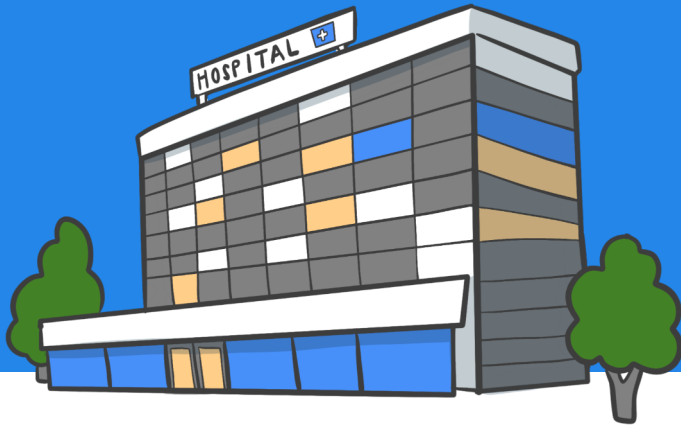


# Medical Transition

*Tips by and for trans,  
non-binary and intersex  
people*



the  
clare  
project

Supporting Trans Communities,  
Campaigning for Inclusion.

# What is a medical transition?

Medical transition is a process some transgender, non-binary and intersex (TNBI) people go through of changing our biological sex traits (our hormones and body parts) to those more in line with how we feel and how we present our gender.

For example, someone who was assigned male at birth but who identifies as a transgender woman might take oestrogen (a feminising hormone) to promote breast growth.

This booklet is written by and for TNBI people who are interested in or going through a medical transition and for the people supporting them.

*Remember that medical transition is only a tiny part of most TNBI people's transition journey. The social transition (changing your name, your clothing, your hair) and the emotional journey you go through on the inside, those are the larger parts.*



# Making the decision

Deciding to permanently alter our bodies is a big decision. Not every trans or non-binary person will want to do it which is totally valid. You don't need to medically change your body to 'really be trans', you don't need surgery to be 'a real man/woman'.

Many intersex people will not want to medically transition either, for similar reasons or because they are cisgender (comfortable with the gender identity they were assigned at birth).

If you do decide you want to medically transition, there is a standard NHS 'pathway' in the UK that you can take.



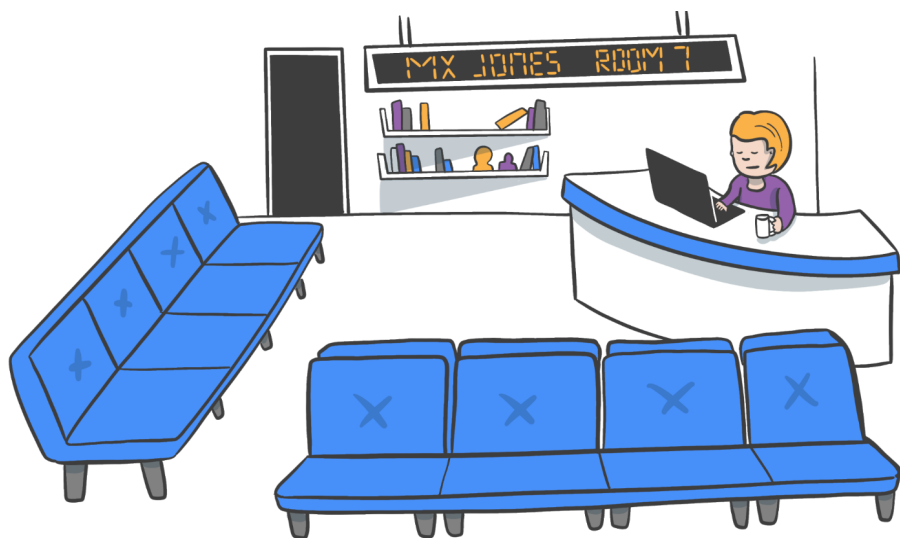
*We have listed lots of options here but if you don't want all of them, that does not invalidate your transition. You know your body and what you want best.*

*Transition doesn't have to be frightening, it's not all about genitals. It's about finding congruence, harmony.*

# Talking to the GP

The first step for anyone interested in a medical transition is to go and talk to their GP. If you don't know what to say, write a list before you go, or take a friend, family member, a support worker or an advocate with you to your appointment.

If you wanted to, you could also show your GP the next page of this booklet, to help them to know how to help you.



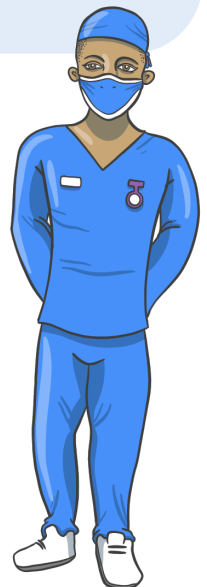
*Some tips: 1) If you want to try hormones or surgery, ask your GP for a referral to the Gender Identity Clinic (GIC). 2) Before starting a treatment, always ask what changes are reversible and which are irreversible.*

# Advice for GPs

1. Ask what steps your patient has already taken towards transition.
2. Refer them to their local Gender Identity Clinic. There are seven GICs nationally. You can usually find their referral forms on their websites. Be aware, waiting lists can be as long as 2-3 years.
3. Ask them about their mental health. Being trans is not a mental illness but experiencing discrimination can trigger mental illness in trans people. A shocking 80% of trans people experience suicidal thoughts. Consider referring your patient for counselling if appropriate.

## A note on 'bridging':

If your patient is self-medicating with hormones, or is likely to, and you believe starting them on hormones would reduce their risk of self-harm or suicide, you can consider prescribing 'bridging hormones' whilst they wait to be seen by the GIC. For more guidance go to the GMC website - Ethical Guidance - Ethical Hub - Trans Healthcare, or ask for advice from your local GIC or Endocrinologist.

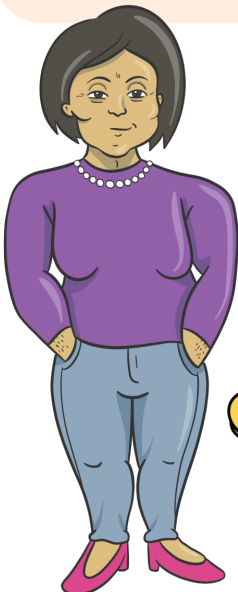


# Hormones

Oestrogen causes people who were born with more typical male biology to develop more typically female biological traits. These effects may be enhanced by taking treatments that block testosterone production.

Transfeminine people who take these medications (in the form of gel, patch, injection or pill) can expect some muscle-fat redistribution, a small increase in breast tissue and slowed growth of facial hair.

A common side effect is a reduced sex drive, and you may have an increased risk of blood clots and liver problems.



*Hormones are not going to work overnight – you are not gonna wake up the next day with boobs or a beard! Be patient – bodies take time to change.*

*Most GPs won't prescribe any hormones until you are under a GIC and they have guidance.*

*For many trans people, taking hormones is for life. I still have to go to the GP and talk about my hormones, and I started ten years ago.*

*It can be tempting try and take hormones before going to the doctor, but it can be ineffective or dangerous. You might go years with the wrong blood levels.*

*It's worth thinking about storing your sperm or eggs before starting hormones.*



Testosterone causes people who were born with more typical female biology to develop more typically male biological traits. It can be taken as a gel or as an injection.

Transmasculine people who take testosterone may grow facial and body hair, their clitoris may enlarge, their voice may deepen, their periods may stop and they may put on muscle.

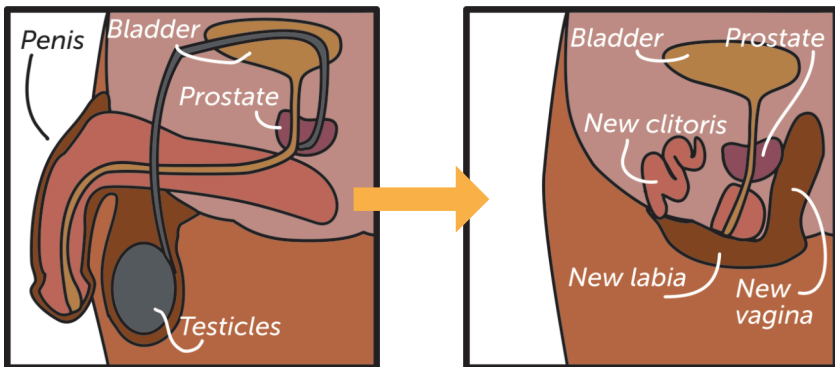
Common side effects include male pattern baldness, acne and increased sex drive. You may also have an increased risk of polycythaemia (thick blood).

# Feminising surgery

**For transfeminine people the following surgeries are available on the NHS:**

- Orchidectomy (removal of the testes)
- Penectomy (removal of the penis)
- Vaginoplasty (construction of a vagina)
- Vulvoplasty/Labiaplasty (construction of labia)
- Clitoroplasty (construction of a clitoris)

Below are anatomical 'before and after' pictures of these surgeries when all done in one procedure.

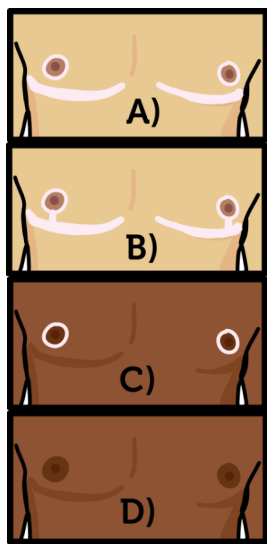


*In this example, tissue from the penis or scrotum is used to create the new vagina. You can also have a surgery which uses part of the bowel instead. Look up different types of surgery before your appointment.*

**Non-NHS surgeries include:** breast augmentation, facial/voice feminisation, hair transplants, and more.



# Masculinising surgery



Transmasculine people can have chest reconstruction 'top surgery' or genital 'bottom' surgery. There are four chest reconstruction techniques to consider.

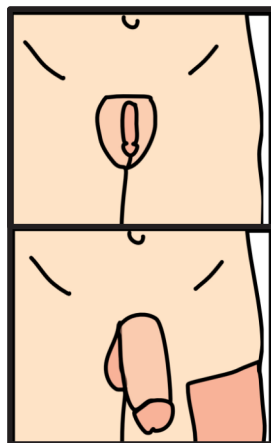
Double incision [A] /'Inverted T' [B] are used for bigger chests. Keyhole [C] /Peri-areolar [D] are for smaller chests. The images show the scars left by each technique.

**The following NHS genital surgeries are available:**

- Metoidioplasty (maximising length of the clitoris) - top image
- Phalloplasty (construction of a penis) - bottom image

These can be with or without:

- Scrotoplasty (construction of a scrotum)
- Urethraplasty (construction of a pathway allowing standing to pee)
- Hysterectomy or vaginectomy (removal of the womb or vagina)



*Note: these surgeries will affect sexual function differently.*

# Final words\*



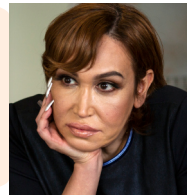
If it's the right thing for you, you will be much happier.

It's a wild ride but it's one worth doing!!



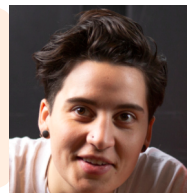
It's really worth having a GP who understands gender issues. You could ask your friends or local trans community organisations if they know of anyone.

Changing how you feel inside is more important than changing how others perceive you. I get to wear skinny jeans now, and it feels amazing!



For People of Colour, look up whether or not your surgeon has experience working with your skin type. It can make a difference with nipple grafts etc.

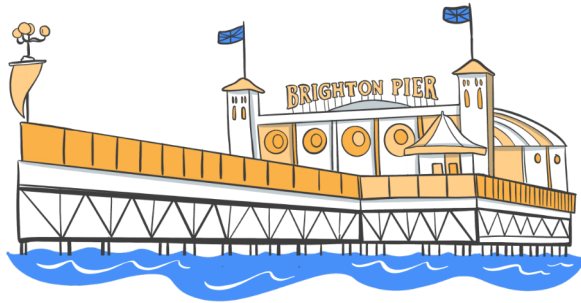
I've always known I'm trans but was unsure what I could do or how I could do it. I came out at 33. No matter how old you are, don't live your life for others, live it for you.



If you are intersex and trans, you may require different types of care because of variations in your hormones or anatomy.

**This booklet was designed and produced by  
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This is the October 2020 edition.  
Booklet available in other formats on request.



Contact details:

Address: The Clare Project, c/o Dorset Gardens  
Methodist Church, Dorset Gardens, Brighton, BN2  
1RL

Email: [info@clareproject.org.uk](mailto:info@clareproject.org.uk)

Facebook: [https://www.facebook.com/  
tcpbrighton/](https://www.facebook.com/tcpbrighton/)

Twitter: <https://twitter.com/theclareproject>

Credits:

Writing & Design: Luka White, Ven Paldano, Dani  
Fowles, Isabelle Thornton and other members of  
community consultation group.

Images: James Fox, The Gender Spectrum  
Collection

Statistics: Gires Trans Mental Health Survey 2012

**\*Note: these quotes are from our community  
members, not the TNBI models pictured.**

The Clare Project began in 2000 when a group of trans women started meeting in the back room of a hairdressing salon to discuss issues affecting their local community. We are now a registered charity run by and for trans, non-binary and intersex (TNBI) people in Brighton, Hove and East Sussex. We have welcomed thousands of TNBI people through our doors, regardless of their gender identity or expression.

We run support groups, information sessions workshops and socials for local TNBI people as well as providing information and training for individuals and organisations on TNBI community needs. Our contact details are on the last page of this booklet. Please get in touch with us for more information or to access our support. We are here for you.



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