Care of the Transgender Patient

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What is your experience with transgender health?

- I regularly care for transgender patients in my practice and have received formal training
- I regularly care for transgender patients in my practice but have not received any formal training
- I have seen a few patients and would like more training
- I have not cared for transgender patients yet
Objectives

- Become comfortable with language and sensitivity issues surrounding transgender patients
- Review relevant data regarding trans health
- Learn clinical pearls specific for the women’s healthcare provider caring for transgender patients

Definitions

- Sex
- Gender Identity
- Gender Expression
- Gender Non-Conforming
- Gender Dysphoria
- Sexual Orientation

Challenges for the Transgender Community

- 41% have no health insurance
- 42% of those with health insurance delay access to care
- 26% Unemployment
- Nearly 70% report discrimination or harassment at work
- Twice as likely to live under the poverty line

Green J. et al. Increasing access to care. Center of Excellence for Transgender Health. UCSF.
Sensitivity

- Intake questionnaires
  - What sex were you assigned at birth?
  - What is your current gender identity?
- Training Staff- office and OR
- Non-discrimination Policy
- Sexual Health
- Electronic Medical Record

What's the Data?

- Endocrine Society Guidelines- 2009
- World Professional Association for Transgender Health(WPATH)- Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People SOC version 7

Quality of Life


Analysis of 28 studies(observational)
  - 80% significant improvement in quality of life
  - 72% improvement in sexual function
  - 78% significant improvement in psychological symptoms

Hormone Therapy


Cross-sectional study: n=100
  - FTM: no osteoporosis, CV events, hormone-related CA
  - MTF: 25 % osteoporosis at lumbar spine, 6% thromboembolic event, 6% CV event after 11 years , no hormone-related tumors
Sex Reassignment Surgery

- Statistically significant decrease in suicide
- Long term regret less than 2%

- 87% of MTFs & 97% of FTMs post SRS had favorable outcomes
- Technical surgical result best predicted favorable outcomes

WPATH Standards of Care
Hormone Readiness

- Persistent, well-documented gender dysphoria
- Capacity to give consent for treatment
- Age of a majority in a given country (if younger, follow SOC for children and adolescents)
- Well-controlled medical or mental health concerns, if present.

Which of the following is NOT a permanent change associated with testosterone use?
- Coarser skin
- Voice changes
- Facial hair
- Clitoromegaly

Benefits of Testosterone

- Permanent changes:
  - Bigger clitoris
  - Lower voice
  - More body hair
  - More facial hair
Benefits of Testosterone

- Reversible Changes:
  - Coarser skin
  - Increased muscle mass
  - Increased strength
  - Amenorrhea
  - Increased physical energy
  - Increased libido

Risks of Testosterone

- Acne
- Blood clots
- More abdominal fat
- Headaches
- Elevated Blood Pressure
- Infertility
- Increased RBC count
- Liver inflammation

Risks of Testosterone

- Emotional changes
- Vaginal dryness
- Male pattern baldness
- Swelling
- Weight gain

Routes of Administration

- Intramuscular
- Transdermal patch or gel
- Subcutaneous

- Goal Estradiol levels: less than 50
- Goal Testosterone levels: 320-800
Intramuscular Use
- Initial dose 50-200 mg depo-testosterone
- Usual dose is 200 mg Q 2 weeks
- Split dosing to 100 mg QW helps avoid peak and trough issues

Transdermal Preparations
- If desire slower progress
- Patients who develop polycythemia
- Ongoing maintenance after desired virilization
- Post BSO

GYN Cancer Risk
Published Case Reports:
- Ovarian CA: 3
- Vaginal Cancer: 1
- Cervical Cancer: 2
- Endometrial Cancer: 1

JW is a 44 yo FTM patient who has been on testosterone 200 mg IM QW for 20 years. He reports 2 weeks of light bleeding. The amount reminds him of what the end of his periods were like. He has not missed a dose of his T. Last pap and hpv were negative 18 months ago and pelvic exam is normal. You recommend the following:
- Ultrasound
- Adjusting his hormone regimen
- Endometrial biopsy
- Expectant management as breakthrough bleeding is typical on testosterone
Testosterone and the Endometrium

• Assess for bleeding
  • Check on hormone regimen
  • Add progesterone
• Lining
  • Decreased thickness
  • WPath guidelines- no increased risk for endometrial CA

Breast Cancer Risk

• 5 reported cases in the literature
• Post nipple-sparing subcutaneous mastectomy
• Chest wall exams
• ? mammograms

Bone Density


In FTM patients:
  • Increased alk phos during first year
  • BMD did not change in first year
  • Significant decrease in bone density 28-63 months post BSO

Follow-up Care

• Discuss social adjustment, libido, sexual behavior, and quality of life
• Risky behaviors/STD screening
• Screen for DV
• Assess menses/bleeding
• Review: Contraception if SA with men
Follow-up Care

- Testosterone levels
- Lipids/CBC
- Mammograms/Chest wall exams
- Pap smear screening (higher rates of unsatisfactory paps)
- Bone Density

EM is a 33 yo FTM patient on testosterone seeing you for routine care. He has a monogamous cis-gendered female partner and states he is certain he does not want to conceive. He is asking for a referral for hysterectomy. You recommend the following:

- Waiting until he is no longer of reproductive age
- Seeing the gynecologic surgeon to discuss this possibility
- Referral to a mental health specialist to assess readiness

FTM Gender-Confirming Procedures

- Mastectomy
- Hysto
- Vaginectomy
- Metoidioplasty
- Scrotoplasty/implants
- Placement of testicular prostheses
- Phalloplasty

WPATH Surgical Criteria

- Letter of referral by a mental health provider with documentation of Gender Dysphoria
- Top Surgery: 1 letter, hormone therapy optional for FTM / encouraged for MTF
- SRS: 2 letters, hormone therapy, 1 year of continuous living as one’s gender identity
Hysterectomy BSO

- Many FTM patients seek to align internal anatomy with external identity
- To avoid gynecologic problems and cancers
- Cancer screening rates may be low
- Ability to decrease testosterone dose post-op
- ? Increase in adenomyosis


Total Laparoscopic Hysterectomy for Female-to-Male Transsexuals

- Retrospective chart review
- 593 patients (41 transsexual, 552 females)
- Transsexuals
  - Shorter operating time (57.5 min vs. 116 min, p<.001)
  - Less blood loss (mean 27 cc vs 107 cc, p.001)
  - Lower uterine weight (mean 118 g vs. 167 g, p<.001)
  - No significant differences in complication rate(under-powered)
  - No significant differences in re-operation rates


FTM Top Surgery

- Double incision subtotal mastectomies with free areola-nipple grafts
- Keyhole or subcutaneous nipple sparing mastectomies through areola incision
- Liposuction

FTM Top Surgery-Preop
FTM Top Surgery-Postop

Fertility and Family Building

- Discuss fertility issues with patients considering hormones
- Discuss again pre-hysterectomy and address ovarian retention
- Assisted reproductive technologies


The Next Frontier in Fertility Treatment.

The New York Times

"Over the past 15 years, activists have fought to compel insurers to cover transgender-related health care.... What's been left out of the spotlight: having babies."

Reproductive Desires in Transsexual Men

- Self-constructed questionnaire 50 transsexual men
- 64 % involved in a relationship
- 54 % desired to have children
- 22 %(11) had children
  - 8 had female partners inseminated with donor sperm
  - 3 gave birth before hormonal therapy and SRS
- 37.5% would have considered freezing germ cells if had been available

Transmen and Pregnancy

- Cross-sectional survey study of 41 trans-identified men
- 25 (61%) had used testosterone
- 20 (48%) resumed menstruation in 6 months after stopping
- 5 (20%) conceived while still amenorrheic from T (13% unplanned)
- 36 (88%) of oocytes from participants' own ovaries
- Majority conceived within 4 months
- 50% received prenatal care from an MD
- 78% delivered in a hospital
- Cesarean section (25% requested)
- 36% of testosterone group, 19% of no testosterone group
- 50% breast/chest/fed
- 40% of testosterone group, 68% of no testosterone group
- Perinatal complications:
  - 12% hypertension, 10% preterm labor, 10% abruption, 7% anemia

Lonely, because I was the only one

Heavy time, having a baby, not passing as male, all the changes and society telling me to just be happy

Began to show symptoms of postpartum depression long before anyone discussed symptoms to watch for

MTF Hormone Therapy

- Estrogen
  - Oral: 2-8 mg/day
  - Transdermal: 0.1-0.4 mg twice weekly
  - Parenteral: 5-30 mg IM every 2 week
- Spironolactone: 50-200 mg BID
- Progesterone: generally not needed
- Goal Testosterone level: less than 55
- Goal Estradiol level: 100-200

MTF SRS Procedures

- Tracheal Shave
- Labiaplasty
- Vaginoplasty
- Breast Augmentation
- Facial Feminization
- Orchiectomy
Surgical Complications

- Vaginal stenosis
- Necrosis of the vagina or labia
- Fistulas from the bladder or bowel into the vagina
- Stenosis of the urethra
- Shortened vagina
- Granulation tissue


Voiding Disorders and Dyspareunia

- 7.5% prolapse greater than POP stage 2 (3.8% required surgical intervention)
- 47% voiding difficulties
- 25% urgency (17% UI)
- 23% SUI
- 9% fecal urgency and 8% incomplete bowel emptying
- 23% not satisfied with sexual functioning


The Desire to have Children and the Preservation of Fertility in Transsexual Women: A Survey

- 60% No Bio Children
- 40% Have Bio Children

De Sutter et al. Intl J Transgenderism 2002

Examinations for MTF patients

- DV, HIV/STD
- Visual inspection for lesions
- If not having penetration, counsel on use of dilators
- Breast exams and mammograms after 5-10 years of estrogen use
- Prostate screening:
  - PSA not indicated in low risk patients (falsely low if androgen-deficient)
  - If post SRS- best examined vaginally

Colebunders, et al, Hormonal and surgical treatment in transwomen with BRCA 1, J Sex Med 2014
Clinical Pearls to Remember…

- Pause and Ask Ask Ask
- Address dosing
- Paps in FTM- tell on testosterone
- Endometrial effects
- Breast cancer screening
- Contraception for FTM patients if sexually active with men
- Fertility preservation
- Surgical complications in MTF patients

Conclusion

- Transgender people are among the last patients to be excluded from the healthcare system in the US
- Transgender people are among the last people to have universal protection from discrimination

Spack, N. Management of Transgenderism JAMA 2013

Resources

- Center of Excellence for Transgender Health
  - transhealth.ucsf.edu
- World Professional Association for Transgender Health (WPATH)
  - wpath.org
- Trans Care Project of Vancouver, British Columbia
  - vch.ca/trans-health/resources/tcp.html
- Kaiser documents/protocols
  - erica.weiss@kp.org