Gynecologic Needs of the Transgender and Gender Non-Conforming Patient

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Objectives

At the conclusion of the discussion, the attendee will be able to:

- Implement appropriate gynecologic health care maintenance
- Diagnose and treat common gynecologic infections
- Diagnose and treat pelvic pain and bleeding in people who have a uterus/tubes/ovaries
- Diagnose and treat many post operative complications following gender confirmation surgery

Conflict of Interest

- I have no conflict of interest to my knowledge
- Off-label uses of medications will be discussed

General Approach

Basic principles of GYN Health Care can be used in most people who are gender non-conforming, including those who have had gender confirming surgeries

- If the body part exists, it needs care and maintenence!
- Consider asking patients what they call their various reproductive organs, then use those terms if it won't compromise clarity of communication
- Be sensitive to issues of sexual abuse/trauma
- Expect patients to not have had routine health maintenance care, or even problem-focused health care, especially reproductive health care

Routine Gynecologic Health Maintenance in the Patient who has had Vaginoplasty

Pap Smears:

- No evidence-based guidelines exist to address this situation
- Generally not recommended unless special circumstances exist, such as previous penile/scrotal dysplastic skin lesions
- Annual visual and digital evaluation seems reasonable

Routine Gynecologic Health Maintenance in the Patient who has had Feminizing Hormones

Mammograms

- No evidence based guidelines exist to address this situa**tion**
- Start 5 years after starting hormone therapy or age 40, which ever is later
- Every 1-2 years until on hormones for 10 years or age 50
- Yearly after age 50 or 10 years of hormone use

Routine Gynecologic Health Maintenance in the Patient who has had Feminizing Hormones

Sexually Transmitted Infection Testing

- For patients who have partner(s) who have a penis, use the CDC guidelines for sexually active men who have sex with men (MSM)
- GC/CT in everyone yearly if under age 26 or as otherwise indicated
    - Test all sites of sexual contact – oropharynx, vagina, urethra, rectum as indicated and/or present

Routine Gynecologic Health Maintenance in the Patient who has had Feminizing Hormones

Sexually Transmitted Infection Testing

- Consider syphilis, Hepatitis A, B and C testing as indicated based on risk factors. CDC recommends annual syphilis and Hepatitis B testing for MSM
- CDC recommends at least a one time screen for HIV for everyone age 13-64
- CDC recommends at least a one time Hepatitis C screen for everyone born between 1945 and 1965
- Can consider serologic testing for HSV; do PCR testing when lesion is present

Routine Gynecologic Health Maintenance in the Patient who has had Feminizing Hormones

- DEXA
  - No data for this population
  - If no orchiectomy, not on estrogen, do age 70 as with any natal male
  - Consider at age 65 regardless of risk factors for people who have had an orchiectomy
  - Consider doing it earlier if other risk factors, like smoking, thyroid disease, chronic steroid use, etc.

Routine Gynecologic Health Maintenance in the Patient who has had Feminizing Hormones

- PSA per standard recommendations
- Colonoscopy per routine guidelines
- Lipid/Diabetes screening at least every 5 years; some recommend it be yearly
- PrEP if indicated
- Anal pap smears in patients who have had anal receptive sex are recommended by some, not all organizations

Routine Gynecologic Health Maintenance in the Patient who has had Feminizing Hormones

- Immunizations
  - HPV in patients under 27; consider in older patients with multiple partners
  - Hepatitis A, B
  - MCV4
  - Pneumovax
  - Tdap
  - Flu

Common Infections in the Patient who has had Vaginoplasty

Vaginitis/Vaginosis

- Something similar to bacterial vaginosis is quite common, but bacteria are different as epithelium is skin, not mucosa
- Yeast infection uncommon in absence of diabetes and/or recurrent antibiotic use
- Atrophy can happen, but not like cis-gender women
- Skin lesions/dermatoses
- Granulation tissue

Common Infections in the Patient who has had Vaginoplasty

Treatment

- Soap and water or vinegar and water douche may be appropriate as stand-alone treatment
- Vaginal metronidazole may help
- If yeast, use terconazole or nystatin locally – usually shortly after surgery if it happens at all
- Vaginal estrogen may help facilitate healing of post op issues and dryness but won't help lubrication as this is skin, not mucosa.

Common Infections in the Patient who has had Vaginoplasty

Sexually Transmitted Infections

- Treatment based on CDC guidelines
- HIV positivity rate may be as high as 25% in some communities
- Hepatitis A, B, C can happen, but gonorrhea and chlamydia much more common
- Warts common, especially peri-anally
- Trichomonas is likely rare (if at all?) because vaginal tissue is skin, not mucosa

Common Post-Operative Issues Following Vaginoplasty

Wound Dehiscence Treatment:

- Prolonged wound dehiscence can benefit from sitz baths. Most surgeons don't advise this until 2-3 months out from surgery
  - Sitz baths with blunt digital debridement with washcloth or 4X4 gauze
  - Can add Epsom salts, baking soda as desired
- Douching with soap/water (and rinsing) can help remove intravaginal necrotic tissue, excess lube
- Occasionally requires office/OR debridement
- Don't remove sutures for at least 6 weeks

Common Post-Operative Issues Following Vaginoplasty

Periurethral erythema

- Treat granulation tissue with silver nitrate
- Most commonly urothelium that can respond to estrogen cream to stimulate metaplastic change to squamous epithelium
- Some erectile tissue can remain and be bothersome
- UTIs more common than pre-op, certainly in immediate post op period

Common Post-Operative Issues Following Vaginoplasty

Vaginal Granulation Tissue

- Causes bleeding with dilation
- Can cause vaginal and/or vulvar adhesions
- Sometimes causes discomfort
- Treatment frustrating at best
  - Silver Nitrate
  - Monsel's Solution
  - Steroid Cream/Ointment
  - Laser/Cautery
  - Sharp resection
  - Estrogen cream
  - Leave it alone?

Common Post-Operative Issues Following Vaginoplasty

Pain

- Usual postoperative discomfort lasts 6-8 weeks
  - Treat with acetaminophen, NSAIDs, and/or narcotics in immediate post-op period
- Neurologic type pain
  - ? Pudendal Neuralgia?
  - Sharp/Shooting/"Electrical Shock"
  - Treat with oral gabapentin, carbamazepine
  - Consider steroid/trigger point injections
  - Mindfulness based chronic pain treatment

Routine Gynecologic Health Maintenance Examinations in the T/GNC Patient with a Cervix

- Follow Routine Pap Smear Guidelines
  - Start screening at age 21
  - Screening Pap every 3 years
  - No HPV testing, even reflex, ages 21-24
  - Reflex HPV testing ages 25-29
  - Co-testing with Pap and HPV every 3-5 years for age 30-64
  - Discontinue testing age 65 if 3 normal paps, at least one with HPV co-testing before that, and no CIN II or worse in last 20 years
  - Can discontinue after hysterectomy unless it's done for CIN/Cancer

Routine Gynecologic Health Maintenance Examinations in the T/GNC Patient with a Cervix

Pap Smear Guidelines Commentary

People with a cervix who are immunocompromised (i.e., have HIV or are s/p solid organ transplant), have a history of DES exposure, have actual cervical lesions, have a history of CIN 2 or worse in the last 20 years all fall outside of screening guidelines. Consultation with an OB/GYN is appropriate for these people.

HPV testing alone is being investigated, but not standard of care at this time. Single test is FDA approved for people > age 25

Inadequate/unsatisfactory pap smears much more common.

Routine Gynecologic Health Maintenance Examinations in T/GNC Patients who have had masculinizing hormones but who have not had Male Chest Contouring

- Mammography
  - Onset at age 40 or earlier if family history dictates
  - Every 1-2 years
  - Testosterone of unknown risk
  - Generally indicated before bilateral mastectomy if age 40 or older

Routine Gynecologic Health Maintenance Examinations in Patients who have had Masculinizing Hormone Therapy

- Immunizations
  - HPV in patients under 27; consider in older patients with multiple partners
  - Hepatitis A, B
  - MCV4 if indicated
  - Pneumovax if indicated
  - Tdap
  - Flu

Routine Gynecologic Health Maintenance Examinations in Patients who have had Masculinizing Hormone Therapy

- DEXA
  - All patients with a risk equal to or greater than a 65 year old white woman. Some guidelines include any adult with a fracture
  - What is a “risk factor” in this population??
  - Generally suggest screening if off hormones and patient has no ovaries at some point between ages 50-65

Routine Gynecologic Health Maintenance Examinations in Patients who have had Masculinizing Hormone Therapy

- Colonoscopy guidelines not gender specific
- Lipid, Diabetes screening at least every 5 years; some recommendations are for yearly testing
- Thyroid screening recommended by ACOG every 3-5 years over age 30; not by any other society
- PrEP as indicated per routine guidelines

Routine Gynecologic Health Maintenance Examinations in Patients who have had Masculinizing Hormone Therapy

- Sexually Transmitted Infection Testing
  - GC/CT should be done on everyone under age 26
    - Test all sites of sexual contact – oropharynx, cervix/vagina, urethra, rectum as indicated and/or present
  - Follow same recommendations in this population as discussed earlier for screening for Hepatitis A, B, C, HIV, Syphilis

General Considerations on Pelvic Examinations in T/GNC People with a Vagina and/or a Cervix

- Any examination on anyone can be traumatic, especially so for people on masculine end of gender spectrum
- Can try to allow patient to have control in any kind of creative way you can think of:
  - Patient inserted speculum
  - Patient inserted ultrasound probe
  - Use of mirrors

General Considerations on Pelvic Examinations in T/GNC People with a Vagina and/or a Cervix

- Can avoid pelvic examinations if not indicated for pap smear testing and/or symptoms
- Can use small sized metal speculum
- Can use tiny amount of lubricant, though water almost always works well enough
- Consider examination under sedation

General Considerations on Problem Focused Pelvic Examinations in T/GNC People with a Vagina and/or a Cervix

- Sample collection does not necessarily have to involve a speculum for vaginitis evaluation
- Wet Prep is traditional method of diagnosis, along with pH testing, "Whiff" testing
- DNA probes are MUCH more expensive, but slightly better sensitivity and specificity than traditional wet preps

Common Gynecologic Infections in T/GNC People with a Vagina and/or Cervix

- Vaginitis
  - Bacterial Vaginosis is most common
    - Oral Sex most common risk factor
    - Atrophic changes with decreased estrogen after initiation of testosterone contributory
    - Treat with local measures first – Metronidazole vaginal gel or Clindamycin vaginal gel
    - Oral Metronidazole if local measures ineffective or vaginal medication not acceptable
    - Consider vinegar/water douches
    - Consider Probiotics

Common Gynecologic Infections in T/GNC People with a Vagina and/or Cervix

- Vaginitis
  - Yeast
    - Treatment per routine
      - OTC meds: Nystatin, Clotrimazole
      - Prescription: Terconazole, Fluconazole
      - Oral may be more acceptable than vaginal
  - Trichomonas
    - Treat with oral Metronidazole
    - Partners need to be treated

Common Gynecologic Infections in T/GNC People with a Vagina and/or Cervix

- Sexually Transmitted Infections should be treated per CDC guidelines
  - Chlamydia
  - Gonorrhea
  - Syphilis
  - HIV
  - Hepatitis A, B, C
  - HPV

Vaginal Atrophy in T/GNC People who have received Masculinizing Hormones

- Testosterone suppresses the production of estrogen in most patients unless they are not on very much and/or are on too much, especially in obese patients
- Traditional atrophic findings may be present, but most likely presentation is a red, beefy type appearance to vagina and cervix that is fairly friable.
- Doing speculum examinations can be painful, just like post-menopausal cis-gender women
- Can be treated with vaginal estrogen.
- Can also consider vulvar testosterone for patients who are symptomatic

Pelvic Pain in T/GNC People who have received Masculinizing Hormones

- Anecdotal experience: may occur in up to 25% of patients after being on testosterone for at least 18 months
- No obvious etiology if it wasn't there before testosterone started
- Can have all the usual reasons for pelvic pain as well:
  - Endometriosis
  - Interstitial Cystitis
  - Fibroids
  - Pelvic relaxation

Dysfunctional Bleeding in T/GNC People who have received Masculinizing Hormones

- PALM-COIEN evaluation, as for natal females
- Most common etiology is elevated testosterone levels
  - Testosterone converted to estrogen in abdominal fat
  - Can lead to endometrial hyperplasia but that's extremely rare
- Fibroids may grow with high testosterone levels
- Endometriosis can happen

Contraception

- Testosterone is **NOT** contraception!
- DepoProvera
- IUD – any of them are fine
  - ParaGard
  - Mirena
  - Skyla
  - Kyleena

Hysterectomy

- If done for gender dysphoria, need to follow WPATH guidelines
- Doing oophorectomy is optional, and worthy of discussion
  - The earlier age of BSO, the higher the long term risk for:
    - Cardiovascular disease
    - Osteoporosis
    - Regret over reproductive potential
- Remove tubes to decrease ovarian cancer risk

Hysterectomy

- Possible routes of hysterectomy:
  - Vaginal if possible
  - Laparoscopic Assisted Vaginal
  - Total Laparoscopic
  - Laparoscopic Supracervical
  - Rare indication for abdominal at this time

Hysterectomy

- Common Complications:
  - Bleeding
  - Infection
  - Risk of injury to GI tract
  - Risk of injury to GU tract
  - Cuff dehiscence
- No need to change testosterone levels after hysterectomy

Male Gender Confirmation Surgeries

- Metoidioplasty/Phalloplasty usually have vaginectomy as part of the procedure. If not, access to vagina is somewhat difficult usually
- Many urinary tract complications with both procedures.

Questions?

References

- https://www.cdc.gov/std/tg2015/screening-recommendations.htm
- https://www.cdc.gov/std/tg2015/tg-2015-print.pdf
- Deutsch, M, Ed: *Guidelines for the Primary and Gender-Affirming Care of Transgender and Nonbinary People*. Center of Excellence for Transgender Health, Department of Family Medicine and Community Health, University of California San Francisco; June, 2016.
- Breast Cancer Screening Practice Bulletin No. 122, American Congress of Obstetrics and Gynecology, 2011, reaffirmed 2014

References

- UpToDate Osteoporosis Screening Recommendations, 2017
- Cervical Cancer Screening, Practice Bulletin #168, American Congress of Obstetrics and Gynecology, 2016.
- National LGBT Health Education Center, Fenway Institute. Various webinars
- Rachlin, K et al; Hysterectomy and Oophorectomy: Experiences of Female to Male Transgender Individuals. Int J Transgenderism 2010 It 12l 12(3: 155-66
- Deutsch, MB; Bhakri, V; Kubicek, K: Effect
- s of cross-sex Hormone Treatment on Transgender Men and Women. Obstet Gynecol 2015 Mar; 125(3)605-10

References

- Lawrence AA. Factors Associated with Satisfaction or Regret Following Male to Female Sexual Reassignment Surgery. Arch Sex Behav 2003 Aug; 32(6)299-315
- Weiss E; Green, J. Transgender Patients Care. AJOG 2014 Aug; 211(2)115-6