VIA MEDICA

EDITORIAL

Ginekologia Polska
2023, vol. 94, no. 9, 685–686
Copyright © 2023 PTGiP
ISSN 0017–0011, e-ISSN 2543–6767

DOI 10.5603/gpl.97557

Aspects of gynaecological care for individuals with a transmasculine identity

Katarzyna Zborowska, Violetta Skrzypulec-Plinta

Department of Reproductive Health and Sexology, Department of Women's Health, Faculty of Health Sciences, Medical University of Silesia in Katowice, Poland

In recent decades, there has been a notable increase in professional acceptance of transgender individuals and their hormonal and surgical treatments. In the latest scientific reports, researchers are placing significant emphasis on the terminology used to describe this concept, as it undergoes continual redefinition. Earlier works may refer to this topic under the heading "transsexualism," which is gradually giving way to more inclusive and less pathologizing terminology such as "transsexuality" and "transgenderism." The eleventh revision of International Classification of Diseases (ICD-11) also has a non-pathologizing tone compared to the classification system for the diagnosis of mental disorders (DSM). In the ICD-11, transsexuality is defined as gender non-conformity. It has been relocated from the section of the classification related to mental disorders to a distinct category focusing on sexual health conditions. Gender nonconformity is defined as a persistent, marked incongruence between an individual's experienced gender and assigned gender. Currently, medicine has not developed uniform standards of treatment for potentially transsexual people. Detailed principles of diagnosis, treatment and therapy of patients suffering from persistent gender identity disorder differ in individual countries. The World Professional Association for Transgender Health (WPATH) has made an attempt to establish standards of conduct for individuals affected by permanent gender identity disorder and in September 2022 issued the eighth edition of the Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People (SOC) [1, 2].

The existing literature on this subject highlights the underrepresentation and marginalization of discussions concerning the reproductive health of transgender individuals. Hormone therapy restricts reproductive choices, underscoring the importance of patients making informed decisions regarding fertility before commencing hormonal and surgical treatments. The attending physician should discuss with the patient the importance and options for preserving their fertility prior to initiating treatment. These discussions should take place, even if patients are not currently prioritizing these concerns, which may be particularly relevant for younger individuals. Modern reproductive medicine allows for the preservation of fertility in people who, as a result of the disease or its treatment, may expect a significant reduction in fertility or even infertility — the patient should be informed that these techniques are not available everywhere and may be very expensive. Hormonal medications taken as part of gender reassignment therapy are not recommended or approved as contraceptives. Obstetrician-gynaecologists should ensure that transgender patients under their care are informed that testosterone treatments are not a suitable means of contraception for preventing pregnancy. Additionally, they should offer tailored contraception guidance to transgender patients engaging in sexual activity that may lead to pregnancy, irrespective of their testosterone use or pregnancy intentions. The use of testosterone preparations does not preclude the safe use of any hormonal or non-hormonal contraception, emergency contraception, or abortifacient drugs [2, 3].

In Poland, recent research indicates that every transgender patient consulting a specialist undergoes an individual interdisciplinary evaluation for gender identity concerns. This evaluation plays a key role in determining the duration of the diagnostic process and addressing subsequent steps related to this process.

In the research report titled "Transgenderism and Healthcare in Poland," published by the Trans-Fuzja Foundation, it is noted that there continues to be a scarcity of healthcare professionals with expertise in the field of gender identity in Poland. The diagnostic process itself is difficult and requires extensive knowledge and experience from specialists. The report highlights that the subject of transgenderism in master's programs within psychology and

Corresponding author:
Katarzyna Zborowska
Department of Reproductive Health and Sexuology, Department of Women's Health, School of Health Sciences in Katowice, Medical University of Silesia, Katowice, Poland
e-mail: kzborowska@sum.edu.pl

Received: 20.09.2023 Accepted: 20.09.2023 Early publication date: 27.09.2023
This article is available in open access under Creative Common Attribution-Non-Commercial-No Derivatives 4.0 International (CC BY-NC-ND 4.0) license, allowing to download articles and share them with others as long as they credit the authors and the publisher, but without permission to change them in any way or use them commercially.

medicine is occasionally minimized, with its inclusion limited to optional courses. Transgender people benefit from medical and psychological support throughout their lives, it does not end with the diagnostic process. These people usually take hormonal drugs for the rest of their lives, which can cause many side effects. Therefore, transsexual people turn to public and private institutions for help and have difficulties accessing services due to the lack of knowledge of specialists who not only refuse to help, but also are unable to indicate another person who can provide a given service. This document draws attention to the lack of educational materials for doctors and psychologists, which results in systemic discrimination — transsexual people are looking for solutions to their problems in the field of injection supply on their own, as well as foreign centres that provide such individuals with comprehensive care, which, of course, involves huge financial outlay [2–6].

Cancer prevention is a crucial component of gynaecological care for transgender individuals, with special focus on transgender men who possess a uterus and cervix. Like cisgender women, these individuals should undergo cervical cancer screenings. When performing a cytological test in transsexual men, the patient should be informed that due to the testosterone preparation he is taking, there may be a risk of screening failure and the need for a follow-up test. In general, as in cisgender women, if the Pap test fails, it should be repeated within the next 2–4 months. In the case of transsexual men who require repeated cytological examination, as in the case of postmenopausal women, initial treatment with an oestrogen preparation administered vaginally for a period of five days should be performed - which may reduce the percentage of unsatisfactory test results in the presence of atrophic changes [1–7].

In summary, providing care for transgender patients is a highly significant and pertinent topic for medical professionals. It should not only be considered that a transgender person may be heterosexual, homosexual or bisexual, but also attention should be paid to specific health problems related to the process of gender change. Any medical examination must be performed in accordance with the patient's sexual organs, not the presumed gender. An example of neglect in the field of proper medical care is the small number of trans men covered by breast cancer prevention and trans women examined for prostate cancer. The process of surgical gender reassignment is associated with specific health issues of a given group of patients. A common complication in trans men after phalloplasty surgery is problems with micturition. In trans women, strictures and fistulas of the urogenital system are most often observed after transition. In addition to surgical intervention, a transsexual patient should be under constant care of an endocrinologist. In case of increased exogenous supply of oestrogens, the risk of thrombosis, hypertension and diabetes increases. During testosterone therapy, attention should be paid to the increased risk of stroke or myocardial infarction and severe liver damage. Therefore, an interdisciplinary approach to a transgender patient is necessary, ensuring his physical and mental well-being [7, 8].

Article information and declarations

Conflict of interest

All authors declare no conflict of interest.

REFERENCES

1. Tishelman A, Rider G. Assessment of Gender Diverse Children. Child and Adolescent Psychiatric Clinics of North America. 2023; 32(4): 719–730, doi: 10.1016/j.chc.2023.05.008.
2. Smaś-Myszczyszyn M, Ryziński R. Podsumowanie najważniejszych zmian w obrębie zaburzeń seksualnych i zdrowia seksualnego, które wprowadza najnowsza rewizja Międzynarodowej Statystycznej Klasyfikacji Chorób i Problemów Zdrowotnych ICD-11. Przegląd Psychologiczny. 2022; 65(2): 9–27, doi: 10.31648/przegldpsychologiczny.7678.
3. Milionis C, Ilias I, Koukkou E. Progesterone in gender-affirming therapy of trans women. World Journal of Biological Chemistry. 2022; 13(3): 66–71, doi: 10.4331/wjbc.v13.i3.66.
4. Nowakowski A, Jach R, Szenborn L, et al. Recommendations of the Polish Society of Gynaecologists and Obstetricians, Polish Paediatric Society, Polish Society of Family Medicine, Polish Society of Vaccinology, Polish Society of Oncological Gynaecology and Polish Society of Colposcopy and Pathophysiology of the Uterine Cervix on prophylactic vaccinations against infections with human papillomaviruses in Poland. Ginekol Pol. 2022 [Epub ahead of print], doi: 10.5603/GP.a2022.0101, indexed in Pubmed: 36134760.
5. Sobczyk K, Woźniak-Holecka J, Holecki T, et al. The organization and financing of cervical cancer prevention carried out by midwives in primary health care. Ginekol Pol. 2016; 87(12): 798–804, doi: 10.5603/GP.2016.0091, indexed in Pubmed: 28098929.
6. Connolly D, Hughes X, Berner A. Barriers and facilitators to cervical cancer screening among transgender men and non-binary people with a cervix: A systematic narrative review. Prev Med. 2020; 135: 106071, doi: 10.1016/j.ypmed.2020.106071, indexed in Pubmed: 32243938.
7. Jach R, Mazurec M, Trzeszcz M, et al. Cervical cancer screening in Poland in current SARS-CoV-2 pandemic: Interim guidelines of the Polish Society of Gynecologists and Obstetricians and the Polish Society of Colposcopy and Cervical Pathophysiology - a summary January 2021. Ginekol Pol. 2021; 92(2): 165–173, doi: 10.5603/GP.2021.0043, indexed in Pubmed: 33751524.
8. Wojcik M, Plagens-Rotman K, Merks P, et al. Visceral therapy in disorders of the female reproductive organs. Ginekol Pol. 2022; 93(6): 511–518, doi: 10.5603/GP.a2022.0021, indexed in Pubmed: 35766196.