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# Transgender Health: Sensitivity in Care, Treatment, and Life Care Considerations for Male to Female Transgender Individuals

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**Abstract**

People who identify as transgender are becoming more evident in society. Their needs are unique to the general population. Hormones, surgical interventions, counseling, and provider sensitivity are paramount in treatment considerations for optimal outcomes. The DSM-V recently changed *Gender Identity Disorder to Gender Dysphoria*. This condition is now considered a diagnosable and treatable medical entity. Literature shows a shift from a pathology model to a minority stress model. Life care planners can play an integral part in assisting to manage this growing population. Additionally, in their roles as educators, life care planners can help promote respect and appropriate consideration of this populace (demographic) within the medical community as well as general society.

*Keywords: gender nonconforming, transsexual, gender affirming surgery*

**Literature Review and Background**

People who identify as transgender are a growing population within our society. Current estimates place the number of individuals identifying as transgender in the United States at 1.4 million (Flores, Herman, Gates, & Brown, 2016). It is estimated that the number of people who undergo gender affirming surgery will grow (Sifferlin, 2017). There has been a 20% increase since 2015; there were 3,200 such surgeries performed within the U.S. in 2016. These numbers are projected to continue to increase (Sifferlin, 2017). As more people undergo gender affirming surgeries, and more practitioners offer services, the necessity to manage care will need to be addressed (Dreher et al., 2017). There are currently no standards or guidelines in place following gender affirming surgery (Neto, Hintz, Kreege, Rübben, & vom Dorp, 2012). The needs of this growing population are unique and under-addressed (Silberholz, Brodie, Spector, & Pattishall, 2017). Literature has shown a progressive shift from a pathology model of care to a minority stress model of care (Edmiston, 2018). Results of a long term follow-up cohort study of Swedish post-operative transgender (transsexual) people who had undergone sex assignment surgery indicated a need for improved somatic and psychiatric care following sex reassignment surgery (Dhejne, Lichtenstein, Boman, Johansson, Långström, & Landén, 2011). Life care planners are in a unique position to get in on the ground floor to assist in managing this population for optimal outcomes.

The *U.S. Transgender Survey* for 2015 by The National Center for Transgender Equality found that 251 of over 27,000 of respondents' reported undergoing some form of transition related surgery (National Survey for Transgender Equality, 2015). Complications from these genitourinary surgeries are becoming evident within the literature (Dreher et al., 2017). Some of these complications include progressive obstructive disorders such as stricture of vaginal introitus with vaginal stenosis, and other issues such as rectal injury, skin graft failures, and minor wound healing disorders (Neto et al., 2012). GoMag (Ennis, 2017), a contemporary news magazine, gives qualitative accounts of some of the post-operative nightmares of both male to female and female to male transgender individuals as they struggle and heal from their respective surgical complications. Life care planners can assist in mitigating some of the financial and psychological burdens through an understanding of these distinctive needs and by virtue of the life care planner's unique role in evaluee management and education. Though there are publications for standards of care (Coleman et al., 2012), formalized guidelines and standards are limited and in the early stages (Neto et al., 2012). More research is warranted (Melloni, 2017). Life care planners can assist in this goal for best provision of care and evidence based treatment through research, education, and follow-up of services. The World Professional Association for Transgender Health or WPATH (2011), University of California San Francisco (Deutsch, 2016), and The Fenway Institute (2015), can serve as excellent reference sources and help to provide basic information for the care of this specialized population and their individual unique needs.

**Terminology**

- *Gender Identity:* A person's internal sense of self and how they fit into the world, from the perspective of gender
- *Gender expression:* The outward manner in which an individual expresses or displays their gender. This may include choices in clothing and hairstyle, or speech and mannerisms. Gender identity and gender expression may differ; for example a woman (transgender or non-transgender) may have an androgynous appearance, or a man (transgender or non-transgender) may have a feminine form

of self-expression.
- *Gender nonconforming:* A person whose gender identity differs from that which was assigned at birth, but may be more complex, fluid, multifaceted, or otherwise less clearly defined than a transgender person. Genderqueer is another term used by some with this range of identities
-*Sex:* Historically has referred to the sex assigned at birth, based on assessment of external genitalia, as well as chromosomes and gonads. In everyday language (sex) is often used interchangeably with gender, however there are differences, which become important in the context of transgender people
-*Sexual Orientation:* Describes sexual attraction only, and is not directly related to gender identity. The sexual orientation of transgender people should be defined by the individual. It is often described based on the lived gender; a transgender woman attracted to other women would be a lesbian, and a transgender man attracted to other men would be a gay man.

For the purposes of clarity and simplicity, the term *transgender* will be used throughout these guidelines to refer to transgender, gender nonconforming, and genderqueer people as a set, unless otherwise indicated. *Non-transgender* people will be referred to as such.
-*Non-binary:* transgender or gender nonconforming person who identifies as neither male nor female.
-*Transman:* A trans-masculine person has a masculine spectrum gender identity, with the sex of female listed on their original birth certificate.
-*Transwoman:* A trans-feminine person has a feminine spectrum gender identity, the sex of male listed on their original birth certificate. In portions of these Guidelines, in the interest of brevity and clarity, transgender men/women are inclusive of gender non-conforming or non-binary persons on the respective spectrum (Deutsch, 2016).
-*Transsexual:* A person who transitions from one sex to another through the use of hormones and/or surgical procedures (Scutti, 2014).

**Sensitivity with Communication**

Establishment of rapport is very important for the exchange of information for effective life care planning. Sensitivity with regard to the use of pronouns with the transgender person is vital to this end. According the "Transgender Health Primer," the use of binary pronouns is the norm (Imborek, 2018), such as he, she, her, his. When addressing someone who is transgender, it is appreciated if they are asked which pronouns are preferred. A term to avoid is transvestite, but cross-dresser is acceptable. Transgender is the correct term to use versus transsexual or transgendered. When discussing bottom surgery, the appropriate term is gender affirming versus sex reassignment, sex/gender or confirming. Intersex is preferred to hermaphrodite. The terms homosexual and queer are to be avoided. Gay, lesbian, bisexual, and transgender are the proper terms. Health care providers and life care planners should be sure to make a note of the preferred pronouns in notes and reports, when documenting, and when speaking to or about the individual to colleagues. Note: some may prefer the (unique) pronouns nir or zir or they and them. It is important to ask which pronouns are to be used (Imborek, 2015).

**Medical Necessity and Discrimination in Health Care Equates to Poor Health Outcomes**

People who identify as transgender can become very distressed if not respected by health professionals before, during, and after their transition. Respect and empathy are imperative for best outcomes in psychological and physical adjustment (Dickey, Karasic, & Sharon, 2017). According to the American Medical Association (AMA) Resolution, 2008:

An established body of medical research demonstrates that effectiveness and medical necessity of mental health care, hormone therapy, and sex reassignment surgery as forms of therapeutic treatment for many people diagnosed with GID [gender identity disorder]….Resolved, that our AMA support public and private insurance coverage for treatment of gender identity disorder as recommended by the patient's physician (p.1-2).

Despite this 2008 AMA Resolution, the 2011 National Transgender Discrimination Survey of more than 6000 transgender people in all 50 U.S. states revealed numerous significant disparities.

- Health outcomes for all categories of the sample: (people who are transgender or gender non-conforming and responded to the survey) show the horrendous effects of both social and economic marginalization; these comprise much higher rates of HIV infection, smoking, drug and alcohol use and suicide attempts than the general population.

- Refusal of care: 19% of the sample noted being refused medical care due to survey respondent's transgender or gender non-conforming status, with even higher numbers among people of color.

- Uninformed doctors: 50% of the sample described the need to educate their medical providers about transgender care.

- High HIV rates: Respondents reported over four times the national average of HIV infection: rates were higher among transgender people of color.

- Postponed care: Survey participants reported that when injured or ill, many deferred medical care due to discrimination (28%) or inability to pay for it (48%)

(Grant, Mottet, Tanis, Harrison, Herman & Keisling (2011).

Life care planners can assist in mitigating these disparities through provision of care within their unique roles

in health provision and as educators to health care providers and evaluees. "Lesbian, gay, bisexual, transgender, and queer populations face multiple health disparities including barriers to health care" (Greene et al., 2018, e0204104). These disparities in part arise from a lack of guidelines and proper training of healthcare professionals (Gahagan & Subirana-Malaret, 2018; Morrison et al., 2018). By being inclusive, life care planners can do their part by providing needed services.

**Treatment: Hormones and Lab Protocol (Female)**

Feminizing hormone regimen includes estrogen which can be administered by transdermal, oral, or intra-muscular means. Androgen antagonist medications can include spironolactone and finasteride which are administered orally. Progesterone supplements are available by oral or intermuscular administration. Pre and post-orchiectomy effects dosage levels, with less required post-orchiectomy (Imborek, 2015). Table 1 contains an example of a standard timeline for lab tests used during a male to female transition (Imborek, 2015, p. 4).

**Table 1**
**Laboratory Tests Timeline**

| | |
|---|---|
| Baseline | fasting lipid panel, fasting glucose, AST/ALT(liver studies), potassium, creatinine |
| 1 week after starting/ changing dose of spironolactone | potassium |
| 3 months after starting/ changing dose of estrogen | testosterone (free and total), estradiol, potassium, AST/ALT |
| 6 months after starting/ changing dose of estrogen | testosterone (free and total), estradiol, potassium, AST/ALT, creatinine |
| 12 months after starting/changing dose of estrogen & annually afterwards | testosterone (free and total), estradiol, potassium, AST/ALT, creatinine, fasting lipids, fasting glucose, prolactin, PSA |

**Diagnosis: ICDM 10 Codes**

Coding and submitting insurance claims can be difficult for people who are transgender and those assigned to assist them in medical pursuits. The ICD system was created separately from the DSM system. The DSM-5 therefore attempts to classify the closest approximation of *ICD-CM* codes for diagnoses. This is for the sake of ease for insurance companies and public health sectors. As a result, the American Psychiatric Association (2013) recommends that *ICD-10-CM* list this disorder as gender dysphoria (adolescence and adulthood) and utilize the *ICD-10* code that corresponds to transsexualism or (F64.0) (American Psychiatric Association, 2013; Moran, 2013). These separate systems are expected to continue to evolve as evidenced in their progression over the recent years (Dickey, Karasic, & Sharon, 2017).

The ICD clinical definition of transsexualism is, "severe gender dysphoria, coupled with a persistent desire for the physical characteristics and social roles that connote the opposite biological sex. The urge to belong to the opposite sex that may include surgical procedures to modify the sex organs in order to appear as the opposite sex" (ICD10.com, 2018, para. 2). Transsexualism and gender dysphoria in adolescents and adults share the same code F64.0. The 2018 edition of ICD-10-CM F64.0 became effective on October 1, 2017.

According to the *Diagnostic and Statistical Manual for Mental Disorders* (5th ed.), a person may be diagnosed with a mental health disorder ("Gender Dysphoria") if their gender identity does not match the sex they were assigned at birth, and they are suffering clinically significant distress or social/occupational impairment. Such a diagnosis may offer a clarification for their gender concern or distress. Yet, getting a Gender Dysphoria diagnosis may be seen as pathologizing or labelling. Other issues with diagnosis can occur. For example, the problem of diagnosis becomes more problematic and complicated by a lack of a diagnostic code for the care of those with a history of gender transition, especially for those who no longer have substantial distress or social/occupational loss or impairment. In many cases, evaluees will only have access to basic mental health services provided in their medical plan. In these cases, medical benefits (for the needed surgeries and other services) may be denied for transition-related care under the medical plan and these services are denied since only current ICD10 Gender Dysphoria codes are in the mental health section. It is encouraging, but not currently helpful for some, that a process is in place to create an extended and more appropriate set of codes for ICD11 (Dickey, Karasic, & Sharon, 2017). Hopefully, this will allow for more gender inclusion as related to coverage of healthcare services for the transgender population.

**Vocational Considerations**

Many people who identify as transgender face vocational discrimination (Grant et al., 2011). There is a high rate of poverty and unemployment with this population (Zevin, 2017). Within the rehabilitation process, a life care planners should collaborate with a vocational counselor who understands the employment rights of individuals in this population and assist with the development of a vocational plan.

As evaluees begin hormone treatment and undergo varied needed surgeries, support and creativity will be necessary in the development of vocational goals or in the support for maintaining evaluees' current employment. Surgeries are considered a medical necessity in these populations. An understanding of evaluee rights and current AMA regulations is vital for the life care planner working

with this population (American Medical Association Resolution, 2008).

**Life Care Planning Considerations**

Life care planning for people who are transgender is laden with numerous potential complications. Associated problems include emotional, psychological, and behavioral peculiarities (Grant et al., 2011). The course of each of these variables may be hard to predict with any certainty. This uncertainty coupled with the medical community (Deutsch, 2017) and society's lack of support for this diagnosis (Grant et al., 2011) may result in a negative cause and effect response that should not surprise the life care planner. The treatment plan may require fluidity and change. Each case is unique and the individual's needs will be reflected according to where they are in their transition. For example, the labs and hormone regimen will be unique to where one is in the transition process. As with any drug, as labs are drawn, modifications must be made. Medications may need to be adjusted or changed due to adverse reactions or inefficacy, or as new more effective medications become available. Effective treatment will require a multidisciplinary and multimodality approach. The care of a person who is transgender and/or transitioning requires much support and varied perspectives for best outcomes. The need for ongoing counseling cannot be ignored, as well as the understanding that future surgeries may be warranted.

**Conclusion**

Life care planning for individuals with gender dysphoria is complex. This population of people is growing (Sifferlin, 2017); their individual needs are unique (Silberholz, Brodie, Spector, & Pattishall, 2017) The life care planner should have at least a rudimentary understanding of the complex problems that come with this diagnosis, to be in a position to synthesize and structure predictions in a coherent and justifiable manner. In this manner, the life care planner can identify areas of need that are not being addressed so that issues do not develop. They can educate and bring to light inadequacies and missed areas of need to treating professionals. In this fashion, the life care planner can play an integral role in the progression of care of this population and assist to reduce the anxiety, fear, and despair that can be associated with the disrespect attached to this population and diagnosis (Dickey, Karasic, & Sharon, 2017; Grant et al., 2011).

**Life Care Plan Case Study**

The evaluee is a 48-year-old biological male who has recently identified as transgender. The individual has been married for 20 years and has one son who is a teenager. The wife has not been supportive of the husband's decision to take the necessary steps to transition to a transwoman. Transitioning to a transwoman has become the dominant focus in your evaluee's daily life. It has caused vocational, marital, and general activity of daily living misery. You recognize that 45% of people who choose to go through this transition are likely to be sued for divorce by their spouses (Leventis Lourgos, 2015). A further monetary consideration is how cardiovascular issues have been documented due to hormone use. High blood pressure and its related comorbidities are a potential cost and concern when setting up for future services and care (Irwig, 2018). Ischemic stroke and myocardial infarction have also been correlated to cross-sex hormones (Getahun et al., 2018).

The individual has preferred pronouns of she/her/hers/they/them. She was diagnosed with gender dysphoria eight months ago. She works as a school teacher; her wife is self-employed as an accountant.

Your evaluee has a counselor and primary care physician. Both are supportive of the evaluee's chosen future course of transition. Life care planning will need to encompass the complexity of her life to make reasonable extrapolations from current to future needs. The currently-involved and future physicians will bring a varied perspective to each area of need. The pervasive effects of gender dysphoria on all levels of function to include social, vocational, personal, avocational ought to be acknowledged and properly taken into consideration.

The following includes the initial medication and lab related entries from her life care plan, plus Routine Future Medical Care (physician only), Projected Therapeutic Modalities, and Future Medical Care/Surgical Interventions. "Feminization is achieved primarily through the use of estrogen in doses that are several times higher than those used for contraception or post-menopausal treatment in natal females" (Fenway Health, 2015, p.13). It is usual for a male to female transgender person to utilize one form of a feminizing hormone (e.g., tablet, IM injection or patch) and one anti-androgen (Fenway Health, 2015). "It is advised that all patients be started at the lowest recommended doses and that doses should be increased slowly" (Fenway Health, 2015, p.14).

Table 2

| Routine Future Medical Care-Physician Only | | | |
|---|---|---|---|
| **Recommendation** | **Frequency and Duration** | **Purpose** | **Expected Cost*** varies according to where in transition |
| **Endocrinologist** Blood hormone lab work | Monthly to quarterly to annually for lifetime | Monitor hormone levels due to medications | Co-pay or out-of- pocket according to individual insurance guidelines |
| **Primary Care Physician** | Annual visit and PRN for lifetime | Monitor general health and prescribing of consultants PRN | Co-pay or out-of- pocket according to individual insurance guidelines |
| **Hormones** | | Feminizing | |
| Transdermal patches (Vivelle-Dot) | 1-2 patch(s)/ 2x weekly (typical dosing); (Fenway Health, 2015). | | 0.1mg/day patch $90.44 per month w/o insurance or $1085.00 per year (GoodRX.com). |
| Injections (Estradiol Valerate) | 20 mg IM injections/ q 2 weeks (typical dosing); (Fenway Health, 2015). | | IM 1 vial (5 ml) 20 mg/ml $134.11 for 2.5 month supply (GoodRX.com). |
| Tablets<br>-Estradiol tablets<br><br>*Note: estradiol costs vary greatly according to pharmacy & generic vs non-generic* | 2 mg tablets x2/ 1x daily Oral or sublingual (typical dosing) Doses are reduced following orchiectomy (Fenway Health, 2015).<br><br>*Dosage and duration dependent on individual evaluee status and treating clinician.* | | 2 mg Estradiol tablets 30 tablets/ month (generic) $19.78/month or year $237.36 (GoodRX.com). |
| -Spironolactone (anti-androgen) | 200-300mg daily in a single or 2x daily dosage (Fenway Health, 2015). | | 30 100 mg. tablets for $50.77 Usual treatment cost is $101.54 month (GoodRX.com). |
| -Finasteride | 1-5 mg. daily oral dosage (Fenway Health, 2015). | | 30 5 mg. tablets Usual treatment cost is $83.54 (GoodRX.com). |

Table 3

| Projected Therapeutic Modalities | | | |
|---|---|---|---|
| **Recommendation** | **Frequency and Duration** | **Purpose** | **Expected Cost** |
| **Counseling;** Individual/Family | 6-12 sessions/year then PRN | Adjustment, education, coping, marital/sexual relations etc. | Initial visit $175-200<br><br>Follow-up: $150-200 per session |
| **Peer Support Group** for Individuals who are Transgender | 1x/week if available PRN for lifetime | Support and societal adjustment | $0.00 Typically no cost for support group if offered through a local network |
| **Electrolysis** | 1x/week for 1 year then PRN | Facial/body hair removal | $25 to $150/hour or $25 to $250 a week tapering off over time, with a total cost to clear a face between $2,000 and $20,000 (*some pay even more, some less depending on individual hair and preference) (James, 2018) |
| **Laser skin** | 1x/year | Skin resurfacing | Ablative $2,330<br>Non-ablative $1,031(WebMD,2017) |
| **Lawyer** | 1x/ then PRN | Name change and birth certificate, gender change, and possible divorce | Individual hourly rate<br>Range $75-$400/hour |
| **Personal Clothing Shopper** | Every 3 months for 2 years then PRN | Assist in appropriate clothing selection | $65-150/hour (Some high-end clothing stores such as Macy's, Nordstrom, Neiman Marcus offer at no rate). |
| **Speech Language Pathologist** | 1x/week for 6 months then PRN | Voice lessons to increase octave level | $150/hour (Perez, n.d.) |

Table 4

| **Medication Needs**<br>*Drugs and costs will change over time. Below medications are representative of the case study's evaluee's current needs as a person who is in the initial phases of transitioning.* | | | |
|---|---|---|---|
| **(Medication) Recommendation** | **Purpose** | **Cost per Unit** | **Cost per year** |
| Calcium | Nutrition supplements and bone health | $35-$45/month | $360-$460/year |
| Women's multi-vitamin | Nutrition supplements and general health | $35-$45/month | $360-$460/year |
| Biotin | Nutrition supplements and general nail/hair health | $35-$45/month | $35-$45/month |
| Vitamin D | Nutrition supplements and bone health | $40-$50/month | $600/year |
| Potential need for anti-depressants; (Dickey, Karasic, & Sharon, 2017; Grant et al., 2011). | Anti-depression | Sertraline (Zoloft) $18.66 for 30/1000mg. tablets/month supply (Walmart)<br><br>Venlafaxine (generic) $22.57 for 28/ 75 mg. tablets/month supply (Walmart) | $223.92/year<br><br>$270.84/year |
| Potential need for anxiolytics (anti-anxiety); (Dickey, Karasic, & Sharon, 2017; Grant et al., 2011). | Anti-anxiety | Alprazolam (Zanax) $17.68 for 90/ 1 mg tablets/1.5 month supply (Walmart)<br><br>Lorazepam (Ativan) $24.46 for 60 /1mg. tablets/ month supply (Walmart) | $141.44/year<br><br>$293.52/year |
| Other medication as dictated by idiosyncratic necessity. | --- | --- | --- |

Table5

| Future Medical Care/Surgical Interventions/Aggressive (*costs vary by region, provider, and country. Below costs are from the United States) | | | | | |
|---|---|---|---|---|---|
| **Recommendation** | | | **Frequency and Duration** | **Purpose** | **Expected Cost** |
| **Plastic Surgeon** | | | *Typically 1X however repeat procedures are not unusual | Feminizing appearance | *Costs vary per region and physician. Cost does not include anesthesia etc. |
| | Breast augmentation | | 1x/then PRN | --- | $3,700-$7,995 (Greenberg, 2017) |
| | Body contouring (liposuction) | | 1x/then PRN | --- | $2,000-3,500 (Hurwitz, 2017) |
| | Facial implants | -cheek implants | 1x | --- | $2,823 |
| | | -chin augmentation | 1x | --- | $2,225 (WebMD, 2017) |
| | | -Jaw reduction | 1x | --- | Range:$600-$17,000<br>Average:$6,775 (RealSelf 4, 2018) |
| | | -Nose reconstruction (Rhinoplasty) | 1x | --- | $5,046 (WebMD, 2017) |
| | | -Lip implants | 1x | | $1,727 (WebMD, 2017) |
| | Facial feminizing surgery: 3 parts | -forehead reduction with forehead lowering<br>-brow lifting<br>-forehead contouring | 1x | --- | Average $20, 875<br>Range $7,050 - $40,000<br>(RealSelf 2, 2018) |
| | | -forehead contour alone | 1x | --- | $6000-9000 (RealSelf 2, 2018) |
| | Vaginoplasty (& Orchiectomy) | | 1x | --- | Average $11,300<br>Range $3,500 - $22,000 |
| | Orchiectomy | | | --- | $4800 (RealSelf 6, 2018) |
| | Hair Transplants | | 1x/PRN | --- | $4,000-15,000 (Healthline, 2018) |
| **Otolaryngologist (ENT)** | Tracheal shave | | 1x | Reduces size of Adam's apple. | $3,500-$5,000 |
| | Vocal cord modification (cricothyroidopexy) | | 1x | Alters pitch of voice | $9,775 (Realself 1, 2018) |
| | Neck lift | | 1x | Alters pitch of voice especially with aging | Average: $12, 825<br>Range: $10,000 - $15,000<br>(RealSelf 5, 2018) |

**References**

American Medical Association Resolution. (2008). *American Medical Association House of Delegates*. Resolution 122 (A0-8). Removing Financial Barriers to Care for Transgender Patients [PDF file]. Retrieved from http://www.imatyfa.org/assets/ama122.pdf.

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, (5th ed.) (2013). Arlington, VA, American Psychiatric Association.

Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J…Zucker, K.J. (2012). *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7. International Journal of Transgenderism, 13*(4), 165–232. https://doi.org/10.1080/15532739.2011.700873.

Deutsch, M.B. (2016, June 17). Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People. *Center for Excellence for Transgender Health*. USC. Retrieved from http://transhealth.ucsf.edu/trans?page=guidelines-terminology.

Dhejne, C., Lichtenstein, P., Boman, M., Johansson, A.L.V., Långström, N., & Landén, M. (2011). Long-term follow-up of transsexual persons undergoing sex reassignment surgery: Cohort study in Sweden. *PLOS One*. *6*(2), e16885. https://doi.org/10.1371/journal.pone.0016885.

Dickey, L. M., Karasic, D.H., & Sharon, N.G. (2017). Mental health considerations in transgender and gender nonconforming clients. *Center for Excellence for Transgender Health*. *USC*. Retrieved from http://transhealth.ucsf.edu/trans?page=guidelines-mental-health.

Dreher, P.C., Edwards, D., Hager, S., Dennis, M., Belkoff, Mora,J…Rumer, K.L. (2017). Complications of neovagina in male-to-female transgender surgery: A systematic review and meta-analysis with discussion of management. *Clinical Anatomy, 31*(2), 191-199.

Edmiston, E.K. (2018). Transgender health research must serve transgender people. British Journal of Obstetrics and Gynecology: *An International Journal of Obstetrics and Gynecology,* [ahead of print], https://doi.org/10.1111/1471-0528.15283.

Ennis, D. (2017, March 9). "This is so hard:" Coping with complications from gender affirming surgery. *GoMag*. Retrieved from http://gomag.com/article/hard-coping-complications-gender-affirmation-surgery/.

Fenway Health. (2015). The medical care of transgender persons. [PDF file]. Retrieved from http://lgbthealtheducation.org/wp-content/uploads/COM-2245-The-Medical-Care-of-Transgender-Persons.pdf.

Flores, A.R., Herman, J.L., Gates, G.J., & Brown, T.N.T. (2016). How many adults identify as transgender within the United States? *The Williams Institute: UCLA School of Law*. Retrieved from http://www.williamsinsitute.law.ucla.edu.

Gahagan, J., & Subirana-Malaret, M. (2018). Improving pathways to primary health care among LGBTQ populations and health care providers: key findings from Nova Scotia, Canada. *International Journal for Equity in Health, 17*, 76. https://doi.org/10.1186/s12939-018-0786-0.

Getahun, D., Nash, R., Flanders, W. D., Baird, T. C., Becerra-Culqui, T. A., Cromwell, L.,… Goodman, M. (2018). Cross sex hormones in acute cardiovascular events in transgender persons: a cohort study. *Annals of Internal Medicine*. Retrieved from https://doi.org/10.7326/M17-2785.

Grant, J.M., Mottet, L.A., Tanis, J., Harrison, J., Herman, J., & Keisling, M. (2011). Injustice at every turn: a report of the National Transgender Discrimination Survey [PDF file]. *National Center for Transgender Equality and National Gay and Lesbian Task Force*. Retrieved from http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf.

Greenberg, S.T. (2017, September). Breast augmentation cost. DocShop. Retrieved from https://www.docshop.com/education/cosmetic/breast/implants/cost

Greene, Z., France, K., Kreider, E.F., Wolfe-Roubatis, E., Chen, K.D., Wu, A., & Yehia, B.R. (2018). Comparing medical, dental, and nursing students' perspectives to address lesbian, gay, bisexual, transgender, and queer health. *PLoS One, 13*(9), e0204104. https://doi.org/10.1371/journal.pone.0204104.

Healthline (2018). How much does a hair transplant cost? Retrieved from https://www.healthline.com/health/cost-of-hair-transplant.

Hurwitz, D.J. (2017, September). Liposuction cost. *DocShop*. Retrieved from https://www.docshop.com/education/cosmetic/body/liposuction/cost

*ICD10Data.com* (2018). Retrieved from http://www.icd10data.com/ICD10CM/Codes/F01-F99/F60-F69/F64-/F64.0.

Imborek, K. (2015, April). Transgender Health Primer. Family Medicine Refresher Course. *Iowa University*. Retrieved from https://ir.uiowa.edu/cgi/viewcontent.cgi?article=1053&context=fmrc.

Irwig, M.S. (2018). Cardiovascular health in transgender people. *Reviews in Endocrine and Metabolic Disorders*,1-9. https://doi.org/10.1007/s11154--18-9454-3.

James, A. (2018). *Transition resource digital downloads*. Electrolysis. Retrieved from http://www.tsroadmap.com/physical/hair/zapidx.html.

Leventis Lougos, A. (2015). Suburban wife loves the person, not gender, after spouse comes out as woman. *Chicago Tribune*. Retrieved from http://www.chicagotribune.com/news/ct-transgender-marriage-met-20151011-story,amp.html.

Melloni, C. (2017). Lower urinary tract in male to female sex

reassignment surgery: Is it possible to evaluate the outcome? *Reconstructive Surgery & Anaplastology, 6*(2), 1-3. https://doi.org/10.4172/2161-1173.1000168.

Moran, M. (2013, October 9). ICD codes for some DSM-5 diagnoses updated. *Psychiatric News: American Psychiatric Association* [Online]. Retrieved from https://psychnews.psychiatryonline.org/doi/full/10.1176/appi.pn.2013.10b30.

Morrison, S. D., Kolnik, S. M., Massie, J. P., Crowe, C. S., Dugi, D. 3rd. R., Friedrich, J. B., . . . Mandell, S. P. (2018, October). Injury in the transgender population: What the trauma surgeon needs to know. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/30256770.

National Center for Transgender Equality. (2015). The report from the 2015 U.S. Transgender Survey. Retrieved from http://www.ustranssurvey.org/.

Neto, R.R., Hintz, F., Kreege, S., Rübben, H., & vom Dorp, F. (2012). Gender reassignment surgery-A 13 year review of surgical outcomes. *International Brazilian Journal of Urology, 38*(1), 97-107.

Perez, K. (n.d.). *Katie Perez's crash course: Independent feminization study course*. Retrieved from http://30daycrashcourse.com/.

*RealSelf* 1 (2018) Adam's apple reduction. How much is Adam's apple reduction? Retrieved from https://www.realself.com/question/adams-apple-reduction1.

*RealSelf* 2 (2018). Facial feminization surgery. Retrieved from https://www.realself.com/facial-feminization-surgery.

*RealSelf* 4(2018). Jaw reduction. Retrieved from https://www.realself.com/jaw-reduction/cost.

*RealSelf* 5 (2018). Neck lift. Is there a surgery to alter the sound of your voice? Retrieved from https://www.realself.com/question/surgery-alter-sound-voice.

*RealSelf* 6 (2018). MTF Vaginoplasty. How much is a vaginoplasty? Retrieved from https://www.realself.com/mtf-vaginoplasty/cost.

Scutti, S. (2014, March 17). What is the difference between Transsexual and Transgender? Facebook's new version of 'It's Complicated.' *Medical Daily: Healthy Living*. Retrieved from https://www.medicaldaily.com/what-difference-between-transsexual-and-transgender-facebooks-new-version-its-complicated-271389?amp=.

Sifferlin, A. (2017, May). Gender confirmation surgery is on the rise in the U.S. *Time*. Retrieved from http://amp.timeinc.net/time/4787914/transgender-gender-confirmation-surgery.

Silberholz, E.A., Brodie, N., Spector, N.D., & Pattishall, A.E. (2017). Disparities in access to care in marginalized populations. *Current Opinion in Pediatrics, 29*(6), 718-727. https://dx.doi.org/101097/MOP.0000000000000549.

WebMD (2017, November). Financing your cosmetic surgery. *WebMD*. Retrieved from https://www.webmd.com/beauty/financing-your-cosmetic-surgery.

World Professional Association for Transgender Health: Standards of Care for the Health of Transgender, Transsexuals, and Gender nonconforming people (WPATH). Version 7. (2011). Retrieved from https://www.wpath.org/media/cms/Documents/Web%20Transfer/SOC/Standards%20of%20Care%20V7%20-%202011%20WPATH.pdf.

Zevin, B. (2017). Homeless transgender individual. *Center for Excellence for Transgender Health*. USC. Retrieved from http://transhealth.ucsf.edu/trans?page=guidelines-homeless.