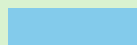




# Empowering identities: Navigating Gender Affirming Surgery in Nova Scotia\*\*



\*\* The surgeon's perspective





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# OBJECTIVES

**1**

Provide an overview of the various surgical options for gender affirmation that are available in Nova Scotia and elsewhere in Canada

**2**

List the steps that a transgender or gender diverse (TG/GD) individual must work through to access gender affirming surgery affirming surgery (GAS) in Nova Scotia or elsewhere in Canada

**3**

Discuss the barriers that TG/GD individuals face in accessing gender affirming care in Nova Scotia or elsewhere in Canada; role of the health care provider in advocacy for policies and practices that promote equitable access to care for all individuals



Statistics  
Canada

Statistique  
Canada

[Subjects](#)[Data](#)[Analysis](#)[Reference](#)[Geography](#)[Census ▾](#)[Surveys and statistical programs ▾](#)[About StatCan](#)[Canada.ca](#)

## Canada is the first country to provide census data on transgender and non-binary people

### **Beginning in 2021, sex at birth and gender were separate on census**

- 1/300 people  $\geq 15$ yo identified as transgender or non-binary
  - = 100,815 people, over half of whom live in Canada's six largest urban centres



Statistics  
Canada

Statistique  
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Subjects

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Geography

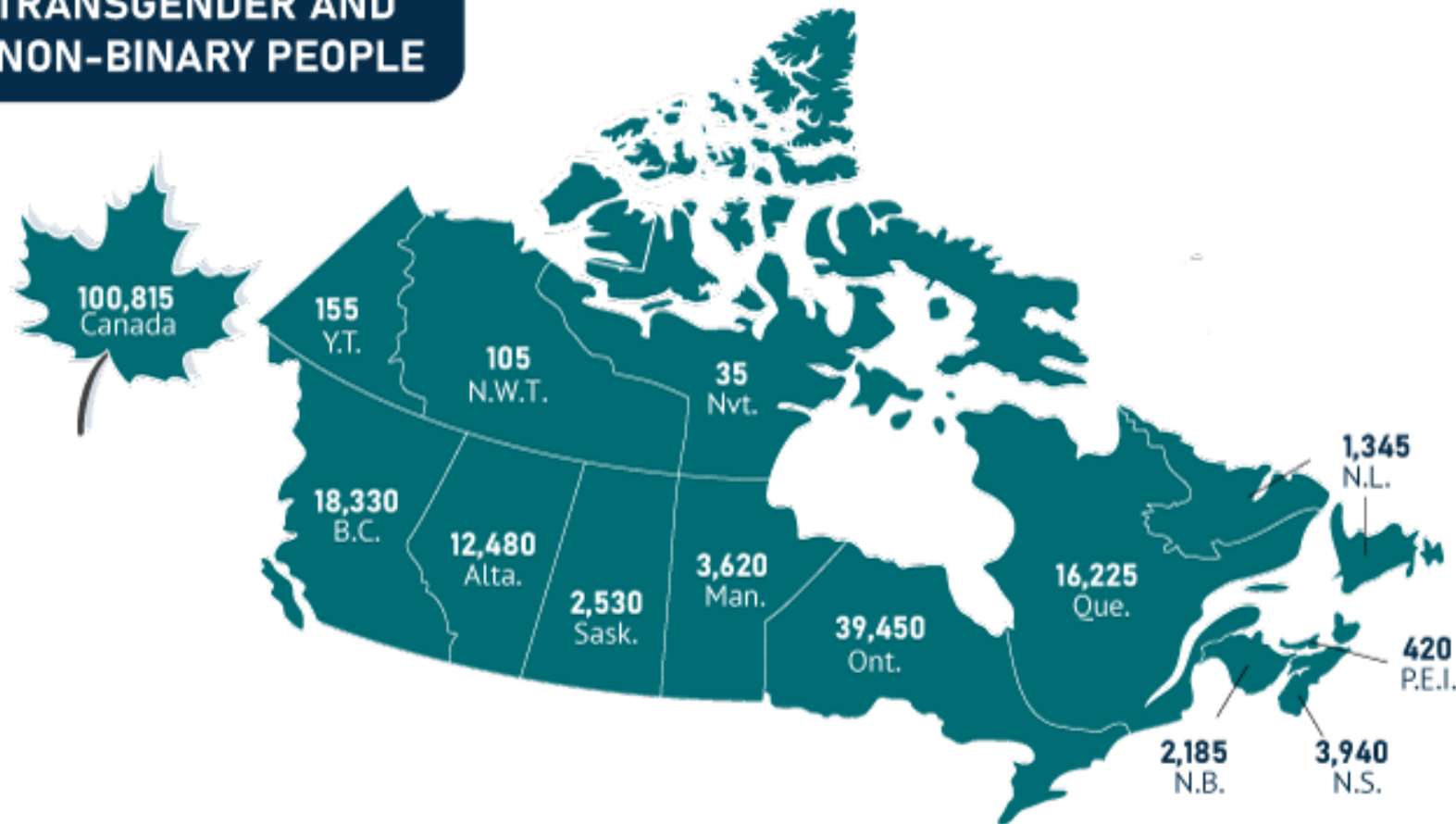
Census ▾

Surveys and statistical programs ▾

About StatCan

Canada.ca

## TRANSGENDER AND NON-BINARY PEOPLE



Source(s): Census of Population, 2021 (3901).

- NS (4.8/1000), Yukon (4.7/1000) and BC (4.4/1000) had highest proportions of TG/NB people



Statistics  
Canada

Statistique  
Canada

Search website



Subjects

Data

Analysis

Reference

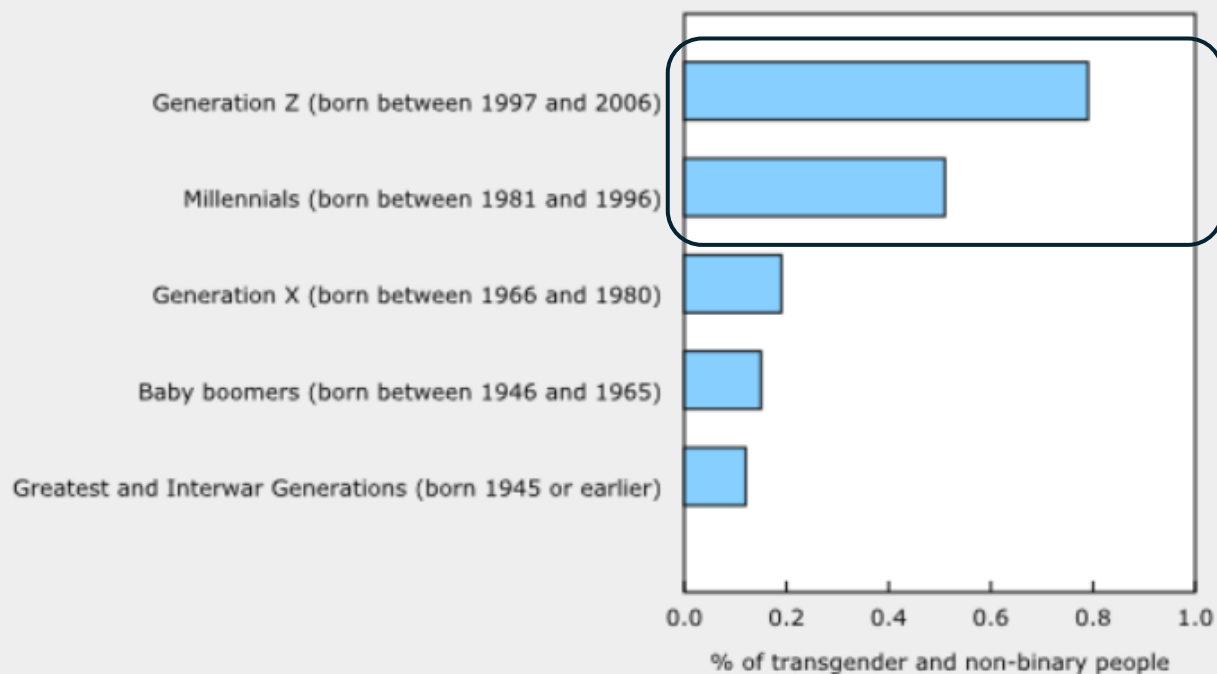
Geography

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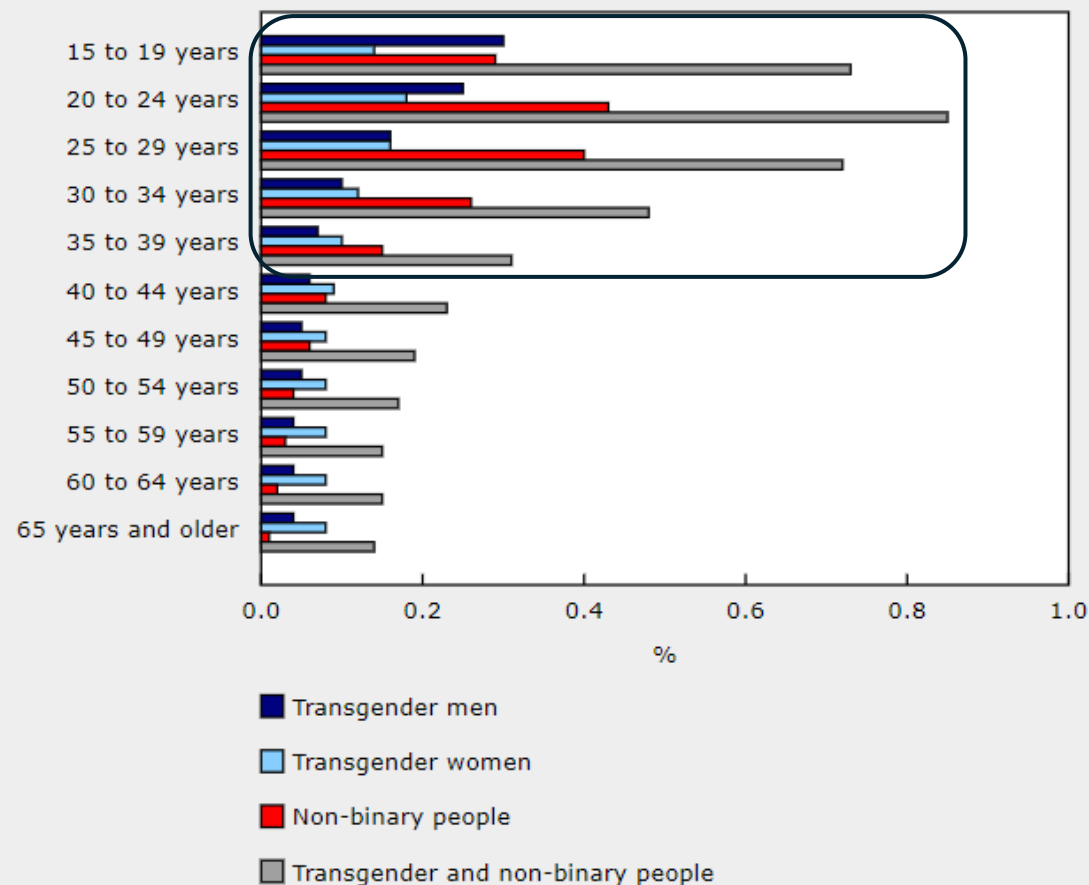
Surveys and statistical programs ▾

About StatCan

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Source(s): Census of Population, 2021 ([3901](#)).



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## Not for everyone - individual choice

- More common in tgM (~50%) than tgF (~30%)
  - Top surgery twice as common as bottom surgery
  - May be underestimate, not always captured
  - May be done for different reasons (eg. DUB)
  - Insurance data (may not be registered in chosen gender)
- Higher prevalence in older individuals (prevalence increases ~ 4%/year after age 20), higher SES and European origin

# Gender Affirming Surgery

## List of MSI insured GAS (when performed in approved locations):

Available in NS and Centre Metropolitain de Chirurgie in Montreal	Available Only in Centre Metropolitain de Chirurgie in Montreal
Orchiectomy ★	Phalloplasty
Penectomy ★	Metoidioplasty
Breast Augmentation	Vaginoplasty
Breast / Chest Reduction	
Chest Masculinization / Mastectomy	
Hysterectomy	
Oophorectomy	

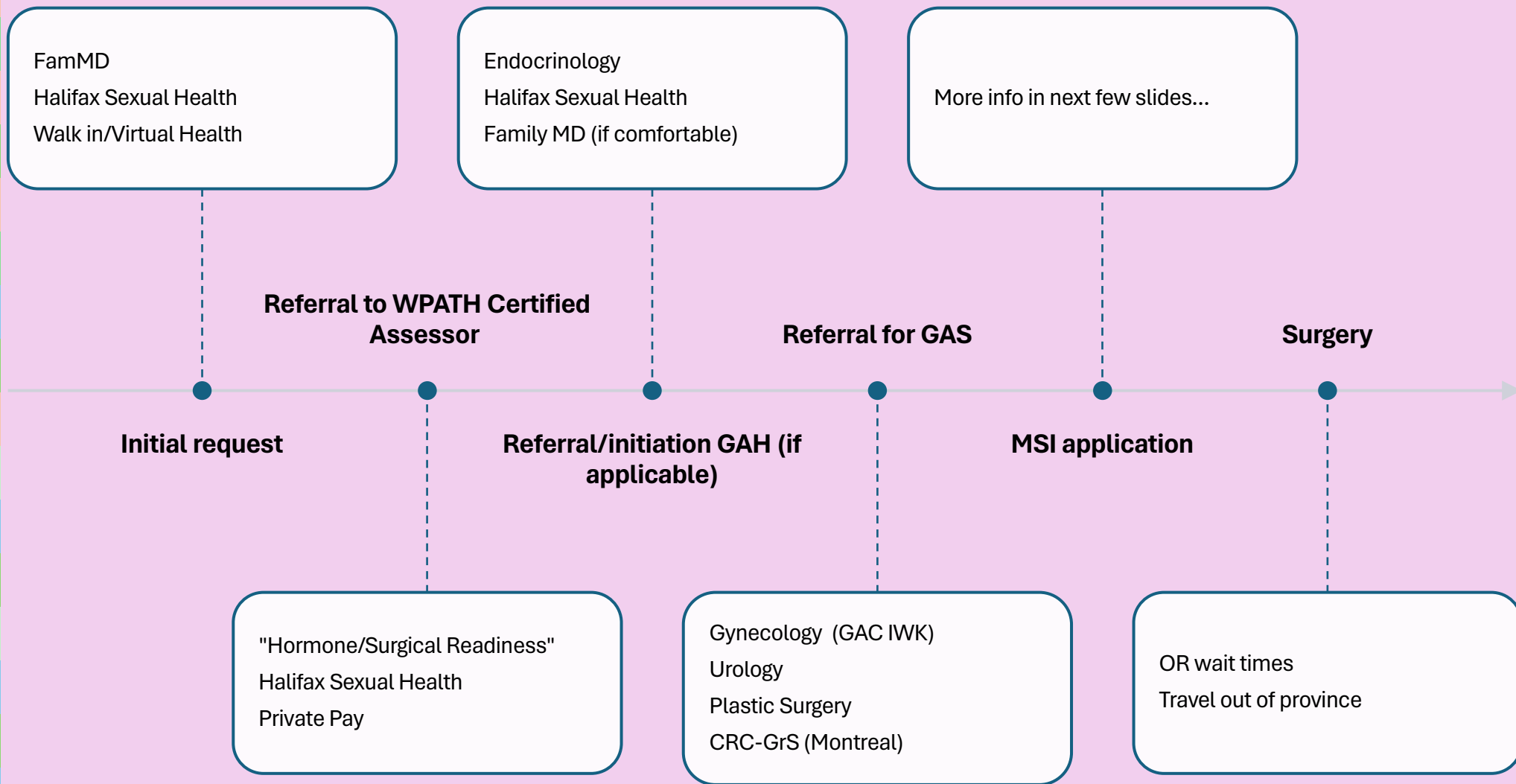
★ May not be done in NS, done with other surgeries (eg. Vaginoplasty)



## Not covered by MSI:

- GAS accessed at other surgical centres in Canada (aside from Montreal), outside of Canada, or prior to MSI approval
- Services not insured by MSI
  - facial feminization, liposuction, tracheal shaving, voice pitch surgery, hair removal
- Any take-home medications, equipment, meals and other personal expenses

# Gender Affirming Surgery



## Clinical Eligibility Criteria

I have verified that the patient:

- Has marked and sustained gender dysphoria and other possible causes of apparent gender dysphoria have been identified and excluded.
  - Has the capacity to make a fully informed decision and to consent for the specific hormone treatment or surgical intervention including the following criteria:
    - Understands the procedure(s) and any alternative procedure(s)
    - Understands risk(s)/benefits and complications associated with the treatment or not getting the treatment
    - Has an aftercare/follow-up plan
  - Has sufficiently well controlled medical or mental health concerns if they are present that could negatively impact the outcome or contraindicate GAS.
  - Is stable on their gender affirming hormonal treatment regime, which may include at least six (6) months of hormone treatment for genital surgeries for adults, and 12 months of hormone treatment for adolescents for breast augmentation (or longer period if required to achieve the desired surgical result, unless hormone therapy is either not desired or is medically contraindicated). Hormone therapy is not a criteria to be eligible for chest surgeries, except breast augmentation.
  - Understands the effect of gender affirming hormone treatment or surgical intervention on reproduction and have explored reproductive options.
- ★ Previously had to be living in chosen gender and on hormones for 12 months before GAS application could be sent

## Surgical Eligibility Criteria

*Chest masculinization/mastectomy/breast reduction/breast augmentation.  
Removal (ectomy): oophorectomy, hysterectomy, penectomy, orchidectomy.  
Reconstruction (plasty): phalloplasty, metoidioplasty, vaginoplasty.*

I have verified that in addition to clinical eligibility criteria the patient has:

- GAS application signed by a NS Physician, NP, or Specialist.
- One psychosocial assessment letter (required by WPATH and GrS clinic), signed by a healthcare professional who has the required WPATH credentials (as outlined in Appendix A) and training in culturally competent trans care (it can be the same signatory as for the application itself).
- Letter from Family Physician or NP, confirming post-operative care (for surgeries done out-of-province).
- Letter from a physician, nurse practitioner or specialist monitoring hormone therapy (if applicable and not covered by one of the above letters).
- ★ Understanding of the effect of gender affirming hormone treatment or surgical intervention on reproduction and have explored reproductive options.

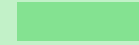
I certify that I meet the credentials as outlined in Appendix A.

★ Risk of regret?





# Fertility preservation



## Must be discussed prior to GAS

- Sperm cryopreservation
- Oocyte cryopreservation
- Embryo cryopreservation
  - Donor/partner sperm
- Impact of GAH?
- Impact of puberty blockers?
- Delay in having surgery?



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I certify that I meet the credentials as outlined in Appendix A.



Change from previous

### **Surgical and Hormone Treatment Readiness Assessor Credentials / Certification and Recommendation**

The Nova Scotia Department of Health and Wellness requires qualified Health Care Professionals (HCP) assessing, diagnosing, and referring Transgender and Gender Diverse (TGD) people for Gender Affirming Care including Gender Affirming Surgeries, to have the following credentials:

- Licensed by their statutory body and hold, at a minimum, a master's degree or equivalent training in a clinical field relevant to this role and granted by a nationally accredited statutory institution.
- Competency in using the Diagnostic Statistical Manual of Mental Disorders and/or the International Classification of Diseases for diagnostic purposes.
- Ability to assess capacity to consent for treatment.
- Ability to recognize and diagnose/assess co-existing mental health or other psychosocial concerns and distinguish these from gender dysphoria, incongruence, and diversity.
- Experience and qualifications to assess clinical aspects of gender dysphoria, incongruence, and diversity.
- Continuing education in health care relating to gender dysphoria, incongruence, and diversity. <sup>1</sup>
- Knowledge about TGD identities and expression.
- WPATH informed and knowledgeable and experienced in providing culturally competent and safe trans care e.g. have attended any symposiums, conferences or workshops/training such as the Trans Health symposium, CPATH/ WPATH or prideHealth conferences, or have taken relevant mainpro+ courses / training at [cbrc.teachable.com](http://cbrc.teachable.com)

# Barriers to care

## Access to HCP with TGH experience

- Gender neutral space
- Gender neutral forms/information
- Asking/using preferred pronouns
- If don't have family MD/NP – VC-NS?  
Walk in clinic?

## Comfort (for both) with discussing options/ desires, fear of judgement

- Dysphoria/dysmorphia







# Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People

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The World Professional Association for Transgender Health

## Resources:

### WPATH.ORG

- "assist transsexual, transgender, and gender nonconforming people with safe and effective pathways to achieving lasting personal comfort with their gendered selves"
- "maximize overall health, psychological well-being, and self-fulfillment"
- Assessment for/treatment with GAH
- Assessment prior to GAS
- Reproductive care

Welcome to your SOGC Learning Platform

# SOGC Online Learning

## Three modules:

- Transgender and gender diverse health 101
- Gender affirming hormone therapy
- Surgical transition and advanced care (includes paediatrics)



# Barriers to care cont...

## Wait times

- To be seen for initial visit with MD/NP/VC-NS/Walk in clinic
- To be seen by WPATH certified counsellor for assessment
- To be seen by MD/NP comfortable with GAH
- To be seen by surgeon
- To be seen at fertility clinic (if wish)
- To be approved by MSI



# Barriers to care cont...



## Costs

- Privately paid WPATH assessment(s)(speeds up the process)
- Costs of medications
- Travel costs, if not available near home (within province or outside of province)
- Loss of income during recovery



# Travel within the Maritimes



Mastectomy  
★ Chest Masculinization  
Breast Augmentation  
Breast Reduction

♥ Hysterectomy +/- BSO

☁ Orchidectomy

No access:  
Penectomy  
Phalloplasty  
Metoidioplasty  
Vaginoplasty

Source: PrideHealth



## Barriers to care cont...

### Costs cont...

- Out of province costs re-imbursed AFTER trip completed
  - \$1,000 for travel, \$125/night
  - \$1,000 for escort "if medically required"
- Covers 12 round trips over 12mth period



# Barriers to care cont...

## After care

- Access to medical personal who have training/understanding
- "Orphan patients" - unclear what service should be responsible



Costs cont...

## Cryopreservation for people with testes

### Sperm cryopreservation - "banking"

- May need to come off meds for 3+ months (loss of feminization)
- Usually requires production of sample(s) (may cause dysphoria)
- Pre-pubertal blockers may impact later spermatogenesis when discontinued





## Costs cont...

### Cryopreservation for people with testes

#### Costs involved:

- Initial banking ~\$600-800
- Annual storage fees ~\$400-500
- Future use
  - IUI ~\$800-1000/cycle
  - IVF-ICSI - \$10,000-\$12,000 (+ meds)
  - Donor egg – cost of eggs + \$8000-\$10,000
  - ? Cost/reimbursement of GC



**In Maritimes, available in NS (AART) and NB (Conceptia)**

## Costs cont...

### Cryopreservation for people with ovaries

#### Oocyte cryopreservation

- Requires medications, procedures
  - Difficult for patients, dysphoria
  - ? Do without stim, and IVM - experimental

#### Embryo cryopreservation

- Partner with sperm or with donor sperm
  - Still requires COH, retrieval etc.



## Costs cont...

### Cryopreservation for people with ovaries

#### Costs involved:

- Initial banking ~\$10,000-15,000
- Annual storage fees ~\$400-500
- Future use
  - Embryo creation - \$5,000-7,000
  - Donor sperm \$500-1500/vial
  - ? Costs/reimbursement of GC

**In the Maritimes, oocyte cryo only available in NS (AART)**



## Education:

- In school, in public, in medicine
- Gender neutrality in education, conversations and environments
- Better awareness of challenges faced
  - Understanding of personal choice (not everyone wants surgery), role of costs, time off work, access to health care providers etc.
  - Understanding of process and "hoops" to accessing surgery

## Addressing barriers:

- Welcoming, inclusive spaces
- Access to counsellors (publically funded) for readiness letters
- Access to surgeons throughout the province
- Access to fertility care throughout the Maritimes
- Better funding if have to travel (in province or out of province)
- Funding for fertility care
- Patient navigators



Questions? Comments?

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