

Sexual health for transgender men

Rixt Anna Catharina Luikenaar MD FACOG and Buck Angel

What you should know about Obstetrics and Gynecology for Transgender and Gender nonconforming folks

1. **Preventive health;** HPV vaccination (series of 2 age 12-15, series of 3 age 15-26), Hepatitis A and B vaccinations (Twinrix series of 3 shots), PrEP HIV prophylaxis, Papsmear age 21+ (every 2 years in your twenties, 3 years in your thirties if 1 sexual partner). Chest exam every 2 years starting in your twenties. Ovary check every 2 years starting age 21. For older transgender men after hysterectomy vulva exam every 2 years age 50 and up (vulvar cancer and lichen sclerosis). Mammogram every 2 years in your forties, every year after if no top surgery/ for transgender women.
2. **Contraception;** testosterone does NOT prevent pregnancy, many options available (Nexplanon, IUD(5 types), Nuvaring, Depo provera best options).
3. **STI Screening;** every 3-6 months (depending on exposure), blood lab testing for herpes, HIV, Hepatitis A,B,C,D,E, RPR (syphilis), vaginal, rectal or throat swab for chlamydia and gonorrhea, trichomonas, also bacterial vaginosis.
4. **Obstetrics;** you have options; you can have your own eggs removed and brought together with (donor) semen and freeze embryo's for a surrogate/partner to carry for you. Typically you stop taking testosterone for 1-3 months, you inject hormones (a lot of hormones) until both your ovaries grow eggs that are removed when they are the right size (preferably about 12 eggs). You can also carry your own child. You stop taking testosterone for 1-6 months and your cycle will return. You are then able to get pregnant (about

10% chance per month if a semen donor is easily available). You can NOT use testosterone until you deliver. You can choose to breast/chest feed or not. Transgender women can also breast feed.

5. **Gynecology**; some common scenario's.

Acute pain lower abdomen differential diagnosis; often (ruptured) ovarian cyst, PID/Tubo-ovarian-abcess (std)- causes fever/chills, or ovarian torsion-causes nausea/vomiting, or appendicitis-causes fever/chills/nausea/vomiting, possibly ruptured ectopic pregnancy (if you are pregnant; this is a life threatening emergency). Bladder or kidney infection, foreign body (toy) in rectum or urethra; for this go to your ObGyn or ER.

Chronic pain lower abdomen; often due to constipation, food allergies, ovarian cysts, std's. If associated with menstrual cycle or orgasm and cramping in origin this is commonly seen after years on testosterone and may be due to atrophy of vaginal tissues/changes in the uterine wall.

Endometriosis is a very common condition in anyone with internal gonads/ovaries. Sometimes a hysterectomy may be the best option. Have your tubes removed as well as they can lead to ovarian cancer. Ovaries contain eggs and your option for biological children. Only remove if you never want to have them.

Bleeding or spotting on testosterone is common especially if you forget your injections. If it becomes a nuisance talk to your gynecologist about estrogen blockers or progesterone or a hysterectomy. After the age of 35 a biopsy of the uterus lining may need to be done to rule out endometrial hyperplasia which can lead to endometrial cancer. Other causes for bleeding are polyps, fibroids (growths in the wall of the uterus) or pregnancy or std's, or hemorrhoids/ anal fissures (tears).

#Vaginal infections; common on testosterone as this thins the walls of the vagina and can decrease lubrication/ change the PH/ acidity in the vagina. This increases the risk to get std's and also bacterial vaginosis (fishy smell). Use good quality lubrication (Sliquid/ Buck's lube) for sex and keep sex toys clean (no sex from rectum back into vagina). Vaginal estrogen may help.

#Your first papsmear; this should be easy, with a narrow plastic speculum that your gyno inserts in the vagina and opens it just a little bit to enter 2 brushes. If you are nervous ask for valium or bring your loved one. Your

gynecologist needs to understand that a pelvic exam can be dysphoric and trigger PTSD.

Bottomline is to find a transgender friendly gynecologist that will take good care of you and respect you. You deserve this.

Rixt Luikenaar, M.D. FACOG, is a Board Certified Obstetrician and Gynecologist with 18 years of experience. She received her Medical Degree Cum Laude from the University of Groningen Medical Sciences in Groningen, The Netherlands and did her residency training at West Virginia University Hospital in Morgantown, WV. She joined the University of Utah Faculty in 2003. In 2014 she also opened her solo practice “Rebirth Obgyn” and now takes care over 4000+ LGBTQ folks, has prescribed HRT to over 3600 patients and helps with social, legal, medical and surgical transition. She has an 11 year old transgender boy who came out at age 4.

She is a professional member of the Endocrine Society, ACOG, GLMA and WPATH. She is also a member of the International Society for the Study of Women’s Sexual Health and International Society for Sexual Medicine for whom she peer reviews articles.

Dr. Luikenaar has privileges to perform Robotic, laparoscopic and vaginal surgery including hysterectomy for transgender men. She has also delivered over 2000 babies and helps many LGBGTQ couples get pregnant or inform them about fertility preservation options. Sexuality and protection of reproductive rights for the LGBTQ community are high on her list of priorities.

Dr. Luikenaar is committed to serve the underserved and underinsured. She also welcomes self-pay patients. She has a very diverse background in her experience. She spent two years in Law School in The Netherlands, spent over 3 years in research in Artificial Hearts, Endometriosis and finding causes for recurrent miscarriages and fetal demise at the University of Utah. She did her clerkships on Curacao (part of the Netherlands in The Caribbean), went on medical missions to Tanzania and Columbia. She worked as a Senior Medical Officer in ob/gyn in Cairns, Australia during a Sabbatical, taking care of many Aboriginal patients . She has presented about transgender healthcare at the biannual WPATH conference in 2016 and American College for Obstetrics and Gynecology Clinical Annual Meeting in 2017. She has won many awards from her local LGBTQ community for her excellent care and teaches residents and medical students daily.

Buck Angel: Buck Angel's message of empowerment through self-acceptance and the mission to encourage everyone to be comfortable in their own skin - whatever that means to them - has struck a passionate chord with people around the world. He produced the worlds first transgender male sex toy line winning numerous awards.

Buck believes that all transgender people deserve health care. When Buck suffered from atrophy due to the use of testosterone there was little if no studies on transmen vaginal health. The infection that resulted in Buck's severe cramping, pelvic pain and eventually almost death has given him a reason to create these workshops as well as a website,

FTMHealth.com where information is given to trans men to help them feel comfortable to speak with a doctor.

Angel travels the world spreading his message of self-love, compassion and exploring how to live authentically in your own body. If you are interested in booking him for your event please contact him here:

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