

Gynecologic Care for the Transgender Male

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Relevant to the content of this CME activity, Dr. Olesen indicated she has no financial relationships to disclose.

Objectives

- ▶ Understand the complexities of gynecological care for trans male patients
- ▶ Understand the barriers that trans men face in medically transitioning
- ▶ Discuss how future and current healthcare providers can best care for trans men who are seeking gynecological services

Gynecologic Care

- ▶ The opportunity to improve the health status of transgendered individuals by learning to adequately assess and treat this population.
 - ▶ Address special clinical needs
 - ▶ Provide specific preventive services
 - ▶ Offer psychologic assessments and support
 - ▶ Maintain confidentiality
 - ▶ Acknowledge concerns about potential conflicts affecting durable power of attorney
 - ▶ Awareness of physical and emotional issues can affect the health status
- ▶ If a HCP is morally opposed to providing care to this population, refer them for care elsewhere

Gynecologic Care

- ▶ Dysmenorrhea or PMS may be presenting symptoms of gender dysphoria
- ▶ When the patient does not appear consistent with his natal sex, the HCP may ignore common presenting symptoms for underlying gyn issue.
 - ▶ Do routine workup for gyn: US, UA, hCG, bleeding disorders, etc
- ▶ Breakthrough bleeding and dysmenorrhea can be treated with progesterone-only methods
- ▶ If transgender male is having sex with men, counsel about contraception even if using testosterone.
- ▶ Discussion about fertility preservation
- ▶ HPV vaccination

Gynecologic Care

- ▶ Evaluate STI risk and screen accordingly
 - ▶ HPV-related cancers, hepatitis B, and other STIs
- ▶ Increased risk for HIV
 - ▶ Needle-sharing for drugs including blackmarket hormone injections is common
- ▶ Yearly general and gynecologic physical exam if total hysterectomy, vaginectomy, or oophorectomy not performed
 - ▶ Age-appropriate screening for breast and cervical cancers
 - ▶ US exam may be useful to assess ovaries if exam inadequate

Gynecologic Care

Box 8 General Gynecologic Care Considerations

- Provide routine health maintenance and preventive care as with all patients
- Address specific health needs related to long-term use of hormone therapy and other medications
- Screen and provide care for health issues related to lifestyle, emotional, and socioeconomic factors
- Ensure privacy and confidentiality of medical records and information when transferring records and making referrals
- Provide necessary and appropriate information on patients' rights and possible associated consequences

Barriers to Care

- ▶ Failure of many insurances to cover mental health services, cross-sex hormone therapy, or gender affirmation surgery
- ▶ Health care providers' discomfort when treating transgender individuals may alienate patients and result in lower quality care
 - ▶ Inclusive language on forms
 - ▶ Posting nondiscrimination policy
 - ▶ Training staff to increase their knowledge and sensitivity
 - ▶ Offer brochures and information for sexual minorities
- ▶ Concern for privacy and confidentiality issues in the context of referrals

Barriers to Care

- ▶ Social marginalization increases likelihood of low socioeconomic status
 - ▶ More severe in the young, of color, trade sex for drugs/services/survival
 - ▶ Increased risk of HIV positive
- ▶ Underutilization of health care services also may be caused by feelings of shame, low self-esteem, isolation, anxiety, depression

Transition Guidelines

- ▶ Once a commitment has been made to change gender, the transition period lasts ~ 2 years.
- ▶ Involves significant psychologic and clinical support
- ▶ World Professional Association for Transgender Health
 - ▶ 1) Live in the gender role consistent with gender identity
 - ▶ 2) Use cross-sex hormone therapy after living in the new gender role for at least 3 months
 - ▶ 3) Gender-affirmation surgery after living in the new gender role and using hormonal therapy for at least 12 months
- ▶ Significant patient satisfaction with surgical outcomes and improved psychologic and clinical functioning

Transitioning

- ▶ In teens, medical management involves the suppression of puberty (GnRH agonists) followed by cross-sex hormones to induce puberty at age 16.
 - ▶ Testosterone therapy
 - ▶ Can increase self-esteem and decrease depression
- ▶ Surgical management for transgender males typically reserved for patients 18 years or older
 - ▶ Mastectomy may be considered before age 18 (Endocrine Society guidelines)
- ▶ Methyl-testosterone injections every 2 weeks are usually sufficient to suppress menses and induce masculine secondary sex characteristics

Risks associated with masculinizing regimens

- ▶ Polycythemia
- ▶ Hyperlipidemia
- ▶ Hypertension
- ▶ Mood changes
- ▶ Hepatitis
- ▶ Male pattern baldness
- ▶ Cancer - breast, ovarian, uterine, vaginal all reported but increased risk uncertain

Clinical Aspects of FTM Transsexualism

Common medications taken:

- Methyltestosterone (or other androgen therapies)

Sex-reassignment surgery:

- Hysterectomy
- Vaginectomy
- Mastectomy
- Construction of phallus/scrotum. (May also include salpingo-oophorectomy, metoidioplasty, and urethroplasty.)

Clinical concerns (general):

- Low high-density lipoprotein cholesterol level
- High low-density lipoprotein cholesterol level
- Heart disease
- Liver disease
- Hepatic tumors

Organ specific examination and clinical concerns:

- Breast: Risk of breast cancer may be similar to that of biologic women if mastectomy has not been performed. Consider mammography as per current guidelines for biologic women (if mastectomy has not been performed).
- Vagina: visual inspection needed if present
- Cervix: Pap test is needed if cervix is present

- Uterus: endometrial hyperplasia/cancer has been reported
- Ovaries: bimanual examination of ovaries is needed if present. If a vaginectomy has been performed, a rectal examination to assess the ovaries can be conducted.
- Male genitalia: examination for scarring, urethral stricture
- Prostate: not applicable

Side effects of androgen therapy in female-to-male transsexuals:

- Fluid and sodium retention
- Increased erythropoiesis
- Decreased carbohydrate tolerance
- Decreased serum high-density lipoprotein cholesterol
- Liver abnormalities
- Obesity
- Emotional or psychiatric problems
- Sleep apnea

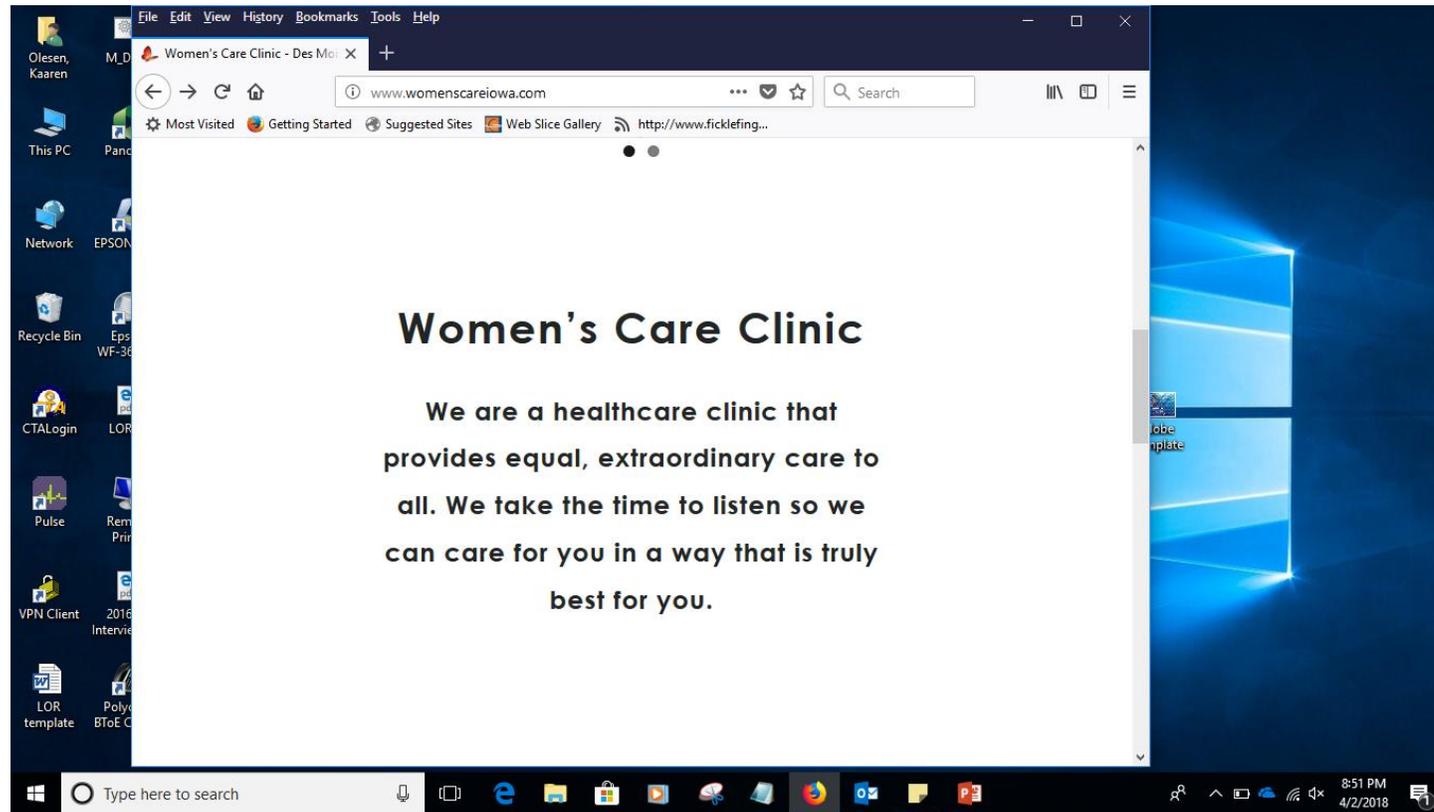
General recommendations:

- Yearly general physical examination
- Yearly examination of residual female organs
- Lipid level evaluation

Best Practices

- ▶ Be prepared to assist or refer transgender individuals
- ▶ Eliminate barriers to access to care
- ▶ In a nonjudgmental way, identify the sexual orientation and gender identity status of all patients as a routine part of clinical encounters
 - ▶ Recognize that many transgender individuals may not identify themselves
- ▶ Foster nondiscriminatory practices and policies in increase identification and to facilitate quality health care for transgender individuals
- ▶ Assist with the transition, if desired, as well as providing long-term preventive health care
- ▶ Ask questions in a way to not make assumptions

Welcoming Language



Other Practice Concerns

- ▶ OB/Gyn needs to check if professional liability insurance covers the examination of male organs

Summary

Table 5. Social and Behavioral Factors and Health Concerns Relevant to Transgendered Populations

Sexual Behavior	Cultural Factors	Disclosure of Sexual Orientation, Gender Identity	Prejudice and Discrimination	Concealed Sexual Identity
<ul style="list-style-type: none"> ■ Human immunodeficiency virus and acquired immunodeficiency syndrome ■ Hepatitis A and hepatitis B ■ Enteritis ■ Human papillomavirus and other sexually transmitted diseases ■ Bacterial vaginosis ■ Anal cancer 	<ul style="list-style-type: none"> ■ Body culture: eating disorders ■ Socialization: drugs, alcohol ■ Parenting: insemination, cryopreservation, mental health concerns ■ Gender polarity in dominant culture 	<ul style="list-style-type: none"> ■ Psychologic adjustment, depression, anxiety, suicide ■ Conflicts with family, lack of social support ■ Physical/economic dislocation 	<ul style="list-style-type: none"> ■ Provider bias, lack of sensitivity ■ Harassment and discrimination in medical encounters, employment, housing, and child custody ■ Limited access to care or insurance coverage ■ Pathologizing of gender-variant behavior ■ Violence against transsexual and transgendered populations 	<ul style="list-style-type: none"> ■ Reluctance to seek preventive care ■ Delayed medical treatment ■ Incomplete medical history; concealed risks, related complications, social factors

Modified from Kluwer Academic Publishers, Journal of the Gay and Lesbian Medical Association, 4 (3):102-51, 2000. Lesbian, gay, bisexual, and transgender health: findings and concerns. Dean L, Meyer IH, Robinson K, Sell RL, Sember R, Silenzio V, et al; table 1. Reprinted with kind permission of Springer Science and Business Media.

Resources

- ▶ ACOG Clinical Guidance & Populations / Special Issues in Women's Health / Special Populations, December 2016. www.acog.org
- ▶ ACOG Committee Opinion Number 685, January 2017. Care for Transgender Adolescents.
- ▶ ACOG Committee Opinion Number 512, December 2011. Health Care for Transgender Individuals.

Questions?