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# Transgender and Gender Diverse Urologic Care

Medical Student case-based learning

Alex Banks is a 29 year old trans female who presents to your urology clinic for evaluation of recurrent episodes of dysuria over the past 2 years. You are expected to direct the evaluation, education, and management of this patient.

# Learning Objectives

## After completion of this activity, participants will be able to:

1. Discuss historical barriers to healthcare facing transgender and gender diverse patients
2. Discuss and differentiate between sex, gender, gender identity, gender expression, and orientation
3. Discuss common gender identification terminology, including cis-, trans-, and non-binary genders
4. Communicate an understanding of proper use of pronouns and name, and how to avoid dead-naming
5. Discuss gender dysphoria, gender discordance/incongruence, and misgendering and how urologists may implement strategies to avoid inducing gender dysphoria and misgendering
6. Discuss gender transition and the various social, medical, and/or surgical elements a patient may undergo
7. Review the World Professional Association for Transgender Health's current standard of care guideline criteria for gender affirming medical and surgical treatment in adults and adolescents
8. Discuss anticipated effects of hormonal therapy, as well as the side effects and contraindications to masculinizing and feminizing hormonal therapy
9. Discuss recommendations and guidance for post-operative follow up and gender-affirming surgery aftercare
10. Discuss the elements of a gender-affirming environment in urology
11. Define organ inventory and its impact on urologic specific care for transgender and gender diverse patients
12. Discuss the elements of a trauma-informed care approach for transgender and gender diverse patients, and how it may be adapted for use in the field of urology
13. Communicate an understanding and ability to perform a gender-affirming and trauma-informed history
14. Review recommended health maintenance and screening guidelines for transgender and gender diverse patients
15. Discuss special considerations when approaching genitourinary and pelvic examinations in transgender and gender diverse patients
16. Discuss potential urologic complications and differences in physical examination findings secondary to gender-affirming medical and surgical treatment

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## Alex Banks' visit to establish urologic care

Alex Banks, a 29-year old trans female, presents to your urology clinic after being referred by a primary care physician a couple towns over. This is Alex's first evaluation by a urologist in a long time. After warmly greeting the patient, the doctor asks you to go speak with Alex and gather a history and more new patient information. On the intake forms provided at the front desk, Alex documented "keeps hurting when I pee" under the "Reason for Visit". As you enter the patient room, Alex is sitting in a chair beside the examination table.

- ❖ How would you introduce yourself and start the patient encounter?
- ❖ What important questions would you want to ask Alex before starting your discussion?

# Alex Banks' visit to establish urologic care

## Introduction, Pronouns, and Name (1,2)

- ❖ Introducing yourself and asking a patient their name and pronouns is one of the most important ways for physicians to establish rapport and build trust:
  - "Hello my name is Dr. Smith, I use she/her pronouns. How may I best address you today? What are your pronouns?"
- ❖ Pronouns:
  - A patient's pronouns should never be assumed
  - Commonly used pronouns (3<sup>rd</sup> person singular subjective/objective) include She/Her, He/Him, They/Them, Xe/Xem
  - Knowledge of the variety of pronouns used by persons is important as some patients may have pronouns not frequently used – She/They or He/They, indicating that person uses both pronouns and may alternate use
- ❖ Legal name ≠ Preferred name
  - Avoid "Dead Naming" - when one refers to another person by a name they were assigned at birth and no longer identify with
  - If the patient's preferred name does not match the name in the patient chart?
    - "Is there any chance your medical chart could be under a different name"
    - "Do you know what name your insurance is listed under?"
    - Avoid asking for the patient's "old name"

## Alex Banks' visit to establish urologic care

Alex uses both She/Her and They/Them pronouns and states that you may call her "Alex". She thanks you for the warm introduction and for asking her name/pronouns. Alex shares that she is a woman of trans experience and began transitioning a couple years ago.

- ❖ How would you discuss and differentiate between sex and gender?
- ❖ What historical barriers to healthcare have transgender and gender diverse (TGD) patients faced?

## Alex Banks' visit to establish urologic care

### Sex and Gender (3,4)

- ❖ **Sex:** usually noted as sex assigned at birth, refers to a person's status of being assigned male, female, or intersex based on physical characteristics and the appearance of external genitalia at birth.
  - Assigned male at birth (AMAB), Assigned female at birth (AFAB), Assigned intersex at birth (AIAB)
- ❖ **Gender identity:** one's innate knowledge of who they are, their internal sense of self and their gender, which exists on a spectrum; can be male, female, a blend of both, or neither, and does not depend on sex assigned at birth (3)
  - **Cis-gender:** term used by people whose gender identity aligns with the sex assigned at birth (i.e. cisgender male AMAB)
  - **Trans-gender:** term used by most people whose gender identity differs from the sex they were assigned at birth (i.e. transgender man was AFAB) (3)
  - **Gender diverse:** an umbrella term used that refers to individuals who have a gender identity that exists outside the gender binary
  - **Non-binary:** term used by people who do not describe themselves as male or female; a gender identity that blends elements of being male and female, or a gender that is different from either binary (4)

## Alex Banks' visit to establish urologic care

### Historical barriers facing transgender and non-binary (TGNB) persons

#### ❖ There remains significant barriers to basic health care for TGNB patients (2):

- Experiences of prejudice, discrimination, and trauma in healthcare
- Lack of social support and experiences of emotional/physical abuse in their communities
- Higher rates of substance use and mental health issues
- Limited access to knowledgeable and competent providers
- Inappropriate pathology of gender incongruence during patient encounters
  - Providers suspecting all current health issues are due to gender incongruence, when that is not the case
  - Microaggressions towards a patient's gender identity
  - Inappropriate

#### ❖ Gender discordance/incongruence ≠ Gender dysphoria

- **Gender discordance:** refers to the awareness of the discrepancy between one's gender identity and sex assigned at birth; not necessarily causing significant distress
- **Gender dysphoria:** refers to the psychological, emotional, and/or physical distress that may result from an incongruence between one's gender identity and sex assigned at birth (3)

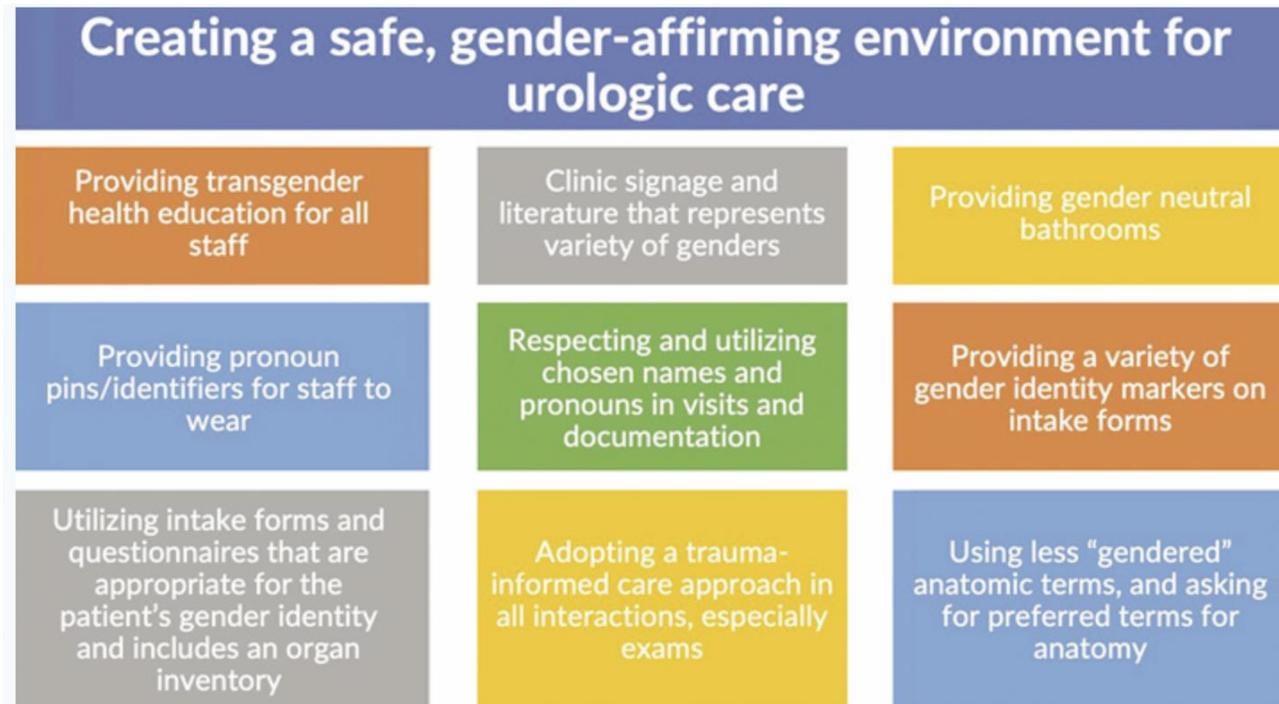
## Alex Banks' visit to establish urologic care

- ❖ What are additional important components of in establishing gender affirming environment in healthcare?
- ❖ What steps can you take to avoid inducing gender dysphoria?

## Alex Banks' visit to establish urologic care

### Elements of gender affirming environment in urology

- A patient's experience begins as soon as they walk through the door
- ❖ Creating a gender-affirming environment for urologic care should incorporate, but is not limited to, the following guiding principles provided by *Dorian et al* (2):



## Alex Banks' visit to establish urologic care

Alex begins to elaborate on why she decided to come to the urologist. She has been experiencing repeat, randomly occurring, episodes of burning and pain when she urinates for the past 2 years and no one can figure out why – which is really frustrating her. Her painful urination episodes typically last a few days and then resolve spontaneously. She denies seeing blood in urine, urine malodor, urinary frequency/urgency, and otherwise feels fine. Alex has been tested multiple times for sexually transmitted and urinary tract infections, which were all negative.

- ❖ TGD patients often seek urologic care for reasons outside of gender transition – most commonly for nephrolithiasis, hematuria, urinary tract infections, or lower urinary tract symptoms.

## Alex Banks' visit to establish urologic care

Alex believes she is healthy otherwise and denies any other chronic medical conditions. Her only medications are ibuprofen as needed for headaches and long-term hormonal therapy with estrogen and spironolactone which is being managed by her primary care doctor. Alex is very happy with the bodily changes she has noticed since starting hormones and denies any serious side effects. Their primary care physician and endocrinologist have been monitoring their labs, which are within normal limits. The only prior procedure she can think of is an appendectomy at age 5

## Alex Banks' visit to establish urologic care

❖ What is gender transition?

# Alex Banks' visit to establish urologic care

## Gender Transition (3)

- ❖ **Gender transition:** the process a person may take to bring themselves and/or their bodies into alignment with their gender identity or expression and/or to address their gender dysphoria/discordance (3)
  - It is NOT a single step – gender transition can be social, medical, and/or surgical
  - It is NOT a single experience – not all persons undergo the same transition process and some persons may live their felt gender identity without any medical/surgical interventions
- ❖ **Social gender transition**
  - Sharing one's gender identity with family, friends, and/or community; Updating legal documents; Changing one's pronouns and name
- ❖ **Medical gender transition – Hormonal therapies**
  - **Masculinizing hormonal therapy:** Exogenous testosterone
  - **Feminizing hormonal therapy:** Exogenous estrogen (for feminization) +/- anti-androgens, such as spironolactone or cyproterone acetate (to suppress testosterone levels/minimize estrogen dose required for feminization)
- ❖ **Surgical gender transition – Gender affirming procedures**
  - Can entail any single or combination of masculinizing or feminizing surgeries to one's body, face, chest, and/or anatomy

## ❖ What are some potential side effects and contraindications to masculinizing and feminizing hormonal therapy? (5)

Hormonal Therapy Side Effects	
<p><b>Exogenous Testosterone</b></p>	<p><u>Masculinizing Hormonal Therapy (MHT) Side Effects:</u> Weight gain, Acne, Balding, Sleep Apnea, Liver dysfunction, Hyperlipidemia, Mental health disorders, Coronary artery disease, Cardiovascular disease, Hypertension, Type II diabetes mellitus, Bone density changes.</p> <p><u>MHT Contraindications:</u> History of testosterone-sensitive malignancies, Significant cardiovascular or cerebrovascular disease.</p>
<p><b>Exogenous Estrogen</b></p>	<p><u>Feminizing Hormonal Therapy (FHT) Side Effects:</u> Venous thrombotic events, Cardiovascular disease, Cholelithiasis, Macroprolactinoma, Liver dysfunction, Hypertension, Hypertriglyceridemia, Weight gain, Type II diabetes mellitus</p> <p><u>FHT Contraindications:</u> History of estrogen-sensitive malignancies, prior venous thrombotic events, Significant cardiovascular or cerebrovascular disease.</p>

## Alex Banks' visit to establish urologic care

Together, you and Alex review her ***organ inventory*** – which entails discussing the **list of organs she may or may not have** (due to history of previous general and/or gender affirming surgeries) as well as the **language she would prefer to use when referring to her body**.

Alex states that she has never undergone a gender affirming procedure, though has contemplated it, and she prefers to refer to her lower body anatomy (penis, testes, prostate, etc.) as her “frontal genitalia”.

- ❖ Knowledge of a patient specific-organ inventory is crucial for urologists. Organ inventories assist in guiding health maintenance and cancer screenings as well as management of urologic and sexual health issues

❖ What are the current standards of care and guidelines for gender-affirming medical and surgical treatment (GAMST)?

# The World Professional Association for Transgender Health (WPATH) Summary of Criteria for GAMST for **Adults** (3)

## Assessment Process and General Recommendations

- TGD care and GAMST should be multi-disciplinary incorporating professionals from different fields within trans health
- **Only 1 letter** of assessment from a health care professional who has competencies in TGD health is **required to recommend GAMST**
- For non-binary people, health care professionals should consider medical interventions in the absence of “social gender transition” and should consider gender-affirming surgery in the absence of hormones unless hormones are required to achieve desired surgical result (i.e. metoidioplasty)

## Criteria for hormones and surgery

- Gender incongruence is marked and sustained; other possible causes for incongruence have been identified and excluded
- Person demonstrates capacity to consent for specific gender-affirming hormone treatment
- Mental health and physical conditions that could negatively impact the outcomes of treatment have been assessed, with the risks and benefits discussed
- Person understands the effect of gender-affirming hormone treatment on reproduction and they have explored reproductive options
- **For surgery**, same criteria as hormones plus stable on their gender-affirming hormone treatment regime (which may include **at least 6 months of hormone treatment** or a longer period if required to achieve the desired surgical result, unless hormone therapy is either not desired or medically contraindicated)

# The World Professional Association for Transgender Health (WPATH) Summary of Criteria for GAMST for **Adolescents** (3)

## Assessment Process

- A comprehensive and multidisciplinary biopsychosocial assessment
- Involvement of parent(s)/guardian(s) in the assessment process, unless their involvement is determined to be harmful to the adolescent or not feasible
- **Only 1 letter** of assessment or written documentation from a member of the patient's multidisciplinary team to **recommend GAMST**; should include assessments from both mental and medical professionals

## Criteria for puberty blockers, hormones, and/or surgery

- Gender incongruence is marked and sustained over time
- Demonstrates the emotional and cognitive maturity required to provide informed consent for treatment
- Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and GAMST have been addressed so that treatment may be provided optimally
- Informed of the reproductive effects, including the potential loss of fertility and available options to preserve fertility
- **Reached Tanner stage 2**
- **For surgery**, same criteria for puberty blockers or hormones plus **at least 12 months of gender-affirming hormone therapy or longer**, if required, to achieve the desired surgical result for gender affirming procedures – including breast augmentation, orchiectomy, vaginoplasty, hysterectomy, phalloplasty, metoidioplasty, and facial surgery (**unless hormones are not desired or medically contraindicated**)

## Alex Banks' visit to establish urologic care

Subsequently, you ask Alex if it is all right to ask a few more questions regarding her social history and sexual history. You communicate to her that this is a routine part of all patients' urology visits and would allow for you to better care for any symptoms. Alex agrees to you asking more questions.

❖ What social history and sexual history questions are important to ask?

## Alex Banks' visit to establish urologic care

**It is important to keep questions open-ended whenever possible, to allow the patient to communicate their experience utilizing their own words.**

### ❖ **Social History:**

- Occupation, day-to-day activities, support systems, living situations

### ❖ **Sexual History:**

- Are they currently sexually active? If so, what is the gender(s) of your partner(s)?
- What type of sex does the patient have – types of insertional, oral and/or receptive intercourse
- What type of sexual function is important to the patient (i.e. erectile function may still be important to transgender women or non-binary persons)
- Intimate partner safety

## Alex Banks' visit to establish urologic care

Alex is currently attending school for her art degree and works parttime at a local digital media company. She lives nearby in an apartment with her long-term partner, who is very supportive of her decision to go back to school. Alex is currently sexually active with only her long-term male partner, engages in receptive oral and anal intercourse, and uses condoms consistently during sex. Neither her or her partner have a history of STIs. Her partner has not exhibited similar symptoms and they remain sexually active.

## Alex Banks' visit to establish urologic care

Upon completing your history taking information and answering all of Alex's questions, you discuss your recommendations to proceed with a urology focused physical examination during the visit today. Knowing that genitourinary and pelvic examinations can cause significant distress and have the potential to induce gender dysphoria in TGD persons, you decide to adopt a trauma-informed care approach for your physical examination.

- ❖ **Trauma** refers to any individual trauma that results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening, and which has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being (6)

## Alex Banks' visit to establish urologic care

- ❖ What is trauma-informed care?
- ❖ What are the elements of trauma-informed care?

## Alex Banks' visit to establish urologic care

### Trauma-informed care for urologic physical examination (Adapted from the Substance Abuse and Mental Health Services Administration (2,6))

- ❖ Trauma informed care **realizes** the widespread impact of trauma, **recognizes** the signs and symptoms of trauma, **responds** by fully integrating knowledge of trauma, and actively **resists re-traumatization**
- Trauma is not always overtly obvious or communicated
- In this approach, trauma is assumed to be present in those at high risk based on historical barriers (i.e. TGD persons)
- Encourages sensitive and competent urologic care for individuals – especially important for TGD persons during the vulnerable moments accompanying examinations of genitourinary and reproductive organs

## Alex Banks' visit to establish urologic care

### Elements and recommendations of trauma-informed care (2,6)

1. Explaining why an examination is recommended and how it will impact care
2. Eliciting preferences: Timing of exam (current vs. future visit), how much they would like to know or do not want to know, preferred positions for specific exam maneuvers, support persons present and chaperones in the room
3. Open conversations about what will happen before, during and after the genitourinary examination – utilizing the patient's preferred language for their anatomy
4. Warning before physical touch and keeping entire body covered except the site being examined
5. Communicating with the patient during each step of the exam (if patient preferred)
6. Empowering patients with the understanding of their control over the exam and that it may be stopped at any point at their discretion
7. Allowing for self-collection of specimens and self-insertion of instruments (i.e. speculums)
8. Offering to perform specific procedures under general anesthesia to avoid gender dysphoria (i.e. cystoscopies, digital examinations)

## Alex Banks' visit to establish urologic care

Alex agrees to having a physical examination performed during the current visit and would prefer to be lay down in the examination bed during the exam. She also asks if it is all right to play music aloud on her phone during the exam to help calm her nerves.

❖ What are some additional recommendations and special considerations are important when performing a urologic physical examination for TGD patients?

## Alex Banks' visit to establish urologic care

### **Special considerations during urologic physical examination for TGNB patients (2,6)**

- ❖ Some trans women or gender diverse individuals may have an organ inventory which includes a penis, testes, scrotum, and/or prostate
  - Do not perform genital examination with the patient standing up (can induce dysphoria), instead allow the patient to lay down in they position they are most comfortable in
- ❖ Awareness of patient behaviors to align their appearance/body with their gender, such as genital tucking or chest binding.
- ❖ Identification of intended and unintended side effects of medical and surgical gender transition
  - Masculinizing (i.e. virilization, vaginal atrophy) and feminizing hormonal therapy (i.e. testicular atrophy, breast tissue enlargement)
  - Post vaginoplasty digital examination of the prostate via the anterior vaginal wall, instead of via the rectum

## Alex Banks' visit to establish urologic care

Upon performing the agreed upon urologic physical examination, you appreciate the following:

Abdomen is soft, non tender, non distended, normal bowel sounds, no organomegaly. There is no costovertebral angle tenderness, bilaterally. Penis is uncircumcised with retractable foreskin, no lesions or tenderness. No urethral meatus discharge or abnormalities. The testes are not initially appreciated in the scrotum and are noted to be present at the level of the external inguinal ring bilaterally. There is no skin breakdown or other abnormalities along the inguinal canal. Upon repositioning of testes into the scrotum, testicular volume is decreased bilaterally (consistent with hormone related atrophy), there are no testicular lesions, asymmetries, or masses. Digital rectal examination with the patient lying on her side demonstrates a normal sized prostate without nodules or tenderness. The rest of the examination is within normal limits.

## Alex Banks' visit to establish urologic care

Upon concluding your physical examination, you discuss your findings with Alex per her request. While reviewing your findings from her frontal genitalia exam, Alex shares that she has been genital tucking for a couple years now – which is consistent with the findings of displacement of testes into the inguinal canal.

Alex asks if you were able to figure out the cause of her painful urination.

What is your differential diagnosis for her dysuria based on history and physical examination?

## Alex Banks' visit to establish urologic care

What is your differential diagnosis for her dysuria based on history and physical examination?

- ❖ Urinary tract infection – epididymitis, prostatitis, urethritis, cystitis
- ❖ Sexually transmitted infection
- ❖ Urethral stricture
- ❖ Non-infectious etiologies – structural abnormalities (stricture), local trauma or non-infectious urethritis (secondary genital tucking)

## Alex Banks' visit to establish urologic care

You recommend obtaining a further work up to evaluate for potential causes of her dysuria, including a UA, urine culture, STI panel as well as an ultrasound of her inguinal region. She agrees with the plan and schedules a follow up appointment in 2 weeks.

Alex returns to clinic 2 weeks later and is overall feeling well. She denies any interval changes in health or symptoms. Results of her work up were negative. You communicate your suspicions for non-infectious urethritis which may be from local irritation and injury from genital tucking. You provide Alex with some recommendations on proper padding and care.

## Alex Banks' visit to urologic care – Part 2

Alex follows up with you in clinic a couple months later and reports that her urinary symptoms have improved with behavioral modifications. She also shares that she is interested in undergoing a gender-affirming orchiectomy. Her endocrinologist, who is trained in TGD-specific care, has provided a letter of recommendation for the procedure.

- ❖ In addition to reviewing the procedure (details, indications, risks, benefits, complications), what other information is important to discuss with the patient regarding her surgical aftercare?

## Alex Banks' visit to urologic care – Part 2

### Gender-Affirming Surgical Aftercare (3)

- **Pre- and post-operative resources:** safe housing, resources for travel, and follow up care
- **Health-positive habits:** hygiene, healthy diet and exercise, UTI/STI prevention
- **Post-operative limitations:** bathing, physical activity, exercise, nutrition, sexual activity
- **Post-operative resumption of medications:** hormones, anti-coagulation

## Alex Banks' visit to urologic care – Part 2

After providing informed consent and additional resources for her gender-affirming orchiectomy, you schedule her for the procedure.

## References

- 1- Pronoun pronunciation guide. Duke University Office of Student Affairs, Center for Sexual and Gender Diversity. <https://studentaffairs.duke.edu/csgd/pronouns/pronunciation-guide>. Accessed 05 July 2022.
- 2 - Dorian S, Chung PH, Dugi D, Dy GW. Creating a gender-affirming environment for urologic care. American Urological Association News. Posted 01 April 2021. <https://www.auanet.org/membership/publications-overview/aua-news/all-articles/2021/april-2021/creating-a-gender-affirming-environment-for-urologic-care#>. Accessed 01 July 2022.
- 3 - World Professional Association for Transgender Health (2022). Standards of Care for the Health of Transgender and Gender Diverse People [8<sup>th</sup> Version]. <https://www.wpath.org/publications/soc>. Accessed 19 Sep 2022.
- 4 - Understanding transgender people: the basics. National Center for Transgender Equality. Posted 09 July 2016. <https://transequality.org/issues/resources/understanding-transgender-people-the-basics>. Accessed 02 July 2022.
- 5 - Understanding transgender people: the basics. National Center for Transgender Equality. Posted 09 July 2016. <https://transequality.org/issues/resources/understanding-transgender-people-the-basics>. Accessed 02 July 2022.
- 6- Center for Substance Abuse T. SAMHSA/CSAT Treatment Improvement Protocols. In: Trauma-Informed Care in Behavioral Health Services. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2014. [https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf). Accessed 09 July 2022.