The Role of Gynecology in Transgender Care

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I have no conflicts of interest to disclose.

“Try this—I just bought a hundred shoes.”

At the conclusion of this presentation, learner should be able to:

- Gain understanding of gender correct terms
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Healthcare Barriers and Unique Needs in LGBTQ Care

- Transgender and non-binary individuals face double the poverty rate and 9x rate of attempted suicide in US.
- Targets of violence: 35% reporting physical violence and 12% sexual violence.
- Only 30-40% report receiving routine medical care given fear of mistreatment.
- Lack of provider education: Survey of practicing gynecologists—only 29% felt comfortable treating transgender men and 80% reported no residency training in transgender patient care.

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Gender Terminology

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cisgender</td>
<td>Those whose gender identity and/or gender expression align with their sex assigned at birth</td>
</tr>
<tr>
<td>Transgender</td>
<td>Encompasses those whose gender identity and/or gender expression differs from their sex assigned at birth</td>
</tr>
<tr>
<td>Transman</td>
<td>Sex assigned at birth is female but gender identity is male or masculine</td>
</tr>
<tr>
<td>Transwoman</td>
<td>Sex assigned at birth is male but gender identity is female or feminine</td>
</tr>
<tr>
<td>Cross-sex hormone therapy</td>
<td>Hormone treatment for those who want to adapt their bodies to align with their gender identity</td>
</tr>
<tr>
<td>Gender non-binary</td>
<td>Those who may identify themselves as both or alternatively male or female, as neither male nor female, or a gender outside the male-female binary</td>
</tr>
</tbody>
</table>
Is there a name you go by other than your legal name?
What name do you go by?
What would you like me to call you?

Hello, my name is Dr. ________, I use she / her / her's pronouns. What do you prefer?
Don't assume... just ask!

- Gender Identity
  - How do you identify your gender?
  - There are lots of ways people think of their gender identity – how do you think of yours?

- Sexual Orientation
  - Who are you attracted to – boys, girls, both or neither, other?

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**Gender Neutral Terminology During Pelvic Exam**

<table>
<thead>
<tr>
<th>Gendered</th>
<th>Less Gendered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulva</td>
<td>External pelvic area, Outer parts</td>
</tr>
<tr>
<td>Labia</td>
<td>Outer folds</td>
</tr>
<tr>
<td>Vagina</td>
<td>Genital opening</td>
</tr>
<tr>
<td>Uterus, Ovaries</td>
<td>Internal/reproductive organs</td>
</tr>
<tr>
<td>Breasts</td>
<td>Chest</td>
</tr>
<tr>
<td>Pap smear</td>
<td>Cancer screening</td>
</tr>
<tr>
<td>Bras/panties</td>
<td>Underwear</td>
</tr>
<tr>
<td>Pads/Tampons</td>
<td>Absorbent garments</td>
</tr>
<tr>
<td>Period/menstruation</td>
<td>Bleeding</td>
</tr>
</tbody>
</table>

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Trans Men
Female to Male Transgender Patients

Gynecologic Care

- Cervical cancer screening + vaccination same as cisgender women
- Sexual history + STI Screening

1. ACOG Comm Opin Care of TG Adolescents 2017
2. ACOG Practice Bulletin Breast Cancer Screening 2017

Gynecologic Care

- Annual clinical breast exam
  - Start at age ≥5
  - Stop after mastectomy

- Annual mammography
  - Start at age 40
  - Stop after mastectomy

- High risk patients – follow same high-risk guidelines

1. Hendee J Clin Endocrinol Metab 2017
2. ACOG Comm Opin Care of TG Adolescents 2017
3. Hormones Contraception 2008
Trans Women
Male to Female Transgender Patients

Gynecologic Care
- Sexual history and STI counseling
- Neovaginal care after surgery
- Maintenance vaginal dilation

1. ACOG Comm Opin Care of TG Adolescents 2017
2. ACOG Practice Bulletin Breast Cancer Screening 2017
3. Hembree J Clin Endocrinol Metab 2017

Lack of consensus among organizations given limited evidence

1. ACP Fenway Guide to LGBT Annual at age 50 and >5 years Estrogen, BMI >35 or FSH Breast cancer
2. Center for Excellence for TG Health, UCSF Annual or Biennial at age 50 and >5 years of E
3. Endocrinology Societies Screen all transgender women identical to cisgender

1. Fenway PFLAG 2016
2. Center of Excellence UCSF and
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Contraception

Contraception rates 30-65% with majority using condom as primary form.

- 4% pill users discontinued due to side effects or fear of feminine effects of hormones.
- 65% reported using T as contraception with 5.5% reporting provider told them to do so.

Survey of 211 Transgender Men

Unplanned Pregnancy

- Intended and unintended pregnancies occur
- Self-reported survey of 43 transmen
  - 76% reported resumption of menses within 3 months of stopping T
  - 20% conceived while amenorrheic
  - 33% were unplanned and on testosterone
Contraception Counseling

At risk for unintended pregnancy during and after testosterone therapy

Testosterone therapy has teratogenic potential in pregnancy

Contraception should be discussed and encouraged among transgender men engaging in receptive vaginal intercourse

Contraceptive Options

HOW WELL DOES BIRTH CONTROL WORK?

Menstrual bleeding

- Menstrual bleeding often worsens dysphoria
- 66% felt unsafe in men’s restrooms
- 67% take special measures to avoid public restrooms
- 40% tried menstrual suppression

Testosterone therapy is associated with reduced estrogen and gonadotropins and decreased menstrual bleeding.

- 138 transgender men
- 3 different doses of IM testosterone enanthate ranging from 125 mg every 2 weeks to 250 mg every 2 weeks
- Cessation of menses in 86–97% of subjects by 6 months

Menstrual Bleeding after Testosterone

Effects of Three Different Testosterone Formulations in Female-to-Male Transsexual Persons

- 45 transgender men
- Randomly assigned IM testosterone or testosterone gel
- Time to amenorrhea from 30–41 weeks
- All amenorrheic at 12 months

Evaluation

- Mid-injection testosterone level
- Pregnancy test
- STI testing
- Pelvic exam
- Pelvic ultrasound
- Endometrial biopsy if risk factors

Menstrual Bleeding

Nakamura Endocrine Journal 2003

Pelusi J Sex Med 2014

Schwartz Obstet Gynecol 2019
Menstrual suppression

- Treatment options
  - Adjust testosterone dose if low or low-normal
  - Supplement with Progesterone
    - Norethindrone acetate 2.5-5mg
    - Provera 5-10mg
    - Levonorgestrel IUD
    - aromatase inhibitor
    - GnRH agonist

Schwartz A. Obstet Gynecol 2019

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Gender Nonconformity ≠ Gender Dysphoria

Gender nonconformity refers to the extent to which a person’s gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex (Institute of Medicine, 2010). Gender dysphoria refers to distress or distress that is caused by a discrepancy between a person’s gender identity and gender expression (American Psychiatric Association, 2013). Only some gender nonconforming people experience gender dysphoria at some point in their lives.
Surgical Preferences for Transgender Males

<table>
<thead>
<tr>
<th>Type of Procedure</th>
<th>Have had it</th>
<th>Want it some day</th>
<th>Not sure if they want this</th>
<th>Do not want this</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest surgery reduction or reconstruction</td>
<td>21%</td>
<td>52%</td>
<td>17%</td>
<td>10%</td>
</tr>
<tr>
<td>Hysterectomy</td>
<td>8%</td>
<td>44%</td>
<td>28%</td>
<td>19%</td>
</tr>
<tr>
<td>Metoidioplasty</td>
<td>1%</td>
<td>15%</td>
<td>37%</td>
<td>47%</td>
</tr>
<tr>
<td>Phalloplasty</td>
<td>1%</td>
<td>11%</td>
<td>31%</td>
<td>56%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
<td>7%</td>
<td>13%</td>
<td>77%</td>
</tr>
</tbody>
</table>

2015 US Transgender Survey

Surgical Preferences for Transgender Females

<table>
<thead>
<tr>
<th>Type of Procedure</th>
<th>Have had it</th>
<th>Want it some day</th>
<th>Not sure if they want this</th>
<th>Do not want this</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hair removal or electrolysis</td>
<td>41%</td>
<td>59%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Voice therapy</td>
<td>1%</td>
<td>46%</td>
<td>19%</td>
<td>24%</td>
</tr>
<tr>
<td>Vaginoplasty</td>
<td>10%</td>
<td>45%</td>
<td>23%</td>
<td>22%</td>
</tr>
<tr>
<td>Augmentation mammaplasty</td>
<td>8%</td>
<td>36%</td>
<td>31%</td>
<td>24%</td>
</tr>
<tr>
<td>Oophorectomy</td>
<td>9%</td>
<td>40%</td>
<td>24%</td>
<td>22%</td>
</tr>
<tr>
<td>Fecal feminization</td>
<td>5%</td>
<td>25%</td>
<td>38%</td>
<td>25%</td>
</tr>
<tr>
<td>Tracheal Shave</td>
<td>4%</td>
<td>29%</td>
<td>29%</td>
<td>38%</td>
</tr>
<tr>
<td>Silhouette injections</td>
<td>2%</td>
<td>9%</td>
<td>27%</td>
<td>61%</td>
</tr>
<tr>
<td>Voice Surgery</td>
<td>1%</td>
<td>16%</td>
<td>32%</td>
<td>51%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
<td>13%</td>
<td>15%</td>
<td>67%</td>
</tr>
</tbody>
</table>

2015 US Transgender Survey

Gender Confirmation Surgery

“Bottom Surgery”

- Hysterectomy +/- oophorectomy
- Age ≥ 18
- Minimum of 12 months on testosterone
- WPATH recommends mental health evaluation and two letters to surgeon prior to GCS
- Primary care provider
- Behavioral health specialist

Berit J. JAMA Surgery 2013
Gaither T. Urology 2008
Surgical Outcomes

Complication Rates and Outcomes After Hysterectomy in Transgender Men

• 159, 756 hysterectomies, 521 for gender dysphoria
• Mean age 23.9 years
• Complications rates comparable 3.4% cis-gender vs. 3.3% trans-gender, p= 0.92

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Bone Health – Trans women

Bone Density Changes in Trans Women on Gender-Affirming Hormone Therapy

Post-Puberty

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cis Men</td>
<td>Trans Women</td>
<td>Trans Women</td>
</tr>
</tbody>
</table>

References:

- Rothman J Clin Rev Bone Miner Metab 2019
- Sing-Ospina J Clin Endocrin Metab 2017
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Bone Density Screening
Endocrine Society Clinical Practice Guidelines for Gender Dysphoria recommends checking bone density in patients with risk factors for osteoporosis or those who stop cross-sex hormones after gonadectomy.

RISKS
- No biologic offspring without fertility

BENEFITS
- Congruence with gender identity
- No change in vasomotor symptoms
- No bone density loss

The long-term outcomes of performing oophorectomy at the time of hysterectomy in transgender men are unknown.

Marfani CG JMG 2015
TRUE Center at Children's Hospital Colorado, 722-777-8783

UC Health Integrated Transgender Program, 720-848-2650

Denver Health LGBTQ Center of Excellence, 303-602-6760

Questions?