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Everything you wanted to know about ...

Total Abdominal Hysterectomy with Bilateral Salpingo Oophorectomy

by Kyle Scanlon

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Kyle Scanlon - Photo: Alaina Hardie

Six months ago I had the Total Abdominal Hysterectomy with Bilateral Salpingo Oophorectomy. In other words, no more uterus, fallopian tubes, or ovaries and it would all be coming out via a 'bikini line' incision going through my lower abdomen.

... when they first told me I was supposed to get up and walk only twenty-four hours after having my guts split open, I thought they were nuts.

Why the hysto? Plenty of reasons. For one, I'd had a few bad pap smears in a row, possibly due to the 'atrophying' effect of three years worth of testosterone on my 'biological bits' due to being a transman. A hysterectomy was recommended for me because of the fear of atrophic cancerous cells or fibroid cysts forming. Combine that with the very real fact that I wanted, for once and

for all, to get rid of that annoying oestrogen that still coursed through my body, and you have all the ingredients you need for a quick and painless decision. 'Cut me open!'

I'd done some preliminary research at a website called Hyster-Sisters, a support site for women who are scheduled to have (and have already undergone) a hysterectomy, and been bolstered to realise that I had many factors on my side as a transman going into this procedure. For one thing, the average age of the women on this site seemed to be mid-to-late forties. At only thirty years old, I suspected my recovery was bound to be a little speedier. Another major issue in terms of healing is the psychological aspects. Many of the women on this site were clearly feeling a certain sense of sadness and depression at the imminent "loss of their womanhood and ability to bear children". For me, as a transguy, I was practically throwing a party. "Female bits be gone!!" Certainly psychologically I was well prepared. Another benefit to me was the fact that I was already on hormone replacement therapy while many of the woman at Hyster-Sisters are going to be scattering to deal with the effects of an immediate menopause as a result of their surgeries. And finally, I was a transguy who had not experienced the joys/pains of giving birth, so my abdominal wall remained unstretched and strong. I'd even begun a workout regimen about six months prior to this surgery, so I knew that in terms of my abs, I would be in good shape for a relatively speedy recovery. The foundation was in place. I was ready.

I booked my hysterectomy with a gynaecologist/obstetrician in the greater Toronto area. I chose her for one specific reason; she'd had many transmen as clients, and came highly recommended. I didn't want to have to 'teach' my surgical team what pronouns to use, and I wanted to feel comfortable that even while I was under the effects of anaesthetic and unable to speak for myself, I would be referred to with the appropriate male pronouns. Once I had my primary care physician send a referral, I was able to meet with her for a preliminary examination. I immediately appreciated her warmth and the tact with which she accepted a man who needed a hysterectomy. She earned my respect quickly. I had no hesitation in booking the surgery.

Now for those of you who were wondering, Ontario's health care plan will cover a hysterectomy as long as a) there is still an 'F' on one's health card, and b) there is a surgeon willing to sign off and say that the procedure is a medical necessity (which it is). My doctor needed neither 'convincing' nor 'cajoling' to make that determination. For once, a trans surgery that we don't have to pay for out of pocket! (As long as we don't call it a trans surgery, of course. Shhhh!)

I arrived at the hospital for my pre-admittance appointment on Monday the 18th March. Pre-admit basically serves two functions: To check you out one final time to determine that you are healthy enough to undergo this major operation, and to give final instructions before you come for the procedure. (Grand River Hospital even has a video presentation about the procedure itself to help familiarize patients with what they can expect in terms of their hospital stay.) Pre-admit took about an hour. Standard tests included blood work, blood pressure, weight, discussing drug allergies, dietary needs, etc. They even took a urine sample so they could do a pregnancy test (In my words, "that would be the immaculate conception right there.") They made me sign off on a number of release forms and the basic 'next of kin' forms, which always fill me with a sense of confidence.

I also wrote a veritable essay on my pre-admit forms regarding proper identification. Where it said 'M' or 'F' I sadly had to circle the 'F' because my Ontario Health Card lists me as Female. Those of us in Ontario who need to get this surgery covered by our Ontario Health Insurance must still be considered 'female' according to our Health Cards. Nevertheless, after circling the 'F', I carefully added "F.T.M. -

Female to Male Transman" in big letters, and then added in even larger letters "Please use male pronouns." None of that made it onto the official paperwork they printed up at the registration desk, naturally.

Day One: Day of Hell

My surgery was scheduled for 9:00am Friday morning, 22nd March. I was told to arrive at the hospital at 7:00am. Why so early? Apparently so they could take my clothes, my meds, give me a pair of cotton drawstring pants, some funky slippers, a hospital backless gown and a robe. Two hours for that. (These are the same people who kick a person who has just had a hysterectomy out of the hospital after only a three night stay. Weird!) I was famished from not being able to eat or drink past midnight the previous night, and nervous. I think I went to the bathroom about one hundred times despite the emptiness of my stomach. Perhaps peeing was just the only way I could think of to pass the time. Fortunately, I did have better options. Chris, my friend came along to keep me company and calm my nerves.

An emergency C-section took my doctor's attention until about 10:00am and then finally I was called in. I bid farewell to Chris, and walked with a nurse to the Operating room, took off most of my clothes in an extremely cold room, and then hopped onto a steel table. Fun. Good thing my top surgery played havoc with my nipples or I would have been perpetually in the upright position. There, a nurse once again ascertained I had not eaten anything, and I talked with the anaesthetist about my previous reactions to anaesthesia. He promised me a gentle and non-nauseous ride, and then started an intravenous in my arm. My doctor came over and greeted me and assured me everything was going to be fine. I "thanked them in advance." hoping that they'd feel compelled to do a great job. Then, they began to put me under. It was much more 'gentle' than the last time I'd been put under. I remember that time being a swirling immediately nauseous feeling but this was very gradual. I far preferred it. I closed my eyes, and then, I was gone.

After what seemed like seconds but was actually about three hours, I woke up in the recovery room. They asked me how I was, and I tried to say 'fine' but could barely speak - my mouth was so dry after having been intubated during the surgery. They gave me a tiny sip of water (they didn't want me to vomit, so they wouldn't let me have anything more than a sip) and I still couldn't get the frog out of my throat. I had to cough but was scared, it's not that I was in intense pain, but I was certainly aware my guts had been split open within the last hour. (Fear is a factor for me.) The nurse was great. She held a pillow over my stomach so that I could cough and feel 'supported' in doing so. It didn't hurt as much as I had feared.

I passed out again, and woke up later when they were telling me my private room was ready. (This doctor, bless her heart, obtains private rooms for her trans patients by citing 'medical reasons', which means we don't have to pay for it. Even those of us without insurance, we won't end up in a room full of women.) Then they wheeled me upstairs via gurney while I teetered in and out of consciousness. (Frankly, I could have used a lot more of that on day one. Consciousness was no friend to me.) Shimmying from my mobile bed to my new home was a challenge. (You try moving between beds without using your abs!) Nevertheless I managed.

A morphine drip, a wonderful machine that allows you to administer a dose of morphine when you need it, became my new intimate. I actually barely used it that first day. I felt like shit, absolutely, but sleep was far, far better than being awake with morphine. (Repeat: consciousness was no friend on day one.) Now, here are words I never expected to write: I was thrilled to have been given a catheter. It meant I didn't have to move too much. Occasionally nurses would come in to check my vitals and get me to roll to one side for a bit, to help with circulation, and to decrease the chance of a blood clot forming.

I had a fever on and off for the first two days, so they gave me Tylenol for that. I also had nausea so they put Gravol right into the intravenous along with the morphine drip so that was under control fairly quickly. But still, day one was a big load of crap. Every time I awoke I thought "Please, dear God, don't let it be like this for long." I don't consider myself a wuss when it comes to pain, but this was really quite a huge toll on the body. Finally, around 7:00pm I was beginning to be awake, to feel more like myself. In pain and uncomfortable, but still myself. I began talking to the nurses and being a real human being again. Dinner was liquids only, broth and soup.

A note about pronouns: The hospital nursing staff was initially confused. It was almost a whole day before I actually understood what had gone wrong. Ironically, they assumed I wanted to be a girl and thought they were being super cool by using female pronouns on a person with facial hair. They didn't realise there were such entities as 'F.T.M.s.' Once I was actually in the care of the ward nurses, I told each of them individually "I'm a guy, and it actually physically pains me to be referred to as a female." One of the nurses made sure she took my wishes back to the head nurse so it could get written on my chart so there'd be no mistakes. And after that, a couple of the other nurses who had messed up previously in my presence came back to make it all right with me, which I thought was great.

And a few of the nurses took a real shine to me. Oh, that Scanlon charm!

Day Two: The Commode Commander!

In many ways, the days after surgery remind me of the watershed moments of an infant's life. I had my first words, first steps, and first meal of 'solid' foods. After two days of only liquids, those crappy hospital meals tasted so good! And then there was toilet training.

Things were looking up. I had slept fitfully, but I felt far better in the morning. They decided to get rid of the catheter, and get me up and going to the bathroom. That scared me. They taught me a way to kind of 'roll up' out of bed so that I wasn't using my abdominal muscles, and how to get back in the same way. Once in the washroom, taking a leak was 'different'. It's rather hard to describe, but here is a truth not commonly discussed, and why would it be, that most people who were born with a uterus actually make use of uterine contractions to help them control the flow of urine. And with a T.A.H.B.S.O., no more uterus! And therefore, bye bye to uterine contractions. practise with your kegel muscles, boys, cuz you're going to need them! You may find yourself 'concentrating' on peeing in a way you never quite have before. Now, don't let this scare you. It's not difficult or painful, merely 'unique'. Within a matter of three or four days, this new method of pissing became 'subconscious' again.

Initially, not to sound gross, the urine is quite red in colour with blood drainage, but apparently that's normal. Another thing about bathrooms ... they gave me a bottle of warm water with which to 'rinse' the entire groin area after urination before wiping. This helps reduce the risk of infection. I had to take this home with me and continue using it for a week or so.

Then there was that horrible feeling of 'backtracking'. Due to the vaginal bleeding and spotting that happens as a result of this surgery, I had to revert to wearing 'pads'. Oh joy.

The other obstacle to overcome was 'walking'. Believe me, when they first told me I was supposed to get up and walk only twenty-four hours after having my guts split open, I thought they were nuts. I found to my surprise that walking was fairly easy. Sitting was hard, but standing and slowly walking was comparatively a breeze. Especially thanks to the self-administered morphine drip. And walking helped with 'gas'. Apparently this procedure lends itself to people having terrible gas problems. Some people can't pass it. The intestines apparently kind of get 'moved aside' during the surgery, and then when they get 'put back' sometimes there are kinks in the hose, as it were. And you know what happens when you have a kink in a hose. Nothing gets through. All of this leads to 'bloating'. (In the language of women who've had hysterectomies, it's sometimes referred to as 'swelly belly'.) Walking helped unkink the hose. The nurses also gave me anti-gas pills, and ... well ... ahem ... another way to help get rid of excess gas is with an enema. (I know it sounds unappealing, but if it works, use it. Don't let pride get in the way of comfort.) Because I'd been forewarned about the bloating, I knew to buy and bring drawstring/elastic band pants, and underwear that is about two sizes larger than usual. The swelling and inflammation lasted for weeks. It began to subside after about a week, but I didn't return to my normal girth for quite a while.

Another thing about Day two was that it was the first time I got to see the incision. It was a thin 'bikini-line' scar about six inches in length and running along a natural crease at the base of my abdomen.

Day Three: Moving in the world again!

They took me off the intravenous morphine altogether and put me on pills for pain. I had a lot more freedom, and I was very active. They said I could get dressed if I wanted and go down to the cafeteria with my friends. (Keep in mind 'very active' still means I walked as quickly as a lethargic snail.) I was even allowed to take my first shower. (No baths, and no soap on the incision site.) All the activity meant I was in tons of pain that night and since I had already had my share of pills, they only had one other option for me. Morphine injection. You might think, as I did, that the morphine injection would be very similar to the morphine intravenous drip. It was nothing like the intravenous drip. Instead, and you can decide for yourself whether this is a good or a bad thing, it was very much a drug trip. I tripped out in my hospital bed. It wasn't restful in the least. Instead, my brain felt super-stimulated and my body was practically humming. Yet, when I needed to be able to control my body to get up and go to the bathroom, I felt very numb and uncoordinated. There was even a hint of paranoia. So, word to the wise, if you're not into being drugged out of your mind, don't overdo it and force them to give you a morphine injection. For those of you who enjoy this sort of thing, all the power to you!

Day Four and onward: Release and Recovery!

The doctor came by to sign me out, gave me a prescription for Tylenol with codeine and a good strong ibuprofen. The nurses wished me well, and I was on my way. The car ride home just about killed me with the pain of sitting 'upright' and being jerked and jostled with motion, despite the fact I was supported by about four pillows under and around me.

In the ensuing days, I slept a lot. I was staying with friends so I didn't have to cook my own meals at dinner time. I did, however, make my own simple lunches, preferring things like sandwiches or meals that could be nuked in the microwave. I felt capable of performing minor tasks. Moving was still very slow and somewhat painful. 'Blood spotting' on the pads I wore began to diminish rapidly.

On or around day four I had the realization that I very much needed to defecate. (Point of order: I'm talking about extremely personal matters in a very matter of fact way because, frankly, this is the stuff you need to know.) The whole notion of taking a dump scared the shit out of me. Well, actually, it did the exact opposite. Therein lay the problem. I have to tell you to break out your Metamucil, your apples and your wholegrain breads once you're back on real foods because you are going to want to make this as gentle on yourself as possible. 'nuff said.

About day six my movement became a little quicker, and much less painful. The only thing about day six that made it particularly different than the previous few days is that it was a T..-shot day, and I firmly believe that made a significant difference.

I got a really 'beginning phase' infection. The incision site looked to be a little red and inflamed in areas, and I went to a clinic to check that out. They gave me antibiotics and I was on my way.

The next few weeks went quickly, and with less drama. I confidently returned to my own home for self-care after only two weeks. I wasn't able to do much cleaning or cooking, and I was fatigued constantly, but I was able to buy a litre of milk for myself when necessary. I began going out to visit some friends to watch movies, but I required car rides because it was too painful to walk for more than about ten minutes. At four weeks I started working part-time on a very limited basis. I still slept a lot, and had to lay down whenever I began feeling physically pained. In retrospect I wish I'd laid off the part-time work at only four weeks. Total healing time is estimated at being six to eight weeks, and with only one chance to heal well, I know I compromised my body's ability to heal itself. I was plagued with a number of low-grade infections that needed to be treated with antibiotics and which slowed down the overall recovery process.

By approximately three months after the surgery, I was almost completely back to normal, free of infections, cleared to begin an exercise regimen, and back at work full-time.

Now, six months later, I'm thrilled that it's done. The scar is becoming less and less visible as time passes. The psychological scars are also fading. Now that I no longer have the uterus, fallopian tubes or cervix, I am feeling more and more 'whole' as a man. I've also had some friends comment that my body is changing as a result of testosterone even more quickly post-hysterectomy, which makes the

whole experience worthwhile! Some might say that makes me vain, but I think that's just 'hysterical'!

Kyle Scanlon

From *The Torontoist*: 📧 Tuesday July 10th 2012 - Toronto's queer and trans communities lost a valued leader, gifted mentor, and much-loved friend this past week when Kyle Scanlon, the education, training, and research coordinator at the 519 Community Centre, took his own life on July 3 at his home in downtown Toronto.



An activist, researcher, and front-line worker, Scanlon worked with agencies like the 519 and Sherbourne Health Centre to develop programs to address the needs of Toronto's trans community, and gave generously of his time, energy, and expertise in assisting trans people with issues of employment, housing, sexual health, and acceptance within the larger community.

"Kyle knew what needed to be done when it came to social justice, and he did it," said long-time friend Alaina Hardie. "He didn't seek accolades, and was happy to be either right on the front line or helping quietly in the background, with really no thought given to being recognized. He was selfless to an extent you rarely see. He just wanted to get the work done."

A tribute from Toronto's Trans PULSE project noted: "For the past 10 years, Kyle worked at The 519 Church Street Community Centre, first as the Trans Programs Coordinator and then as the Education, Training, and Research Coordinator. In these roles, Kyle trained thousands of service providers around the province to make their services accessible to trans people. He served on countless boards and committees, and despite his many responsibilities, he responded with an open heart to the needs of members of the trans community on a daily basis."

As news spread of Scanlon's death over the weekend, an image soon emerged of a kind and caring man with an open heart and winning smile, who tirelessly came to the aid of others — but who privately fought against chronic depression that first manifested in his youth. His friends and peers are now grappling with the question of how he could help so many others through the most challenging moments in their lives but not seek the same help himself in his moment of need.

"I often had to tell Kyle how proud I was of him and what he'd accomplished," said close friend Janet Knights, who has faced down depression in her own life. "He couldn't seem to take in the value of his work or the role he played in other's lives. For a lot of years he struggled to find a place to belong. He had trouble with university life and took on some unsatisfying jobs before finding his space at the 519. He had many friends and acquaintances and did find peace with his family. But it wasn't enough. It could never be enough."

An October 2010 U.S. study by the National Centre for Transgender Equality and the National Gay and Lesbian Task Force, surveying more than 6,000 people who identified as transgender and gender non-conforming, found that a staggering 41 percent reported attempting suicide, compared to 1.6 percent of the general population. Because of intense and pervasive societal pressures like stigma, prejudice, and discrimination, people from marginalized communities run a higher risk of experiencing depression at some point in their lives. Financial constraints, racial and cultural factors, limited access to resources, and a lack of nuanced understanding from helping professionals exacerbate the challenges that those in marginalized communities with mental-health issues may face.

"Kyle struggled for a long time with mental-health issues," observed Hardie. "I think it's important to mention that they did not come from him being trans or queer. Mental health issues cross all demographic boundaries. We all need to work together to de-stigmatise mental illness so people in Kyle's situation know they can ask for help and receive respectful treatment."

Writer and activist S. Bear Bergman thinks that Scanlon may have faced a special challenge in seeking help, arising from his role within the queer and trans community. "I worry that Kyle, a guy who was such a helper-of-all, may ultimately have found himself, in a brutal moment, feeling like there was no one he could turn to because in all his relationships, the current of help moved from him to others." He added: "Queer and trans people often end up working directly with our communities and, even in a big city, Queerville can be a pretty small town. When you add in over a dozen years of community work and experience, as Kyle gave, who is left for him to reach out to?"

Bergman concludes: "Obviously, we can't know much about other people's internal landscapes. It may be that nothing could have helped in that moment. Part of the truth of mental health is that not all mental or emotional issues can be "solved" by people being nicer or by inviting the guy out for a coffee more or whatever. I do want to flag the narrative of "we should have done more", because the flip side is "if we do enough, we can help someone to feel better" and that's just not always true."

In spite of the challenges he faced, Scanlon's contribution to the trans and queer communities in Toronto and across Canada was significant in both breadth and depth. "Every day, Kyle was looking for a way to help out, and to make the world a better place," says Hardie. "If we all do a tenth of what Kyle did in his short life, I have to believe that so many of our social problems would be in the past now."

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