

# TRANSGENDER CARE

What are the  
possible steps  
of a transition process?

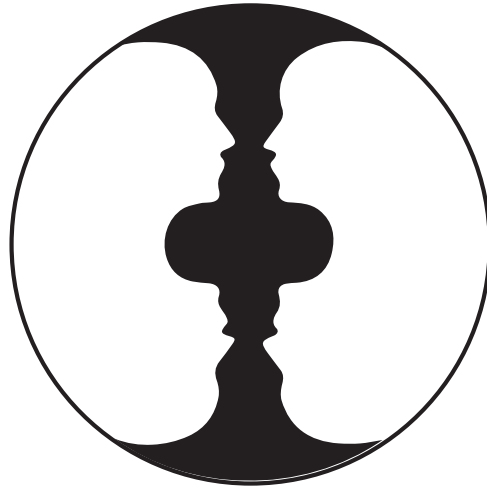


A publication of the  
Transgender Infopunt  

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**transgenderinfo.be**

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“I have only just fully figured out that my body does not fit or only partly fits how I really feel and/or identify. I would like to know who I can share these feelings with and where I can go with all the questions I have.”

“My child, friend, partner, student, patient... has told me that they are transgender and I am looking for information about all the possible steps within a transition process, in order to offer more effective support.”

“I have already spoken to a counsellor or someone close to me a few times and would like to start a transition process, but I am not sure what my options are and where I should start.”

**Do you recognise yourself in one of the quotes above?  
Do you have questions about starting your care pathway?**

**If so, this info guide can help you.**

## ABOUT THIS INFO GUIDE

This info guide offers a summary of the various options in transgender care for adults. From our experience at Transgender Infopunt (TIP), we have noticed that many people do not know what to expect from a (transition) process, who and what is involved, and how to get started. This info guide is like a ‘summarised manual’. It includes more information about social options, medical options and (possible) support during a person’s transition. The information is only relevant to the service here in Flanders. Please keep in mind that a lot of options may not be relevant in other regions or countries.

More information is available on our website: **[www.transgenderinfo.be](http://www.transgenderinfo.be)**.

At the moment this website is only available in Dutch.

The TIP is aware that many non-binary people, and people who cross-dress, do not use the term “transition process” but may nonetheless still be looking for information on how to make certain social, legal, and/or medical changes. This info guide includes everyone looking to make such changes.

In this info guide options are presented in more or less chronological order, but you should see it as an options menu where you can choose what you need, for as long as you need it. **Every person is unique, and so is every programme.**

With this information in mind, let’s get started!

**Do you have specific questions? Do not hesitate to contact us.  
We can provide an interpreter when needed, as well as other support!**

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## 1. WHAT YOU NEED TO KNOW BEFOREHAND

There are a lot of factors involved in starting a medical transition. The information below will help you prepare for the process.

- Do you have questions and/or do you need to talk? For a first exploratory talk you can contact the **Transgender Infopunt**. The TIP provides up-to-date information, advice and referrals, and is free and anonymous. You can also turn to the CAW, Lumi, the Regenbooghuizen and Tele-onthaal if you need to talk.
- A supportive **network** of family and/or friends is important for your transition. Some people who are transitioning, or who have someone close to them who is transitioning, would like to talk to others in a similar situation; and there are a lot of Flanders-based **talking groups and online forums that include parents, partners and ex-partners**. These groups offer a sympathetic ear, support, information, and a sense of togetherness.
- **Psychological support** is available in two ways: through a multidisciplinary gender team and/or the TIP care map. More on this on page 9.
- Not all aspects of transgender care are covered by insurance. The **costs** depend on various factors. If you are considering surgical options, you will need **hospital insurance**. We advise you to become properly informed about this beforehand.

## 2. HOW TO START A MEDICAL PROCESS?

If you want to start a medical transition involving hormones and/or surgery, you may be wondering where to turn and what it will cost.

In short, adults have two options for starting a medical transition process:

- A process with a multidisciplinary gender team
- Putting together their own process (through the TIP care map)

Both options are further explained below (a schematic overview is on page 8).

### PROCESS WITH A MULTIDISCIPLINARY GENDER TEAM

You can start a process with a multidisciplinary gender team at a hospital. A gender team includes psychologists, sex therapists, psychiatrists and social workers, as well as surgeons, speech-language therapists, endocrinologists, etc. So, thanks to the multidisciplinary aspect, you can, if you wish, take a lot of steps in the transition process in the same place. The caregivers from different disciplines frequently have patient meetings in order to coordinate the transition process and to keep an eye on existing waiting lists for certain disciplines, so they can adjust your treatment accordingly.

**If you want a multidisciplinary team, keep in mind that there could be a waiting period.** Transgender care is in high demand, so it may take a while before the clinicians can help you. The long waiting list often causes frustration and uncertainty for many people. While waiting, you can use your care map to find another counsellor, if you need one. There are also a lot of people who combine an external clinician with treatment from a multidisciplinary team.

If a multidisciplinary team falls under the **transgender care convention**, then every adult person who has Belgian health insurance is entitled to about 25 quasi fully reimbursed consultations with the psychological counsellor or social worker. So far, only the multidisciplinary gender teams of UZ Gent and CHU Luik fall under this convention.

## **Combining an external preparatory phase with a multidisciplinary team**

If you have already received psychological support from a counsellor who is not part of a multidisciplinary team, and you would like to take further medical steps in your transition within this multidisciplinary team, you must officially sign up. This means that you will be at the bottom of the waiting list, just like everyone else who signs up. The external care will not speed up your process, and you may be able to get care faster elsewhere. Check the care map for an overview of endocrinologists and surgeons in Belgium.

## **PUTTING TOGETHER YOUR OWN PROCESS WITH INDIVIDUAL CAREGIVERS**

Adults are also able to put together their own process. This requires more organisation on your part, but it is definitely a good option to receive care more quickly. For example, perhaps you have been seeing a psychological counsellor whom you have a lot of faith in for a while, and you would like to keep seeing them. This is absolutely fine. If you would like to, you can also use the care map to find counsellors in your area.

You can filter on type of care, region, age, language and options for consultations over the phone or via video chat. You can also use the care map to find caregivers for other steps that you may need such as endocrinologists, surgeons, speech-language therapists, etc.



Most endocrinologists and surgeons work according to international standards and require a referral from a psychological counsellor (see below under psychological support). Not every psychological counsellor will write referrals. Do ask about this when making your appointment or check the care map. The map will show ‘referral possible’ next to the names of counsellors who write referrals. If you need care from an endocrinologist or a surgeon, for example, keep in mind that there may be a waiting list. This method requires some more coordination from your side, but it is perfectly doable.

### SCHEMATIC OVERVIEW OF THE TWO OPTIONS FOR A MEDICAL PROCESS

	<b>Multidisciplinary gender team</b>	<b>Putting together your own care process</b>
<b>What</b>	Registration with a gender team	Registration with an individual caregiver from the care map Filter on ‘adult’ and ‘type of care’ (psychological support, endocrinology, surgery, voice, etc.)
<b>Location and coordination</b>	Various possible steps in the transition process (psychological support, endocrinology, surgery, voice, etc.) can be taken with this team  Multidisciplinary consultation	Caregivers usually work individually, at separate locations Requires more coordination and planning from you  No multidisciplinary consultation
<b>Waiting time</b>	Long(er) waiting lists	Short(er) waiting lists
<b>Cost</b>	Possible transgender care convention*	No transgender care convention

\*Psychological consultations with a gender team to which the transgender care convention applies, are largely reimbursed.



### 3. PSYCHOLOGICAL SUPPORT

When you see a psychological counsellor, every request for help will be approached considering the context of the individual in question. Support will have various steps, spread over time. After the intake, an introductory phase begins. During this first exploratory phase of the support the counsellor will determine with you what you need.

During the introductory phase, the counsellor will look at your psychological needs and social support, your social network, your family situation, and your expectations. Together with your counsellor, you can think about how you can inform others if you would like to, or need to. You can focus on any difficulties that you experience with your friends or family, within education, or at work. Your expectations and any worries you may have will also be discussed. It is also important that you obtain a realistic idea of any medical steps you are considering, including possible complications and consequences. Fertility will also be discussed, as certain treatments cause irreversible infertility.



If it turns out that there are one or more mental health or other vulnerabilities, these will also be addressed. When necessary, your counsellor may work together with clinicians who are experts in another field – such as autism.

The duration of this phase is very individual. You may already know how you feel and what you want, and in that case, you will not have to receive support for long. Or you may have a lot of doubts and worries, and your gender identity may be a lot less clear, in which case you will want to take your time.

When the time is right, your counsellor will write a referral to other healthcare providers, depending on what you need. Too often, psychological counsellors are regarded as ‘gatekeepers’ who decide if people can get hormones or surgical treatment. But that is not their task. Their support is focussed on creating a space where you can reflect on what you need together. Your psychological counsellor is a professional that walks next to you and helps you from their expertise.

You may need further treatment from a psychological counsellor during any part in the transition process, as well as afterwards. The social, economic and physical changes can sometimes impact upon your mood, your body, your legal identity and your relationships with other people. Self-care is also very important, both during and after a transition process.

It is possible that you will feel the need, during or after your transition, for support to re-evaluate certain social or medical steps. Do not hesitate to contact your clinician if this is the case. Please know that you can always talk about it.

## **4. WHAT ARE THE MEDICAL OPTIONS?**

There are many options for a medical transition process. A short list is below.

### **FERTILITY**

Hormonal treatment and/or surgical treatment will affect your fertility. This subject will come up during your psychological support sessions. If you want to have a biologically-related child, it is important to contact a reproductive healthcare provider before the start of your medical treatment. Your gametes (your oocytes or sperm cells) can be frozen so they can later be used for fertility treatment.

### **HORMONAL TREATMENT**

If you want hormonal treatment you can see an endocrinologist, a doctor who specialises in starting and following up on hormonal treatments. They will prescribe anti-androgens and oestrogens if you want to feminise, or testosterone if you want to masculinise.

### **SPEECH-LANGUAGE THERAPY**

If you want to masculinise, then gender-affirming hormonal treatments will usually make your voice deeper. Still, speech-language therapy may be helpful if your voice is not deep enough or otherwise does not sound as you would like it to. If you want to feminise, then gender-affirming hormonal treatments will not automatically make your voice sound higher, but speech-language therapy can be of help. If hormonal treatment and speech-language therapy are not effective enough, you can also have surgical treatment (see below: 'surgical options').

## **HAIR REMOVAL**

If you want to feminise, then some body hair may be unwanted. Shaving, epilating, and waxing (except on the face) may help in the short term. In the long term, you may choose to have hair reduction and/or definitive hair removal.

There are three standard methods: IPL, hair removal with lasers, and hair removal with electrolysis. In principle, you can already start hair removal treatments before your hormonal treatments. However, medically speaking, hair removal is more efficient (and so cheaper) and less painful when you have already started oestrogen therapy.

## **SURGICAL OPTIONS**

Surgical treatment is available for people over the age of 18, with the exception of breast removal, which is possible from age 17. For genital surgery, you must have at least one year of gender-affirming hormonal treatment (testosterone/oestrogen) first, unless there are reasons why hormones are not wanted or not possible. Make sure to plan your consultations with surgeons well in advance, because they often have long waiting lists.

We have compiled a short list of surgical options below.

### **▪ Voice surgery**

There are two options to make your voice higher: speech-language therapy or phono surgery. Speech-language therapy is usually the first choice, but if the result is not good enough then phono surgery is also an option.

In order to make someone's voice deeper, hormonal surgery is usually sufficient. If the voice does not become deep enough, it is possible to get speech-language therapy or phono surgery (thyroplasty type III).

- **Breast enlargement**

For someone assigned male at birth, even after many years of hormonal therapy, there is usually not enough breast tissue to get fuller breasts. That is why many people want a breast enlargement (breast augmentation). Medical advice is to only get a breast enlargement after at least one year of hormonal treatment in order to let the hormones do their work first.

- **Breast removal**

You can flatten your chest by wearing a binder, or you can choose to get a breast removal (mastectomy). This is a rather simple surgery, available for people from age 17. Various techniques can be used for this surgery depending on the volume of the breasts, the excess of skin, and the elasticity of the skin.



- **Face surgery**

Facial feminisation surgery (FFS) is a term that covers various procedures to feminise the face. FFS includes surgery to change the bone structure as well as soft tissue such as skin, muscles, and connective tissue.

- **Ovary and uterus removal: oophorectomy and hysterectomy**

For the removal of the ovaries (oophorectomy) and the uterus (hysterectomy), at least one year of gender-affirming hormonal treatment is required.

- **Orchidectomy and vaginoplasty**

A surgeon can remove testicles (orchidectomy) and construct a vagina (vaginoplasty). For the removal of the testicles, at least one year of gender-affirming hormonal treatment is required. In order to be eligible for a vaginoplasty, you must quit smoking at least 6 months in advance, have a BMI between 18 and 30, and remove the hair in your genital area.

- **Metadoioplasty of phalloplasty**

A penis can be medically constructed, through a metadoioplasty or a phalloplasty. In order to be eligible for these treatments, you must quit smoking at least 6 months in advance, and have a BMI between 18 and 30.

In case of a metadoioplasty, the clitoris that has enlarged due to hormone use is used to make a small penis. The clitoris is placed higher, in the anatomical position of a penis. If you choose to have your urethra elongated, the urethra will extend to the tip of the clitoris. At the same time, a (bare) scrotum can be constructed. In a later surgery, this scrotum can be filled with the body's own fat tissue or testicle implants. Because of the smaller size of this penis, vaginal or anal penetration during sexual intercourse, and urinating while standing up, are generally not possible. However the benefits are the retention of the original capacity for orgasm, as well as the capacity for erection, and a smaller risk of complications than a phalloplasty.

In the case of a phalloplasty, tissue from the forearm, thigh or groin is used to construct a penis. Do keep in mind that there will be a big scar in the place where this tissue was taken, and that this surgery frequently has complications. After a phalloplasty, vaginal or anal penetration is possible if an erectile prosthetic is implanted during a later surgery, or if an exocondom, epithesis or Elator is used. An erection prosthetic can be implanted about six months after the phallus is created, but they usually have a limited lifespan, so the chance that you will need restorative and additional surgery is high.

**More information is available on the website [www.transgenderinfo.be](http://www.transgenderinfo.be) – in Dutch. Would you like more information in your own language? If so, feel free to make an appointment with the Transgender Infopunt. We will make sure there is an interpreter present, and gladly answer your questions!**

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available from Tuesday  
to Friday from 9:00-16:00



The TIP has a structural collaboration with CAW.  
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