TRANS-COMPETENT HEALTHCARE PROVIDERS

Anchor Health Initiative
info@anchorhealthinitiative.org

- Stamford Office
  30 Myano Lane, Suite 16
  Stamford, CT 06902
  (203) 674-1102
- New Haven Office
  54 Meadow Street, 1st Floor
  New Haven, CT 06519
  (203) 903-8308

First Choice Health Centers, Inc.
firstchc.org
LGBTQ+ 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
transgenderpulse.com

WPATH | wpath.org/provider/search

ACCEPTS MEDICAID

- Hartford Healthcare | transcaresite.org
- Crescent Street OBGYN (Dr. Julie S. Flagg
  crescentstreetobgyn.com
- Planned Parenthood | plannedparenthood.org

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-a-lawyer-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

Community Validation from the Faith Project

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-guide

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

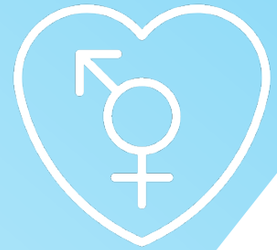
Gender-based discrimination prohibited by law

Community validation from the Faith Project

REVIEW THIS BROCHURE AT:
http://bit.ly/transhealthbrochure

TRANS MEN RESOURCE BROCHURE

COMMUNITY-SELECTED TOPICS



Alana Behrens
Medical Student

Courtney Marchese, BA, MFA
Capstone Mentor

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

TRANS MEN SURGERY & CARE

BREAST / CHEST "TOP" SURGERY
MASTECTOMY

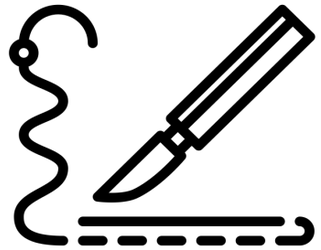
SURGICAL TECHNIQUE HAS TWO MAIN OPTIONS[2]

1. Double Incision Top Surgery
- Best for large-chested patients
- Incisions around lower border of pectoralis muscle & around nipple

2. Keyhole Top Surgery "Limited Incision"
- Best for small-chested patients (no larger than "A" cup)
- Does not reposition nipple/areola
- Incision around nipple

POSTOPERATIVE CARE
- Recovery time is 6-12 weeks[3]
- Sleep on back for first week
- Use elastic compression wrap, once daily removal for showering for 3 to 4 weeks

One-third of the patients had complications[5]



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from Noun Project

GENITAL "BOTTOM" SURGERY

1. Removal of Female Organs

Hysterectomy & Oopherectomy
- Consultation before hysterectomy recommended
- Technique may affect future genital reconstruction[7]

Vaginectomy
- Not performed on patients with a uterus
- Sometimes performed with scrotoplasty[7]
- Lower complication when done with phalloplasty and urethral lengthening[9]
- Risks include blood loss, bladder and rectum damage

2. Male Genital Reconstruction

The two surgeries for creating a new phallus are metoidioplasty and phalloplasty. There are many additional surgeries that further refine phalloplasty

Metoidioplasty[3,10]

Uses skin and tissue in genital area to create a new phallus. Average length 1-3 inch phallus, girth close to thumb size[3,10]

PROCEDURE
- Release of clitoral attachments, elongation to form the glans, and lengthening of native urethra with vaginal and labial flap

PROS & CONS
- Typically a single, simpler procedure than phalloplasty, 3-4 hours long
- No grafting required, uses local tissue and less invasive than phalloplasty
- Phallus is fully sensitive, capable of erection, and standing urination
- Urethral construction optional
- Penetrative intercourse not guaranteed & no penile implants possible

Phalloplasty

- Uses skin from a graft to create a new phallus
- Typically 5-6 inches[19]
- Complex and multi-part surgery
- May elect to avoid urethroplasty or vaginectomy
- Penile prosthesis is necessary for penetrative intercourse
- Penis is made from 3cm by 15-17cm strip of skin for tube-in-tube construction
- Urethroplasty necessary to lengthen urethra[17]

Types of Phalloplasty[7,10,14,16]
The skin graft can be taken from many different sites to create "flaps". Three of the most common are described below.

1. Radial Forearm Free Flap (RFFF)
Uses strip of skin from the forearm

2. Musculocutaneous Latissimus Dorsi (MLD)
Uses skin from side or back

3. Anterior Lateral Thigh (ALT)
Uses skin from the thigh

Phalloplasty - Additional Surgeries

Urethroplasty
- Penile Urethroplasty - Creates urinary tract within neophallus[21]
- Perineal Urethroplasty - Urethra is lengthened for standing urination[22]

Glansplasty
- Creation of glans shape[24]

Scrotoplasty
- Labia majora is used to create scrotum[15]

Clitoroplasty[3]
- Buried Clitoris: Typically set under base of neophallus
- Unburied: Preservation of the skin on the glans clitoris

Testicular & Penile Prostheses
- Separate surgery from the phalloplasty and scrotoplasty
- Malleable prostheses: rods placed within neophallus
- Inflatable prostheses: fluid pump in scrotum transfers fluid to neophallus[7]

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
- Risk calculators do not account for hormone therapy
- Affirmed gender may be more appropriate for those who have been on hormone therapy since adolescence[3]

DIABETES MELLITUS & POLYCYSTIC OVARIAN SYNDROME

Diabetes impacts vessels, nerves, and many organs
- Transgender men have higher rates of PCOS and should be screened for PCOS and diabetes[2]

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

BREAST CANCER

This is one of the most common and deadly cancers in women
Screening is recommended for intact breasts regardless of gender identity[3]

Mastectomy
- Risk of breast cancer greatly reduced[2,7]
  Yearly chest wall and axillary exams of scar tissue and changes recommended[12]

CERVICAL CANCER
- *Cervix should be screened regardless of gender identity*[3]
- Testosterone Therapy has a higher rate of inadequate Pap exams[15]
- *Screening is unnecessary for most total Hysterectomies (No Cervix)*[16,17]