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Post-Op Living

Addressing Some of the Lesser Asked Questions

by Gianna E. Israel

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This article addresses some of the questions and issues presented to me by individuals who have had genital reassignment six, twelve, and even twenty years ago. The material addressed may also be of interest to persons who are considering permanently living "in role" as a member of the opposite gender, or who are considering undergoing genital reassignment. The decisions to live in role permanently and undergo genital reassignment are serious ones having numerous consequences.

For numerous transgender men and women, passing becomes easier the longer they live in role. However, passing can present problems of its own.

"I Wish I Had Waited"

Surprisingly, for all the clamour I have heard over the years from pre-operative transsexuals who feel waiting one year while living in role is too long, the preceding is one of the most frequent comments I hear in the privacy of counselling from persons who underwent genital reassignment. After feelings of permanency and newness wear off, many new women find

that little else has changed in their day-to-day lives. This is particularly true for those who placed more importance on obtaining surgery than on refining their overall appearance and presentation.

For example, women who did not finish their electrolysis still get five-o'clock shadows, and those who gave up on needed speech practice still sound like men. Occasionally, I hear very masculine appearing women state that they wished they had spent their money on facial reconstruction, rather than spending it all on hidden body parts. There are many reasons a person may wish they had waited before undergoing genital reassignment, however, once the surgery is done life does not stop.

After surgery, having special transgender needs does not cease, and persons with unfinished business are advised to move forward completing unfinished business as time and finances allow. If an individual is having difficulty putting together a good presentation, such as for a job interview, then seeking wardrobe and cosmetic consultation would be beneficial. If a person finds him or herself dealing with confrontation or transphobia, then he or she should seek assertiveness training and learn how to deal with harassment.

"Help, I've Gone Stealth and Might Be Found Out!"

This is a very, very common concern. Many transgender persons who are in the process of coming-out or who have lived in role for only a short time look forward with anticipation to the day they can "pass" all the time. Others, who during transition had great difficulties, find themselves working as hard as possible to bury their former identity. However, no matter how presentable you are or how many surgeries you have, this does not stop you from having a transgender identity. For numerous transgender men and women, passing becomes easier the longer they live in role. However, passing can present problems of its own.

After surgery, some persons disconnect entirely from the transgender community. They may move to areas where few transgender resources exist, or accept an employment situation where nobody questions their gender identity. Sometimes these persons have difficulty explaining their situation to a new physician, particularly after disclosure skills become rusty from disuse.

The art of living in stealth takes skill. A person must decide when disclosure is appropriate, and when people do not need to know. Generally speaking, a person's regular physician need know, while a temporary care provider need not know if this will not affect medical care. An employer need not know, however discreetly letting an employer know can prevent co-worker difficulties if someone finds out.

A one-night-stand need not know about your transgender identity if you are post-operative; however, if you are dating or seeking a relationship it is generally a good idea to disclose early on so as to prevent complications. Generally, disclosing your transgender status is best done when you are sharing personal information about yourself and gauging how that person responds to new information. Doing so "matter of factly" before actually engaging in sexual intercourse works well for many.

Sometimes telling about your transgender status isn't easy. I have frequently received calls from people stating that they are involved in a relationship which is becoming serious, and that they feel afraid to disclose because they may get rejected. If a person is going to be

rejected, it is best to get it done and over with. However, in most circumstances transgender men and women aren't rejected. Disclosing under these circumstances is not that much different from when a person is just in the coming-out process. Set an appointment to talk, validate the relationship, disclose, offer an opportunity for question-asking, and reiterate your love. Finally, if you must respond as to why you did not disclose earlier, simply state you did not know how to do so. Be honest!

"I've Now Had Surgery, So I Can't Get AIDS"

Wrong! Having genital reassignment does not make a person immune to H.I.V. or any other sexually transmitted disease. I have heard this misconception too many times, sometimes too late. If you have sex where body fluids are exchanged, use condom protection or abstain. Also, taking "birth control" does not protect against sexually transmitted disease, only pregnancy.

"Where Can I Get Gender-Sensitive Medical Care?"

If you are located in a major city, contact a gender specializing counsellor or therapist and ask for a referral. The next step is to check with gay and lesbian resources. Both post-operative males and females frequently require follow-up work, sometimes years after surgery. Stenosis or hardening of tissue may set in, or the person may have difficulty with urination. Transgender women who failed to dilate may need surgical intervention. They should contact a local gynaecologist, urologist, or sex reassignment surgeon and ask for a specialized referral.

"A Tax Statement Showed Up With My Old Name"

Oh, that paper tiger rears its ugly head again! Lots of people think being transgender is all about hormones and surgery. Wrong. It's really about the creation of lots of unnecessary paperwork and aggravation. If the tax collector says you owe money, pay it and then ask a supervisor to follow through with correcting your name. If you have problems with bureaucracies, continue climbing the supervisor/manager ladder until you find someone who will help you. If that doesn't work, try visiting a different office. Surprisingly, I have heard from clients having serious difficulties getting passports changed at one location who later had no problem whatsoever at another location. Finally, if you receive an inheritance or trust fund check payable to your old name, on the reverse, sign it the old way, then the new way and deposit it. This is standard banking practice. Afterward, write out a donation to your local transgender support organisation.

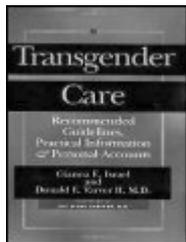
Gianna E. Israel

From Susan's Place:  Gianna E. Israel was a therapist and author of many online articles regarding transsexuals and gender transition as well as the 1997 book *Transgender Care: Recommended Guidelines, Practical Information, and Personal Accounts*.

She also published numerous articles on transgender issues, including a regular column in the magazine, *Transgender Tapestry*, and a series of gender articles which are published on Usenet and in C.D.S. Publication's TG Forum. Her writings on gender issues had a significant impact on the field and had an enormous impact on many people's lives. She spent nearly 20 years providing gender-specialized counselling, evaluations, medical recommendations, and mental health services across the United States. She even offered appointments by telephone for individuals without local support or who found office visits difficult. She was a member of H.B.I.G.D.A. and worked with thousands of transpersons in all stages of transition. She passed away on 21 February 2006 after a long illness and is a sorely missed supporter of the trans community.



A full list of her essays on the "[Differently Gendered](#)"  website



Transgender Care: Recommended Guidelines, Practical Information, and Personal Accounts
Author: Gianna E. Israel, Donald E. Tarver and Diane Shaffer
Publisher: Temple University Press (1998)
I.S.B.N.-13 978-1566398527.

From Amazon Books:  By empowering clients to be well-informed medical consumers and by delivering care providers from the straitjacket of inadequate diagnostic standards and stereotypes, this book sets out to transform the nature of transgender care. In an accessible style, the authors discuss the key mental health issues, with much attention to the vexed relationship between professionals and clients. They propose a new professional role; that of "Gender Specialist".

Chapters 3, 4, and 5 provide definitive information (in the context of consulting health professionals) on hormone administration, aesthetic surgery, and genital reassignment surgery. Chapter 6 takes up the little-examined issue of H.I.V. and AIDS among transgender people. There is also a chapter devoted to issues of transgender people of colour, as well as a chapter on transgender adolescents. The book contains a wealth of practical information and accounts of people's experiences about coming-out to one's employer or to one's friends or spouse. Several essays spell out the legal rights of transgender people with regard to insurance, work, marriage, and the use of rest rooms. The second part of the book consists of thirteen essays on a range of controversial topics.

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The Gender Centre is committed to developing and providing services and activities, which enhance the ability of people with gender issues to make informed choices. We offer a wide range of services to people with gender issues, their partners, family members and friends in New South Wales. We are an accommodation service and also act as an education, support, training and referral resource centre to other organisations and service providers. The Gender Centre is committed to educating the public and service providers about the needs of people with gender issues. We specifically aim to provide a high quality service, which acknowledges human rights and ensures respect and confidentiality.