

**GENDER REASSIGNMENT SURGERY UNIT
CHRISTCHURCH,
NEW ZEALAND**

Thank you for your interest in the Gender Reassignment Service provided here in Christchurch, New Zealand. In assessing patient suitability for this type of major surgery we follow the internationally accepted Harry Benjamin Standards of Care 2001 (which can be accessed at www.genderpsychology.org/transsexual/hbsoc_2001)

It is important to note that these are minimum requirements and patients are assessed using this, but be mindful of other factors not related to gender identity that may preclude surgery (for example co-existing medical conditions or surgical risk).

There are four phases of gender transition after a diagnosis of Gender Identity Disorder (GID) has been made:

1. Real life experience in the desired role
2. Hormones of the desired gender
3. Surgery to change genitalia and other sexual characteristics
4. Post-transition monitoring.

It is important to note that not everyone with GID need or desire all these elements of transitioning. Similarly, it is also important to understand there is a difference between eligibility for a phase and readiness to undertake it. Following is some information to help you assess your readiness to proceed.

Real Life Experience (assisted and assessed by the psychiatrist and psychologist)

Eligibility:

- Living and working full time for at least two years as a woman

Readiness:

- Demonstrating further consolidation of the evolving female gender identity with consequent improving mental health

Hormone Therapy (assisted and assessed by the Endocrinologist and GP)

Eligibility:

- Over 18 years old
- Demonstrating knowledge of what hormones can and cannot do, as well as their risks and benefits.
- Either, documented real life experience of more than three months, OR
- Counselling for at least three months

Readiness:

- Consolidation of gender identity during real life experience.

- Progress in mastering other identified mental health issues.
- Will take hormones in a responsible manner

Remember, the maximum physical response to hormones may take up to two years of continued use, and that the degree of effect obtained varies widely from person to person. Medically unmonitored hormone therapy is dangerous and can jeopardise or preclude transitioning surgery as can self harming and mutilation.

For some people hormone therapy is adequate for social functioning and surgical intervention becomes unnecessary.

It may be of use to talk about sperm banking with your endocrinologist or GP prior to undertaking hormone therapy.

Surgery (assessed and performed by the anaesthetist and surgeons)

Transitioning in general, and surgery in particular, has profound personal, social and medical consequences that need very serious consideration. These impact on all aspects of life – family, vocational, interpersonal, educational, economic and legal. As such, surgery is only undertaken after comprehensive multidisciplinary evaluation. Although someone may be eligible to be considered for GRS, both non medical and medical considerations may impact on their suitability for surgery and beyond what is described below.

Eligibility:

- Over 18 years old
- More than 12 months of continuous hormonal treatment
- More than two years of successful and continuous real life experience as a woman
- Two psychiatric reports by senior psychiatrists with some experience in this field, one of which is by an evaluating (not treating) doctor
- One psychologist's report by a senior psychologist or social worker with experience in this field.

Readiness:

- Demonstrated progress in transitioning including consolidation of gender identity, dealing with work, family, and interpersonal issues as well as significant improvement/stability in mental health.
- No other medical conditions that constitute a surgical or anaesthetic risk.
- Able to have a full understanding of the procedure with its risks and expected outcomes to allow for the most informed consent.

As you can see, the journey towards GRS is complex. The decision to offer surgery is by consensus and just undertaking the prerequisites for surgery does not necessarily mean an operation will be offered.

Post-transition Follow Up.

Postoperative follow up is one of the factors associated with a good outcome and as such the ability and readiness of someone to commit to this forms part of their evaluation.

After surgery the patient is asked to:

- Stay in regular touch with a doctor for the ongoing prescribing of hormonal therapy.
- Be monitored for the possible conditions consequent to the medical and surgical interventions.
- Continue with normal screening (eg for prostate cancer).
- Be open to further mental health input that would assist with any problems adjusting after operation.

Follow up is helpful to the patient, but it improves the understanding of the limits and benefits of this type of surgery so as to enable the best possible counselling and assessment of others who might follow.

Included with this letter you will find more specific information on the requirements and the procedure offered by this group.

CHRISTCHURCH GENDER REASSIGNMENT