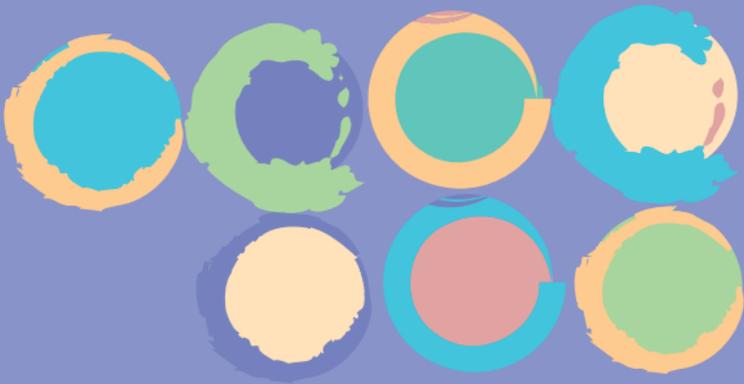


SANDYFORD

Gender Identity Services



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Welcome to Sandyford

Within Sandyford you will find a wide range of health services including advice, information, referrals and support for women, men and young people on all aspects of emotional, sexual and reproductive health – at all stages of your life.

The range of services includes:

- Sexual and Reproductive Health
- Sandyford Counselling and Support Services
- YoungPeople@Sandyford
- Services for gay and bisexual men
- The Archway – a rape and sexual assault referral centre

You can expect a friendly, welcoming and relaxing atmosphere. We know that talking about your feelings and about sexual and emotional health issues might seem embarrassing and sensitive. Sandyford aims to put you in control as much as possible, taking things at your speed, responding to your issues, and supporting you in discussing the things that are important to you. All services are completely free and confidential.

The Gender Identity Clinic

The clinic team of experienced professionals offers a multi-disciplinary, service-user approach to care. Our team includes three Consultant Psychiatrists, an Associate Specialist, a staff grade Doctor, a Counsellor and an Administrator.

How to access the service

It is not necessary to have a GP's (doctor's) referral. Prospective service users can telephone for an initial appointment by phoning our administrator on 0141 211 8137 and asking for a first appointment. One of the team will see you. Our service will see anyone who lives in Scotland. You do not need to live in Glasgow and Clyde to access the service.

Transitioning

Your treatment will be monitored and run in accordance with the guidelines set out in the 'Standards of Care' as laid down by the World Professional Association for Transgender Health (WPATH) (www.wpath.org) – and in the Gender Protocol for Scotland <http://www.healthscotland.com/equalities/gender-reassignment/protocol.aspx>

Therefore, you will have consultations with the Gender Clinic Psychiatrist. This is mandatory.

Who can use this service?

We encourage anyone who is confused about their gender identity or expression of their gender to contact the clinic for an open and confidential discussion. The clinic primarily assists people who are transsexual to progress through the steps of transitioning in order to alter their given gender. However, the service is available to any person who feels uncomfortable about their gender identity whether they wish to change their gender or not.

What can you expect?

You will have the opportunity to explore your feelings and describe your concerns with one of the doctors in a relaxed, supportive and non-judgemental environment. Following this, the doctor may arrange to see you again, refer you to a counsellor, or ask one of the other clinic doctors to see you. If this service does not meet your needs, we will attempt to identify one that does and refer you on.

What happens next?

After your initial visit, you will be invited to a second appointment to discuss your treatment requirements in more detail. Thereafter, you will be invited to attend the monthly drop-in clinic. In addition, you may have further scheduled appointments. The clinic adopts a team approach and you can expect to be seen by all of the team members at some point.

Children and adolescents

There is a specific service for young people under the age of 18 years. This service is provided by a Consultant Child and Adolescent Psychiatrist. A full assessment will be carried out and your family will be invited to participate in discussions, if you give consent. Young people will also have the opportunity to discuss issues on an individual basis. In some circumstances, young people may be referred for a Paediatric Endocrinological opinion (if under 13 years). Occasionally, young people may be referred to their local Child and Adolescent Mental Health Team for further assessment/interventions.

Pre-operative 12 month experience

During this period, you need to live continuously in your preferred gender throughout the whole of your day-to-day life for at least a year before you can have surgery. It is important to experience the realities and challenges of interacting in your preferred gender in your local community through all situations such as employment, voluntary work, educational or study; with relatives and social/leisure activities.

Treatment Options for Transsexual Women Male to Female (MTF)

Hormones

Following a period of assessment, blood tests will then be taken – with your consent – to determine your health and suitability to begin hormone therapy. Depending on these results, hormones may be prescribed. Hormone treatment may be offered in the form of female hormones - in some cases anti-androgens (T-blockers) may be used. This treatment may result in breast development and some re-distribution of body fat into a more female shape, most noticeably the face and hips. The extent of the changes will vary from person to person, but will not have any noticeable effect on body hair growth, which may require hair removal by a

trained technician.

There may be side effects such as mood swings, tiredness and breast tenderness, although many people report feelings of calmness and wellbeing after starting on hormone treatment. Hormones can also increase the risk of breast cancer and high blood pressure, so it is important to have regular medical check-ups.

It is advisable to reduce or stop smoking before commencing hormone treatment. Smoking while taking hormones greatly increases the risk of deep vein thrombosis (DVT).

The taking of hormones will be for the duration of your life. Please note hormones should never be taken without your doctor's involvement.

Surgery

After successfully living as a woman for at least one year, surgery may be recommended following a careful assessment by the clinic team. A second opinion from an Independent Mental Health Professional is also required prior to referral.

Gender confirmation surgery

Construction of female type genitalia (vaginoplasty/clitoroplasty). The prostate gland remains in-situ.

All gender confirmation surgery is performed in England by Mr Phil Thomas who holds outpatient clinics at Sandyford every 3–4 months.

Other treatments available

- Referral to an endocrinologist for monitoring of hormone treatment and specialist advice on hormones.
- Referral for facial feminisation and tracheal shave.
- Referral for breast augmentation.
- Referral to a speech therapist – usually offered to help project a more female sounding voice.
- Referral for hair removal and possibly tattoo removal by laser or electrolysis to help with body hair/beard.

Treatment Options for Transsexual Men Female to Male (FTM)

Hormones

After a period of assessment, and by mutual agreement, some routine blood tests will be done to determine health and suitability. Hormone treatment may be offered in the form of the male hormone testosterone. This is usually administered by intra-muscular injections once every two or three weeks, for the whole of your life. Testosterone gel is also available.

The effects you can expect from taking testosterone include deepening of the voice, increased sex drive, cessation of menstruation, re-distribution of body fat to a more male pattern, increased muscle tone, and male pattern body hair and facial hair growth. The possible side effects of taking testosterone can be a slightly increased risk of liver complications, acne and male pattern baldness, depending on your hereditary factors. Regular exercise will increase muscle bulk and give maximum impact to the masculinising effects of testosterone.

The Sandyford Gender Identity Clinic prefers you to have some experience of living as male before starting to take testosterone, because permanent changes such as your voice breaking can occur quickly after starting testosterone. Depending on your genetics, significant masculine body hair and facial hair development may become obvious within the first few months of your hormone treatment, or it may take up to a few years.

The masculinising effects of testosterone are irreversible and hormones have to be taken for the duration of your life. Please note hormones should never be taken without your doctor's involvement.

It is advisable to reduce or stop smoking before commencing hormone treatment. Taking testosterone can slightly increase the risk of heart disease. Smoking while taking hormones will greatly increase this risk.

Surgery

Some transsexual men decide to have surgery. This usually involves chest reconstruction surgery (removal of the breasts and reduction in the size of the nipples). Some also decide to have a hysterectomy (removal of the womb, cervix and ovaries).

A smaller number of transsexual men choose to have surgery to change the appearance of their genitals:

- Phalloplasty is a technique that involves creating a penis using skin from the forearm or abdomen. This surgery can also involve the extension of the urethra, giving the ability to stand up and urinate. The penis can also be inserted with an erectile implant. Problems with urinating and loss of sensation are risks of surgery. Some transsexual men feel this surgery is necessary for them. However, many decide not to go through this process, as techniques are still being developed and it can involve several operations, long stays in hospital, extensive scarring and, complications in around 1 in 3 operations.
- Metoidioplasty is a technique which involves releasing the clitoral hood and extending the urethra to enable you to pee standing up. Testosterone causes the clitoris to grow slightly, and this with surgery can make it look like a very small penis, while still retaining its sensitivity. Problems with urinating can be a risk of surgery, and the penis is usually too small to use for penetrative sex.
- Scrotoplasty involves the creation of a scrotum from the labia by using testicular implants.

Many transsexual men decide not to have any genital surgery at all and some prefer to wear a prosthesis to give the appearance of male genitalia.

At present all gender confirmation surgery is undertaken outwith Scotland in London. For your convenience,

surgeons hold outpatient clinics every 3–4 months at Sandyford.

Counselling

Our counselling service is provided by a dedicated counsellor for transgender people. Please note this service is also available without an initial consultation with any of the doctors. For an appointment call 0141 211 6700.

Changing Documents

You don't need to have started hormone treatment, or to have undergone any surgery in order to change your gender on a UK driving licence or passport. All that is needed is your statutory declaration of change of name and a doctor's letter stating either that you are "a female to male transsexual person who is living permanently as a man" or that you are "a male to female transsexual person who is living permanently as a woman". However, changing your gender on your UK driving licence or UK passport does not change your legal gender. Your legal gender is tied to your UK birth certificate.

The Gender Recognition Act 2004 created a process to enable transsexual people to get their UK birth certificates and legal gender changed. To apply for gender recognition, you need to show that you have been diagnosed by a gender identity clinic as having gender dysphoria and that you have been fully living in your acquired gender for at least 2 years. You don't need to have had any surgery.

You can get information and application forms from the Gender Recognition Panel by contacting:

GRP
PO Box 6987
Leicester
LE1 6ZX
UK

t: 0845 355 5155

w: www.grp.gov.uk

Glossary of Terms

Sex

Your sex is biological. It is being male or female in the reproductive sense. You are a boy/man or a girl/woman. In fact there are many intermediate forms of sex in nature. Even among humans there is a variety of intermediate forms in terms of anatomy, chromosomes, hormones or developmental problems as part of natural variation. It appears that the human brain is also wired differently in males and females.

Gender

Refers to a personal sense of identity as masculine or feminine, and how one is seen by society. Most people have no issue with their gender. It correlates with their sex. They accept the role they have been brought up in, without question. Gender however is not bipolar; it is not a black and white choice between 'male' or 'female' stereotypical behaviour or self-perception. There are effeminate men and masculine women, who are content with their gender. Society has expectations of gendered behaviour and the gender roles it expects people to have or adopt are continually evolving.

Transgender people or trans people

An 'umbrella' term which encompasses all those people whose gender identity or gender expression differs in some way from the gender assumptions their society made about them when they were born. Transsexual people are just one of the many different kinds of transgender people.

Gender dysphoria

Unhappiness or discomfort experienced by someone about their physical body not fully matching their gender identity (that is, their internal sense of where they exist in relation to being a boy/man or girl/woman).

Transsexual people

This term is used to describe someone who consistently self-identifies as the opposite gender from the gender they

were labelled with at birth. Transsexual people often experience intense gender dysphoria.

Depending on the range of options and information available to them during their life, transsexual people may try to cope in a variety of ways. Many will manage (some while still children, most as young adults, and some much later in life) to find a way of transitioning to live fully in the gender that they self-identify as. Many transsexual people take hormones and some also have surgery to make their physical bodies match their gender identity better.

Female to male (FTM) transsexual man (trans man)

Someone who was labelled female at birth but has a male gender identity, and therefore transitions to live completely and permanently as a man.

Male to female (MTF) transsexual woman (trans woman)

Someone who was labelled male at birth but has a female gender identity, and therefore transitions to live completely and permanently as a woman.

Transvestite people/cross-dressing people

These are terms used to describe people who dress in clothes associated with the opposite gender, as defined by socially accepted norms, but who are generally happy with their birth gender, and do not want permanently to alter the physical characteristics of their body.

They may dress as the opposite gender for emotional satisfaction, erotic pleasure, or just because they feel more comfortable doing so. Cross-dressing can provide a pleasant way for them to explore feelings and behaviours associated with the opposite gender.

Although they enjoy the actual periods when they cross-dress, some people can initially find it difficult to come to terms with their desire to cross-dress and may spend a period of time struggling alone with feelings of shame or fear. In due course, most are able to move

beyond these negative feelings, and simply enjoy cross-dressing with others at supportive social evenings and occasional weekend events.

Occasionally, a person might spend a period of time thinking they are a transvestite person before realising that actually they feel more like a transsexual person, or vice versa.

Androgyne people/Gender queer people/Polygender people

Some people find they don't feel comfortable thinking of themselves as simply either men or women. Instead they feel that their gender identity is more complicated to describe. Some may identify their gender as being some form of combination between a man and a woman, or as being neither.

Intersex people

Sometimes a person's external genitals, internal reproductive system or chromosomes are in-between what is considered clearly male or female. People born with these kinds of physical variation are often referred to as intersex people, and there are many different intersex conditions.

Transitioning

Transitioning refers to the process a person goes through when they change their external gender presentation to reflect their own inner sense of gender. This could potentially involve sex reassignment surgery and/or hormone therapy. Not everyone however defines their gender purely in terms of being male or female - for some people therefore transitioning may refer to how they choose to present their own unique sense of gender identity.

With thanks to everyone who has contributed to the development of this booklet.

Information on relevant support groups and organisations can be found within the Gender Identity section of the Sandyford website at:

www.sandyford.org

This booklet can also be made available as large print, Braille, audio tape, or in another language. If required, please contact:

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