

Transition Support

Quick Reference

- SOC are guidelines, not rigid
- Should be applied flexibly
- Used by many insurance providers to determine surgery eligibility
- First version published in 1979
- Explicitly states reparative therapy is not ethical
- Available online at <http://wpath.org> under publications
- Important for those seeking medical transition
- SOC 8 currently being developed

Dealing with Doctors/Psych Types

- Help ensure that the person being supported understands their rights
- Accompanying to appointments is often helpful in ensuring people are treated properly by their medical providers
- Navigating health care systems is extremely stressful and often dehumanizing. Remind the person that they matter and the system often sucks
- Acknowledge the pain and stress caused by dealing with cranial-rectal inversion and male bovine manure in medical systems.

Hormone Starts

- Assessment does not necessarily need to be done by a mental health provider. Doctors with the training can do the assessment
- Physical and mental health assessment is done
- Coexisting mental health concerns should be reasonably well managed
- Other health concerns may impact HRT
- Important to, if possible, bank gametes for future reproduction
- Best practice is to have hormone levels in the normal range for a person producing them naturally of the same age and gender.

Surgery Choices

- Not everyone requires or wants surgery
- Doctors do not always provide all the information one needs to make an informed choice
- Multiple genital surgeries are available
- Wait times for approval and surgery can be long and stressful

Surgery Approval

- Medically necessary!
- The decision is the client's!
- One referral is required for chest / breast surgeries
- Two referrals for genital surgeries
- Other mental health concerns need to be well managed

Types of Genital Surgery

- Orchiectomy
- Vaginoplasty
 - Cavity
 - No cavity
- Hysterectomy and Oophorectomy?
- Phalloplasty
- Metoidioplasty (meta or meto are common abbreviations)
 - With or without moving the urethra

Possible Complications

- Infection
- Hypergranulation tissue
- Fistulas – openings between vaginal cavity/colon or urethral fistulas
- Stricture of the urethra in phalloplasty
- Urinary Tract Infections post vaginoplasty/labiaplasty
- Loss of sensation
- Inability to orgasm
- Necrosis

Preparing for surgery

- Be aware of the recovery time and the commitment it requires
- Vaginoplasty and Phalloplasty can require a couple of months off work
- Vaginoplasty requires regular dilation, 4X/day to start, drops off over the first year
- Phalloplasty is often a two-year process including recovery and aftercare requirements
- Regular cleaning of the wounds applies for any surgery
- Having a support network in place aids recovery
- CCAC–Community Care Access Centre Referral can be made
- Prepare meals and freeze in advance.
- Results vary, each person has a unique body that heals in its own way
- Realistic expectations of the surgery and its results
- Surgery will not solve all of one's problems