

Gender-Affirming Healthcare 101

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TRANSFORMING TRANSFORMING
COMMUNITY. CARE.

Puberty Blockers

- **Histrelin acetate:** an arm implant that lasts 1 to 2 years
- **Leuprolide acetate:** a shot that lasts 1, 3, or 6 months
- **Anti-androgens:** pills that may be prescribed for transfeminine folks to lower testosterone levels
- Typically prescribed for kids under 16
- Safe, effective way to delay puberty - can't reverse changes that have already happened
- Work by blocking the hormones (estrogen and testosterone) that lead to puberty-related changes like periods, breast growth, voice deepening, and facial hair.

Temporary

Supplements

- Estrogen boosters
- Testosterone boosters
- Sometimes taken by folks who don't want to go on hormones or have health issues that prevent them from going on hormones
- Not medically recommended

Hormones

Feminizing:

- Estrogen
 - Implant
 - Injection
 - Gel
 - Patch
 - Sublingual tablet
- Progesterone
- Spironolactone (*anti-androgen*)

Masculinizing:

- Testosterone
 - Gel
 - Injection
 - Patch

Permanent

Puberty Blockers

- Washington University Pediatric Transgender Center
 - Up to 18 for new patients
 - Insurance required
 - Private insurance
 - Medicaid
 - Medicare
 - Tricare
 - Letter of readiness / support from a mental health provider required
 - IL & MO only

Hormones

- Planned Parenthood
 - 16 & up
 - Informed consent
 - Accepts most insurance plans
 - Case management
 - Sliding scale
- Southampton Healthcare
 - 18 & up
 - Informed consent
 - Accepts most insurance plans
- Washington University Adult Transgender Center
 - 18 & up
 - Informed consent
 - Accepts most insurance plans

A PCP/endo can manage care, worth looking at if they're affirming and competent.

COST

pricing at planned parenthood

- Initial appointment: \$250
- Follow-up visits: \$200
- Labs
 - CBC: \$4
 - Total testosterone: \$17
 - Estradiol: \$17
 - Progesterone: \$14
- Medication
 - Testosterone (30 days): \$17+
 - Estrogen (90 days): \$20+
 - Spiro (30 days): \$11+
 - Progesterone (30 days): \$12+

YEARLY FEMINIZING

- Appointments & labs
 - Year 1: about \$998
 - Year 2: about \$237
- Medication
 - About \$356

YEARLY MASCULINIZING

- Appointments & labs
 - Year 1: about \$934
 - Year 2: about \$221
- Medication
 - About \$204

SURGERY

typically feminizing procedures

Facial feminization surgery (such as brow, nose, cheek, chin, etc.)

Hair removal (laser or electrolysis)

Labiaplasty (creation of a labia)

Orchiectomy / "orchy" (removal of the testes)

Silicone injections

Top/chest surgery (enhancement / implants)

Tracheal shave (reduction of the Adam's apple or thyroid cartilage)

Vaginoplasty (creation of a vagina)

Voice surgery

Reminder to be mindful around language: we are talking about people's bodies, not disembodied "results"

"-plasty" - creation of

"-ectomy" - removal of

SURGERY

typically masculinizing procedures

Clitoral release / metoidioplasty / centurion procedure

Hysterectomy / "hysto" (removal of the uterus, ovaries, fallopian tubes, and/or cervix)

Phalloplasty (creation of a penis)

Erectile device

Testicular implants

Scrotoplasty (creation of a scrotum)

Top/chest surgery (reduction and contouring)

Vaginectomy (removal of the vagina)

Voice surgery

Reminder to be mindful around language: we are talking about people's bodies, not disembodied "results"

"-plasty" - creation of

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SURGERY

general information about accessing care

- o Surgeons tend to have waitlists
 - People should plan on having to wait several months, and in some cases 1 year or more
- o Most surgeons follow WPATH standards
 - May not operate unless someone has been on HRT for at least 1 year
- o Some surgeries / surgeons require hair removal for certain procedures.
 - Hair removal can take 1 year or more
- o Depending on the surgery, recovering can take 2 months to over a year
- o Folks planning for surgery should be sure to budget for transportation, lodging, supplies, medications, deductible and copays (if using insurance), cost for getting referral letters, consultation fees, and time off work

Reminder to be mindful around language: we are talking about people's bodies, not disembodied "results"

WPATH - new Standards Of Care (SOC) coming Dec 21, can be found by searching for "WPATH standards of care"

Providers interpret SOC differently

ACCESSING CARE

finding affirming providers

- Primary care providers (PCPs)
- Endocrinologists
- Other health clinics
- Google
- Community knowledge
 - Facebook
 - Forums
 - SQSHBook
- transhealthcare.org

PCPs can oversee transition-related healthcare. If someone has a PCP they trust, this could be the place to start. If a PCP isn't affirming or doesn't feel like they have enough competency to provide this care, they can refer out to an endocrinologist, trans-specific health clinic, or somewhere like PP.

Endocrinologists have an in-depth knowledge of hormones, but there may be a waitlist for appointments, and if someone is using insurance, there's a chance visits to specialists require a referral or some kind of pre-approval.

Other health clinics in the area include Southampton, PP, and Wash U. Frequently, these kinds of clinics provide a variety of services and could be a good option if folks have other healthcare needs.

ACCESSING CARE

vetting providers

- Questions that could be useful to ask when looking for affirming care:
 - Do you have experience caring for trans patients?
 - Do you feel comfortable caring for trans patients / prescribing hormones / referring for surgery / etc?
 - Are you familiar with the WPATH Standards of Care?
 - Are you currently providing care for trans patients?
 - On a scale of 1-10, how knowledgeable would you say you are on LGBTQIA+ issues?
 - On a scale of 1-10, how would you rate your competency when it comes to serving trans patients?
 - Do you provide your staff with LGBTQIA+ competency training?
- Green flags
 - Asking for pronouns
 - Differentiating affirmed vs. legal name

REFERRAL LETTERS

- Required for most gender-confirming surgeries
 - Depends on individual surgeons / practices and insurance requirements
 - May need 1-3 letters
 - Therapist
 - Psychiatrist
 - Medical provider
 - Some providers only require one appointment to write a letter, others require several
 - Each surgery will require separate letters

EMOTIONAL SUPPORT

- Deciding when/how to transition is a deeply personal process
 - There are no right or wrong pathways
- Navigating healthcare can be taxing at every stage
 - Having an advocate present at appointments can help
 - If using insurance, be prepared to file appeals for all care
- Folks may experience post-op depression
 - This is normal for any kind of surgery, not specific to trans care
 - Can be particularly jarring for folks after gender affirming surgeries, experiencing alignment and post-op depression simultaneously
- Stigma and pressure around “results”
- Kindness and active listening go a long way

Sometimes additional/persistent dysphoria after a surgery: ex) someone got top surgery, but now have worse bottom dysphoria

- Especially if they were hoping that surgery would significantly decrease their dysphoria, this may lead to depression or other negative emotions

EMOTIONAL REALITIES

pre-op

Practical Aspects

- o Finding a surgeon
 - Insurance
 - Pre-op photos
 - Application
 - Waitlist
- o Planning travel and expenses
- o Boarding pets
- o Negotiating time off work
- o Stocking up on supplies
- o Coordinating with family/caregivers
- o Writing a living will

Emotional Aspects

- o Anger
- o Anxiety
- o Depression
- o Fear
- o Frustration
- o Grief
- o Helpless

EMOTIONAL REALITIES

post-op

Practical Aspects

- o Picking up prescriptions
- o Finding/preparing food
- o Wound care
 - Emptying drains and measuring fluid
 - Daily dilation
 - Dressing incisions
- o Help with:
 - Getting dressed
 - Decompression socks
 - Getting in and out of bed
 - Standing up and sitting down
 - Brushing teeth
 - Using the bathroom
 - Bathing

Emotional Aspects

- o Anxiety
- o Burn out
- o Exhaustion
- o Helplessness
- o Irritability
- o Isolation
- o Relief
- o Self-consciousness

TC2 OVERVIEW

- 4-year, grant-funded program through the Missouri Foundation for Health
- Partnership between the Metro Trans Umbrella Group and Planned Parenthood
- Provides gender-affirming care on a sliding scale
 - Currently covers appointments and labs
 - Will cover hormones soon!
- Case management with wrap around services
- Inclusive sex education
- Research
 - Statewide needs assessment
 - Ongoing program / service improvement

TC2 TEAM

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Resources for Further Education

- [2021 Philadelphia Trans Wellness Conference Recordings](#)
- [http://www.transhealthcare.org](#)
- [https://www.ftmsurgery.net/](#)
- [https://www.ftmsurgery.net/](#)
- [https://www.phallo.net/](#)