

Hysterectomy/ Oophorectomy

Most (but not all) trans and gender diverse(TGD) men have at least one surgical procedure in his lifetime related to gender transition, if not several of them. However, no procedure is ever required to be trans, and many transpeople don't feel the need to have surgery. A person however must be over 18 before they are eligible for surgery and gender transition surgeries are not covered by insurance companies.

FTM SURGERY CAN BE DIVIDED INTO THREE GROUPS:

1. Chest reconstruction surgeries or "top surgery";
2. Hysterectomy and oophorectomy.
3. Genital reconstruction or "bottom surgery".

Within these three main groupings are different types of procedures and surgical methods that will be further described herein. This section describes the main types of hysterectomy and oophorectomy

procedures that are currently available to trans men.

Chest surgery and genital reconstruction surgeries (GRS) are detailed in their own separate sections.

The descriptions of the FTM surgeries listed below are generalized. It is important to note that there are different methods for performing a hysterectomy/oophorectomy.

The procedure chosen will depend on the physical characteristics of the patient as well as the expertise of the surgeon performing the procedure. If you are considering any of these procedures, it is important to research your options thoroughly and speak candidly with the surgeons you are considering.

PROS AND CONS OF A HYSTERECTOMY /OOPHORECTOMY.

Some physicians recommend hysterectomy and oophorectomy within the first 5 years of starting testosterone therapy. There are two reasons for this. First, there is concern that long-term testosterone treatment may cause the ovaries to develop similar symptoms as those seen in polycystic ovarian syndrome (PCOS). PCOS has been linked to increased risk of endometrial hyperplasia (a condition that occurs when the lining of the uterus (endometrium) grows too much and thus causes risk of endometrial cancer, as well as ovarian cancer.

It is difficult to prove whether the risk for cancer is increased by testosterone therapy in trans men. Studies on the long-term effects of testosterone on the uterus and ovaries is still limited.

Trans men who don't have a hysto/oopho procedure, should continue to have regular pap-smears (to screen for cervical cancer) and seek out care if they experience irregular bleeding (including spotting), cramping, or pain. However it is common for trans men pre-hysterectomy to experience a build-up of endometrial tissue, especially during the first few years of testosterone therapy. Endometrial tissue may continue to build up and shed in the form of spotting.

Because irregular bleeding can be a sign of cancer, trans men who experience bleeding/spotting should get tested to determine the cause of the spotting.

Your doctor may advise a short course of progesterone to cause the uterus to shed excess endometrial tissue - much like inducing a period. This is an important preventative measure, since the unusual build-up of endometrial tissue has been linked to endometrial cancer.

For more information on PCOS, endometrial cancer, and ovarian cancer check our resource section.

TYPES OF HYSTERECTOMY AND OOPHORECTOMY

There are three main ways in which the uterus can be removed from the body: either through an incision in the abdomen, vaginally

through an incision in the top of the vagina (sometimes assisted laparoscopically through small incisions in the abdomen), or through a combination of tissue removal through small incisions in the abdomen as well as through the vagina. The type of surgery chosen will

depend on the patient's physical limitations as well as the surgeon's expertise.

Some surgeons who perform genital reconstruction surgery (GRS) may wish to do a hysterectomy/oophorectomy at the same time as GRS. If you are considering GRS, you may wish to fully research such options.

COMMON PROCEDURES

TOTAL ABDOMINAL HYSTERECTOMY (TAH)

This is the removal of the uterus and the cervix via an incision in the abdomen.

TOTAL VAGINAL HYSTERECTOMY (TVH) This is the removal of The uterus and the cervix are removed via an incision in the vagina; all operating procedures are performed through the vagina.

LAPAROSCOPICALLY ASSISTED VAGINAL HYSTERECTOMY (CLAVH) This is similar to TVH above, but performed with the aid of laparoscopy (a tiny telescopic camera).

TOTAL LAPAROSCOPIC HYSTERECTOMY (TLH)

the removal of the uterus and the cervix by operating through several small cuts in the abdominal wall that provide access for a laparoscope.

BILATERAL SALPINGO OOPHORECTOMY (BSO)

This involves the removal of both ovaries and of both fallopian tubes.

RISKS AND COST

As with any surgical procedure, there are some risks that may occur. These include bleeding, infection problems from anesthesia, blood clots, or death (rare). Some other problems that have been reported after hysterectomy include irritable bowel syndrome, incontinence, damage to the urethra or bowel, prolapse of the vagina, back pain, or loss of sexual feeling or function. Depending on the type of procedure you undergo, these risks may be more or less common-- speak directly with your surgeon about the risks of the specific procedures you are considering.

The cost of hysterectomy/oophorectomy will vary, but in general will be over \$12,000 in Australia (including surgery fees

and related hospital/staff fees). Because there is usually a hospital stay after the procedure, and since hospitals charge by the day, this will effect the overall price depending on the duration of the stay.

Hysterectomy is one of the few surgeries that trans men may be able to have covered by insurance, if the procedure is shown to be health-related. If you are experiencing pain or irregular bleeding, or if you have a history of abnormal Pap smears, fibroids, or polyps, you may wish speak with your doctor about the possibility of hysterectomy as a necessary procedure for insurance purposes.



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The Gender Centre is committed to developing and providing services and activities in NSW which enhance the ability of people exploring their gender identity to make informed choices. We offer a wide range of services to gender explorers, their partners, family and friends in NSW. We provide:

- PSYCHOLOGICAL SERVICES**
- VICTIM OF CRIME ADVOCACY**
- YOUTH AND FAMILY SUPPORT**
- INFORMATION AND REFERRALS**
- COUNSELLING**
- ADVOCACY**
- GROUPS**
- ACCOMMODATION**
- STREET OUTREACH**
- CASE MANAGEMENT**
- SPEECH PATHOLOGY**
- NEEDLE SYRINGE PROGRAM**
- HIV AND HEP C TESTING (DBS)**

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