pronouns exist (they/them, ze/zir, ve/ver...).





# Examples of gender diversity and gender expression



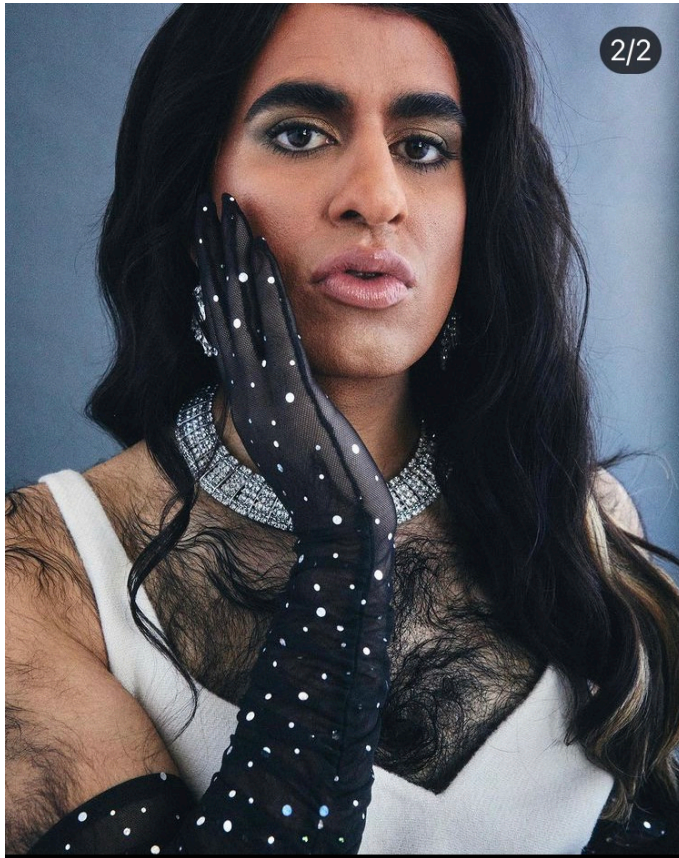
Dominique Jackson  
Trans woman  
She/her  
[@dominique.a.r.jackson](#)



Elliott Page  
Trans Man  
He/him  
[@elliottpage](#)

~all gender identity and pronouns are current as of presentation date

## Examples of gender diversity and expression



Alok Menon  
Non-binary  
They/them  
[@alokvmenon](#)



Jeffery Marsh  
Non-binary  
They/them  
[@thejefferymarsh](#)

# Examples of gender diversity and gender expression



Lena Waithe  
Cisgender Woman  
She/her  
[@lenawaithe](#)



Mark Bryan  
Cisgender Man  
He/him  
[@markbryan911](#)

# Intersex

Definition: An umbrella term to describe people that present a range of natural physiological differences in sex characteristics and sex development.

Prevalence: 0.5-2% of the population are born intersex

Appropriate terms: Variations of sexual development (VSD) and/or Differences of sex development (DSD)

Inappropriate terms: Hermaphrodite and calling Intersex a disorder

Intersex is NOT part of the trans umbrella but some Intersex people do identify as trans



# History of harmful interventions for VSD children

Parents were told to withhold medical information from their child

Parents were told that the child had a rare condition and could never live normally w/o intervention

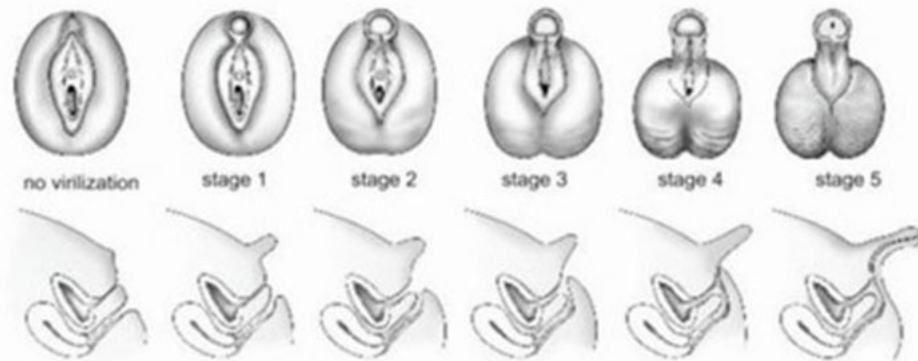
Operations were commonly done to make child more “normal”

Not able to access medical records from childhood

Excessive genital examinations from doctors

# Prader Scale of Virilization

## Prader Scale



The 5 stages of virilization of female external genitalia according to Prader

Prader stages	Clitoromegaly	Introitus	Operation	n
0 stage	Female phenotype, normal clitoris	Normal vestibulum vaginae and labia minora		25
I stage	Slightly enlarged clitoris	Normal vaginal orifice		22
II stage	Mild enlarged clitoris	Slightly reduced vaginal orifice and posterior labial fusion. The vagina and urethra open into a funnel-shaped urogenital sinus.	Introitoplasty	16
III stage	Clitoromegaly	Incomplete posterior fusion of the labia minora. The vagina and urethra share a single opening in the urogenital sinus.	Clitororeduction, introitoplasty	31
IV stage	Clitoromegaly appears as male phallus	Complete posterior fusion of the labia minora. The urogenital sinus opens near of the base clitoris.	Clitororeduction, introitoplasty	17
V stage	Male phenotype due to penile transformation (male phallus)	Complete fusion of the labial folds. The urogenital sinus transforming to penile urethra, has single orifice at the glans penis. The normally formed scrotum empty.	Clitororeduction, introitoplasty	3
Total				114

<https://www.chop.edu/news/classic-congenital-adrenal-hyperplasia-diagnosed-newborn-period>

[https://www.researchgate.net/figure/Classification-of-ambiguous-external-genitalia-by-Prader-stages\\_tbl2\\_305073871](https://www.researchgate.net/figure/Classification-of-ambiguous-external-genitalia-by-Prader-stages_tbl2_305073871)

# Better medical approach for VSD children

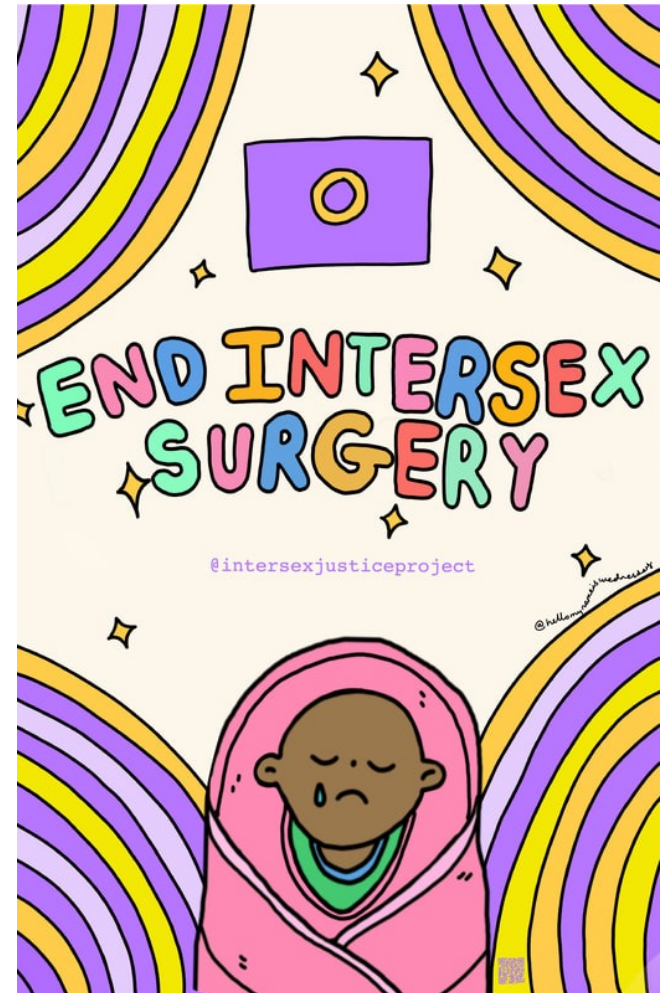
Community based care (genetic counselor, social worker and VSD specialist)

Normalizing VSD to family and child

Opting for surgery and or hormone therapy when child is able to express consent and desire

Providing options in medical care for the family and child

<https://www.intersexjusticeproject.org/resources.html>



# Barriers to Proper Healthcare for Trans and GNC Patients

National survey conducted among Trans and Gender Non-Conforming (GNC) people in 2010 (5):

28% postpone healthcare because of previous discrimination from practitioners

48% postpone healthcare because they can't afford it

19% of responders were refused healthcare

28% reported harassment from healthcare practitioners

50% reported their practitioners did not have any knowledge of gender affirming healthcare



# Common health disparities among the gender diverse community

Houselessness

Substance abuse

History of violence victimization (physical and sexual)

Depression

Anxiety

PTSD

Disordered eating habits

Self-harm (cutting, trichotillomania, etc..)

HIV rate is high among trans feminine people



# Gender Inclusive Practice

## Intake Forms:

Make patients aware of your pronouns  
(website, business card...)

Have legal name and preferred name options

Ask assigned sex at birth (important for  
insurance)

Use blank spaces for gender identity and  
pronouns

For ROS use name of body parts instead of  
gender

“For patients with a uterus/vagina, do you have  
any of the following symptoms? “

“For patients with a penis....”



Photo by [Ketut Subiyanto](#) from [Pexels](#)

# Gender Inclusive Practice

## During the visit:

Use patient's name and pronouns. Using their "dead" name can be traumatizing.

Ask what words they use to describe body parts (genitals and chest)

Treat them for the problem they are seeing you for (eg constipation, reflux, migraines...)

**DO NOT** focus visit on gender care, unless the patient wants that to be the focus of the visit.

If they are on GAHT, please use critical thinking. Not all health issues are related to their GAHT.

When sending a referral please preface with patient's correct name and pronouns

# Creating a Gender Inclusive Practice

Asking about risks for STIs and pregnancy:

To assess if a person with a uterus is at risk for pregnancy: Ask if they are a person that has sex with sperm (some people w/ sperm are not men/male). Ask if they are using contraceptives and what type.

To assess STI in a person that has a penis: Ask if they have sex with vaginas and/or penises. What types of sex are you having (penetrative and or receptive intercourse)? What body parts are you using (mouth, anus, penis)? Are you using contraceptives? If appropriate ask about PrEP.

Use similar language for a person with a vagina for risk of STI.

If you get lost or confused focus on they body parts.

Remember: Not all males have penises and not all females have vaginas.

# Gender Inclusive Practice

Insurance red tape to make your patient aware of:

- Diagnosis of “Gender Identity Dysphoria”

- Assigned sex at birth will have to be used for billing if they have not legally changed their gender

- Legal name will also have to be used for billing if they have not legally changed their name



# Gender Identity dysphoria DSM-5

Important to note not all gender diverse people experience dysphoria and assuming so is problematic.

Definition: An incongruence between one's experienced/expressed gender and their assigned gender, of *at least 6 months duration*, as presented by 2 or more of the following indicators.



# Gender Identity Dysphoria DSM-5

Noticeable incongruence between the gender that the patient sees themselves are, and what their classified gender assignment

An intense need to do away with his or her primary or secondary sex features (or, in the case of young teenagers, to avert the maturity of the likely secondary features)

An intense desire to have the primary or secondary sex features of the other gender

A deep desire to transform into another gender

A profound need for society to treat them as another gender

A powerful assurance of having the characteristic feelings and responses of the other gender

The second necessity is that the condition should be connected with clinically important distress, or affects the individual significantly socially, at work, and in other important areas of life.

# What does gender identity dysphoria feel like?

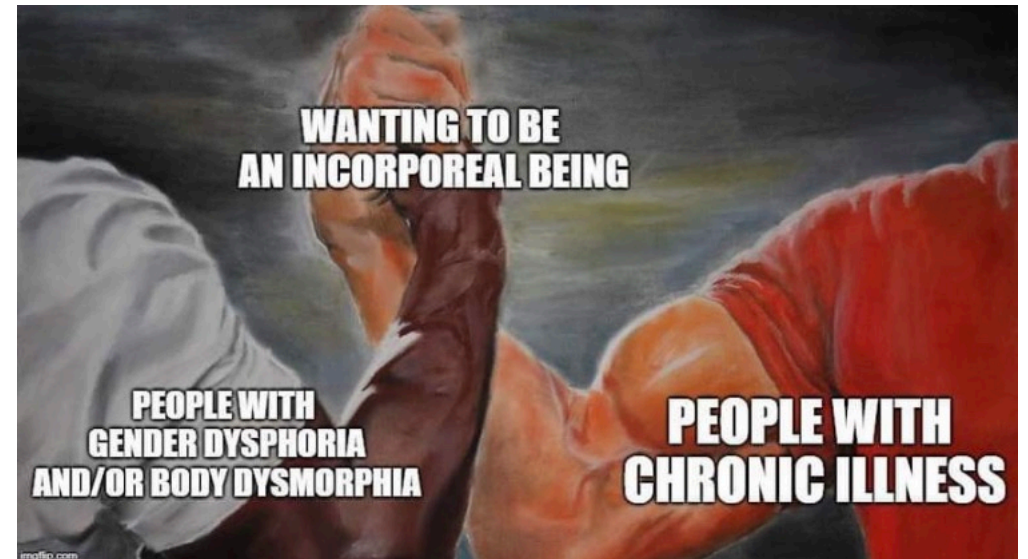
Gender identity dysphoria is REAL

Some days are worse than others

Constant discomfort

Similar to chronic pain or chronic illness

GAHC is a life saving intervention for people that experience gender identity dysphoria





# WPATH vs informed consent for gender affirming healthcare

World Professional Association for Transgender Health (WPATH) has set a standard that letters from mental health professionals are required to initiate gender affirming care.

Informed Consent means the healthcare provider giving the gender affirming care provides patient with informed consent of the procedure being performed. No letters are required.

WPATH no longer requires letters for GAHT but does require them for top and bottom surgeries.

Most surgeons require WPATH letters. It is important to be familiar with WPATH language for surgical referrals.

With WPATH standards patients become frustrated that mental health providers have acted as gatekeepers to their gender affirming care.

WPATH is an organization founded by cisgender practitioners.

# Basics of Gender Affirming Hormone Therapy (GAHT)

Criteria for initiating GAHT via World Professional Association for Transgender Health (WPATH) (I)- letter is no longer required

1. Well-documented and persistent Gender Dysphoria (DSM-5)
2. Ability to make well informed decision and provide consent for treatment
3. Age of majority in U.S. (18 yo)
4. If there are medical or mental health issues, they must be well controlled

# Basics of Gender Affirming Hormone Therapy (GAHT)

## Estradiol HT side effects:

- Breast growth/tenderness (permanent)
- Decreased erectile function
- Decreased libido
- Decreased testicular size (permanent)
- Decreased muscle mass
- Body hair thinning
- Mood changes
- HT will not raise voice
- HT will not protect against STIs
- HT will not protect against pregnancy

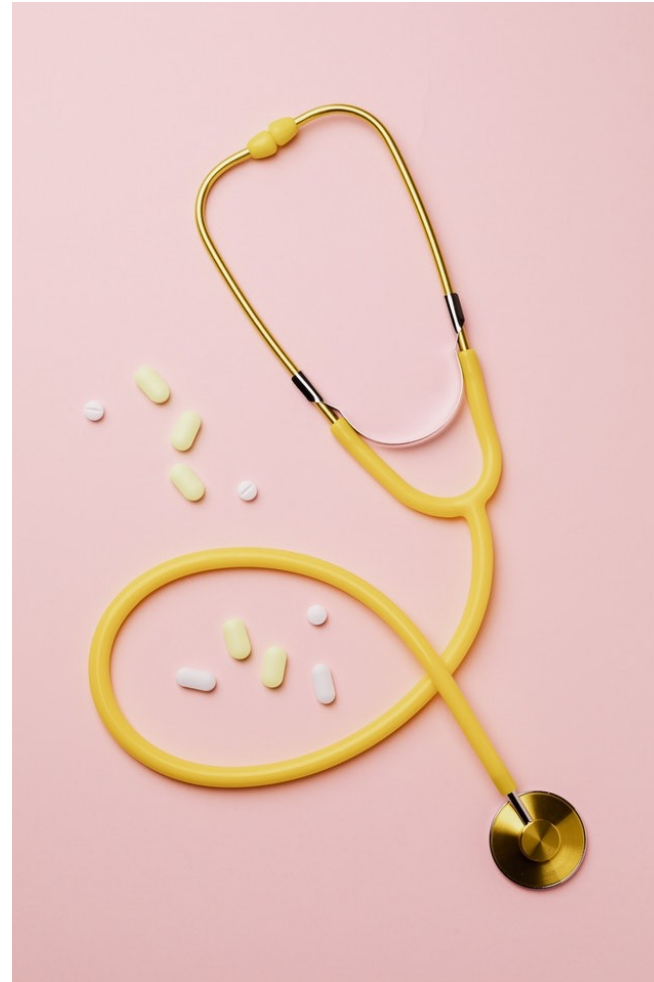


Photo by [Karolina Grabowska](#) from [Pexels](#)

# Basics of Gender Affirming Hormone Therapy (GAHT)

## Risks of feminizing HT:

- CVD (especially in smokers)
- Increased blood pressure
- Increased liver enzymes
- Increased migraines
- Increased risk of osteoporosis
- Venous thrombosis
- Gallstones
- Hypertrilipidemia
- Weight gain
- Infertility but HT is NOT birth control
- No evidence of increased risk of prostate or breast cancer



# Feminizing HT

## Dosages for Feminizing HT:

Estradiol PO 2-4 mg qd

Estradiol valerate IM 5-30mg every two weeks

Estradiol transdermal 0.1-0.4 mg twice a week

Desired effects are **ONLY** achieved with HT (not botanicals or supplements)

## Androgen Blockers:

Spiroinolactone PO 100-200 mg qd

Finasteride PO 1 mg qd

Bicalutamide PO 50mg qd

OMP PO 100-200mg qd

# Feminizing HT Interactions (herbal/supplement)

## Estradiol:

DHEA (increases levels/effects of estradiol)

St. John's Wort (decrease levels/effects of estradiol)

Phytoestrogens (decreases effects of estradiol)

## Androgen blockers:

Potassium (spironolactone increases serum potassium)

Aspirin (decreases effects of spironolactone)

Juniper (is a diuretic and could potentiate diuretic effects of spiro)

Noni juice (increases potassium careful w/ spiro)

Magnesium (spiro increases levels of magnesium)

St. John's Wort (decreases levels/effects of finasteride)

DHEA (increases effects of finasteride)

Marijuana (increases effects of finasteride)

Saw Palmetto (increases effects of finasteride)

# Basics of Gender Affirming Hormone Therapy (GAHT)

## Masculinizing HT Side Effects:

Deepening of voice (permanent)

Clitoral enlargement (permanent)

Increased libido

Body hair and facial hair growth, thickening (some permanent))

Thickening of facial bone structure (permanent)

Cessation of menses

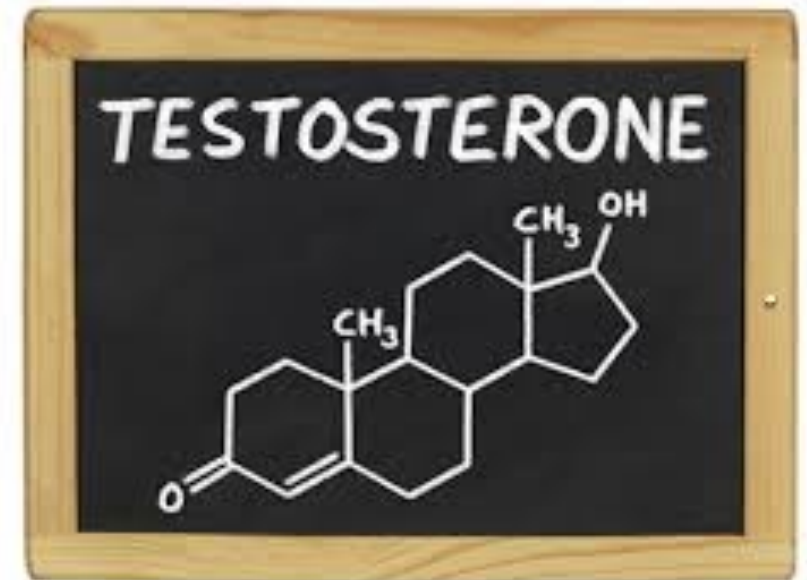
Mood changes

Increased muscle mass

HT will not increase height

HT will not protect against STIs

HT will not protect against pregnancy



# Basics of Gender Affirming Hormone Therapy (GAHT)

## Risks of masculinizing HT:

Acne

“Male” pattern baldness

Polycythemia

Erythrocytosis

Weight gain

Hyperlipidemia

Hypertension

Infertility but HT is NOT birth control

No evidence that HT increases risk for breast, ovarian, uterine and cervical cancers





# Basics of Gender Affirming Hormone Therapy (GAHT)

## Dosages for Masculinizing HT:

Testosterone cypionate or enanthate IM 50-200mg a week

Testosterone Transdermal (1%) gel 2.5-10 g qd

Testosterone Implant 75mg/pellet



# Masculinizing HT Interactions (herbal/supplement)

## Testosterone:

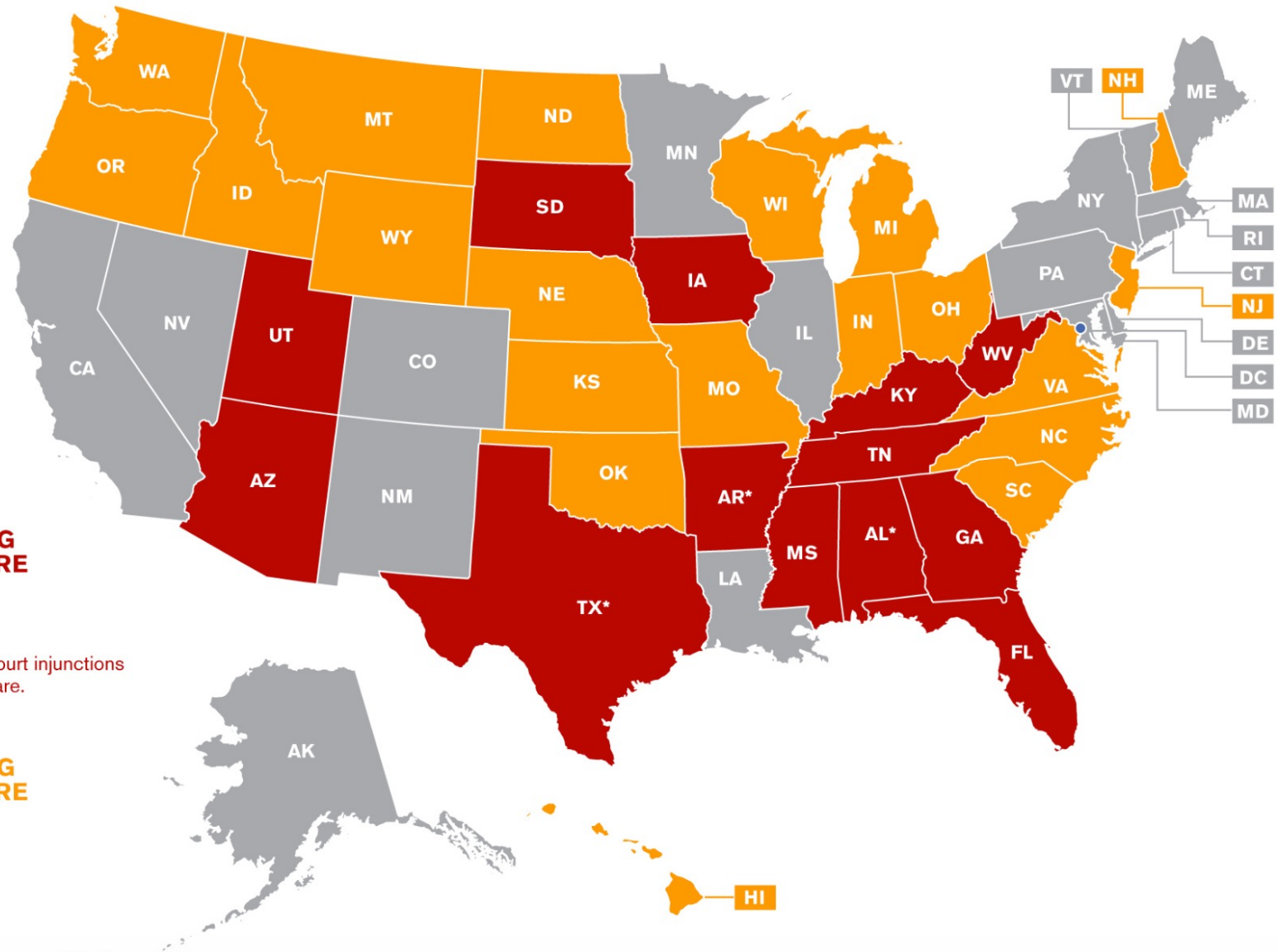
Saw Palmetto (decreases effects of T)

DHEA (can elevate T)

Yohimbe (could elevate T)

L-arginine (could exacerbate blood pressure)

# Gender-Affirming Care Bans Impacting Youth



**LAW OR POLICY BANNING GENDER AFFIRMING CARE HAS PASSED UP TO AGE 18**

\*In Alabama, Arkansas and Texas, court injunctions are ensuring continued access to care.

**LAW OR POLICY BANNING GENDER AFFIRMING CARE IS BEING CONSIDERED UP TO AGE 18**

# Myths

Gender affirming surgeries are performed on children (in some cases chest surgery is performed on teens over 16 yo w/ parental consent)

Gender affirming hormones are being prescribed to children

Children will regret socially transitioning later in life

Children are too young to know they are trans or “it’s just a phase”

Adolescents are identifying as trans/gender diverse because of peer pressure (ie all their friends are trans)



# Myths



Amy " 🐱 🐱 " Dentata

@AmyDentata



Nobody performs sex reassignment surgery on trans children.

NONCONSENSUAL surgery on INTERSEX children happens, but the cis seem ok with it

3:27 PM · Oct 7, 2017

## Myths

Cis people also enjoy gender affirming care

# gender-affirming care enjoyed by cis folks

without restriction or public debate

Shapewear Viagra Rhinoplasty

Estrogen therapy Hair transplant

Breast augmentation Labiaplasty

Makeup Fat transfer injections

Jawline surgery Testosterone therapy

Butt augmentation Electrolysis

Hormone therapy for conception

Laser Hair Removal Eye lift

@themmemes

@themmemes

## Rates of social de-transition in childhood (7)

American Academy of pediatrics followed 317 transgender children for 5 years

Average age was 8.1 years old at the beginning of the study

After 5 years 7.5% de-transitioned one or more times

At the end of 5 yrs 94% identified as binary transgender (M/F) (includes 1.3% who de-transitioned and the re-transitioned to their binary transgender identity (M/F))

3.5% identified as non-binary

2.5% de-transitioned to cis-gender

## Stats on medical transition among children and teens

Pediatrics Dec 2018 “A recent study in which researchers managed 55 transgender adolescents who underwent a rigorous psychological and/or gender assessment process before a clinical protocol of pubertal suppression, gender-affirming hormones, and gender-affirming surgery revealed a complete resolution of gender dysphoria. There were no cases of regret for making the decision to transition, and psychological outcomes were similar to or better than those of cisgender, age-matched young adults.” (8)



## Stats on medical transition among children and teens

Journal of Pediatrics 2020 (10)

Surveyed 20,619 trans adults (18-36) who reported using puberty blockers as a child/teen

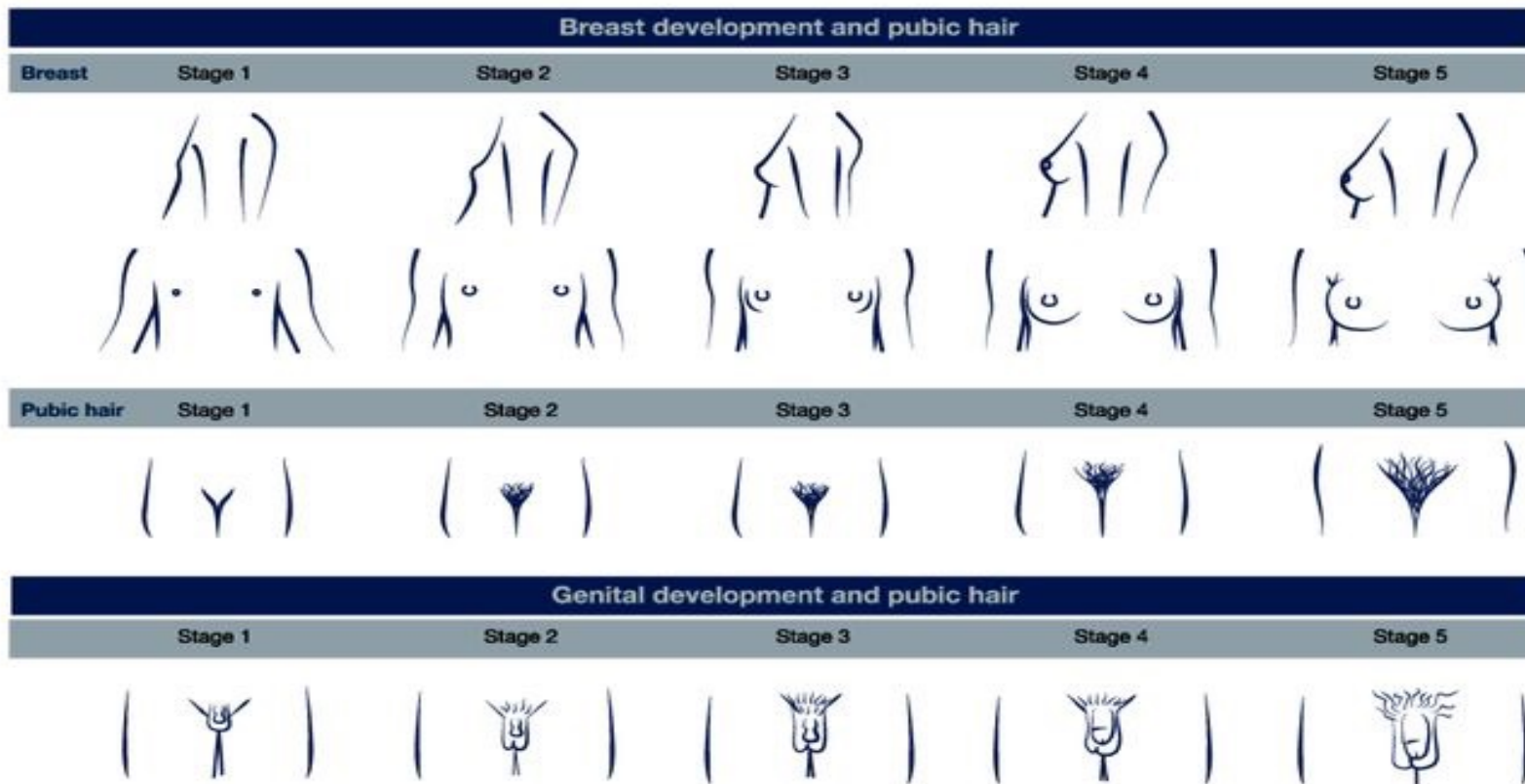
Goal of the study was to examine mental health outcomes and suicidality among these patients

The results were adjusted for family support and demographics

The results indicated a significant reduction in suicidality during puberty and a significant reduction in lifetime risk of suicidality among these patients given puberty blockers

# Tanner Stage 2 for initiating puberty blockers

## The Tanner scale



# Puberty blockers

Can be initiated at Tanner Stage II (8-12 yo)

GnRH agonist medications like Lupron are given. GnRH given at high doses actually stops puberty. It basically shuts down the receptors. The receptor gets overwhelmed.

GnRH agonists: Are typically used to treat precocious puberty but for trans kids they stop them from going thru the wrong puberty.

The puberty blocker stops puberty so that cross sex hormones can be given at the correct time.

Cross sex hormones are usually given around 14-15 yo

Puberty blocker is usually stopped around 17 yo

# Risks of puberty blockers

## Infertility

Genital (bottom) surgery will be difficult later in life because genital development is arrested. There will not be enough tissue to form a neophallus or neovagina.

However, what are the psychological risks of going thru the wrong puberty? Risks and benefits must be weighed.



# Pregnancy and fertility

Discussions of fertility must happen before HT and gender affirming surgery

Sperm banking and oocyte freezing

Trans masculine patients may stop testosterone for up to 6 months to allow for ovulation and conception. Age and duration of HT have to be taken in to consideration.

Trans feminine patients can stop HT for 3 months if they want to conceive.

These interventions are not widely available and are very expensive. Most insurances will not cover fertility preservation.

Adolescents given puberty blockers and hormone therapy will not be able to have biological children.

# Pregnancy and fertility

Trans masculine patients must also stop HT during pregnancy and during lactation.

Domperidone can be taken to promote lactation for both parents.

Some cases of trans women were able to chest feed with Domperidone, estradiol and progesterone (7)



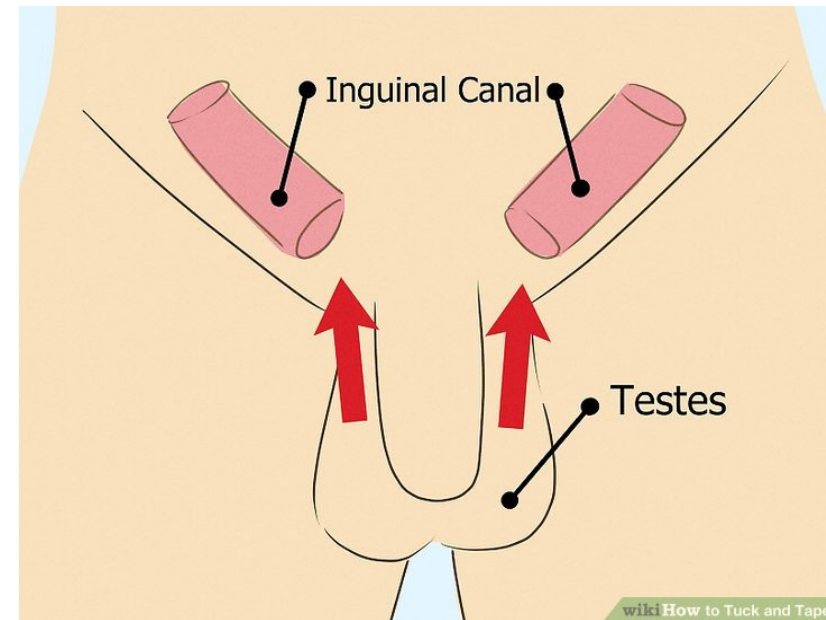
# Tucking in trans feminine patients

## Tucking techniques:

Taping (scrotum and penis)

Taping and moving testicles in inguinal canal

Special binding underwear called a gaff



# Tucking risks

## Risks of tucking:

Tissue damage from taping (use medical tape or KT tape)

Infections

Bladder infections from urine retention

Testicles in the inguinal canal for extended periods of time can effect fertility





# Chest binding in trans masculine patients

Common chest binding practices:

- The use of sports bras

- Strategic layering of clothing

- Taping

- Trans Tape

- Bandaging

- Medical grade binders



# Chest binding in trans masculine patients

## Risks of chest binding:

- Skin infections, skin rash, skin irritations

- Tissue damage

- Limiting breathing capacity

- Back pain

To avoid these issues we recommend a medical grade or medically vetted chest binder

# Stand to pee devices (STP) and packers

STP devices allow for trans masculine people to urinate while standing

Packers allow for the appearance of a penis in underwear

Can have STP/packer combo

Some STPs also allow the ability to be used for insertive intercourse

Can be very expensive



Tool shed toys

# Gender Affirming Surgeries

Criteria for Chest Surgery (WPATH)- only ONE letter is required (can be from PCP or mental health counselor)

1. Well-documented and persistent Gender Dysphoria (DSM-V)
2. Ability to make well informed decision and provide consent for treatment
3. Age of majority in U.S. (18 yo)
4. If there are medical or mental health issues, they must be well controlled

For masculinizing chest surgery HRT is not required but for feminizing chest surgery HRT is recommended for 12 months prior to surgery to provide optimal growth of breast tissue.

# Gender Affirming Surgeries

## Chest (Top) Surgeries:

### Feminizing

Breast augmentation

### Masculinizing

Mastectomy

Breast/chest reduction



# Gender Affirming Surgeries

## Criteria for Genital (Bottom) Surgery (WPATH)

1. Requires ONE letter (primary care doctor AND mental health provider)-SOC 8 (2)
2. Well-documented and persistent Gender Dysphoria (DSM-V)
3. Ability to make well informed decision and provide consent for treatment
4. Age of majority in U.S. (18 yo)
5. If there are medical or mental health issues, they must be well controlled
6. 6 months of continuous HRT per patient's goals
7. 6 months of living in gender role that aligns with patient's gender identity

# Gender Affirming Surgeries

Feminizing genital (Bottom) surgery:

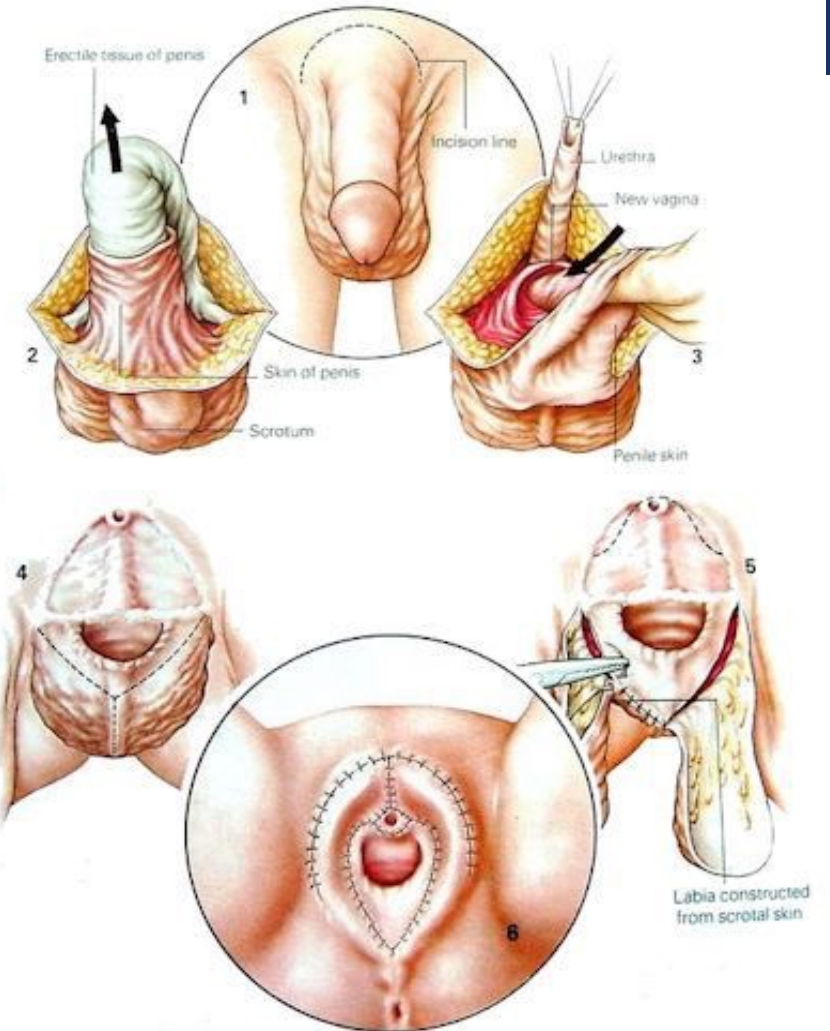
- Penectomy
- Orchiectomy
- Vaginoplasty
- Clitoroplasty
- Vulvoplasty

Permanent hair removal (electrolysis) might be performed prior to surgery

To create neovagina a penile inversion is performed. If there is not ample tissue from the penis, the sigmoid colon can be used for vaginal tissue.

Patient must dilate neovagina post surgery

Some patients opt for zero depth vagina



# Gender Affirming Surgeries

Masculinizing genital (bottom) surgery options:

Hysterectomy/salpingo-oophorectomy

Metoidioplasty (the use of the enlarged clitoral tissue to construct a neophallus)

Can urinate while standing but can not use neophallus for penetrative sex

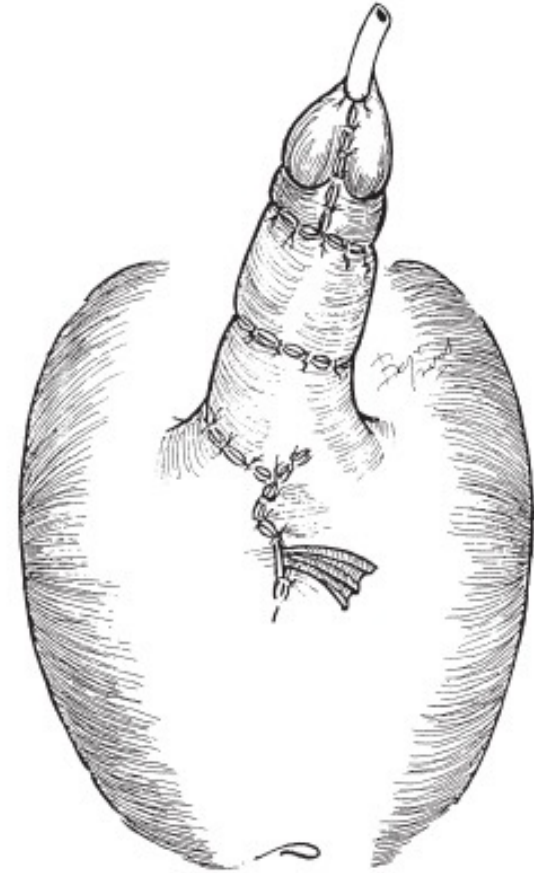


image respectfully borrowed from:  
Perovic SV, Djordjevic ML. Metoidioplasty: a variant of phalloplasty in female transsexuals. *BJU Int* 2003;92:981-985.



# Gender Affirming Surgeries

Masculinizing (bottom) surgery options:

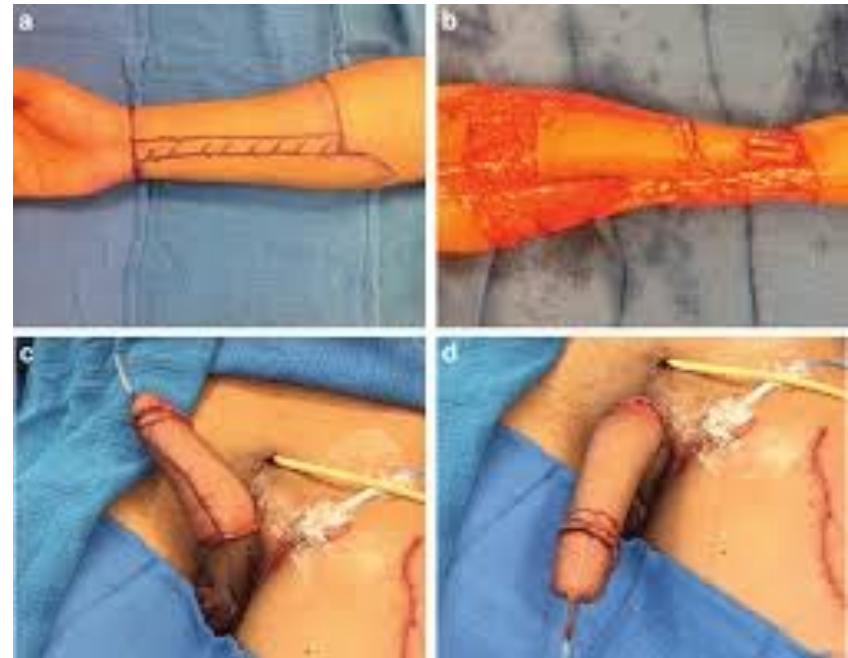
Hysterectomy/salpingo-oophorectomy

Phalloplasty (thigh or radial forearm tissue is used to create neophallus)

Scrotoplasty

Implantation of testicular and erectile prosthetics

Permanent hair removal is often performed from genital and donor area prior to surgery



# TAKE HOME POINTS

You don't have to provide gender affirming care to treat trans and gender diverse patients  
Make sure your practice is gender inclusive  
Respect patient's gender identity and pronouns  
Gender affirming care is a lifesaving intervention

# Resources

WPATH: <https://www.wpath.org/>

Gender Justice League: <https://www.genderjusticeleague.org/>

GLAAD: <https://www.glaad.org/transgender/resources>

National Center for Transgender Equality: <https://transequality.org/>

John Hopkin's Medical Center: <https://www.hopkinsmedicine.org/center-transgender-health/patient-resources/resources.html>

# CITATIONS

2. WPATH SOC 8:<https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.210064>
3. <https://www.thelancet.com/journals/landia/article/PIIS2213-8587%2817%2930099-2/fulltext>
4. <https://pubmed.ncbi.nlm.nih.gov/26885361/>
5. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3636986/>
6. <https://www.lupronpedpro.com/dosing-and-administration.html>
7. <https://publications.aap.org/pediatrics/article/150/2/e2021056082/186992/Gender-Identity-5-Years-After-Social-Transition?autologincheck=redirected>
8. <https://pediatrics.aappublications.org/content/142/6/e20181537>
9. <https://jamanetwork.com/journals/jamapediatrics/article-abstract/2796426?resultClick=1>
10. <https://publications.aap.org/pediatrics/article/145/2/e20191725/68259/Pubertal-Suppression-for-Transgender-Youth-and>

# SPEAKER CONTACTS

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