



CULTURAL COMPETENCE C.E: VOCABULARY, MEDICATIONS AND SURGICAL PROCEDURES FOR TRANSGENDER AND NON-BINARY PATIENTS

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OBJECTIVES

- Terminology associated with transitioning
- DSM, WPATH and their criteria for Gender Dysphoria
- Pronouns
- How to ask questions regarding gender at birth, Legal Name Change, Surgeries
- Medications
- Brief overview of possible surgeries
- Items found when doing a trauma assessment

Annual Known Cases of Fatal Anti-Transgender Violence by Gender Identity (2013 – 2018*)



OTHER IDENTITIES
(including non-binary or unknown)

TRANS MEN

TRANS WOMEN

Annual Known Cases of Fatal Anti-Transgender Violence by Race (2013 – 2018*)



RACE UNKNOWN

AMERICAN INDIAN

LATINX

WHITE

BLACK

Note: Count for Latinx includes one individual who identified as Latina and mixed race.
*Data as of November 7, 2018. Compiled based on information provided by police and news reports, which may not always be complete or fully accurate.

Gender Pronouns

Please note that these are not the only pronouns. There are an infinite number of pronouns as new ones emerge in our language. Always ask someone for their pronouns.

Subjective	Objective	Possessive	Reflexive	Example
She	Her	Hers	Herself	She is speaking. I listened to her. The backpack is hers.
He	Him	His	Himself	He is speaking. I listened to him. The backpack is his.
They	Them	Theirs	Themselves	They are speaking. I listened to them. The backpack is theirs.
Ze	Hir/Zir	Hirs/Zirs	Hirself/ Zirself	Ze is speaking. I listened to hir. The backpack is zirs.

transstudent.tumblr.com
facebook.com/transstudent
twitter.com/transstudent

Design by Lindyn Pan

For more information,
go to transstudent.org/graphics

TSEER
Trans Student Educational Resources

- Transgender patient care begins with using chosen name and pronouns.



TYPES OF TRANSITION

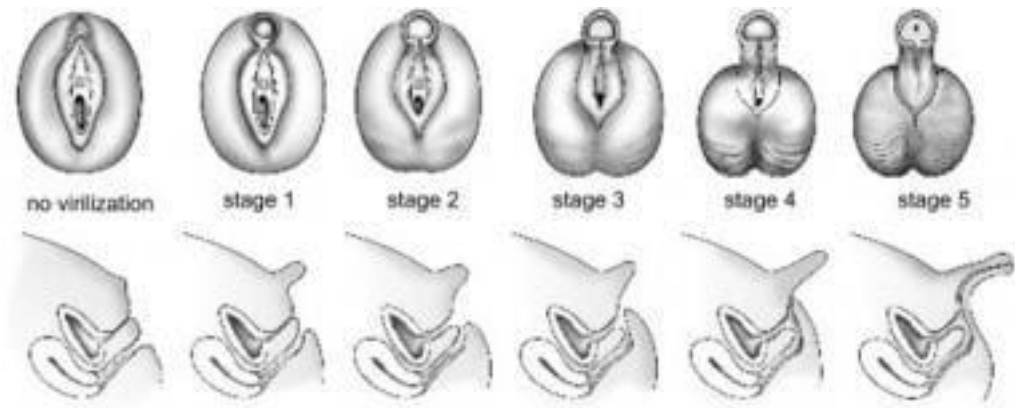
- Social- Coming out to friends, family and co-workers
- Medical- Hormones, Gender-Affirming Surgical Procedures
- Legal- Court ordered legal name change. Government I.D., Passport, Birth Certificate, Social Security Card.

Four types

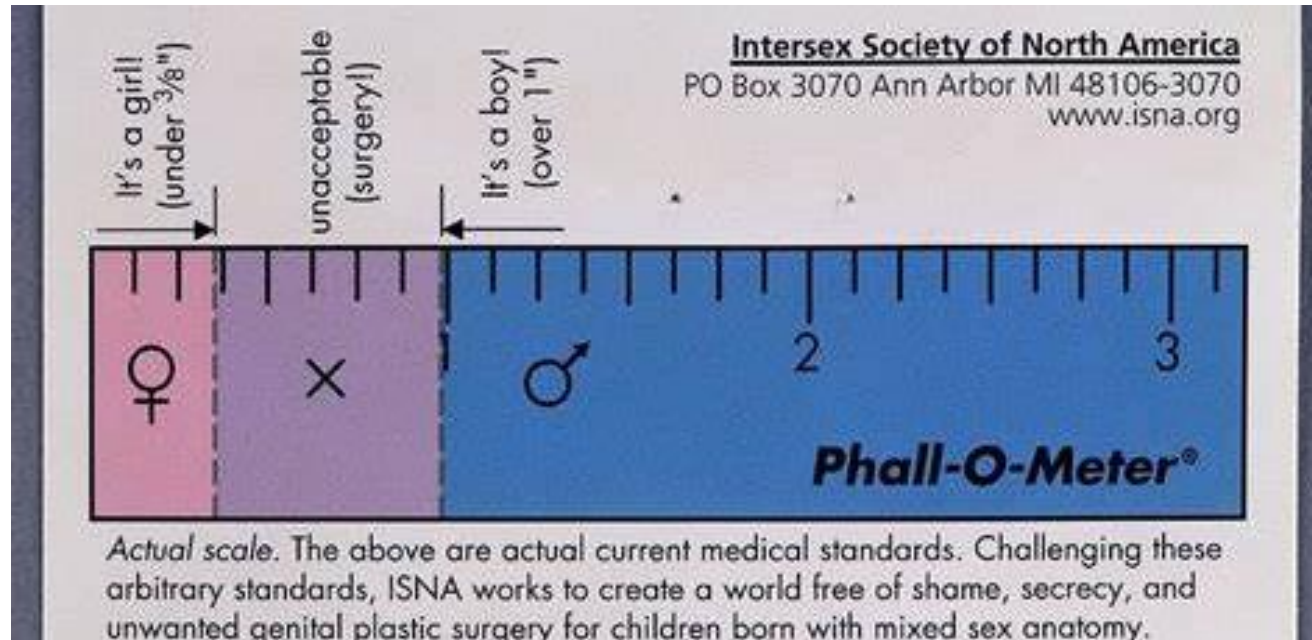
- 46, XX intersex
 - when the patient has the chromosomes of a female and the ovaries of a female, but the genitals appear to be male. The labia fuse together and the clitoris enlarges and appears to look like a penis. The 46, XX intersex patient typically has a normal uterus and fallopian tubes.
- 46, XY intersex
 - when the patient has male chromosomes but the external genitals are not completely formed or are clearly female genitals, or are ambiguous. The internal testes could be normal, absent, or malformed.
- **True gonadal intersex** patients have BOTH testicular tissue and ovarian tissue.
 - The patient may have XX chromosomes, XY chromosomes, or both.
 - The external genitals may appear as male, female, or ambiguous.
- **Complex or undetermined intersex** patients have different types of chromosome configurations. They can include 45, XO (only 1 X chromosome), 47 XXY, or 47 XXX.
 - This type of condition does not result in a difference between internal and external genitalia.
 - The problems resulting from this form of the disorder can include abnormal sex hormone levels, sexual development problems, and an altered number of sex chromosomes.

TYPES OF INTERSEX.

- OLD TERM IS HERMAPHRODITE.
- PPT - (HERMAPHRODITISM) POWERPOINT PRESENTATION, FREE DOWNLOAD - ID:2095414 (SLIDESERVE.COM)



-
- 5 Alpha Reductase Deficiency -
slide share
(slidesharetips.blogspot.com)



MEASUREMENT
FOR HOW A
CHILD WILL BE
ASSIGNED FEMALE
OR MALE.

A person with a backpack is seen from behind, standing on a rocky mountain peak. The sun is low on the horizon, creating a warm, golden glow across the sky and the rugged landscape. The person is wearing a red and black jacket and dark pants. The word "VOCABULARY" is overlaid in white capital letters on a dark rectangular background, with a thin orange line underneath it.

VOCABULARY

- **Cisgender**-describes individuals whose gender identity or expression aligns with the sex assigned to them at birth
- **Gender expansiveness**-conveys a wider, more flexible range of gender identity and/or expression than typically associated with the binary gender system.
- **Gender expression**-the manner in which a person communicates about gender to others through external means such as clothing, appearance, or mannerisms. The communication may be conscious or subconscious and may or may not reflect their gender identity or sexual orientation.

- **Gender Identity**-category of social identity and refers to an individual's identification as male, female, some of both or neither, and does not correspond to biological sex
- **Gender Dysphoria**-refers to discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics) (Fisk, 1974; Knudson, De Cuypere, & Bockting, 2010b).
- **Gender Non-Conforming**- 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, 2011).

FEMALE TO MALE

A MALE WHO WAS ASSIGNED FEMALE AT BIRTH

MALE TO FEMALE

A FEMALE WHO WAS ASSIGNED MALE AT BIRTH

NON-BINARY

- spectrum of gender identities that are not exclusively masculine or exclusively feminine—identities that are outside the gender binary.
- 20 states allow X as a sex designation including D.C.



OREGON NON-BINARY SEX DESIGNATION

AGENDER

- 'without gender', individuals identifying as having no gender.



BIGENDER

- Bigender, bi-gender or dual gender is a gender identity that includes any two gender identities and behaviors. Some bigender individuals express two distinct personas, which may be feminine, masculine, agender, androgyne, or other gender identities; others find that they identify as two genders simultaneously

POLYGENDER

- gender identity which can be literally translated as 'many genders.' Polygender people experience multiple gender identities, either simultaneously or varying between them. These can be male, female and/or any non-binary identities

GENDERQUEER

- Denoting or relating to a person who does not subscribe to conventional gender distinctions but identifies with neither, both, or a combination of male and female genders.

TWO- SPIRIT

- modern umbrella term used by some indigenous North Americans to describe certain spiritual people- gay, lesbian, bisexual, and gender-variant individuals.

A scenic view of a mountain valley at sunset or sunrise. The sky is a mix of orange, yellow, and light blue. Two bright, curved light streaks, one on the left and one on the right, frame the central text. The foreground is filled with a dense forest of evergreen trees, some with autumn-colored foliage. In the background, steep, rocky mountain peaks rise above the forest. A dark, semi-transparent rectangle is overlaid in the center of the image, containing the word 'ABBREVIATIONS' in white, bold, sans-serif capital letters. A thin blue horizontal line is positioned below the text.

ABBREVIATIONS



AFAB

ASSIGNED FEMALE AT BIRTH

AMAB

ASSIGNED MALE AT BIRTH



DIAGNOSTIC CRITERIA FOR GENDER DYSPHORIA

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS

FIFTH EDITION

DSM-5

AMERICAN PSYCHIATRIC ASSOCIATION

Gender Dysphoria in Children

A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least six of the following (one of which must be Criterion A1):

1. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender).
2. In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.
3. A strong preference for cross-gender roles in make-believe play or fantasy play.
4. A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender.
5. A strong preference for playmates of the other gender.
6. In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities.
7. A strong dislike of one's sexual anatomy.
8. A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.

B. The condition is associated with clinically significant distress or impairment in social, school, or other important areas of functioning.

Specify if:

With a disorder of sex development (e.g., a congenital adrenogenital disorder such as 255.2 [E25.0] congenital adrenal hyperplasia or 259.50 [E34.50] androgen insensitivity syndrome).

Coding note: Code the disorder of sex development as well as gender dysphoria.

Gender Dysphoria in Adolescents and Adults

A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least two of the following:

1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).
3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:

With a disorder of sex development (e.g., a congenital adrenogenital disorder such as 255.2 [E25.0] congenital adrenal hyperplasia or 259.50 [E34.50] androgen insensitivity syndrome).

Coding note: Code the disorder of sex development as well as gender dysphoria.

Specify if:

Posttransition: The individual has transitioned to full-time living in the desired gender (with or without legalization of gender change) and has undergone (or is preparing to have) at least one cross-sex medical procedure or treatment regimen—namely, regular cross-sex hormone treatment or gender reassignment surgery confirming the desired gender (e.g., penectomy, vaginoplasty in a natal male; mastectomy or phalloplasty in a natal female).

WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH (WPATH)

- The World Professional Association for Transgender Health (WPATH) is an international, multidisciplinary, professional association whose mission is to promote evidence-based care, education, research, advocacy, public policy, and respect for transgender health. The vision of WPATH is to bring together diverse professionals dedicated to developing best practices and supportive policies worldwide that promote health, research, education, respect, dignity, and equality for transsexual, transgender, and gender nonconforming people in all cultural settings.
- formerly known as the Harry Benjamin International Gender Dysphoria Association.

Hormone Therapy Criteria

(WPATH SOC)¹

- Referral from one mental health provider
- Persistent, well documented **Gender Dysphoria**
- Informed consent capacity
- Age of majority
- Reasonably well controlled medical and mental health concerns

Hormone Therapy Informed Consent

(WPATH SOC)¹

- May result in irreversible physical changes
- Document
 - Comprehensive information provided
 - Possible benefits
 - Risks
 - Impact on reproductive capacity



PUBERTY BLOCKERS

LEUPROLIDE ACETATE

- **Pharmacology**-Leuprolide, is an agonist of gonadotropin releasing hormone (GnRH) receptors. Acting as a potent inhibitor of gonadotropin secretion, leuprolide produces an initial increase in luteinizing hormone (LH) and follicle stimulating hormone (FSH), which leads to a transient increase (5 to 12 days [Cook 2000]) in testosterone and dihydrotestosterone (in males) and estrone and estradiol (in premenopausal females).
- **Metabolism**- smaller inactive peptides, a pentapeptide (Metabolite I), tripeptides (Metabolites II and III) and a dipeptide (Metabolite IV). Then eliminated through urine.
- **Adverse Reactions**-Angina, PE, MI, Dysphagia, Anxiety, Nervousness, Syncope, Ecchymosis, Bradycardia, Stroke, TIA, Auditory Hallucinations.
- **Brand Names**- Eligard, Lupron Depot, Lupron Depot-Ped, Lupron Depot (3 month), Lupron Depot (6 Month), Lupron Depot (4 month), and Lupron Depot-Ped (3 month)

HISTRELIN ACETATE

- **Pharmacology-** Potent inhibitor of gonadotropin secretion; continuous administration results in, after an initiation phase, the suppression of luteinizing hormone (LH), follicle-stimulating hormone (FSH), and a subsequent decrease in testosterone and dihydrotestosterone (males) and estrone and estradiol (premenopausal females). Testosterone levels are reduced to castrate levels in males (treated for prostate cancer) within 2 to 4 weeks.
- **Metabolism-** Hepatic via C-terminal dealkylation and hydrolysis
- **Adverse Reactions-** MI, Sudden Cardiac Death, Stroke, Hyperglycemia, Emotional Lability, Irritability, Anger, Aggression, Seizures.
- **Brand Names-** Supprelin LA, Vantas

A wide-angle photograph of the Colosseum in Rome during sunset. The sun is low on the horizon to the left, creating a bright lens flare and casting a warm, golden glow across the scene. The sky is filled with soft, pinkish-orange clouds. The Colosseum's iconic tiered arches are visible, with the right side of the structure appearing in deep shadow. In the foreground, there is a paved plaza and some greenery on the right.

AFAB MEDICATIONS

TESTOSTERONE

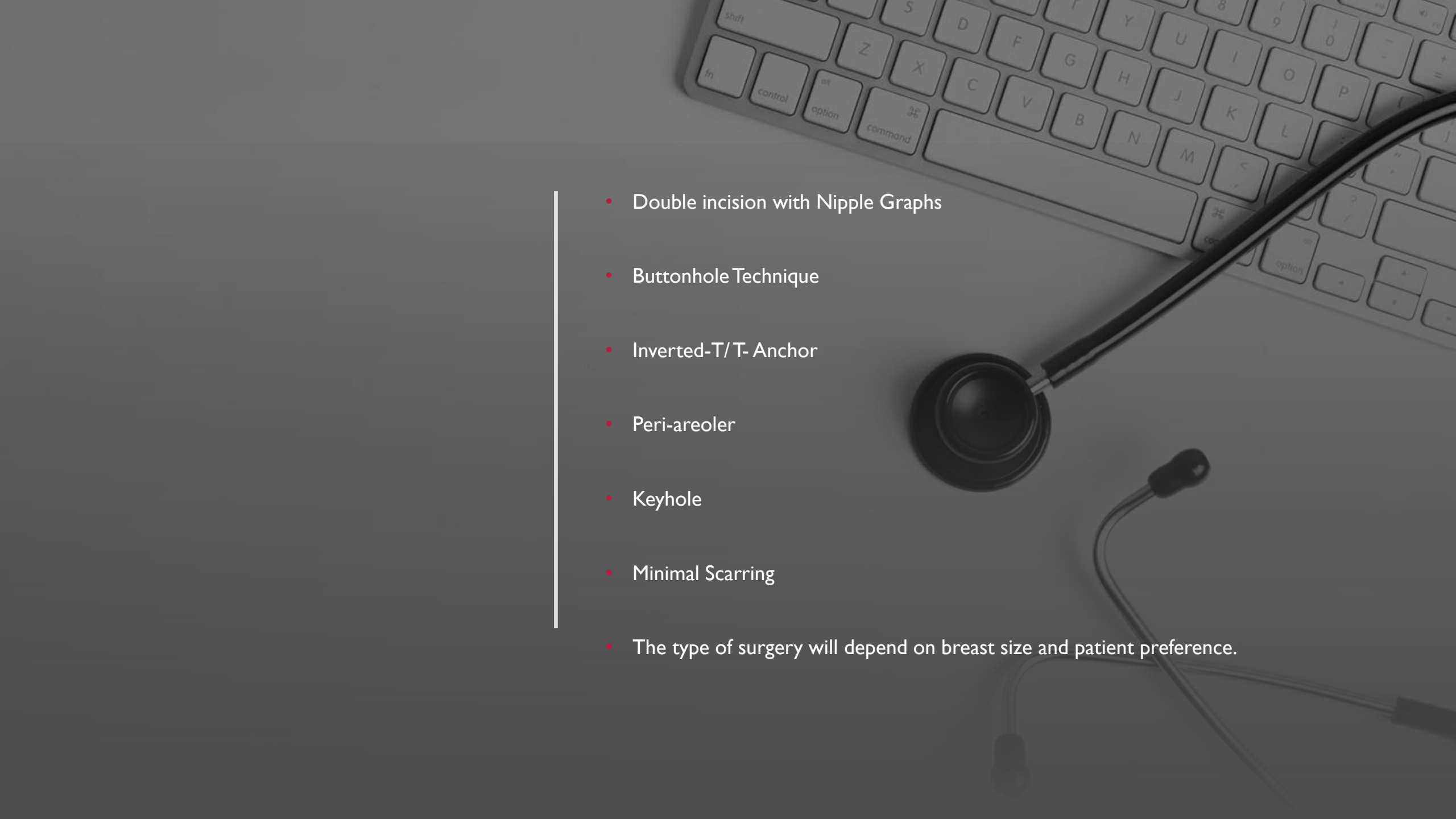
- **PHARMACOLOGY**-Endogenous androgens are responsible for normal growth and development of the male sex organs and maintenance of secondary sex characteristics.
- **ADVERSE REACTIONS**- Male patterned baldness, MI, Retention of sodium, chloride, water, calcium, potassium and inorganic phosphates. Nausea, TIA, PE, Cardiac Arrest, Hypertrophic Cardiomyopathy, CHF, CVA, Hepatotoxicity, Depression, Mania, Paranoia, Psychosis, Delusions,

TESTOSTERONE CHANGES

- Thickening of the vocal chords and deepening of the voice
- Facial hair growth (mustache and/or beard growth)
- Increased body hair growth (notably on arms, legs, chest, belly, and back)
- Increased body musculature
- Enlargement of the clitoris
- Cessation of menses (monthly periods)
- Potential hair loss at the temples and crown of the head, resulting in a more masculine hairline; possibly male-pattern baldness
- Migration of body fat to a more masculine pattern (i.e., fat deposits shifting from hips, thighs and buttocks to the abdomen area)
- Increased activity of the skin's oil glands (i.e., skin becomes more oily, which may result in acne)
- Increase in red blood cells (RBC)
- Change in cholesterol levels may occur-- the "good" cholesterol (HDL) may go down and the "bad" cholesterol (LDL) may go up.
- Scent of body odors and urine may change
- Skin may become rougher in feeling and/or appearance.
- Increase in sex drive

A dramatic, low-key photograph of a person standing on a dark, rocky outcrop. The person is silhouetted against a bright, ethereal light source that creates several distinct, vertical rays of light (crepuscular rays) shining down from the top of the frame. The overall atmosphere is mysterious and contemplative. The person is positioned slightly to the left of the center, looking towards the right.

AFAB TOP SURGERIES

- 
- Double incision with Nipple Graphs
 - Buttonhole Technique
 - Inverted-T/T-Anchor
 - Peri-areolar
 - Keyhole
 - Minimal Scarring
 - The type of surgery will depend on breast size and patient preference.

MY TOP SURGERY JUNE 2ND 2016





CHEST REVEAL VS 1 YEAR POST OP

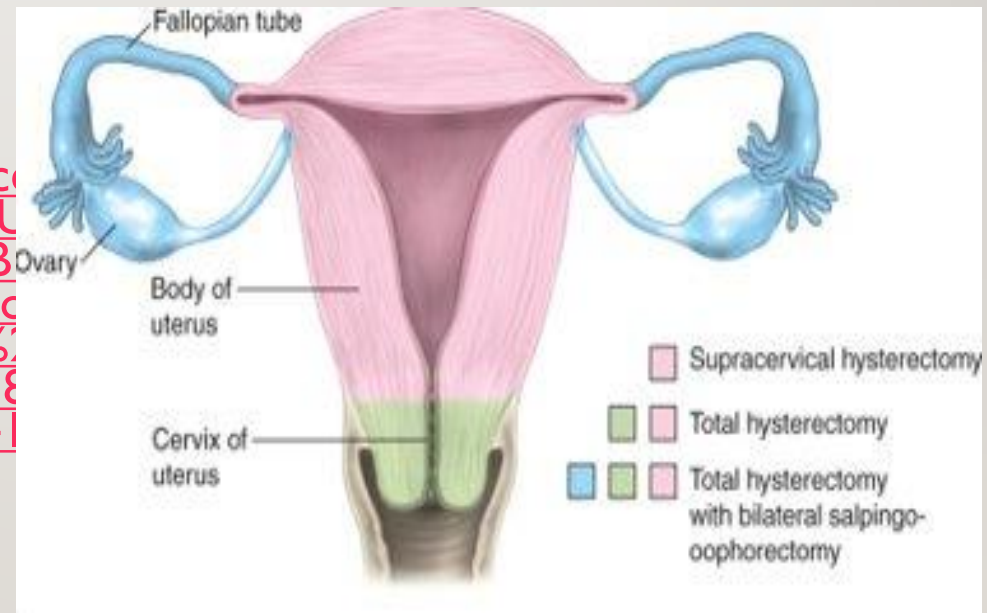




AFAB BOTTOM SURGERIES

HYSTERECTOMY

- Mine was Jan 2nd 2018
- <https://www.google.com/url?sa=i&source=images&cd=&cad=rja&uact=8&ved=2ahU-Ewijz4Vt5JzkAhVrHjQIHQIGBW4QjB-BAgBEAM&url=https%3A%2F%2Fwestlondonynaecologyclinic.co.uk%2Fservices%2Fhysterectomy%2F&psig=AOvVaw2C4hhJ8VWj8upkjRkMNx9O&ust=15667799144190>



TYPES OF PHALLOPLASTY

FREE FLAP

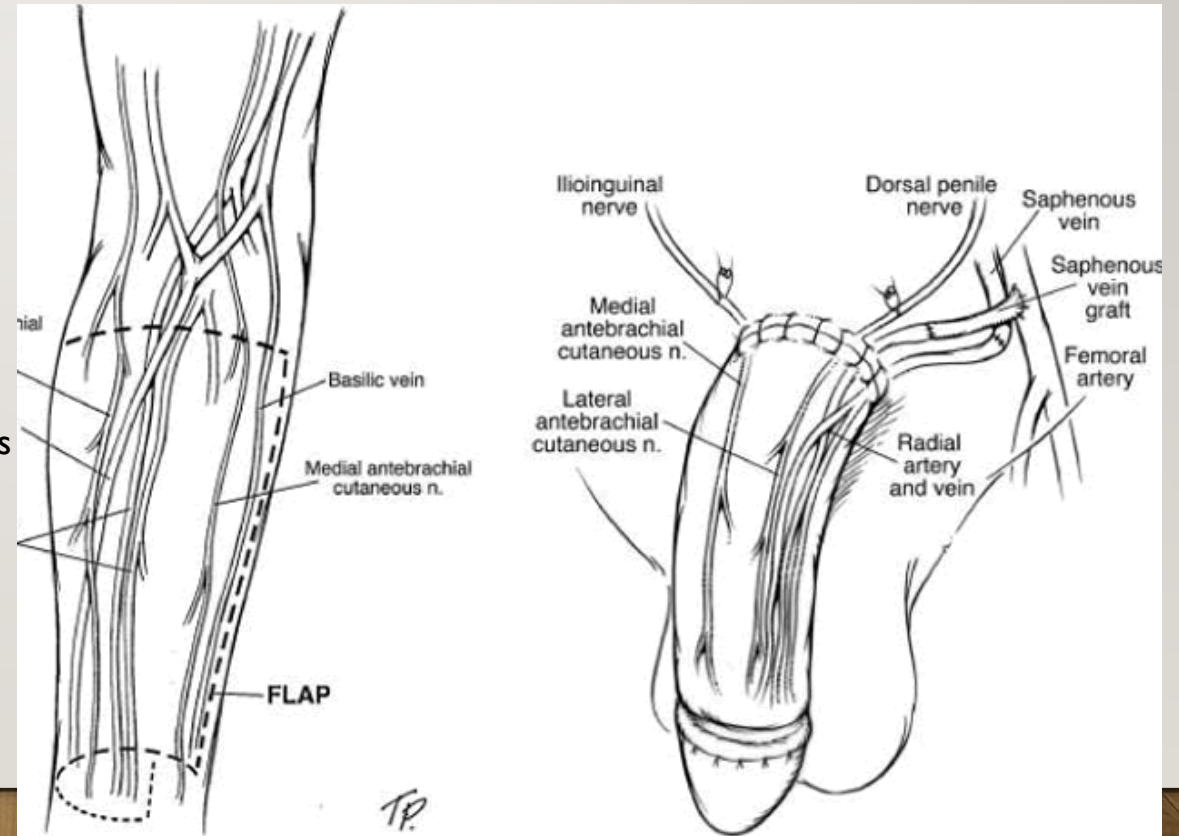
- Free-Flap Phalloplasty- Skin graft that's freed from the donor site—along with its blood supply, nerves and sometimes muscle—and transferred to the recipient site. Free Flap Phalloplasty techniques typically include microsurgical nerve connection (anastomosis), providing a sensate penis with erotic and/or tactile sensation.

PEDICLED FLAP

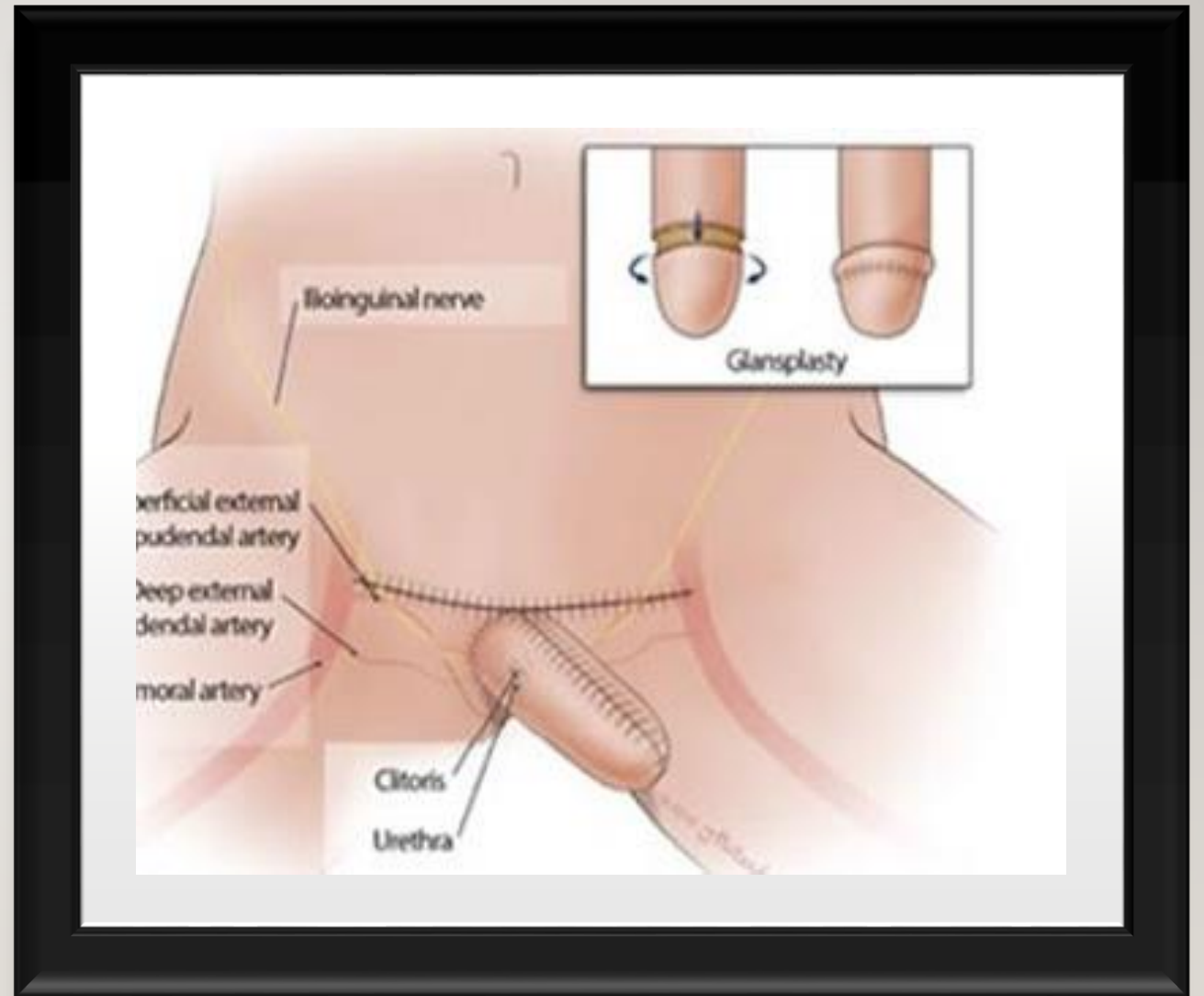
- Pedicled Flap Phalloplasty uses a skin flap that has one end left attached to the donor site and the other transposed to a new location, keeping the "pedicle" intact to retain blood supply.

RADIAL FOREARM PHALLOPLASTY

- A) the outline of the radial forearm phalloplasty flap on the arm. The lateral and medial antebrachial cutaneous nerves can be coapted to the ilioinguinal and dorsal penile nerves. The radial artery of the flap can be anastomosed to either the profunda femoris, lateral circumflex femoral, circumflex iliac, or the inferior epigastric artery. The venae comitantes and the cephalic vein of the flap can be anastomosed to branches of the greater saphenous vein. (B) Illustration of the flap following inset, anastomosis, and coaptation. Source: Semin Plast Surg. Aug 2011; 25(3): 196–205.



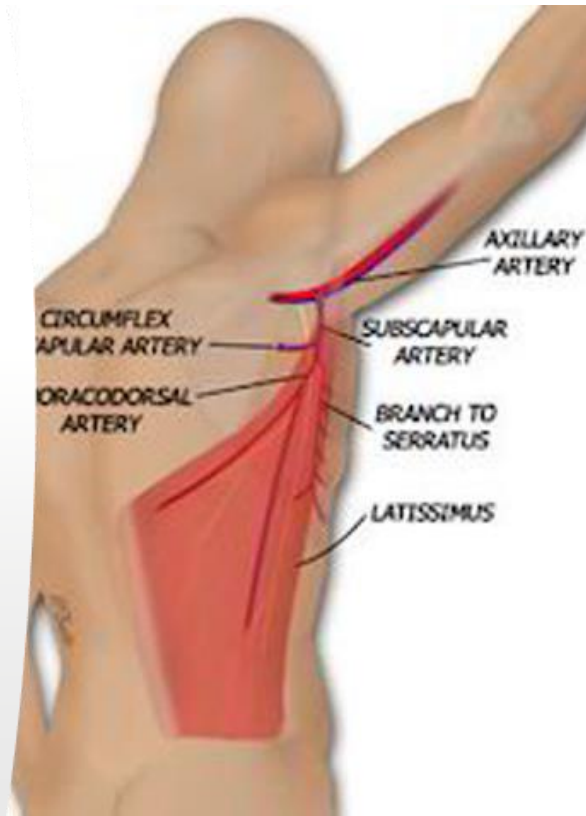
ABDOMINAL PHALLOPLASTY



BENEFITS OF ABDOMINAL PHALLOPLASTY

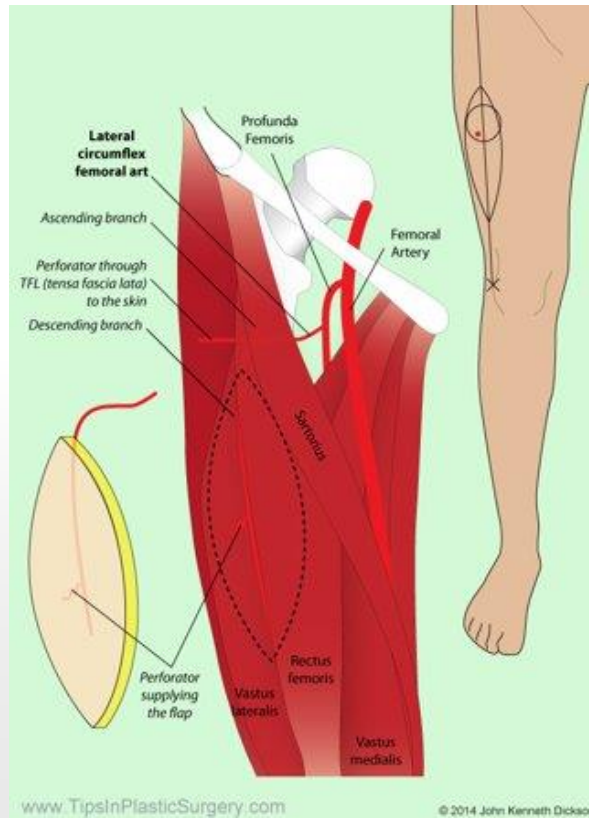
- Benefits of this type of Phalloplasty include:
- Concealed graft site
- No secondary graft required
- Shorter operative time and recovery
- No urethral complications (since Urethroplasty is not typically performed)
- Less expensive than microsurgical Phalloplasty

MUSCULOTANEOUS LATISSIMUS DORSI FLAP (MLD)



- The musculocutaneous* latissimus dorsi (MLD) flap utilizes part of a back muscle and includes the thoracodorsal vessels and nerve. The blood supply is connected to the femoral artery and saphenous vein or the deep inferior epigastric artery and vein, while the nerve is connected to the ilioinguinal nerve

ANTEROLATERAL THIGH (ALT) FLAP



- The Anterolateral Thigh (ALT) Flap is made of skin, fat and fascia. The descending branch of the lateral femoral circumflex vessels supplies blood to the flap and the lateral femoral cutaneous nerve provides innervation.
- Can be free flap or Pedicled

ALT FLAP STAGES



PHALLOPLASTY RISKS

- Urethral fistula
- Urethral stricture
- Flap failure and loss
- Wound breakdown
- Pelvic bleeding or pain
- Bladder or rectal injury
- Prolonged need for drainage www.healthline.com

DONATION SITE RISKS

- Unsightly scarring or discoloration
- Tissue granulation
- Decreased mobility
- Bruising
- Decreased sensation
- Pain

GLANSPLASTY



- In Munawar's procedure, a circumferential skin flap is raised distally about 5 mm in width and folded back on itself to create a coronal ridge.
- The Norfolk procedure refers to the interposition of a skin graft in Munawar's procedure. It creates a more normal neoglans as assessed by patients themselves and by surgeons. Split-thickness skin graft (SSG) produces a more normal-looking coronal sulcus than full-thickness skin graft (FTSG) in the Norfolk procedure.
- Other glansplasty procedures include the Gottleib design, which uses labial tissue for improved pigmentation of the glans, and the Horton technique, which involves raising a circumferentially deepithelializing skin flap at the level of the proposed coronal ridge, which is then rolled-up, suturing the free edge of the flap to its own base; thus, forming a ridge.

- <https://www.phallo.net/procedures/glansplasty-munawar-norfolk.htm>



METOIDIOPLASTY

- Metoidioplasty takes advantage of the testosterone induced growth of the clitoris, and includes lengthening and straightening of the testosterone-enlarged clitoris to create a neophallus, urethral lengthening to enable voiding while standing, and scrotal reconstruction with insertion of testicle prostheses. It is often performed in one stage.

SIMPLE METOIDIOPLASTY

- The Simple Metoidioplasty (SM) is a release of the testosterone-enlarged clitoris/phallus from the labia minora.

The released hood is sewn along the midline undersurface to fashion a convincing male penis. The penis is bulked by use of the labial subcutaneous tissue and levator musculature.

RING METOIDIOPLASTY

- Ring metoidioplasty uses a flap of tissue from the anterior vaginal wall, along with the labia minora, to create the urethral extension, instead of tissue from the mouth (buccal mucosa.) Additionally, the clitoral chordee is released. The result is a lengthened phallus with added girth, and the ability to urinate while standing.



AMAB MEDICATIONS

ESTROGEN

- **Pharmacology**-Estrogens are responsible for the development and maintenance of the female reproductive system and secondary sexual characteristics.
- **Metabolism**-Hepatic
- **Adverse reactions**-Edema, Hypertension, CVA, MI, Dementia, Headache, depression, anxiety, dizziness, anaphylaxis, back pain, weakness, may exacerbate asthma
- **Brand names**-Alora, Climara, Delestrogen, Depo-Estrodiol, Estrogel,

CHANGES FROM ESTROGEN

- **Permanent Changes**

- Breast development
- Enlarged nipples
- Stretch marks

- **Temporary Changes**

- Redistribution of fat
- Reduced muscle development
- Decreased libido
- Changes in the texture of the skin
- Significantly reduced and lightened body hair
- Ocular changes- the lens of the eyes changes in curvature
- Reduced gonadal “gonads” size
- Less prominence of veins
- Possible hair growth in balding areas
- Eyebrow hair becomes less “bushy”



FINASTERIDE

- **Pharmacology-** Blocks the action of an enzyme called 5-alpha-reductase. This enzyme changes testosterone to another hormone that causes the prostate to grow or hair loss in males.
- **Metabolism-** Hepatic
- **Adverse reactions-** Orthostatic hypotension, Dizziness, Decreased Libido, Impotence, Weakness, Edema, Drowsiness, Gynecomastia, Dyspnea.
- **Brand names-** Propecia, Proscar

CHANGES FROM FINASTERIDE

- RAISES ESTROGEN LEVELS
 - REDUCES THE CONVERSION OF TESTOSTERONE TO DHT.
 - REGROW HAIR IN THIN AREAS
 - SLOWS DOWN OR HALTS HAIR LOSS
-
- [HTTPS://WWW.BERNSTEINMEDICAL.COM/MEDICAL-TREATMENT/PROPECIA-FINASTERIDE/](https://www.bernsteinmedical.com/medical-treatment/propecia-finasteride/)

SPIRONOLACTONE

- **Pharmacology**-Competes with aldosterone for receptor sites in the distal renal tubules, increasing sodium chloride and water excretion while conserving potassium and hydrogen ions.
- **Metabolism**-Hepatic to multiple metabolites
- **Adverse reactions**-Vasculitis, Ataxia, Confusion, Headache, Lethargy, Hyperkalemia (no NSAIDS), Diarrhea, Nausea, Vomiting, Acidosis
- **Brand names**- Aldactone

CHANGES FROM SPIRONOLACTONE

- Lowers testosterone production and blocks the affects of testosterone
- Decreased facial and body hair growth
- Decreased progression of male pattern baldness
- Decreased libido, erections, and testical size
- Mild breast growth (irreversible)
- Allow estrogens to have more pronounced effects
- Decreases conversion of testosterone to DHT (dihydrotestosterone)

• <https://www.sfdph.org/dph/files/THS2/PtEducationDocumentationFeminizingHormoneTherapy-122313.pdf>

Facial Feminization Surgery Explained

COMMON PROCEDURES

by FacialFeminization.net

UPPER THIRD

Hairline Correction
Forehead Recontouring
Brow Lift

MIDDLE THIRD

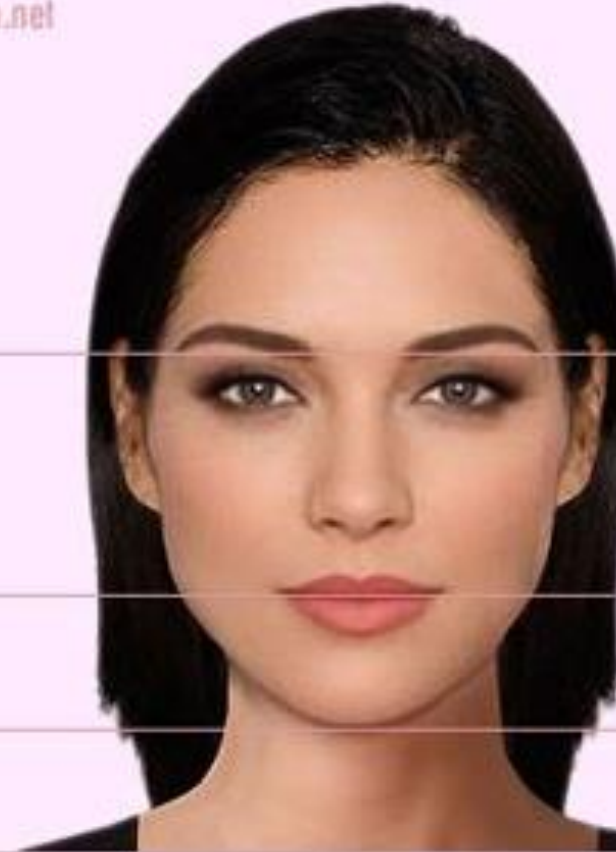
Cheek Augmentation
Rhinoplasty
Lip Lift & Augmentation

LOWER THIRD

Chin Recontouring
Jaw Recontouring

NECK

Tracheal Shave





VAGINOPLASTY SURGERIES

PENILE INVERSION

- To create the vagina, the majority of skin from the shaft of the penis is inverted and used to line the vaginal cavity created in the perineum. If additional tissue is required to create a vagina of acceptable depth, skin grafts can be harvested from the abdomen or scrotum. Erectile tissue is removed so that sexual arousal doesn't cause narrowing of the vaginal opening or protrusion of the urethral opening and clitoris.
- The urethra is shortened and the urethral meatus is relocated to the appropriate female position. A small, sensate clitoris is created from a small portion of the glans which is left attached to its nerve and blood supply. Labia minora and majora are constructed from penile skin and scrotal skin.
- The prostate gland, which is typically well-atrophied from hormone replacement therapy, is not touched. The vagina is created behind the prostate. Any future required examination of the prostate would thus occur via the vagina.
- Post-operative use of vaginal dilators for at least 6 months is required after surgery to maintain depth and diameter, though Penile Inversion Vaginoplasty has a lower risk of vaginal contraction versus techniques that employ non-genital, split-thickness skin grafts. ([Bizic, 2014](#))

RECTOSIGMOID VAGINOPLASTY

- A sigmoid colon section approximately 3-4" in length is harvested as a pedicle flap, with the neurovascular bundle, through an abdominal incision or laparoscopy, then the rest of the colon is reconnected. The sigmoid colon section is connected to the perineum using genital skin flaps. Orchiectomy, Penectomy, Labiaplasty and Clitoroplasty are also performed as required.

PERITONEAL PULL THROUGH

- First described in Russian literature, the Davydov Procedure uses abdominal (peritoneal) lining for the creation of the neo-vagina in women born without a vaginal canal.
- During surgery, a laparoscope and several instruments are inserted through small 5-8 mm incisions on the abdomen. These instruments allow dissection of the potential space between the lower urinary tract (urethra, prostatic urethra, and bladder) and rectum. This space will become the future vagina. Peritoneum flaps can be pulled through to the area between the urethra and the rectum to line a portion of the vaginal canal. The top of the vagina is separated from the abdominal contents by closing the peritoneal lining approximately 15 cm from the vaginal opening. Source: MoZaicCare.net

RISKS AND COMPLICATIONS

- A 2015 study concluded that the most common complication was narrowing of the vagina (12%-43% of patients, depending on technique).
- Changes in Urine stream and increased risk of Urethral infection
- Tissue Necrosis, rectal injuries, fistulas, deep vein thrombosis, and pulmonary embolism.
- With the Rectosigmoid Colon technique specifically, diversion colitis, adenocarcinoma of neovagina, introital stenosis, mucocele and constipation(abdominal Pain?) have been reported

VULVOPLASTY

- Vulvoplasty is known by many other names, most notably: Zero Depth Vaginoplasty, Shallow Depth Vaginoplasty, and Limit Depth Vaginoplasty; Cosmetic Vaginoplasty; No Cavity SRS and Partial SRS.
- Gender affirming procedure that removes the penis, scrotum and testicles, creates the labia and clitoris, and re-positions the urethral opening. Unlike [Vaginoplasty](#), Vulvoplasty does not include the creation of the vaginal canal, though in most cases, a vaginal introitus dimple can be constructed (ie, Shallow Depth Vaginoplasty.) The surgery is shorter and risks to adjacent structures such as the rectum are decreased. (Salim, et al.)

ORCHIECTOMY

- Removal of Testicles
- Orchiectomy results in sterility, and can reduce sex drive and masculine characteristics such as beard growth due to the loss of testosterone.



KEY TAKEAWAYS

- Patient care begins with using chosen name and pronouns.
- If you misgender them its ok correct yourself and move on.
- Spironolactone =Hyperkalemia
- Estrogen can mask migraines, increases risks of CVA, PE, MI
- Finasteride can cause Orthostatic Hypotension
- Testosterone increases risks of CVA, MI, PE, Psychosis (if T levels are high.)
- For chest pain calls on a transgender patient use sex assigned at birth for sex designation on 12-lead if the algorithm has gender specific criteria.
- Trans Female bleeding from vaginoplasty use ABD pad to control bleeding.

- If patient hasn't had a legal name change, for charting purposes, use name and gender on Government issued I.D.
- In the narrative make the statement the patient is transgender and goes by Taylor and uses male pronouns so going forward I will refer to the patient as such.
- This makes the chart accurate for billing and respects how the patient identifies.
- Not all transgender people will have surgery or want to be on hormones