TRANS-COMPETENT **HEALTHCARE PROVIDERS**

Anchor Health Initiative info@anchorhealthinitiative.org

- Stamford Office 30 Myano Lane, Suite 16 Stamford, CT 06902
- New Haven Office 54 Meadow Street, 1st Floor New Haven, CT 06519 (203) 903-8308



First Choice Health Centers, Inc.

LGBTO+ services 809 Main Street, East Hartford, CT 06108 LGBTQ+ Services Line: 860-610-6300 24 Hour After Hours Care: 860-528-1359

Community Health Center & Center for Key Populations CenterForKeyPopulations.com/#programs LGB+ and Trans-friendly primary care, hormone therapy, HIV/AIDS screening, prevention and more

Hartford Gay & Lesbian Health Collective HGLHC.org LGBT-friendly healthcare, gay AA or NA groups For a list of providers call 860-278-4163

Trans Pulse Transgender Resources

WPATH | wpath.org/provider/search

ACCEPTS MEDICAID

- Crescent Street OBGYN (Dr. Julie S. Flagg

For more Physicians including Obstetricians and Gynecologists Visit

ALANABEHRENS.WIXSITE/TRANSRESOURCE

LEGAL RESOURCES

CT Commission on Human Rights and Opportunities ct.gov/chro/site/default.asp

CT Fair Housing Center | ctfairhousing.org

CT Women's Education & Legal Fund | cwealf.org

Greater Hartford Legal Aid | ghla.org

Legal Assistance When You Can't Afford a Lawyer uwc.211ct.org/legal-assistance-when-you-cant-afford-alawyer-civil-matters

GLBTQ Legal Advocates and Defenders glad.org

Lambda Legal | lambdalegal.org

Connecticut American Civil Liberties Union aclu.org/issues/lgbt-rights/transgender-rights

Transgender Legal Defense & Education Fund transgenderlegal.org



TRANSGENDER SUPPORT GROUPS

Community Health Center (CHC) | chc1.com

- New London (18+) 3rd Wednesday of month; 5:30-6:30pm CHC, New London, 1 Shaws Cover, New London, CT
- Meriden Last Thursday of month; 5:30-6:30pm CHC, 134 State St, Meriden, CT

PFLAG | pflag.org/find-a-chapter

Triangle Transgender Society (18+ Support)

ctpridecenter.org/peer_support_groups 1st & 3rd Tuesday Bimonthly, 7-8PM, **Triangle Community Center** 618 W. Ave, 2nd Floor, Rm C, Norwalk, CT 06850

Center for Key Populations | Adult Groups centerforkeypopulations.com/resources

HEALTH INSURANCE

The Office of the Healthcare Advocate (OHA) ct.gov/oha/site/default.asp Free & confidential help with healthcare coverage

Transcend Legal

transcendlegal.org/health-insurance Information about transgender-led legal representation, advocacy, and community empowerment

National Center for Transgender Equality transequality.org/health-coverage-quide

Connecticut Insurance Department portal.ct.gov/cid

Information about individual and group health insurance including Medicare

Husky Health (Medicaid)

Policy on Gender Affirmation Surgery

https://www.huskyhealthct.org/providers/provider_postings/ policies_procedures/Gender_Affirmation_Surgery.pdf

CT Insurance Commissioner's Bulletin IC-34 | Insurance **Coverage for Gender Dysphoria**

portal.ct.gov/-/media/CID/BulletinIC37GenderIdentity NondiscriminationRequirementspdf.pdf?la=en

Gender-based discrimination prohibited by law



THIS INFORMATION IS NOT MEANT TO REPLACE PHYSICIAN ADVICE, WHEN CONSIDERING THESE PROCEDURES, IT IS IMPORTANT TO HAVE A DISCUSSION WITH YOUR PHYSICIAN. THE INFORMATION PROVIDED HERE IS MEANT AS A GENERAL OVERVIEW.

FOR MORE INFORMATION VISIT: ALANABEHRENS.WIXSITE.COM/TRANSRESOURCE

REVIEW THIS BROCHURE AT:

http://bit.ly/transhealthbrochure

TRANS WOMEN **RESOURCE BROCHURE**

COMMUNITY-SELECTED TOPICS



Alana Behrens Medical Student

Courtney Marchese, BA, MFA **Capstone Mentor**

TRANS WOMEN SURGERY & CARE

BREAST / CHEST "TOP" SURGERY MAMMOPLASTY

IMPLANT POSITION HAS TWO MAIN LOCATIONS

- Subpectoral is the typical approach due to inadequate breast development³
- **Subglandular** placement preferred over subpectoral due to better appearance and less implant dislocation⁴

One third experienced health complaints⁵

NONGENITAL / NONBREAST

FACIAL FEMINIZATION SURGERY²

These include many cosmetic surgeries such as rhinoplasty or "nose jobs" and thyroid shave to reduce Adam's apple size

Many procedures available, for more information visit WIX

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Created by Binpodo from Noun Project

GENITAL "BOTTOM" SURGERY VAGINOPLASTY

There are two main types of vaginoplasty

1. PENILE INVERSION VAGINOPLASTY

PREPARATION

Permanent hair removal (electrolysis or laser) are recommended⁷

PROCEDURE7

- Penile skin inverted inside to create a vagina
- Testes are removed and prostate left in place
- Labia majora created from scrotal skin

2. INTESTINAL VAGINOPLASTY

PROCEDURE⁷

- Less common and usually after prior unsatisfactory penile inversion surgery
- Advantage: diminished need for dilation

DISADVANTAGE

- Digestive secretions are frequent and may have malodor
- Panty liners or pads may be necessary long-term
- Requires more invasive abdominal surgery

POSTOPERATIVE CARE⁷

GENERAL

- Avoid strenuous activity for 6 weeks, swimming / cycling for 3 months
- Donut ring suggested to relieve pain with sitting
- Usually may resume sexual intercourse 3 months after surgery
- No baths or submerging for 8 weeks
- Wash hands before and after genital contact
- Wipe from front-to-back
- Labial Swelling typically resolves 6-8 weeks postoperatively apply ice for 20 min every hour to perineum first week
- Avoid smoking for 1 month
- Start with liquid diet, stool softener prevents constipation

DILATION

- Insertion of a device into the neovagina to increase its size and prevent it from shrinking
- 3 times daily for 3 months after packing is removed
- Stop if a lot of resistance or severe pain

References available at

ALANABEHRENS.WIXSITE/TRANSRESOURCE

TRANS-SPECIFIC SCREENING CARE

Screening should be done regardless of gender identity

The following topics should be discussed with your primary care provider

CARDIOVASCULAR DISEASE & LIPIDS

This impacts heart and blood vessel health

- Feminizing hormones increase risk of blood clot
- Risk calculators do not account for hormone therapy
- Affirmed gender may be more appropriate for those who have been on hormone therapy since adolescence³

DIABETES MELLITUS & POLYCYSTIC OVARIAN SYNDROME

Diabetes impacts vessels, nerves, and many organs

 Transgender women on estrogen therapy may be at higher risk for diabetes^{4,5}

OSTEOPOROSIS SCREENING (No accepted guidelines exist)

This affects bone health and risk of fractures

Screening recommended for:3,6

- Any age, after gonadectomy, and 5yrs without hormone replacement
- Ages 50-64 with androgen blockers or GnRH analogues
- All transgender people age 65 years

PROSTATE CANCER

- At age 50, consider prostate monitoring for transwomen⁹
- Prostate specific antigen levels suppressed by anti-androgen therapy⁹

BREAST CANCER

This is one of the most common and deadly cancers in women

Screening is recommended for intact breasts regardless of gender identity³

Transgender Women over Age 50

 Mammography biannually after 5-10 years of feminizing hormones¹⁴

CERVICAL CANCER

This is a common preventable cancer in women

Neovagina (Vaginonlasty

- Annual pelvic examinations to screen for pelvic cancer¹⁸
- Pap exam are recommended with a Glans Penis as Neocervix¹⁸