

## Patient Information and Informed Consent

### **Feminizing Treatment for Patients with Gender Dysphoria**

Before using medications to transition and feminize your body, you need to be aware of the possible advantages, disadvantages, and risks of this medication. We have listed them here for you. It is important that you understand all this information before you begin taking these medicines.

Please read the following. Once your questions or concerns are addressed and you have decided to proceed with estrogen treatment, you will need to sign this information and consent form. We are happy to answer any questions you have.

### **What are the different medications that can feminize my appearance?**

Part of transition for many transgender people involves taking hormones. For hormone treatment to be most effective, transgender girls and women take estrogens (female hormones), as well as medicines to block their body from producing or utilizing testosterone (male hormones.)

Different forms of the hormone estrogen are used to feminize appearance in transgender females. Estrogen can be taken as a pill once or twice daily, given as an injection every week, or as a patch that is changed every three or four days.

Medications that block the production or effects of testosterone are called androgen blockers. Androgen is another term for male sex hormones. Spironolactone is the androgen blocker that is most commonly used in the United States. Other medicines such as bicalutamide or finasteride are sometimes used as well.

Every medication has risks, benefits, and side effects that are important to understand before starting. The effects and side effects of medicines used for transition need to be monitored with laboratory studies and regular visits to your provider to make sure that there are no negative effects.

Both the medicines and the process of transitioning can affect your mood. While transwomen are usually relieved and happy with the changes that occur, we encourage you to see a gender-qualified therapist while undergoing transition. The therapist can work with you, your family and friends.

### **Who should not take estrogen?**

**Estrogen can cause blood clots. We must be careful that you are not at risk to develop a blood clot.** Estrogen should not be used by anyone who has a history of:

- An estrogen-dependent cancer

- A disorder that makes them more likely to get blood clots that could travel to the lungs (unless they are also taking blood thinners and are followed by a specialist)

Estrogen should be used with caution and only after a full discussion of risks by anyone who:

- Has a strong family history of breast cancer or other cancers that grow quicker when estrogens are present
- Has uncontrolled diabetes
- Has heart disease
- Has chronic hepatitis or other liver disease
- Has uncontrolled high cholesterol
- Has migraines or seizures
- Is obese
- Smokes cigarettes

### **Summary of Feminizing treatment Benefits and Risks:**

#### **BENEFITS**

Appearing more feminine  
Softer skin  
Development of breasts  
Thinner body hair  
Thinner facial hair  
Decreased muscle mass  
Calmer mood

#### **RISKS**

Acne  
Weight gain  
Blood clots, risk increased by smoking  
Breast cancer, risk similar to other women  
Emotional changes  
Headache  
High blood pressure  
High potassium levels  
Infertility  
Increased urination  
Liver inflammation

### **Feminizing Effects**

I understand that estrogen, anti-androgens, or both are being prescribed to make me appear less like a man and more like a woman. I understand that everyone is different and the changes and risks that are

listed within this consent are variable, and no one can predict how fast – or how much – change will happen.

I understand that the feminizing effects of estrogen may take several months to years to become noticeable and up to five years to be complete. Some of these changes will be **permanent**, including:

- Breast development
- Infertility

I understand that the following changes will **not be permanent** if I stop estrogen:

- Thinner body and facial hair, although it will not stop growing completely
- More fat distribution around buttocks, hips, and thighs
- Decreased muscle strength
- Softer skin
- If I have a predisposition to male pattern baldness, this may be decreased or start later

I understand that my body will produce less testosterone. This may affect my sex life in different ways and my future ability to cause a pregnancy.

- My sperm may take longer to mature and make me less able to cause a pregnancy, even if I discontinue hormone therapy

- It is also possible that my sperm could still mature even while I am taking hormones, so that I might get someone pregnant if we have vaginal intercourse and don't use birth control. The options for sperm banking have been explained to me

- My testicles may shrink down to half their size. Even so, I know that they are part of my body and I need to take care of them including regular checkups with my PCP

- My sex drive may be decreased, and I may have fewer spontaneous erections

I understand that some parts of my body will NOT change, such as my "Adam's apple" will not shrink, and my voice will not rise in pitch if it has already dropped. There are voice training exercises and other treatments that may be helpful.

I understand that there may be mood changes associated with these medicines, and agree to continue therapy with a qualified therapist if needed.

### **Risks of Estrogen**

I understand that taking estrogen increases the risk of blood clots or problems with blood vessels that can result in:

- Chronic problems with veins in the legs
- Heart attack

Pulmonary embolism (a blood clot in the lungs) which may cause permanent lung damage or death

Stroke, which may cause permanent brain damage or death

I understand that the risk of blood clots is much worse if I smoke cigarettes. The danger is so high that I agree to stop smoking completely if I start taking estrogen.

I understand the effects of estrogen will not protect me for sexually transmitted diseases or HIV and that a barrier method should be used. I understand that I should speak frankly with my primary care provider about my sex life to best protect me from infections.

I understand that it is possible for me to get someone pregnant while taking estrogen and methods of birth control have been discussed.

I understand that estrogen can increase my risk for diabetes, high blood pressure, and heart disease. Having pre-existing conditions or a family history of these may further increase my risk.

I understand that estrogen can damage the liver and possibly contribute to liver disease, and that I should have my liver checked periodically as long as I take estrogen.

I understand that estrogen can cause migraines or make them worse if I already have them. I know I should talk with my clinician if I have headaches or migraines often or if the pain is unusually severe.

I understand that it is not yet known if taking estrogen increases the risk of prolactinomas. These are non-cancerous tumors of the pituitary gland. They are not usually life-threatening, but they can damage vision and cause headaches if they are not treated properly. If I have changes in vision, headaches that are worse when I wake up in the morning, and milky discharge from my nipples, these can be signs of a prolactinoma, and I should talk to my health care provider.

I understand that estrogen can increase my risk of breast cancer, possibly to about the same level as people assigned female at birth, and that my breasts should be monitored with regular age-based screening, the same as for any other woman.

I understand that estrogen causes changes that other people will notice. Some transgender people have experienced harassment, discrimination, and violence because of this. Others have lost the support of loved ones. I know my clinician can help me find advocacy and support resources.

### **Risks of Androgen Antagonists (Spironolactone or Bicalutamide)**

I understand that Spironolactone affects the balance of water and salts in the kidneys.

This may:

Increase the amount of urine I produce, making it necessary to urinate more

frequently Increase thirst

Increase my risk of dehydration (not having enough water), and I should make sure to drink plenty of water in hot weather

Reduce blood pressure

Rarely, Spironolactone can cause high levels of potassium in the blood, which can cause changes in heart rhythms that may be life threatening. My doctor will perform blood tests to monitor this risk while I am on the medication

I understand that Bicalutamide (rarely) can cause liver enzyme elevation and liver inflammation. I will let my doctor know if I develop abdominal pain or leg swelling. Additional side effects may include hot flashes, GI upset, and dizziness.

### **Prevention of Medical Complications**

I agree to take estrogen and all other transition related medications as prescribed and to inform my provider of any problems or dissatisfactions I may have in meeting my transition goals.

I understand that my dose of estrogen may vary and that my dose of estrogen may be different from that another individual, and I know not to take more estrogen than prescribed. Taking too much estrogen can increase my health risks and won't make changes happen more quickly. My clinician will monitor and inform me of needed changes to my dose should this occur.

I understand that the medications are for my use only and I will not supply these medications to others or purchase estrogen or other hormones without my clinician's knowledge.

I agree to tell my medical provider about any hormones, dietary supplements, herbs, recreational drugs or medications I might be taking. I also understand that any of the above items may be detrimental to my health and could interact negatively with estrogen or anti-androgens. I have been informed that clinic staff will continue to provide me with medical care, regardless of what information I share with them.

I understand that I should stop taking estrogen two weeks before any surgery or when I may be immobile for a long time (for example, if I break my leg and am in a cast.) This will lower the risk of getting blood clots. I can start taking it again a week after I'm back to normal or when my clinician says it is okay.

I understand that I can choose to stop taking estrogen at any time. I also understand that my provider can discontinue treatment for clinical reasons.

I understand that taking hormones for medical transition requires regular medical visits and routine lab work. These intervals have been explained to me. Should I be unable to attend these visits, hormones may be discontinued or refills delayed.

I understand that my insurance company may not cover the costs of this treatment. If so, I accept

responsibility for any charges associated with this treatment.

### **Alternatives**

There are alternatives to using estrogen to help people appear more feminine. Some transgender people choose not to take hormones or have surgery and may only socially transition. If you are interested in alternatives, talk with your health care provider about your options.

#### **My signature below confirms that:**

My clinician has talked with me about:

- The benefits and risks of taking feminizing medications
- The possible or likely consequences of hormone therapy
- Potential alternative treatments

I understand the risks that may be involved

I know that the information in this form includes the known risks and effects.

I also know that there may be unknown long-term effects or risks.

I have had enough opportunity to discuss treatment options with my clinician

All my questions have been answered to my satisfaction

I believe I know enough to give informed consent to take, refuse, or postpone feminizing therapy

#### **Based on all this information:**

**I want to begin taking estrogen and/or androgen blockers**

\_\_\_\_\_ Patient signature

\_\_\_\_\_ Print patient name

\_\_\_\_\_ Date