The role of the Gynaecologist in gender affirming surgery in the transgender patient

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The role of the Gynaecologist in treating transgender patients reaches far beyond gender affirming surgery. This e-poster discusses additional important considerations when managing the transgender male in a multi-disciplinary team.

Case Report

A 20 year old female-to-male (FtM) transgender patient presented to the Gynaecology Outpatient department requesting a hysterectomy and bilateral salpingo-oophorectomy (BSO). This individual's primary desire for the operation was troublesome uterine bleeding, which was sub optimally managed with testosterone and norethisterone. The patient had clear and persistent male gender identity since early childhood and had fully socially transitioned as a male in all settings of his life. He had an established diagnosis of gender dysphoria, which was managed through a psychiatrist. The patient had and had been using testosterone therapy for over two years, and had already underwent a bilateral mastectomy. In consultation with the patient's long term endocrinologist and psychiatrist, it was decided the patient was a suitable candidate for the operation. This case demonstrates the collaborative approach required when encountering the transgender patient.

Gender Dysphoria

- Trans and gender diverse individuals report extremely high rates of mental health conditions
- DSM V Diagnosis - significant distress caused by a person's gender identity and person's sex assigned at birth.
- >50% of trans men have been diagnosed or treated for a mental health condition
- Trans people are 15 times more likely to attempt suicide.
- The Gynaecologist must ensure that transgender patients are receiving adequate psychological support, before proceeding with surgical treatment

Legal Considerations

1. Capacity.
Presence of a concurrent mental health diagnosis does not preclude capacity. If there are any concerns raised regarding capacity, an opinion could be gained from the patient's psychiatrist.

2. Consent.
Risks associated with hysterectomy + BSO must be discussed in detail:

- Irreversible nature of the procedure
- Impacts of future fertility
- Surgical & anaesthetic risks/complications
- Long term health risks related to iatrogenic menopause

3. Treatment is consistent with good medical practice. Gaining a second opinion from a colleague or other specialist is recommended.

Masculinising Therapy

- Testosterone is the primary agent used in transgender FtM patients
- The World Professional Association for Transgender Health (WPATH) outlines clear criteria for commencing hormone therapy, which states the patient must be of legal age, have a diagnosis of gender dysphoria, display capacity and that other medical/mental health conditions must be reasonably well controlled
- Expected changes include skin oiliness/acne, facial/body hair growth, deepened voice, scalp hair loss, increased muscle fat, fat redistribution, cessation of menses, clitoral enlargement, and vaginal atrophy
- Contraindications: pregnancy, unstable coronary artery disease, polycythaemia vera
- Not associated with increased risk of cardiovascular events

Surgery

- May include a variety of procedures – chest reconstruction, hysterectomy + BSO, plastic surgery.
- Gender affirming surgery is usually one of the final and the most considered treatments for transgender people.
- For many transgender people, surgery is a medically necessary part of treatment.
- Should have completed 12 months of continuous hormone therapy before considering surgery
- Counselling should occur on multiple occasions and by more than one physician before planning for surgery.

Long term implications

- Fertility is a key component of counselling – a small proportion of transgender may desire to carry a pregnancy
- Iatrogenic premature menopause induced by BSO increases risk of osteoporosis
    - Commencement of testosterone therapy prior to surgery improves and maintains bone density
    - Loss of bone density may occur if testosterone levels are sub-target, which is common with oral formulations
- Contraception – oestrogen containing compounds are suitable to use with concurrent testosterone use
- Screening of remaining organs – breast, cervix
- STI screen – HIV rates are five times higher in transgender population

Conclusion

Gynaecologists in Australia can be expected to encounter increasing numbers of trans patients, hence should equip themselves to manages these patients appropriately in a multidisciplinary fashion.

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