4. Gender Identity Disorder Services

(ICD10 codes: F64.0 - F64.9, F66.0, F66.1)

(OPCS codes: X15, X15.1, X15.2, X15.3, X15.8, X15.9, B31.2, E02.3, E02.4, E02.5, E02.6)

4a. General description

Gender identity disorders can be described as a desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or the inappropriateness of, the patient's anatomic sex. Patients may receive hormonal treatment and in some cases surgery to make the body as congruent as possible with the patient's preferred sex.

In the main this definition covers services for adults (the last paragraph in section 4c refers to children). It covers both the mental health services and the surgical services that may be required during the treatment programme as well as treatments post surgery such as speech therapy or electrolysis.

4b. Rationale for the service being included in the Specialised Services National Definitions Set

This service is highly specialised and is provided by a few specialist centres offering comprehensive psychiatric and surgical assessment and management of people experiencing gender dysphoria.

4c. Detailed description of specialised service activity

Treatment pathways for gender identity disorders in the UK are based on the 'Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders' (HBIGDA) developed in the 1970s which have since been revised by the World Professional Association of Transgender Health (WPATH). The Royal College of Psychiatrists is producing guidelines for anticipated publication in 2009 for services in England. The service is often provided by two separate health care provider organisations (providing the surgical and the mental health services respectively) working together to provide the full package of care.

Referrals to the service are generally by consultant psychiatrists but also come directly from GPs. All patients receive a first and second mental health assessment and each assessment is carried out by a psychiatrist who is a specialist in the area of gender dysphoria. If accepted onto the programme a care package is drawn up. Initial treatment includes hormone therapy for a period of two years, after which patients are re-assessed by two specialist psychiatrists for possible referral to one of the very few surgical units providing transgender surgery. Prior to surgery a comprehensive evaluation is carried out which confirms the patient has meet the eligibility and readiness criteria set out in the HBIGDA standards including undergoing a successful 'real life' experience for a minimum of two years. For men seeking female identity, this includes exclusive adoption of female dress, a female name and full-time employment as a female.

The procedures listed below are considered *core* elements of specialised gender reassignment surgery services. Not all patients have the same care pathway nor do they necessarily have all the procedures listed.

Male to Female (MtF):

- orchidectomy (removal of testes)
- penectomy (removal of penis)
- vaginoplasty (creation of a vagina)
- clitoroplasty and labiaplasty (creation of clitoris and labia).

Female to Male (FtM):

- hysterectomy (removal of uterus)
- vaginectomy (removal of vagina)
- salpingo-oophorectomy (removal of ovaries and fallopian tubes)
- metoidoplasty (creation of micropenis)
- phalloplasty (creation of phallus)
- urethroplasty (creation of urethra)
- scrotoplasty (creation of scrotum) and placement of testicular prosthesis
- implantation of penile prosthesis.

Additional procedures can be carried out to assist transition but are not regarded as core surgical procedures. It is advisable to clarify which commissioner (SCG or PCT) will commission the procedures listed below and under what circumstances. The additional procedures are:

- phonosurgery (MtF) + followed up by more speech therapy (for the small minority of cases where full-dose prior speech therapy has not been effective)
- bilateral mastectomy (FtM) carried out by surgeons with experience in performing gender reassignment surgery
- breast augmentation (MtF)
- reduction thyroid chondroplasty (reducing size of larynx) / rhinoplasty / other facial reduction
- lipoplasty / body contouring (liposuction and/or body sculpture)
- blepharoplasty / facelift
- storage of gametes to preserve reproductive potential should be considered on an individual basis in line with the local commissioner's policy on fertility treatment.

Child and adolescent gender identity development service

This service has been nationally commissioned by the National Commissioning Group (NCG) since April 2009 on behalf of English residents. Scottish residents also have access to the service under an agreement between the NCG and the National Services Division, Scotland. Health Commission Wales has separate commissioning arrangements for Welsh residents. There is one nationally designated centre. This service provides a multi-disciplinary outpatient mental health service for children and adolescents presenting with a gender variance. The service does **not** offer a gender reassignment surgical service to children and adolescents.

4d. National standards and guidelines

- Royal College of Psychiatry good practice guidelines will be available during 2009-10.
- Parliamentary Forum for Transsexualism (2005) 'Guidelines for health organisations on commissioning treatment services for trans people'
- Social Care Policy and Practice (2007) 'Good practice in supporting transgender people'

Available from World Professional Association of Transgender Health - www.wpath.org

Harry Benjamin International Gender Dysphoria Association (HBIGDA) (1998)
'Standards of care for gender identity disorders'

Available from Department of Health - www.dh.gov.uk

- Department of Health (2007) 'A guide to hormonal therapy for trans people'
- Department of Health (2008) 'Guidance for GPs, other clinician and health professionals on the care gender variant people'