Some helpful tips for early transitioning

TransSOCIAL

Welcome to The Beginning of Your Journey!

Transitioning means something different to every trans person. For some of us, it may even mean no physical transition at all. For others, gender dysphoria shows itself as a need to physically transition to feel comfortable in our bodies and to reflect how we feel inside. No matter what, there is no set direction to take once we have found ourselves, but whatever your first step is we will be here to help along the way.





ow We Can Help

We can help you get started in a number of different ways:

- HRT
- Insurance for surgery
- Competent Doctor referrals
- Therapy
- Community Support
- Legal Representation for insurance denials

This guide is a broad overview of general information on different steps you can take to affirm your gender identity. Please feel free to reach out with any specific questions you may have that are not covered here!



P. S.

COMING OUT

(If you want to)



Coming out experiences vary for each individual, and there is no one right way

to come out.

Honestly, the best support we can usually find is through other transgender or nonbinary individuals. Community can also be found in trans/gnc led support groups and organizations, as well as understanding cisgender allies.

Online communities like Gender Spectrum, Trans Lifeline, The Trevor Project can provide additional support. What you choose to do in terms of "coming out" is totally up to you.

Some people change their name, start hormones, get top and bottom surgery, grow out their hair, stop wearing "masculine" clothing, start wearing makeup, and begin voice and facial feminizing procedures. None of these things are necessary to be trans, only how you identify.

Personal safety and comfort are paramount, and you can choose when, how, and to whom you come out. Having a support system in place can be helpful. TransSOCIAL will always be willing to help not only in your transition, but to offer community and support during this time

Remember coming out can be a gradual process, and people's acceptance and understanding may take time, this does not devalue the importance of who you are. You don't have to come out to anyone in particular if it doesn't feel safe or necessary, but it may be required when seeking gender—affirming treatments.



ESTROGEN

(And Progesterone)



When starting hormone therapy, consider your goals and discuss them with your provider. Hormone therapy isn't one-size-fits-all. You can choose a higher or lower dose based on your desired effects. Remember, changes depend on genetics, age, and health, and it takes time, similar to puberty. Higher doses don't guarantee faster changes and can be risky. Individual variations in medication and dosage are normal. Be cautious of claims promising quick results. Your body's response relies more on genetics and age than specific details.

<u>Administering</u>

Fewer erections and decreased ejaculation:

- Start: 1 to 3 months after treatment begins
- Full effect: Within 3 to 6 months

Less interest in sex (decreased libido):

- Start: 1 to 3 months after treatment starts
- Full effect: Within 1 to 2 years

Slower scalp hair loss:

- Start: 1 to 3 months after treatment begins
- Full effect: Within 1 to 2 years

Breast development:

- Start: 3 to 6 months after treatment starts
- Full effect: Within 2 to 3 years

Softer, less oily skin:

- Start: 3 to 6 months after treatment begins
- Full effect: At the same time

Smaller testicles:

- Start: 3 to 6 months after treatment initiation
- Full effect: Within 2 to 3 years

Less muscle mass:

- Start: 3 to 6 months after treatment begins
- Full effect: Within 1 to 2 years

More body fat:

- Start: 3 to 6 months after treatment starts
- Full effect: Within 2 to 5 years

Less facial and body hair growth:

- Start: 6 to 12 months after treatment begins
- Full effect: Within three years

Different forms:

- Oral 17B-estradiol
- Oral conjugated estrogens
- 17B-estradiol patch (replaced every 3-5 days)
- Estradiol valerate injection (typically every 2 weeks)
- Estradiol cypionate injection (every 1-2 weeks)
- Oral ethinyl estradiol discouraged in transfeminine individuals
- Associated with thromboembolic events (deep vein thrombosis, heart attack, pulmonary embolism, stroke)
- Essential regardless of estrogen type
- Monitoring by the prescribing doctor necessary
- Goal: Achieve estrogen levels similar to premenopausal cisgender women (100-200 pg/mL)
- Testosterone levels also monitored
- Caution against excessively low androgen levels, which may lead to depression and decreased wellbeing

TESTOSTERONE BLOCKERS

- Type: Anti-androgen and diuretic
- Blocks aldosterone hormone effects, reduces testosterone
- Treats symptoms like acne, hirsutism, and more
- Dosage: 50-300 mg/day orally
- Side Effects: Frequent urination, dry skin, dizziness

- Type: 5-alpha reductase inhibitor
- Blocks conversion of testosterone to
- Used for pattern hair loss and prostate issues
- Dosage: 1 mg/day orally (also 5 mg/day)
- Side Effects: Low libido, swelling of hands/feet

- Type: Anti-androgen
- Binds to testosterone receptors, reduces masculinizing effects
- Used for hormone-sensitive prostate cancer
- Dosage: 50-75 mg/day orally
- Side Effects: Dizziness, nausea, vomiting, diarrhea, etc.

- Type: GnRH agonist
- Blocks GnRH hormone, lowers testosterone in transgender youth
- Used as a puberty blocker
- Dosage: 12-month subcutaneous implant
- Side Effects: Pain, bruising, headaches

- Type: 5-alpha reductase inhibitor
- May have stronger feminizing effects than finasteride
- Dosage: 0.5 mg/day orally
- Side Effects: Similar to finasteride

- Available in Europe for
- transgender women

 Potentially more effective than spironolactone
 Not approved in the US due
 - Not approved in the US due to liver concerns

Please note that dosages, effects, and suitability can vary for individuals, and it's important to consult a healthcare professional for personalized advice.

Avoid



- Avoid rushing through the process
- Listen to your body; if your voice hurts or aches, take a break to prevent straining.
- Pushing your voice too hard can lead to strain, impacting your ability to pass convincingly in conversations.
- Avoid going excessively high with your voice.
- Overcompensating by aiming for an extremely highpitched voice may not sound natural or aligned with your speaking style, body type, or comfort.





- Anterior glottal web formation (Wendler glottoplasty): Shortens vocal cords.
- Cricothyroid approximation (CTA): Tightens vocal cords.
- Laser reduction glottoplasty (LRG):
 Reduces vocal cord size.
- Steroid and Botox® Injections: Used to address scarring or dysphonia postsurgery.

BREAST AUGMENTATION

Overview

- Top surgery is a medical transition step for transgender and nonbinary individuals to address gender dysphoria and align with their identity.
- Let us know if you need health insurance, as we can provide assistance.
- Medicare does not cover breast augmentation for transgender individuals as it's considered cosmetic and not medically necessary.
- Potential risks: scarring, asymmetry, pain, numbness, and implant issues.
- Starting estrogen therapy a minimum of 12 months before surgery is recommended by WPATH.
- Top surgery is not for everyone; it's a personal choice and a financial decision.
- Is considered a safe procedure that typically takes 1-2 hours to complete.

Implants

- Involves an incision under the breast or around the areola.
- Temporary breast tissue expanders may be used if estrogen-based HRT has not been taken before surgery.
- Permanent saline-filled implants are usually used later.
- Nipple and areola reconstruction is part of the procedure.
- Types of implants include saline, structured saline, silicone, and form-stable implants.

Fat Grafting:

- Utilizes liposuction to extract fat from a different part of the body.
- Transfers this fat to the breasts to enhance their appearance.
- Aims to achieve a more feminine cleavage.
- Important to note that fat grafting carries a higher risk of failure compared to other breast augmentation methods.

BREAST AUGMENTATION

Post OP Tips

Recovery Duration:

- Full recovery from breast augmentation surgery takes 6-8 weeks
- After about 1 week, a person may start returning to most activities.

Support in the Initial Days:

 A family member or friend should stay with the person during the first few days to assist with daily tasks.

Home Setup Adjustments:

- Make essential items easily accessible.
- Set up a temporary bed near a bathroom to minimize movement.
- Obtain postsurgical clothing, including a bra for comfort and support.

Immediate Post-Surgery:

- Experiences may include soreness, tiredness, nausea, chest tightness, altered breast sensitivity, and severe pain.
- Arrange for transportation home and overnight support from a friend or family member.

Choice of Recovery Bra:

- Surgeons recommend wearing a recovery bra.
- Postsurgical bras offer support with soft fabrics and no underwires.
- Wearing them day and night helps breast tissue recover.

Pain Levels During Recovery:

- Most intense pain occurs in the first 24 hours after surgery.
- Over-the-counter pain relievers like acetaminophen can help.
- Stronger pain medications or muscle relaxants may be prescribed in some cases.

5-7 Days After Surgery:

- pain or discomfort may persist.
- Continue to follow postsurgery directions, which may include massaging tissue, avoiding strenuous activities, and refraining from lifting arms above the head.

BOTTOM SURGERY



Overview

- Bottom surgery is a gender-affirming procedure that involves altering the genitals to help trans folks to transition to their true gender identity.
- Orchiectomy: Removal of testicles, Common choice, has many emotional benefits, may be standalone or part of vaginoplasty
- Vaginoplasty: Transformation of "male" genitals into functional vulva and vagina, Includes
 penile inversion technique for vaginal canal, clitoris construction, labia creation,
 urethra re-orientation, Offers full functionality for urination, intercourse, and orgasm,
 One-stage procedure, may involve orchiectomy
- Zero Depth Vaginoplasty: Similar to vaginoplasty but without vaginal canal creation, Appearance same as traditional vaginoplasty, may be done for personal reasons like avoiding dilation or complications
- Significant and permanent results, thorough understanding of risks and benefits needed
- Remember that bottom surgery is a big step, and it's crucial to take your time, have realistic expectations, and know that your decision is valid and supported. Seeking support from others who have gone through similar experiences can be beneficial during this time.





Preparation:

- Strong therapist and support community is incredibly helpful
- Pre-surgery months can be stressful, engage in self-care and community
- Gather support letters early if using insurance for surgery
- Allows timely submission to insurance
- Each insurance plan has varying requirements, if you do not have insurance, please let <u>TransSocial know, as we can help.</u>
- Typical criteria include 1-2 support letters from mental health providers
- Try and see if you can work on strengthening core and pelvic muscles, improving mobility, and enhancing cardiopulmonary strength pre-op.



BOTTOM SURGERY What to Have Ready:



Compression Garments:

- Purchase multiple pairs for regular clothing changes
- Garments should be strong and snug to provide proper support
- Look for at least 6% Spandex content
- Maintain two compression layers except during showers or dilation



Donut Cushion:

- Assists during the post-op weeks when avoiding pressure on incisions
- Provides an option to sit comfortably
- Emphasizes the importance of movement during recovery and not spending excessive time in bed or over-exercising



Ice Packs:

- Essential for recovery after MtF bottom
- surgery
- Use disposable ice packs (e.g., Ziplock baggies) between compression layers, targeting the labial area
- Reusable cold compress or Polar Care ice machine (if available) can continuously chill the perineum/vulva
- Keeping these areas cool reduces discomfort
- These items are available on Amazon or may be borrowed from family



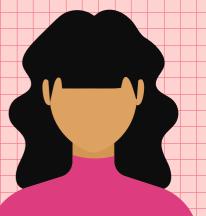
Additional Post-Op Items:

- Zinc cream, baby wipes, and maxi pads are Douche bottle with homemade douche necessary
- Compression and ice help with swelling and make cleaning with baby wipes easier
- Zinc cream protects the area postsurgery, but it's not easy to wash off
- Change maxi pads regularly, especially if Prescriptions experiencing heavy drainage
- Puppy pee pads

• Peri Bottle

- solution (1:3 vinegar to clean water, 2 cups per treatment)
- KY jelly or preferred lubricant jelly
- Handheld mirror
- Baby Powder
- A&D Ointment (for later in the recovery process)

FEMINIZATION 1



Common Surgeries

- Adam's apple reduction
- Rhinoplasty
- Brow bone reduction
- Forehead reduction
- Brow lift
- Chin and jaw reduction
- Cheek augmentation
- Lip augmentation
- Facelift or mini lift
- Neck lift
- Blepharoplasty (eyelid surgery)

Post-OP Tips

- Expect swelling, pain, and tightness.
- Swelling, bruising can be dramatic; icing is advised.
- Ice for a maximum of 20 minutes per hour within the first 2-3 days.
- Place cloth between ice and skin.
- Keep head elevated for at least two weeks during sleep.
- Arnica herbal product may be recommended for reducing bruising and swelling.

What To Have Ready Before

- Medication log sheets: Use real medication log sheets for tracking meds.
- Salt: For saltwater mouth rinses post-meals.
- Stool Softener: Help alleviate post-surgery constipation.
- Qtips: Ideal for cleaning sutures.
- Kleenex: Opt for travel packs.
 - Medical tape and small soft gauze pads: Essential for managing drainage after nose surgery.
- Vaseline: Prevent dry lips during mouth breathing.
- Humidifier: Keeps high room humidity during sleep to prevent mouth dryness.
- Biotene: A mouth rinse for lubrication.
- Wedge pillow: Sleep at a 45-degree angle.
- Heating pad: Relieve soreness, especially in the back.
- Cold Gel Packs: Useful for cooling down after activity.