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Hysterectomy

Answers to Frequently Asked Questions

Reprinted from Boys' Own, No 30. December 1999, by Stephen Whittle

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Is a hysterectomy recommended for all female-to-male transsexual people?

I assume that also removal of the ovaries is included in the term hysterectomy. Yes, I do recommend though the evidence for a yes is not super strong, but I would recommend it. Upon androgen administration ovaries become polycystic and similar to those of women who suffer from a disease called polycystic ovarian syndrome. The latter is known to have a bigger change to become cancerous. Until recently this was rather theoretical but we have seen one case of ovarian cancer in an F.T.M. after eight years of androgen treatment and one case after eight months of androgen treatment. In scientific terms, these findings do not constitute a scientific proof but they have made us cautious and have bolstered our already existing policy to recommend hysterectomy plus ovariectomy after eighteen to twenty-four months of androgen treatment.

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How soon after commencing hormone treatment should an F.T.M. undergo hysterectomy?

This is difficult to say, but arbitrarily I would say within four years.

Should all F.T.M.s plan to undergo a hysterectomy at some point in their life?

Not necessarily, but within a certain span of time.

Are there specific problems an F.T.M. might experience e.g. breakthrough bleeding, which might indicate an early hysterectomy?

No, this bleeding nearly always can be managed with pro-gestational drugs.

What would be the reasons for an F.T.M. not to undergo a hysterectomy?

A high risk for undergoing surgery, which is rare.

Is there any particular method that a surgeon should use, and if yes, why?

In Holland we have a Gynaecologist who is able to do a vaginal hysterectomy which leaves no scar. Intervention is a bit difficult in a person whose vaginal canal has not been widened by child birth so the average Gynaecologist is hesitant to do it. It would be good to find a Gynaecologist who is prepared to do this. It is technically more difficult. An alternative is so-called laparoscopic removal of uterus and ovaries which leaves a minimal scar if any. Laparoscopy is insertion of a tube into the abdominal cavity and operate through that keyhole and remove tissue through it.

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