

Men's Health Forum

Trans Man

Draft for comment

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1. Introduction: your body, your health

Who is this guide for?

This guide is aimed at people who were registered as (assigned) female at birth and who are moving (transitioning) or are interested in moving towards a male or more masculine identity. This includes, but is not limited to, man, trans man, trans masculine, non binary, androgynous, boi, gender fluid, and genderqueer identities.

We have thought long and hard about how we can be inclusive in this guide and to make it easier to read have decided to use the term 'trans man' as a short hand to include all of these identities. Even though it may not explicitly describe your identity, you are still included.

The guide is written for trans men by trans men. It includes the various aspects of transition healthcare as well as information to help you make decisions about your own wellbeing and deal with the challenges you might encounter when dealing with a health care system (and wider society) which can still tend to think in terms of two fixed genders.

The words we use

Language is both very important and very individual. We each have words that we like to use, words we don't feel comfortable with or even hate.

Language within trans communities is developing and the same word can mean different things to different people. When writing this guide, we have tried to use words sensitively and be aware of how the language may make people feel. We have tried to be as inclusive and clear as possible and to use medical terminology where needed (and avoid placing gender on these words) so that we're clear about what is being discussed. You may not identify with all of the language used here, but we hope that it is still accessible to you and you feel able to take the information you need from it.

Your Body, Your Choice

Please take from this guide whatever you want. There are lots of links to further information and support.

But remember this isn't a check list for how to transition. That doesn't exist. It's entirely up to you to

decide what is important for you.

This guide aims to give you information on the possibilities but this doesn't mean that you have to go through all these steps or procedures or that you have to do them in a certain order or even that you have to do any of them at all. The information is here if you need it.

Try not to rush into decisions now, especially if you're unsure, as it's much harder to reverse the process if it turns out not be right for you. But you can always change your mind in the future and go ahead with something later if it becomes important to you. It's up to you to tell people what you need and what's important to you, so be honest with yourself and with medical professionals. Take responsibility for your life and your needs.

Look after your body

This guide doesn't just give information on options for transition, but also on general well-being and lifestyle. For some of us it can be hard to acknowledge our bodies or to look after them. Some of us can feel angry and may try to punish ourselves and our bodies. However, looking after your health and respecting yourself has many benefits. You will have more energy, your mental health will improve and you'll find some of the stresses you may face, much easier to deal with.

2. How the NHS can help

If you want to change your body, there are a number of options - some big, some small. The NHS can help with many of them.

Can I get medical treatment?

Yes. To help us feel more comfortable in our bodies and to help others see us for who we are, it is possible for trans people to medically transition (get medical treatment) on the NHS or through a private route.

This guide concentrates on the NHS. There are many options for treatment - it's up to you to decide which ones are best for you.

People make decisions based on many things including what they feel they need, their relationship with their body, cultural or religious influences and what they can physically or financially cope with. Take your time to make these decisions and find out as much as you can before you go ahead. Some people like to read about the options and/or to speak to people who have already gone through a medical transition.

How do I access services?

For everyone who wants or needs to get help from the NHS and is aged 18 or over, the first place to go is to your GP. Tell them about how you feel and that you want a referral to one of the specialist gender services or Gender Identity Clinics (GIC). You are able to choose which one you'd prefer to go to. Some clinics have longer waiting times than others and you may have to wait a year or sometimes longer before you get your first appointment.

What do I do if my GP hasn't come across it before?

You might find that your GP doesn't know much about healthcare for trans people, that they don't know how to refer you or may even refuse to help you¹. Many GPs have not got much of an idea about trans issues unless they already have patients who are trans.

It is really important to get a GP who is supportive, as they will help support you through the process and will have a role in your care. If your GP seems supportive and willing to learn, point them in the right direction. There are lots of resources and information they can access to inform themselves. The charity GIRES have developed an e-learning resource for GPs - details on page XX.

If you find that your GP isn't willing to help you or you feel uncomfortable with them, then find a new one (see page XX). This could be another doctor in the same practice or a doctor in a different practice if you have another surgery nearby.

Where are the Gender Identity Clinics in the UK?

There are seven GICs² across England:

- Northumberland
- Leeds
- Sheffield
- Nottingham
- Newcastle
- London
- Exeter

There is one in Scotland based in Glasgow and one in Northern Ireland based in Belfast. Check the back of the guide for more information on each clinic.

What services are available from the NHS?

There are many options for treatment and support available from the NHS and it's up to you which ones you decide to have and which ones you decide aren't necessary for you. It's also OK to change your mind if you decide you do want some form of treatment later on. It could be a few months or a few years later. You can access psychological support (talking to people about how you feel), hormone treatment and surgery.

There are separate sections in this guide which go into these in more detail. The section on hormones is on page XX; the section on options up top on page XX and the section on options down below on page XX.

What should I wear for my first GIC appointment?

At your first appointment, make sure you're comfortable. There's no need to dress in a certain way or style, wear whatever makes you feel confident and comfy.

What should I take to my first GIC appointment?

You may want to take some supporting information along with you, such as:

- a name change document (if you have one, but don't worry if you don't),
- a list of medication that you're on and
- any letters or documents relating to previous treatment (if you have any).

It might help to take a list of any questions you have or points that you want to talk about, so that you don't forget.

Most services allow you to take someone with you to support you and it also helps to have another pair of ears there to remember things that have been discussed.

Feel free to take notes as well, if that helps³.

What can I expect in my first appointment?

Different clinics across the UK work in slightly different ways, but at all of them you'll have to go through an initial assessment. This could involve two or three appointments as in most places they like you to see a couple of different clinicians.

The specialist will probably want to ask questions about your history. These will probably include questions around how you felt as a child, your relationships with your family; how you feel about your body and about other relationships you may have had. They're not trying to trip you up or make you feel uncomfortable, they're just trying to get to know you a bit better. It might seem quite personal and some of the questions might feel uncomfortable for you. If it does, then let them know, but be honest with them about how you feel⁴.

I'm 17 or under, can I still access services from the NHS?

Yes, people of all ages are able to access gender services on the NHS.

If you are under 18, get referred to a specialist service called Gender Identity Development Services (GIDS) at the Tavistock and Portman Clinic. Their main clinic is in London, but they also have a small clinic based in Leeds. There is also a service in Northern Ireland called Knowing Our Identity, based in Belfast. They will help you to explore your gender identity and expression and can also work with your family and help them understand what you're experiencing.

You can be referred to the service through your GP, your school nurse or your local Child and Adolescent Mental Health Service (CAMHS), which you can access by going to your GP. Although you or your family can't refer you direct, you can contact the clinic for information on referrals.⁵

3. Know your Rights

Transition, however you choose to do it, can be a confusing process. This section will try to explain your rights.

What if my GP is not supportive?

Change your GP. If you want to medically transition, you need your GP on your side to write referral letters for surgery and prescribe you hormones.

The best people to ask for information about local supportive GPs are local trans support groups. Contact your local LGBT charity for details. If you don't have any local groups or a local LGBT charity, you can ask on online forums and Facebook groups.

My GP will not give me a prescription for my hormones

Gender dysphoria is a recognised medical condition and specialised consultants in this field have prescribed your treatment. Your GP should follow the guidance of your GIC who have prescribed the Sustanon.

Sustanon is the testosterone hormone-replacement therapy specifically licensed for trans men. It is unethical for the GP not to prescribe hormones. Consider changing your GP if they persist.

I can't use Sustanon – but my GP won't prescribe anything else

Only Sustanon is formally licensed for treating trans men but your GP should prescribe some other form of testosterone hormone-replacement therapy. (There is more on the various options in our section on hormones - see page XX.)

Some trans men have had their GPs say they are not allowed to prescribe some hormone treatments because of the cost. True, there are big variations in costs - some are about ten times the price of Sustanon - so suggest to your GP that you consider the alternatives together. Again if your GP is uncooperative, consider changing.

There is guidance from the General Medical Council about prescribing unlicensed hormones ('Pre-

scribing Guidance: Prescribing unlicensed medicines') - full details on page XX.

I'm not sure the GIC really understand what I want

If you are under the care of a GIC, remember this is your transition and your choices. Don't get talked into something you don't want. If you have gone as far in your transition as you want and your GP is prescribing what you need, you don't need to go to the clinic any more.

What about taking time off work for surgery or visiting the gender identity clinic?

Under the Equality Act, your employer cannot ask that you take annual leave time for your treatment - you are entitled to sick pay.

Different employers have different policies. (The civil service, for example, allows up to 6 months on special leave on full pay which goes down to half pay after any 6 months in one year.) Under the law, policies need to be consistent and fair - they cannot have one policy for surgery for, say, cancer and another for surgery for gender reassignment. It is very unlikely that you will be off work for 6 months in total in one year for any of the surgery described in this booklet.

I don't want to be 'out' at work – what should I say when I need time off for surgery?

Just tell them you are having an operation and need time off.

All they need to know is how much time you will be off to recover. You can get your GP to be vague on your 'fit for work' note, so maybe they could write 'abdominal surgery' or 'chest surgery' and not go into any more details.

Can I get help with travel expenses to hospital?

If you are on a very low income and/or benefits you can claim back your travel expenses under the Healthcare Travel Costs Scheme (HTCS).

Can I get treatment if I am under a section in a mental health hospital?

You are entitled to treatment as gender dysphoria is a recognised medical condition but the process may take a little longer.

You will have to wait until you are back in the community before you can get signed off for surgery but you are entitled to other gender reassignment treatments like hormones.

For more information see the good practice guidelines from the Royal College of Psychiatrists listed on page XX.

If you have mental health problems, be proactive in making yourself as stable as you can. Transition doesn't stop because of being seriously mentally unwell, but it can delay it. Try to remember it is only a delay.

I have a learning disability – can I still transition?

You are entitled to treatment. Your support service should read the good practice guidelines from the Royal College of Psychiatrists (particularly Appendix 1 page 32 for the process) - full details on page XX.

My GP is saying I don't need a hysterectomy – what can I do?

Speak their language. Having a hysterectomy is part of what is called in the NHS jargon your 'gender reassignment care pathway'. This means it is part of your treatment. Show your GP the good practice guidelines from the Royal College of Psychiatrists mentioned above and the information for GPs and other healthcare staff prepared by the GICs: Gender dysphoria services: a guide for General Practitioners and others - full details on page XX.

4. How to handle your hormones

Hormones are the body's chemical messengers. They are key to how you look and feel. This section tells you all you need to know about hormones.

What is testosterone?

Testosterone is the most important male hormone (although women also produce it at a lower level)

If you start testosterone hormone replacement therapy (HRT) you will go through a male puberty which will bring about physical changes. You will need to be on testosterone throughout your life – particularly if you are to have your ovaries removed as it may help prevent brittle bones (osteoporosis).

Which is the best way to take testosterone?

There are different ways to take testosterone and after a few years, people usually find a way which suits them.

Sustanon 250mg, which is the testosterone hormone-replacement therapy specifically licensed for trans men, is given as an injection every 2-3 weeks. Sustanon is suspended in peanut oil.

Other injectable forms of HRT include Testosterone Enanthate 250mg (which is suspended in castor oil if you are allergic to peanuts and also given every 2-3 weeks), or Nebido 1g (injected every 3 months.)

These are intramuscular injections – usually in your bottom or thigh. Some trans men get a nurse at their GP surgery to do this; some do it themselves.

I don't like the idea of injections

Injections can be stressful but if it is injected in the right place, all you should feel is a small prick on your skin. However, injections may wear you down a bit in the long-term.

What are the alternatives?

There is **gel** with brand names like Testim (in tubes), Tostran (in a pump container) and Testogel (in sachets). Gel is applied to the skin daily. But cover up if cuddling other people just after applying the gel as it can be transferred!

There is an **implant** available which goes under the skin and slowly releases testosterone over a few months. This method is not so popular as implants can come out through the skin and/or leave a scar. ⁶

Testosterone can also be taken orally through a **pill** (Restandol 40mg, which needs to be taken 3 times a day) but it is not recommended for use at the levels needed by trans men as it can cause liver damage.⁷

Many people are quite happy with gel but we're all different and if you're not sure the method you're using is right for you, discuss it with your specialist. But try not to be too impatient and give it a few months.

I am 10 years old - can I stop my body going through a female puberty?

If you are under the care of the Tavistock and Portman Gender Identity Development Service or Knowing Our Identity, (see page XX), they may wait until the first signs of puberty and prescribe you with Goserelin or Leuprorelin. This is a subcutaneous (under the skin) injection which halts the puberty. If your gender identity remains the same by the age of 17 you can then be prescribed testosterone.⁸

Can you buy hormones on the internet?

This is not a good idea as you don't know what you are getting. There is no quality control, they are usually massively overpriced and may not be hormones at all.

What will happen when I start hormones?

You will begin to go through a menopause (if you have ovaries) as well as puberty at the same time, which can have many affects on your body and how you feel.

Your periods usually stop after around 2 months (but it can't take longer - don't worry). You may notice changes in your voice - usually beginning with a sore throat - and/or develop acne on your back, neck and your face.

Remember, this is a second puberty so you may feel more inclined to do more risky things than normal and might overestimate what you can handle. Don't forget your age – you may be mistaken for a teenage boy, but if you are 35 you should have the wisdom of your age!

For your first 18 months on testosterone you may find that you sweat a lot more than usual – especially the first summer. This will pass. The sweat from your armpits is less visible if you wear a light coloured or patterned top and avoid dark coloured ones. You can also cool down quickly if you run cold water over your inner wrist.

If my periods stop, I don't need to have smear tests right?

No. You still need to have smear tests as long as you have a cervix.

What happens if I take more testosterone than prescribed?

This is not a good idea because any excess testosterone will be converted by your body to oestrogen (female hormones) which you don't want.⁹ It will also make your blood thicker and raise your risk of a stroke - see long term effects below.

What if I want or need a lower dose of testosterone?

Some people may want a lower dose of testosterone because of their health or because of the way they identify. The changes that occur are mostly to do with your genetics and not to do with the dosage you take. It is impossible to control the type or amount of changes that you get.

Some people who have experimented with lower dosages have found that they experience slower changes, but this won't be the case for everyone. Hormones are really important and play a part in

maintaining many different functions of the body. Having lower doses of testosterone may risk impairing some of these functions. Always make sure that your treatment is overseen by a doctor and work together to make sure you're as safe as possible.

What about sex drive?

You may notice you regularly feel horny – sometimes for no reason at all. It can be distracting but usually calms down after around 18 months.

Will testosterone make me more aggressive?

Not necessarily. It's a bit of a myth that testosterone makes you aggressive. Most people report being less aggressive than they were before – possibly because they feel better on testosterone.

Is it true that you grow a small penis?

Your clitoris will begin to grow – it will develop a 'helmet' like a penis has and will become very sensitive for a while. You might have to buy some looser fitting underwear to make yourself more comfortable.

How big it grows depends on these things called 'androgen receptors' we have in the tissues in our bodies.

Some of us have more androgen receptors in the tissue of our penis than others.¹⁰ It is just down to chance. Maximum growth is usually reached after around 2 years.¹¹

Will I grow big muscles?

It is mostly down to genetics. Everyone is different. If you have a body type that puts on muscle easily at the moment then, if you work out regularly over a long period of time, you will. But some people don't have that kind of build at all.

Will I lose fat from my hips?

Testosterone changes the fat distribution around your body. The fat usually moves from the hips to the stomach (where it can be more dangerous). Some people don't get rid of all the fat from their hips – again this is down to genetics and 'androgen receptors'. It is important to remember that some people who are not trans have fat on their hips as well.

Will my body get bigger anyway?

You will notice an increase in your appetite – just like teenage boys have. Some notice that they have put on weight and it can make them depressed as well as cause problems when they want surgery. (See the section on page XX for tips on healthy eating and exercise.)

Don't rush to buy loads of new clothes when you start testosterone. You will find that your body changes don't settle down for around 2 years and it will be expensive to change your whole wardrobe several times.

Will I grow a beard?

It all depends again on genetics and 'androgen receptors'. Some people have thicker beard growth than others – and some have very little facial hair. You will just have to wait and see. You may also see an increase in body hair.

Will I go bald?

If you have any uncles on your mother's side of the family and they have lost their hair then you are likely to.¹² It is all down to genes and those 'androgen receptors'.¹³ If you do start to go bald, there is nothing you can do to stop it.

What else should I watch out for physically?

Some experience strange cramps – very similar to period pain - which can continue for a few years on and off. Don't worry, this is simply the testosterone's effects on your ovaries and womb and usually disappears once everything has settled down. You may also experience other menopausal symptoms like hot flushes for the first year on testosterone.

What about negative effects on mood?

You may find you will have mood swings as well. You might feel on top of the world about the changes and then the same day feel a bit overwhelmed about everything. Check out the section on page XX for some tips on looking after yourself.

What will the effect be on other health conditions?

There is very little research into the effects of testosterone-usage in trans men, so there is no definite answer to this.

Many trans men have experienced mental health challenges before hormones and some will continue to be treated for it once they have started them. For some, gender dysphoria and depression are two separate issues.

Some people who are already on the autistic spectrum can find that their autistic tendencies can be enhanced by testosterone. Others have found that if they have a tendency for an Obsessive Compulsive Disorder that testosterone can enhance it.¹⁴

Like any changes in hormones, taking testosterone can also trigger epilepsy for some.

What are the long term effects of being on testosterone?

Studies have found that the life expectancy of a trans man on testosterone is the same as any man¹⁵ – true, male life expectancy is shorter than a females but lifestyle factors like smoking play a bigger role in life expectancy than gender.¹⁶

Testosterone makes changes inside your body as well as the outside. It will increase cholesterol giving you a higher risk of heart disease as cholesterol can clog your arteries.¹⁷ There are often no symptoms for high cholesterol which is why it's a good idea to keep an eye on your weight and not smoke.

Testosterone also increases your red blood cells - making your blood 'thicker' meaning that you can get blood clots a lot easier which can cause a stroke. This is why you need to have blood checked by your doctor.

What do I need my GP to test?

comments to: transhealthguide@hotmail.com

Your GP should test these every 6 months for the first 2 years, then yearly: blood pressure, full blood count (haemoglobin and haematocrit), urea and electrolytes, liver function tests, fasting glucose, lipid profile.¹⁸

What is the ideal testosterone level?

There isn't one. The ideal level will be different for one person compared to another. Ultimately, the best level is the lowest dose that you feel comfortable with.¹⁹ (Remember that so-called normal levels in the UK are based on Caucasian men.)

I am taking testosterone and tests show that my red blood cell count is too high for a woman but OK for a man – which base level applies to me?

The experts don't know the answer to this as not enough research has been done.²⁰ If your red blood cell count is very high, it is called polycythemia. If you smoke, it's best to stop because smoking raises your red blood cell count anyway

If you have polycythemia, it may be improved by switching from testosterone injections to gel.

What else should I watch out for?

You should also have checks for osteoporosis – which is brittle bone disease - and regularly check your chest – even after surgery - for any lumps.²¹

What would happen if I came off testosterone after a few years?

Some people who did not have hysterectomy have found that their periods started again. Some have got pregnant and given birth. Most of the effects of testosterone are reversible but the body hair and the voice will not revert to how they were before.²²

5. The options up top

There are a number of things you can do to change how your chest looks and feels. This section covers the surgical and non-surgical options.

What does chest binding do?

It compresses the chest and makes it appear flatter. You can get it online (look up 'compression shirts'). Companies trans men use include Underworks, Gc2b and Peacock.

The best one depends on your size and what works for you. People who don't have a lot up top sometimes use sports bras.

Shop around and see what is being said on online forums. There are also binder exchange schemes within some trans men's groups like MORF.

Are binders safe to wear?

It is not good if your binder is so tight that it affects your breathing. There are risks to wearing a tight binder for too long: bruised or fractured ribs, back problems, damage to tissue and blood vessels round the chest, blood clots and loss of sensation around the chest area. This could have a negative effect on any top surgery you might have. It is better if you only wear it for a few hours in the day and not over many years.

What are my options for top surgery?

There are three different options for top surgery and depend on the surgeon's technique and/or what is most appropriate for your chest size:

BOX: SURGERY FOR SMALLER CHESTS

Option 1: **Liposuction**

This is for those who have not really developed as much. The fat around the chest is sucked out. There will usually only be small scars under the armpits and the tips of the nipples may need to be 'shaved'.

Option 2: **Keyhole/Peri areola incision**

This technique is used for people up to a B cup. For keyhole surgery, the incision is made on the outer edge of the areola (the darker skin around the nipple) and the breast tissue is removed by liposuction. For peri-areola surgery, the areola may be removed and trimmed down if needed. The tissue is 'scooped' out and then the areola re-attached and repositioned.

What's good?

The advantage for both of these methods is that there is minimal scarring and more chance of maintaining nipple sensation.

What's not so good?

The disadvantages of these methods are that there may be puckering around the scar and/or some are not happy with the positioning of the nipple. Some trans men have experienced nipple loss.

END BOX

BOX: SURGERY FOR LARGER CHESTS

Double incision/bilateral mastectomy

In this method, two horizontal cuts are made at the bottom of the chest – just under the nipples. The breast tissue is then removed along with any excess skin and the nipples may be re positioned if necessary.

What's good?

It is the best result for people who are bigger and the scars usually follow the contours of the chest muscle and not very visible. This method also gives a flatter chest.

What's not so good?

The disadvantage is that there is more scarring and there may be excess skin around the scar –

‘dog ears’. However, these can be worked on at a later date – called a ‘revision’. There may be loss of sensation in the nipples and some trans men lose their nipples (but you can achieve very realistic nipples through tattoos).

END BOX

What about post-op care?

You may have drains (very thin tubes) in your chest for excess blood and fluid. You will have to return to the surgeon after 10-12 days to have these removed and perhaps stitches too. A binder may be needed for 4 weeks after to compress the chest. The surgeon will give you instructions on how long until you can exercise again and how long you need to take off work.

Some people recommend using the fluid in vitamin E capsules or Bio Oil to help the scars heal.

What should I take to hospital for top surgery?

- pyjama tops - ensure that they have buttons going down the front as you will probably be unable to raise your arms.
- loose fitting shirts with buttons down the front
- tracksuit bottoms or shorts / trousers with elasticated waist
- pillow for protecting chest from seat belt if you are returning home by car after surgery
- post op binder
- phone charger and mobile phone.
- laptop / tablet and charger.

How long before I can take my top off in the sun?

Usually trans men are advised to keep away from the sun for a year to allow the scars to heal.

I've had top surgery and I don't think they took enough away

This is quite a common reaction for trans men who have had liposuction or keyhole/peri-areola techniques as it will not give you a completely flat chest. Look around at other guys who are not trans – very few have completely flat chests unless they are very skinny.

You might want to build up your upper chest muscles (pectorals) a bit, around 6 months after

surgery, by doing press-ups at home or bench press exercises in the gym. This will help get a bit more shape.

Which surgeon should I choose?

Surgeons can only work with the body tissue that each individual has so you cannot expect a surgeon to give the same results for everyone. Do your research - there are some online groups who do a 'show and tell' for different surgeons and there may be some they recommend. It is important that you feel comfortable with the surgeon as well as confident in their ability.

Is it a good idea to lose weight before surgery?

Yes. If you lose weight off your chest, you are likely to get a better result as there will be less for the surgeon to remove. If you are very overweight, a surgeon may ask you to lose weight before they operate.

What are the risks?

Any surgery has its risks and your surgeon will discuss these with you. Some trans men have found that after top surgery, they have numbness or shooting pain in their chest for years to come or tingling in the arms or round the scar.

Can trans men get breast cancer after top surgery?

The risk of breast cancer is not reduced from having top surgery – it is still a good idea to check your chest for lumps.

6. The options down below

There are number of things you can do to change how the genital area feels and works. This section covers the surgical and non-surgical options.

What are the non-surgical options?

Some trans man like to 'pack' – this means wearing a prosthetic penis in their pants that gives a realistic bulge down below.

There are a large range of 'packers' available. At the expensive end there are some which can be stuck on with surgical glue and are very realistic to look at, with 'veins'. With some you can 'pack and pee' standing up. There are also less expensive 'pack and pee' cocks which are more affordable with less detail on them.

If you can't get to grips with a 'pee' device, there are a choice of packers you can buy. They range from the expensive realistic ones (without the pee option) to very cheap packers which can be bought through sex toy stores. These can be fixed by a harness but a lot of people prefer using a 'cock sock' or 'packer pouch' to put the cock in which sticks to the inside of your undies with Velcro.

Some are not bothered about packing but like to have a 'stand up and pee' device handy for camping or long walks in the countryside. Some of these have a cup which is put over the outer labia and others resemble a small medicine spoon which is inserted in the front of the vagina just below the pee hole.

Different designs work for different folk – but they all take a bit of practice to use so try one out at home in the shower first!

Do I need to have a hysterectomy?

A hysterectomy is a surgical procedure to remove the womb (uterus).

The advantage is that you won't need smear tests anymore, there will never be the fear of getting breakthrough bleeding and you may be able to reduce your hormone dose if your ovaries are no longer there potentially producing oestrogen. Plus, although there is little evidence of an increased risk of cervical or ovarian cancer for those who have been on testosterone a long time, it is still a

risk.

Some also find it a relief to get rid of the female internal organs.

If you wish to have lower genital surgery in the future you will have to have had a hysterectomy. You may want to speak to your surgeon about the best method to use as some methods for a hysterectomy may impact on lower surgery options.

If I have a hysterectomy, can I store my eggs?

This would involve coming off testosterone and being given female hormones to stimulate the ovaries. The eggs will then be taken from the body under anaesthetic. This takes a period of months and involves lots of poking and prodding around internally. Egg storage is not as successful as embryo storage and then you would have to find a sperm donor.

What does hysterectomy involve?

The preferred hysterectomy method for trans men is the laparoscopic hysterectomy coupled with removal of the ovaries and fallopian tubes (salpingo-oophorectomy). This is because this method leaves no visible scars whereas an abdominal hysterectomy leaves a scar on the abdomen. The laparoscopic method also has a faster recovery time than an abdominal hysterectomy.

The womb and fallopian tubes are removed via the vagina with the assistance of tiny cameras inserted through small holes in the lower abdomen. These leave tiny scars which disappear quite quickly.

What are the risks?

The surgeon will go through all of these with you but the main risks are puncture of the bladder or bowel, blood clots on the legs and/or heavy bleeding.

Which ward in the hospital would I go on?

This should be your choice. Some prefer to go on to a men's ward but the advantage of being on a women's ward is that if there are complications, the experts will be there. Most trans men choose a side room on a women's ward. None of the other people on the ward should know that a guy is there, if it is managed properly. For example, having a dedicated team of nurses being allowed into

the room, and rather than having your full name on the door, just the initial of your first name.

How much time will I need off work to recover?

Like all surgery, your recovery will be easier and quicker if you don't smoke and have a healthy diet.

If you have a laparoscopic hysterectomy you will stay overnight. (Four nights if you have had abdominal hysterectomy.) You will be discharged once they have removed the catheter and you have had a pee.

You will need to be picked up from the hospital and take time off work (around 4 weeks if you have the laparoscopic surgery and up to 8 if you have had abdominal surgery.) You won't be able to drive for about 3 weeks.

What about other forms of exercise?

You will have to avoid any strenuous exercise – particularly heavy lifting for 3 months.

How about sex?

You can jerk off around 2 weeks after surgery but if you have penetrative vaginal sex leave this until 6 weeks after surgery.

I'm not sure about having lower surgery

You should never feel pressurised into having genital surgery, by anyone, ever. It is your body and your choice – not anyone else's decision.

Some people leave it for many years until they have decided what they want. Some live a perfectly happy life without ever having lower surgery. Others can't wait to have it. It's your call.

Lower or 'bottom' surgery is just another surgery right?

No. Genital surgery is very different from having top surgery or even a hysterectomy. You are having your plumbing (your waterworks) and your electricity (sexual sensitivity) messed around with. For most procedures it involves a series of operations, each with their own risks, and, if you have a

job, lots of time off work to recover.

So what are the options for lower surgery?

There are two main types of lower surgery with options within these. The two main types are metoidioplasty and phalloplasty.

Phalloplasty uses skin from other parts of the body to make a good size penis. The options involve several operations with around three months between each. It can take nearly two years total and that is not counting going back to the surgeon due to complications. We discuss two common techniques here: the 'abdominal flap' option which uses skin from the abdomen as the donor site and the 'forearm flap' option which uses skin from the forearm. But there are also new variations coming on which, if you are considering phalloplasty, the surgeon will discuss with you.

BOX: Metoidioplasty

This surgery is recommended for those who are not overweight and who have good clitoris/micro penis growth with testosterone. This surgery makes use of the growth of the micro penis. The ligament that holds it down is cut so it is 'released' and the skin around that area can be pulled up so the position of the micro penis is higher. Skin from the inner labia can be attached to make the micro penis 'fatter.'

In addition, the outer labia may be used to form a scrotum and, in the second stage of the operation, silicone testicular implants are put in.

What about the plumbing?

If you have the 'full works' you will get your waterworks hooked up using 'urethral lengthening' (making the passage down which you pee longer) The tissue used for this usually comes from the vagina so surgeons will recommend getting the vagina removed - a vaginectomy.

What about the electricity?

Sexual sensation should remain the same – but as with any surgery there is a risk of loss.

Have I got options?

Yes, it is your body. If you don't want the plumbing done you don't have to. You can also keep the vagina if you choose to.

What's good?

- You have no visible scars on your body
- The micro penis looks and behaves just like a penis: you get erections – even 'morning glory'!
- May be able to pee standing up (if you have significant length)
- Less time off work

What's not so good?

- You don't have as big a bulge in your pants
- You may not be able to penetrate anyone with the micro penis

Some cannot pee standing up without pulling their pants down – best not to use urinals.

Regardless of whether or not you have your waterworks hooked up, you will leave hospital with a catheter and a bag on your leg – bring some trackie bottoms with you to the hospital to wear when you leave.

END OF BOX

BOX: Abdominal flap phalloplasty

Before this operation you will need to have the hair around the lower abdomen removed through laser treatment – this may mean a few trips to a hair removal clinic beforehand. The surgeon may ask you to put on a little weight around this area to give them more to work with. (If you have a bit of a tummy anyway you are probably good to go!)

A rectangular skin flap from across the abdomen is used to form the penis. The micro penis can be buried in the base or left as it is.

This method is usually a 3 stage job:

- formation of the penis
- testicular implants and glans shaping

- insertion of the rod to get erections with 'penile prosthesis'

What about the plumbing?

With this method you don't get your waterworks hooked up.

What about the electricity?

There is not much sensation in the penis

What's good?

- You have less visible scarring. (The scar on your lower abdomen is easily covered by your undies.)
- You don't need a skin graft on the 'donor' site
- You will be able to penetrate

What's not so good?

Often the penis is very large and may need to be 'trimmed' at a later date

END OF BOX

BOX: Forearm flap phalloplasty

Before this operation you will have to remove the hair around the forearm by laser treatment – if you are right handed it will be your left arm. Again this may mean a few trips to a clinic beforehand.

Skin is taken from the forearm along with an artery, veins and nerves which are connected up at the new site. Skin from the buttocks is used as a graft onto the forearm. The clitoris can be buried in the base of the penis or left as it is.

This is a 3 stage job:

- Formation of the penis and waterworks hook up
- formation of urethra testicular implants and glans shaping
- insertion of the rod to get erections with 'penile prosthesis'.

What about the plumbing?

You get your waterworks hooked up – ‘urethral lengthening’

What about the electricity?

You have a better chance of having more sensation with this technique – you may even have sexual sensation but it can take years for the nerves to recover.

What’s good?

- You will have a better looking penis than the abdominal flap method.
- You may have sexual sensation
- You will be able to penetrate

What’s not so good?

- You will have a very noticeable scar on your forearm and a risk of nerve damage to your arm
- More recovery time is needed (including about 10 weeks off work)

END OF BOX

Any risks with the waterworks hook-up?

If you have your waterworks hooked up there are significant risks of leakage (fistula) - usually from the join of the existing urethra (pee tube) to the new one. There is also significant risk of narrowing of the new urethra (called a ‘stricture’) making it difficult to fully empty the bladder. This is often because even after several laser treatments some hair continues to grow in the urethra. You need to be aware as this would involve going back to the surgeon for more operations and more time off work.

Any other tips?

Whichever operation you choose, you will leave hospital full of antibiotics with a course of antibiotics to follow. You will have to arrange for someone to escort you home from hospital and make sure you have friends to check in with you.

When you get home, eat lots of bio – ‘live’ - yoghurt to put some probiotics back into your body.

If you are having phalloplasty, take trackie bottoms to wear home as you will have lots of padding around your phallo.

Make sure you have lots of food in at home for your return as you won't be shopping for a while.

Whatever operation you choose, this is a big undertaking and a shock to the body so do not smoke. Anything!

You have a much better chance of healing well and having less complications if your diet is as good as it can be.

7. How to get the sex you want

Good sex is about choice whatever our gender identity. Including the choice not to have it. This section looks at how trans men can enjoy better, safer sex.

Sex can feel great and exploring this with a new confidence or changing body very exciting. Sometimes, though, it can bring up feelings and emotions about our bodies that can be hard to deal with²³ That's fine. You can go slowly if you want. It's also fine not to be interested in sex at all.

Some don't want to have sex until their body is right for them, or as close as can be. Others aren't as dysphoric about their body or don't feel as uncomfortable with certain people or in certain situations.

Sometimes we can feel great when we start something, but that changes as things move on. It's different for all of us and if it feels uncomfortable it's OK to say no at any point.

What's important is that you feel confident you are doing what you enjoy and what you want to do. You shouldn't feel pressured into doing something that makes you feel upset, unsafe or uncomfortable.

What if I don't want sex or want to stop?

It's important that you feel safe and comfortable. You shouldn't feel pressured into doing things you don't want to do or having sex when you're not ready or in the mood. If you change your mind and find that you're not comfortable with something once you've started it, then you have the right to stop. If anyone you're with doesn't respect this, then they're not respecting you and it can be defined as sexual assault or abuse.

There are some trans people who've had sex with someone and felt pressured to do something they don't feel happy or comfortable about, but have thought they ought to go ahead with it as they might not get another opportunity, as 'no-one else will fancy me because I'm trans'. Respect yourself. If someone isn't listening to you and your needs as well, then you may be getting yourself into an unsafe or risky situation.

What is consent?

The sex you have should be consensual, meaning that you and anyone else participating should have agreed to it. The law says that this should be an active agreement by choice.²⁴ If you've taken drugs or been drinking you may be at more risk as you are less aware of your surroundings and

may have less control over what you do. You may also be more likely to take part in something you wouldn't do if you were sober²⁵.

Where can I get support for sexual abuse?

There are many mainstream organisations that can help support people who have experienced sexual abuse, assault or domestic violence. They have resources and experience in supporting people. These services are often local and easy to access and know the local area and other support that you might benefit from. Some of them are inclusive and knowledgeable of trans issues. Check what is out there. Find out whether anyone else has used them and how they found the service.

Are there specific services for trans people?

There are also a small number of specialist LGB&T support services. They may not be local to you but may be able to offer phone or online support as well as face to face services. You might feel a specific LGB&T organisation is more appropriate for you, as being trans might be an important aspect in this particular situation, and that you need someone who understands this without you having to worry about explaining it.

I want sex, but I don't know what.

Before you get into a sexual situation think about what you definitely don't want to do (hard limits), what you might do with the right person or in the right situation (soft limits) and what you definitely do want to do. Think about things you might want to try out, or experiment with, or the things that you can and can't physically do. Knowing this beforehand makes it much easier to negotiate or explain what you want before the pressure is on.

How can I talk about what I want?

Communication is key. Think about what language you feel comfortable using for your body parts and let your partner(s) know. Tell them what you enjoy and also listen to what they might want to do.

Of course, you may not be in a situation (such as in a sex club or sauna) where you can talk about these things or where you want to go into lengthy conversations before getting down to it but we can communicate in more subtle ways. Moving someone's hand can be a way of saying you do or don't want someone touching you in a certain place. You can also make it part of the experience.

We're not expecting PowerPoint presentations or lengthy lists to compare (although go ahead if that's what turns you on!) Discussing things with your partner(s) means that you both have the

comments to: transhealthguide@hotmail.com

same understanding of what each other wants and means.

Why is it important to be safe?

Sometimes we may not fully understand the risks we're taking so it's important that you know what they are, how to reduce them and to think about the consequences of your actions. Being safe isn't just about sexually transmitted infections (STIs), but also about your emotional well-being and physical safety.

Sometimes risk can be exciting. Some people like to have sex in more public spaces. This is fine, but it's important to know what the risks are so you can make a conscious choice. The factsheet 'Cottaging And Cruising: Your Safety, Your Rights And The Law' from Galop in London gives more information - see page XX.

How do I keep myself safe from STIs?

Infections can be passed on through open wounds or can get into the body through an exchange of fluids, such as semen, vaginal fluid or blood. If you've recently had surgery, make sure it's healed, that you won't pull scars, do internal damage or open wounds and that there's no risk of the area getting infected. If you're unsure, then speak to your surgeon or doctor.

What about my emotional safety?

It's really important that you're having the sex you want. Sometimes we challenge ourselves and go outside our comfort zones, which is great and can be exciting. It can be hard too and being aware of that can help. If you start to freak out, that's fine. Just take a step back and communicate with your partner(s) about what you need. Sometimes talking beforehand about fears can help with this as then you're all prepared for it.

When should I use protection?

If the sex you're having involves penetration (this could be a finger, fist, penis/phallus, either biological, surgically enhanced or shop bought) think about using a barrier to make it safer. It could be in the form of gloves, a condom or a femidom.

Not only does this reduce the risk of passing on infections, but it also reduces the risk of unwanted pregnancy. Although it is unlikely for someone on testosterone to get pregnant, it is possible. If you're not taking testosterone then it's more of a risk.

If you are trying to get pregnant then you'll need to think about other ways to keep yourself safe,

such as sharing sexual histories with your partner, being honest and getting tested for STIs, so you know your own health status.

Many people on testosterone have reported a weakening of the anal or vaginal walls, resulting in small tears (which could be due to lower levels of oestrogen). This means you might bleed more easily increasing the risk of infection, so it's even more important to use a condom, gloves or femidom and water-based lubricant.

What about lube?

Some people have found that their vagina produces less natural lubricant after starting on testosterone and the anus doesn't produce any so, to reduce risks of tearing the delicate skin and to make penetration feel more comfortable, you might want to consider using lube. Use water-based ones, as silicon-based ones can damage silicone toys and oil-based ones can damage latex condoms.

Should I get tested for STIs?

There are many types of sexually transmitted infections (STIs) and other infections that can affect our health and genitals including chlamydia, herpes, thrush, gonorrhea, syphilis and pubic lice. You can get tested for all of these and HIV at a sexual health clinic. Most clinics will also provide cervical screening (smear tests) to check for signs of cervical cancer.

Getting tested can feel like a scary thing, but it's really important to get tested for your own and your partners' health.

Most infections are easily treated as long as they're caught quickly enough. So if you've had unprotected sex, don't wait for signs that you're unwell, get tested. Some STIs don't have symptoms anyway.

We may not want to get tested because of a fear of exposing ourselves as trans but these services are confidential. Most tests involve testing blood or urine and if swabs are needed, some clinics will allow you to do it yourself.

Even if you're careful and using protection or having sex that's thought to be less risky, it's best to get tested to be sure. The only other way to be sure is not to have sex.

Should I have a smear test?

If you still have a cervix then yes. If you've had a total hysterectomy and had your cervix removed then you won't need one²⁶.

We understand that as a trans person it might not be easy.^{27 28} But the process could save your life, so a few minutes of discomfort is worth it. Also, if you find out later that you have cancer, you're likely to have to go through far more embarrassing procedures so it is worth it in the long run.

Where can I go for tests?

Your doctor can run sexual health and HIV tests or go to your local sexual health clinic which is run by the NHS.

Sexual health clinics specialise in sexual health and are confidential (even if you're under 16). You have to give them a name; it doesn't have to be your real one. But make sure you give them the right contact information so they can get in touch about results. You may feel embarrassed about the reasons you're there but the clinic will have seen it all before.

Brook offer a service for young people and will be aware of issues that affect young people specifically.

Is there a service that knows about my needs as a trans person?

If you are worried that staff at a mainstream service may not be aware of your needs as a trans person, CliniQ in London has been created to advise and support trans people and their partners and lovers. It is trans led and all staff are fully trained in trans awareness. They're able to offer:

- free and confidential sexual health service
- Instant HIV testing
- hepatitis B testing and vaccination
- access to liver function testing
- cervical smear testing
- support around sexual abuse
- drug and alcohol support
- counselling
- advocacy
- mentoring

8. How to handle your head

Male mental health is a major health concern today. In the UK, four out of five suicides are male. Trans people's mental health can be extremely poor with 84% of trans people having had thoughts of suicide²⁹. As trans men it's as important that we look after our mental well-being as it is for anyone else. This section will try to help.

What do you mean by mental health?

When we talk about mental health, we're talking about our psychological state, how we feel. One in four people will have mental health difficulties at some point in their life³⁰. For some it's dependent on their situation and what's going on in their lives - they may struggle for a short while - whereas others experience longer lasting or recurring difficulties including depression and anxiety through to psychosis and personality difficulties.

Mental ill health can affect your life in many ways and can change the way you think, feel and behave. The Trans Mental Health Study 2012 showed that many trans people experience mental health difficulties just like the rest of the population, but that higher numbers of trans people experience stress, depression and anxiety. Sometimes being trans can cause extra stresses and it's important that we're aware of this and look after our mental health³¹.

Can mental health difficulties affect my transition?

It shouldn't stop you from receiving treatment, but the clinicians at the gender clinic will want to make sure that you are well enough to be able to cope with the process. They will work together with any psychologist or psychiatrist that you may already be seeing³².

How do I deal with pressures to be the 'right type' of trans person?

As trans people we get all sorts of pressures about how we should be, how our bodies should look and how we should act. For example, your family might have expectations about who you are and what your future looks like. They may have ideas about what being male or female means, which may not fit your view of yourself or they might not understand a non-binary identity.

Some people feel pressure from gender clinics and worry that they're not trans enough or not male or female enough. Or they may feel they shouldn't enjoy or like their whole body as it is.

Even pressure from our own communities can exist. People may be told that they should be doing or not doing something in order to fit in, such as having surgery or hormones, or that they should identify or act in a certain way.

If you are finding there are lots of pressures on you it can be hard to know who you are and what you want to do. The most important thing to remember is to be honest to yourself. There is no 'right' way to do it.

- Take time to decide what it is you need to do, how you feel and what's important to you.
- Talk to others, read blogs/forums, watch videos and learn about different experiences to help find what is right for you.
- Find spaces and friendship groups where you can be free to be you and explore who you are with no pressure to do it a certain way.

Many trans men feel that they 'should' have different types of surgeries or hormones because of what is expected of them as men. It is really important to remember that although you might feel very distressed, there is no rush, and you will have a better experience long-term if you spend time thinking through your decisions. We make the choices we make with the knowledge we have at the time, so get as much knowledge as you can and try not to give yourself a hard time if you feel confused or uncertain.

Through transition, you may regret some of the decisions you made when you were younger and some of the ways you punished yourself or neglected your health. Think about the future, as you may not always have a body that you find hard to live with. Be kind to yourself, give yourself time to adjust and time to look after your health and your needs. Find time to laugh and do the things you enjoy and remember that there is more in your life than just being trans.

How do I keep myself mentally healthy?

There are lots of things you can do to support your emotional well-being. (See the Lifestyle section on page XX.)

- Eat well - a balanced diet with fresh fruit and vegetables is really important. If you feel low it's easy to reach for fatty, sugary foods. Have a balance of vitamins and minerals.
- Exercise - regular, moderate exercise (say half an hour 3 times a week) helps with mood and anxiety problems. If we feel down we might avoid this, but that just leaves us feeling worse.
- Find people to talk with - talking can help a lot. Part of staying happy is sharing the things that are getting to you, which can stop them building up.
- Don't put up with poor treatment - if you are struggling because of problems where you are living or being treated badly by others, you don't have to put up with it. You can report problems to the police or get help from Citizens Advice Bureau for housing support.

How do I deal with stress, depression & anxiety?

It is not necessarily unusual to have a day when you feel low or anxious. It is part of being human. However if the low mood or anxiety affects your ability to function then it may be that you need outside help³³.

- Think about what makes you stressed – is it certain places, people, tasks or things? Think about how you can manage those situations – can you make them easier to deal with in some way?
- Recognise your achievements – it can be easy to focus on the things that are hard or aren't going so well in our lives. Think about what is good in your life and what you enjoy, are proud of or have achieved so far.
- Take breaks – try not to do everything at once. Take time for you and do things in manageable chunks. You might find it easier to make a list of what needs doing so you can see it and see how you're progressing.
- Look after yourself - think about things that make you feel cared for or relaxed, such as having a warm bath or good food. Build in time to do these things even if you don't feel like them.

I feel stressed or ill, who can I talk to?

There is support out there if you're struggling. You are not alone and there are people who can help you. Don't try to deal with it all by yourself, it's OK to ask for support.

You might be able to talk to friends or family and get some support from them. Finding people who understand you and what you're going through or talking to others who have experienced similar things can be really useful.

Your GP will be able to offer support and refer you to a counsellor or your local crisis team. These teams are designed to give urgent help to those who are experiencing a mental health crisis and can support you at home or refer you to other useful services³⁴.

National charities like MIND and local organisations and groups can also help.

If you feel that you're at risk of harm or may be putting others at risk right now, go to your local A&E department or contact the Samaritans.

DRAFT

9. Looking at your lifestyle

Men don't live as long as women. In the UK one man in five dies before the age of 65. Much of the gap is down to the lifestyle choices that men make. This section looks at the small changes that can make a big difference to your health. Look after your body and it should look after you.

SMALL CHANGES: FOOD

I'm hungry all the time

If you have just started testosterone you may find that you have an increased appetite and enjoy your food more. You may also find that your fat distribution has changed and you are now storing fat around the waist – this raises the risks of heart disease, high blood pressure, diabetes and cancer.³⁵ It is important that you make some informed choices about what you eat.

Your diet can also have an effect on your mood and how much energy you have.

Eating small amounts at regular intervals during the day maintains your blood sugar levels and keeps you energised – and you are less likely to get stressed out or grumpy!

Breakfast is probably the most important meal you can have – and it will set you up for the day. Try and avoid cereals that are very high in sugar and salt – read the label on the pack.

What about water?

We lose water from our bodies as we breathe, sweat and urinate. Try and drink around 2 litres of water a day – and perhaps swap your fizzy pop with water. Check the colour of your pee – it should be straw/transparent yellow. Any darker than that then you need to drink more.³⁶

If you don't like the taste of your tap water, invest in a water filter to keep in the fridge at home.

What is wrong with sugar?

Sugar is not great. It gives you a quick 'hit' and a burst of energy but then you 'come down' off it and have significantly less energy. Avoid sugary drinks like fizzy pop or fruit juice. If you have a sweet tooth you are better off eating whole fruit. Read food labels.

[Add the food label advice from the man manual Eat Drink Feel Better]

I can't resist my mum's cheesecake!

It would be rude not to eat it occasionally! But avoid having it as a regular feature - keep it as a treat.

Should I go for low-fat stuff?

If something is taken out of a food, something else is usually put in. This means foods labelled as 'low fat' or 'no fat' may be high in sugar. ³⁷

Also when you use a low-fat food you may well eat more. It may be better to stick with the normal 'full fat' food and use less of it.

Are all fats bad?³⁸

[Add question and answer from Eat, Drink, Don't Diet.]

What's wrong with salt?

Too much salt can raise your blood pressure. You can add lemon or lime juice to cooking to get the same effect as salt and if you are buying ready meals, read the label (0.3g per 100g is a little salt, 1.5g a lot.)³⁹

What's so good about brown rice and pasta?

They have more nutrients in them. They are called 'complex carbohydrates' as they take longer to digest giving a nice slow release of energy. ⁴⁰

'Refined carbohydrates' found in white bread, white rice and pasta give you a spike of energy which soon wears off. (Check the bread you buy is labelled wholewheat rather than 'brown' – it may be white bread with caramel added!)⁴¹

I don't like fruit and veg?

Try and include vegetables in your meals – if you are not keen on vegetables, you can disguise them – for example by slicing up and chucking them in a stir fry. If you don't like fruit, try a smoothie – but if you are buying one read the label to check for added sugar.

What about red meat?

Red meat is good for you and full of protein and vitamins but you don't need it in every meal you eat. Guidelines for red meat suggest no more than 90g per day – which is around three slices of ham, beef or lamb. ⁴² [Add NHS sources] Too much red meat in your diet can increase your risk of bowel cancer.

Fish and chicken are good sources of protein and vitamins as well. So are pulses (chick peas, lentils) soya products or Quorn.

Processed food - packets, ready meals etc - often has added salt, sugar and fat. Cook meals from scratch – that way you know exactly what is going into it.

But I like pizza and burgers

Your body doesn't have to be a temple but if you regularly fill it with rubbish you will feel rubbish. You can eat burgers and pizza as a treat but not as a regular feature of your diet.

What about snacking?

Snacking is no bad thing if you make some healthy choices. Oatcakes are filling and satisfying – and you can get different flavours. Try swapping a packet of crisps for a cereal bar or a banana and you will feel fuller longer.

What is the best way to go on a diet?

Diets rarely work because when they finish the weight tends to go on again. If you have a healthy diet and take exercise often you shouldn't need to diet.

There is more on food in the Men's Health Forum's man manual 'Eat. Drink. Don't Diet' and on the website.

SMALL CHANGES: EXERCISE

Exercise can lift your mood and contribute to you feeling good about yourself. It can help you lose weight if you need to for surgery and if you are on testosterone you might be surprised how well your body responds. Doing exercise that gets you out of breath makes your body produce hormones (endorphins) that make you feel 'high' and can last for hours afterwards. Even gentle exercise like walking can lift your mood and improve your health.

I don't want to be a 'gym bunny'

You don't have to – there are lots of different ways to take exercise that don't involve joining a gym.

- Walking is very good for your health and shedding extra pounds,
- Cycling is a cheap form of transport as well as a way of keeping fit. Once you have a bike and waterproof/visible gear you are all set.
- Running is an excellent way of keeping fit– get some decent shoes (not leisure trainers) from a proper running shop, who will match shoes to the way you run (your gait). Get a top that absorbs your sweat and you are away.

It is important if you haven't exercised much before – or not for a while, to build up slowly, that way you greatly reduce the risk of injury.

Remember to keep hydrated and drink plenty of water – but don't over-do it. For example if you are running for half an hour, you can manage without drinking for that time. You don't need to run with a bottle in your hand and mess up your running style!

How do I choose a gym?

Some people find that they haven't got the motivation to exercise alone and find joining a gym helpful. This may be because they like to attend a class at a set time. If you don't like the idea of classes, you can ask a personal trainer at the gym to design an exercise programme to suit you. The advantage of this is that they can show you the correct techniques (form) for doing exercises.

Most gyms are not full of gym bunnies in lycra – you will see all ages, shapes and sizes. It is important to remember that it took a lot of courage for everyone there to go to the gym for the first time.

Visit any gym you're interested in at peak time (usually 6-9pm) and ask yourself a few questions. Is it overcrowded? Is there suitable equipment? Is it clean and well-maintained? Is there somewhere to warm-up/down? What are the changing rooms and showers like? Have the instructors experience working with disabled people? What is the atmosphere like – is it friendly?

Check fees carefully. You don't have to join a private gym. Many local authority gyms are excellent and may have higher levels of gender-awareness among the staff.

Try it out. Before joining, get a daily or weekly pass. Some gyms offer free trials.

Don't compare yourself with anyone else at the gym. Everyone is different and have their own reasons for being there.

What about weights?

Doing weight training is one way to get into shape as well as lose weight.

It is important to lift weights the right way – it prevents injury and also ensures that you are targeting the muscle correctly. If you are a member of a gym, one of the trainers can show you how lift the right way (form).

Don't compare the weights you are lifting with others – you should have your own personal goals relative to your body weight. So if you are 5' 2" and weigh 12 stone, you will not be lifting the same weights as someone 6' and weighing 15 stone. However, if you are shorter, you will tend to put muscle on faster than someone taller. This is because long limbs give more leverage (range of motion) when lifting making it harder to build muscle! ⁴³

I think I might try weights at home first

To do weights at home, you could buy your gear second hand (best time is spring after people have given up on new year resolutions and want to get rid of equipment!)

It is important to develop a good technique (form) for weights or you will injure yourself. Get someone who knows how to do it to give you a session. You can also view video tutorials on the internet for correct form – see www.bodybuilding.com

Remember it is better to lift a lighter weight for more repetitions correctly than using a heavier weight with bad form and injuring yourself.

I have a physical disability

Lots of people with a physical disability go to the gym – see our advice on choosing a gym.

There are about 400 gyms with Inclusive Fitness Initiative (IFI) accreditation which means they're approved by the English Federation of Disability Sport for their accessible facilities, equipment and staff awareness. A trainer at the gym can design a personal programme to suit you.

I won't feel confident in a men's changing room

Perhaps check out the times when the changing rooms are quieter. (For example, just before or just after a class - usually on the hour- the changing rooms will be busy.)

Alternatively, don't use the changing room – arrive and leave in your gear.

But the truth is men tend to mind their own business in changing rooms. No-one will ask personal questions about you or think you are unusual by changing behind a towel.

If you're worried about scars, remember, many men who are not trans have scars as well and even those who don't can be very modest about their bodies too.

How do I make exercise more fun?

Studies have found that music can have a dramatic impact on your performance and give you a boost when your energy is flagging.⁴⁴

You can find compilations aimed at exercisers online. Or dig out your favourite tunes and have a smile on your face while exercising!

The most important thing is to find something you enjoy and stick with it. There is no point in flogging yourself at a spinning class at the gym if you don't like spinning!

And remember don't set yourself up to fail. People who tend to stick with exercise usually do it twice a week rather than those who set themselves a goal of 4 times a week.⁴⁵

SMALL CHANGES: SMOKING

There is no safe level for smoking and you will do your body a big favour if you stop.

If you are intending to have any surgery, many surgeons are reluctant to operate on smokers. This is because smoking can cause breathing problems during the operation, blood clots and infections.⁴⁶

Your body will recover a lot quicker if you are not smoking and wounds will heal better – give your body a chance!

What does smoking do to your body?

You probably know that smoking starves your body of oxygen and puts poisonous chemicals in your bloodstream but for trans men who are on testosterone, smoking thickens your blood - increasing the risk of blood clots and raising blood pressure (all of which the testosterone is already doing).⁴⁷

When you give up smoking you will have more energy, you will feel healthier as your body recovers, you will find that exercising will be much easier and you will save money.

There is lots of help out there to help you quit. Your local stop smoking service can offer support including a quit kit, email support and apps. For more information visit:
www.nhs.uk/smokefree

What about e-cigarettes?

Although 'vaping' is significantly less harmful than smoking tobacco, that doesn't mean we know it is safe. The jury is still out. Some research suggests you are still at risk of heart disease and damage to your lungs.⁴⁸

SMALL CHANGES: BOOZE

Alcohol is processed by your liver. You need to look after it, especially if you are taking testosterone as this is also processed by your liver.

Do I follow the guidelines for men or women?

There are different safe levels for men and women because women tend to weigh less than men and have less water in their bodies than men.⁴⁹

If you are tall I would follow the guidelines for men – no more than 21 units per week. If you're 5'7 or less, follow the guidelines for women – no more than 14 units per week.

What is a unit of alcohol?

One unit of alcohol is half a pint of ordinary strength beer. If you like your lagers, they tend to be stronger (around 5%) then half a pint will be 1½ units. A large glass of wine is 3 units.⁵⁰

If you have no idea how many units you are drinking per week, keep a diary and add the units up at the end of the week. [INCLUDE UNIT TABLE FROM MAN MANUAL]

But I like having a few drinks

If you have a few drinks at the weekend eat well beforehand to soak up the alcohol. And alternate an alcoholic drink with a non-alcoholic one – or a lower alcohol one like a shandy

Give your liver a chance to recover and have at least 3-4 days after with no alcohol at all.

Your body gets rid of one unit per hour. So 4 pints of lager - 12 units - will take 12 hours (from the time you started drinking not the time you stopped). If you 'sleep it off', it may take even longer as your metabolism is slower when asleep. [ADD REF PLEASE]

This means that you may well be over the limit, if you get in your car to drive the following morning.

Drinking alcohol can affect your mental health and hangovers tend to make you feel depressed. [ADD REF PLEASE] Alcohol also destroys B vitamins in your body which are good for your brain. [ADD REF PLEASE].

If you are concerned about your drinking, see your GP or the organisations listed on page XX.

SMALL CHANGES: DRUGS

Many recreational drugs put your mental health at risk as you get a temporary 'high' followed by a 'comedown' where you feel terrible. Regular recreational drug use can make you paranoid, anxious or depressed.⁵¹

With illegal drugs you are also at risk of getting a criminal record.

What about legal highs?

Just because something is legal doesn't mean it is safe. (Fags and booze are legal!) There is little 'quality control' for 'legal highs' so you can easily end up taking something which is stronger than you thought, contains unexpected substances or has a different effect to the one you wanted. ⁵²

Drugs also affect how you behave and you can end up making poor decisions or even ones that put your physical health in danger – like driving under the influence, being in a dangerous situation without being aware of it, or having unprotected sex.

Like alcohol, if you regularly need to get high on drugs, see you GP or one of the organisations on page XX.

10. Glossary

Definitions of some of the terms used by doctors and/or the trans community:

Gender Identity: a person's internal sense of the gender they are, e.g. woman, man, non binary, fluid etc.

Sexual Orientation: who a person is sexually attracted to. This is separate from a person's gender identity.

Assigned Sex: the sex given to a person at birth.

Affirmed Gender Identity: the gender that a person feels they are.

Transition: This is the process of changing to live life in the acquired gender role. This is not a simple step but a complex procedure that can involve many different elements such as medical, legal and social changes.

Gender Affirmation Surgery: refers to surgical alteration to genitalia, such as phalloplasty/metoidioplasty.

Gender Binary: the (inaccurate) idea that there are only two genders – male and female (and that everyone will fit into this).

Trans/Trans*/Transgender: an umbrella term for the whole spectrum of people whose gender identity differs from the sex assigned at birth. This can include any and more of the identities below. The term is often shortened to trans which is more popularly used, or replaced by gender variant.

Gender Variant/Trans: as above - an umbrella term for all people whose gender identity differs from that assigned at birth, whether that be transsexual, transvestite, genderqueer etc.

Transsexual: a person who feels that the sex assigned at birth does not fit with their internal gender identity and will transition from one gender to another (or part way to the other). It usually means someone who has medical intervention such as hormones or surgery to ease this process.

Non-Binary: a person who feels the gender binary of male and female doesn't fit their gender identity. Will often use gender neutral pronouns such as they/them. There are many terms for someone who feels like this and is down to personal preference, for example – genderqueer, genderfluid, bi-gender, poly-gender etc.

Intersex: A person who is born with ambiguous sex characteristics. This could be visually obvious such as genitalia or on a chromosomal/hormonal level. There are many different forms of intersex.

Trans man (FTM): a person who was assigned female at birth and identifies as male.

AFAB: Assigned female at birth.

[Feel free to make additions to this.]

11. Sources of further information

[Please start adding sources here. National only please unless there's a good reason for a local service. Try to include as many as possible who are specifically known to be good for trans people.]

Useful Documents

[All documents mentioned in text should be listed here. Question: when will new guidance be issued?]

Interim Gender Dysphoria Protocol and Service Guideline 2013/14 - NHS England
<http://www.england.nhs.uk/wp-content/uploads/2013/10/int-gend-proto.pdf>

Gender Variance - Gires guidance for GPs
<http://elearning.rcgp.org.uk/gendervariance>

Prescribing Guidance: Prescribing unlicensed medicines - GMC guidance for GPs
http://www.gmc-uk.org/guidance/ethical_guidance/14327.asp

Good practice guidelines for the assessment and treatment of adults with gender dysphoria - Royal College of Psychiatrists
<http://www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr181.aspx>

Gender dysphoria services - a guide for general practitioners and other healthcare staff prepared by representatives of Gender Identity Clinics (GICs) across England at the request of the Department of Health
<http://uktrans.info/medical/55-clinical-guidelines-for-trans-healthcare/47-gender-dysphoria-services-a-guide-for-general-practitioners-and-other-healthcare-staff>

Cottaging And Cruising: Your Safety, Your Rights And The Law - Galop
<http://www.galop.org.uk/wp-content/uploads/2011/11/PSE-A7-Booklet.pdf>

Accessing Gender Services (GICs)

Belfast	Gender Identity Service, Centre for Psychotherapy, Shimna House, Knockbracken Healthcare Park, Saintfield Road, Belfast. BT8 8BH Tel: 028 90916924
Exeter (The Laurels)	Devon Partnership NHS Trust, The Laurels Gender and Sexual Medicine Clinic, 11-15 Dix's Field, Exeter. EX1 1QA Tel: 01392 677077 Web: www.devonpartnership.nhs.uk/The-Laurels.372.0.html
Glasgow (Sandyford)	Sandyford, 2-6 Sandyford Place, Glasgow. G3 7NB Tel: 0141 211 8130 Web: www2.sandyford.org/do-you-want-information-on-sexual-orientation-or-gender-identity/gender-identity/sandyford-gender-identity-services.aspx
Leeds (Newsome Centre)	Leeds and York Partnership NHS Foundation Trust, Leeds Gender Identity Service Outpatient's Suite, 1st Floor, Newsome Centre, Seacroft Hospital, York Road, Leeds. LS14 6UH Tel: 0113 855 6346 Email: shirleyfleming@nhs.net Web: http://www.leedspft.nhs.uk/our_services/gender_identity/
London (Charing Cross)	West London Mental Health Trust Gender Identity Clinic, 179 – 183 Fulham Palace Road, London. W6 8QZ Tel: 020 8483 2801 Web: www.wlmht.nhs.uk/gi/gender-identity-clinic/
Newcastle	Northumberland, Tyne & Wear NHS Foundation Trust, Northern Region Gender Dysphoria Service, Benfield House, Walkergate Park Hospital, Newcastle Upon Tyne. NE6 4QD Tel: 0191 287 6130 Email: NRGDS@ntw.nhs.uk Web: http://www.ntw.nhs.uk/sd.php?l=2&d=9&sm=15&id=240
Northampton	Northamptonshire Healthcare NHS Foundation Trust, Denetre Hospital, London Road, Daventry, Northants. NN11 4DY Tel: 01327 707200 Email: genderclinic@nhft.nhs.uk Web: http://www.genderclinic.northants.nhs.uk/
Nottingham	Nottinghamshire Healthcare trust, Nottingham Gender Clinic, Mandala Centre, Gregory Boulevard, Nottingham. NG7 6LB Tel: 0115 960 2820 Web: http://www.nottinghamshirehealthcare.nhs.uk/our-services/local-services/specialist-services/prescribed-services/gender-clinic/

Sheffield	Sheffield Health and Social Care NHS Foundation Trust, Porterbrook Clinic, 75 Osbourne Road, Nether Edge Hospital, Sheffield. S11 9BF Tel: 0114 271 6671 Email: porterbrook@shsc.nhs.uk Web: http://shsc.nhs.uk/service/gender-identity-service/
Children & Young People - London/ Leeds (Tavistock and Portman Clinic)	The Tavistock Centre, 120 Belsize Lane, London, NW3 5BA Tel: 020 8938 2030 Email: gids@tavi-port.nhs.uk Web: http://tavistockandportman.uk/care-and-treatment/information-parents-and-carers/our-clinical-services/gender-identity-development
Children & Young People - Belfast (Knowing Our Identity KOI)	Beechcroft, Foster Green Site, 110 Saintfield Road, Belfast. BT8 6HD Tel: 02890 638000

Useful Organisations

a:gender Web: www.agender.org.uk/ Email: agender@homeoffice.gsi.gov.uk Tel: 020 7035 4253 or 0114 207 2547	a:gender is the support network for staff in government departments / agencies who have changed or need to change permanently their perceived gender, or who identify as intersex.
CliniQ Web: http://cliniq.org.uk/ Tel: 020 3315 6699 56 Dean Street, London. W1D 6AQ	<i>A holistic sexual health and well-being service for all trans* people, partners and friends. We are a trans-led team, who offer a safe, confidential space for those who may not feel comfortable accessing standard health and well-being services.</i>
Depend BM Depend London WC1N 3XX Web: www.depend.org.uk/ Email: info@depend.org.uk	A voluntary organisation whose aim is to provide support, advice and information for anyone who knows, or is related to, a transsexual person in the UK.
Gendered Intelligence Web: www.genderedintelligence.co.uk	Gendered Intelligence is a community interest company that looks to engage people in debates about gender and places young people at the heart of the organisation. We work predominantly within young people's settings and have educative aims.

<p>GIRES (Gender Identity Research and Education Society) Melverley, The Warren, Ashstead, Surrey, KT21 2SP Tel: 01372 801554 Web: www.gires.org.uk Email: info@gires.org.uk</p>	<p>Promotes and communicates research and provides information and education to those who can improve the lives of people affected by gender identity and intersex conditions.</p>
<p>IMAAN 159 Mile End Road London, E1 4AQ Tel: 020 3393 5188 Web: http://www.imaan.org.uk/about/about.htm Email: info@imaan.org.uk</p>	<p>A national group who supports LGBT Muslim people, their families and friends</p>
<p>LGBT Youth North West Web: www.lgbtyouthnorthwest.org.uk/ Email: info@lgbtynw.org.uk</p>	<p>LGBT Youth North West is a regional organisation that seeks to support lesbian, gay, bisexual and trans young people in the North West of England.</p>
<p>LGBT Youth Scotland Web: www.lgbtyouth.org.uk Email: info@lgbtyouth.org.uk</p>	<p>LGBT Youth Scotland is the largest youth and community-based organisation for lesbian, gay, bisexual and transgender (LGBT) people in Scotland.</p>
<p>Mermaids BM Mermaids, 27 Old Gloucester Street London, WC1N 3XX Tel: 07020 935066 (Monday to Saturday 3-7pm) Web: www.mermaidsuk.org.uk/ Email: mermaids@freeuk.com</p>	<p>Support and information for children and teenagers who are trying to cope with gender identity issues, and for their families and carers.</p>
<p>Press for Change BM Network, 27 Old Gloucester Street London WC1N 3XX Web: www.pfc.org.uk</p>	<p>Campaigns for civil rights for trans people. Provides legal help and advice, information and training for individuals.</p>
<p>Regard BM Regard, London. WC1N 3XX Web: http://www.regard.org.uk/ Email: secretary@regard.org.uk</p>	<p>A group aiming to raise awareness of disability issues within the LGBT communities, and to raise awareness of sexuality issues within the disability communities.</p>

Scottish Transgender Alliance 30 Bernard Street Edinburgh EH6 6PR Tel: 0131 467 6039 Web: http://www.scottishtrans.org Email: info@scottishtrans.org	The Scottish Transgender Alliance works to improve gender identity and gender reassignment equality, rights and inclusion in Scotland. Their website has lots of useful and easy to understand guidance for trans people and those working with trans people.
Transsupport Web: http://www.transupport.org.uk/ Email: info@transupport.org.uk	Transsupport aims to provide practical support to all trans people, their families and friends. It is a source of information and guidance for health professionals, care workers, employers and anyone interested in transgender issues.
TransBareAll Tel: 0752 881 0047 Web: www.transbareall.co.uk Email: transbareall@gmail.com	A national organisation for trans people and partners, aiming to promote the health and wellbeing of trans people. Running yearly events and workshops.
MORF Web: www.morf.org.uk/ Email: morf@morf.org.uk Tel: 0794 824 3289	Manchester's social and support group for trans guys have a binder exchange scheme.

[To ADD: Mind, Samaritans, THT (<http://www.tht.org.uk/sexual-health/sex,-reproduction-and-gender/trans-men>), TMSA, queertransmen.org, Galop, Info on sexual health clinics (www.nhs.uk/Livewell/STIs/Pages/VisitinganSTIClinic.aspx), help with travel costs (<http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Travelcosts.aspx>)]

Regional Support

Check out the database: <http://www.gires.org.uk/the-wiki>

ENDS

17,000 words

Lewis Turner/Lee Gale

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