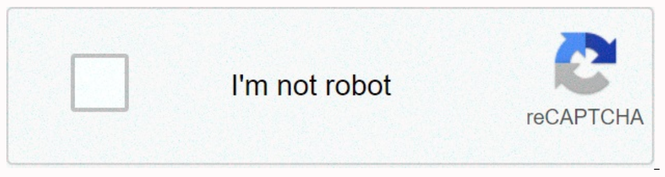

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Hysterectomy ftm uk

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Intel, Intel logos, and other Intel marks are trademarks of Intel Corporation or or in the United States and/or other countries. Other names and brands can be claimed as ownership of others. The personal information you provide will be used in accordance with the HP Privacy Statement (Skip to Hysterectomy FTM content is the procedure of verifying gender for trans men and non-binary individuals who remove the uterus, and may also include cervical removal as well as ovaries and Fallopian Tubes (salpingo-oophorectomy two-way.) For many trans men, having Hysterectomy helps align their bodies with their gender identity, reducing gender dysphoria. For others, Hysterectomy is shown to treat gynecological problems such as uterine fibroid cysts and bleeding findings. Although not all trans men choose to have Hysterectomy, it is a surgery necessary for patients who plan to have genital reconstructive surgery (Metoidioplasty, Phalloplasty.) See: Reasons for Having Hysterectomy » The main types of Hysterectomy procedures are: Laparoscopic Hysterectomy, Abdominal Hysterectomy and Vaginal Hysterectomy. Have Questions? Should you keep one or both ovaries? This rundown of pros and cons eliminates or maintains the ovaries will help trans men and non-binary individuals understand what they need to know before making this important decision. Getting Your Hysterectomy Covered By Insurance Extended Explicit insurance coverage for Hysterectomy that confirms gender is still growing but in many cases, Hysterectomy can be covered by health insurance. Osteoporosis: Are Trans Men At Risk? Trans men taking testosterone over a pro long period of time may be at high risk for osteoporosis, a condition marked by a significant decrease in bone density, causing the bones to weaken and fragile. FTM Discussion Forum Hysterectomy Blog INFORMATION contained herein is to be used for educational purposes only. The author is not a medical professional, and this information should not be considered medical advice. This information should NOT be used to replace the consultation with or treatment by a trained medical professional. The listing of drugs here does not imply support by the author. UPDATED 7-19-2010 Introduction Why have hysterectomy/oophorectomy? The types of hysterectomy procedures and risk oophorectomy & Introduction Of Most Cost Resources (but not all) trans men will have at least one surgical procedure in its lifetime associated with gender transition, if not a few of them. However, it is important to note that many trans men do not take advantage of the surgery listed below due to cost considerations, reasons or personal reasons. Currently, most surgeries associated with gender transition are not covered by insurance companies, so costs can be prohibited for many low-income or fixed-income trans men. FTM surgery is generally divided into three main groups: main: Chest reconstruction surgery (also referred to as upper surgery or male chest contours); 2. Hysterectomy and oophorectomy (removal of the uterus and ovaries, respectively); and 3. Genital reconstruction surgery (also referred to as surgery down or down or GRS). In these three main groups are various types of procedures and surgical methods to be described again here. This section describes the main types of hysterectomy and oophorectomy procedures currently available for trans men. Chest surgery and genital reconstruction surgery (GRS) are detailed in their own separate sections. The description of the FTM surgery listed below is general. It is important to note that there are different methods to do hysterectomy/oophorectomy (sometimes referred to as hysto and oopho in FTM circles); the procedure selected will depend on the physical characteristics of the patient as well as the expertise of the surgeon who carries out the procedure. If you are considering any of these procedures, it is important to research your options carefully and talk to the surgeon you are considering. back to the top Why have hysterectomy/oophorectomy? Some doctors recommend hysterectomy and oophorectomy during the first 5 years of starting testosterone therapy. There are two reasons for this. First, there are some concerns that long-term testosterone treatment can cause ovaries to experience the same symptoms as seen in polycystic ovarian syndrome (PCOS). PCOS has been associated with an increased risk of endometrial hyperplasia (a condition that occurs when the uterine layer (endometrium) grows too much) and hence endometrial cancer, as well as ovarian cancer. Keep in mind that it is difficult to prove whether the risk for such cancer increases by testosterone therapy in trans men. Trans men are small populations to start with, and many undergo hysterectomy/oophorectomy early in the treatment of their hormones, thus making the study of the long-term effects of testosterone on the uterus and ovaries difficult. Also, some trans men may have suffered from PCOS before starting testosterone treatment. Because the relationship between long-term use of androgens and gynecological health is not yet fully understood, and since many trans men suffer from embarrassment and/or access issues over obtaining ongoing gynecological care, some may feel it is appropriate to continue such surgery as a preventive measure. For more information about PCOS, endometrial cancer, and ovarian cancer see the resources section at the end of this page. The second reason why it can be considered beneficial to undergo histo/oopho is that after the removal of the ovaries, the dosage often reduced because the ovaries no longer produce estrogen. If a trans man chooses not to have histo/oopho procedure, oopho, should continue to have regular pap (to screen cervical cancer) and should seek doctor's care if he suffers from any adeptical vaginal bleeding (including detecting), cramps, or pain. It is not uncommon for trans men who pre-hysterectomy to experience the formation of endometrial tissue, especially during the first few years of testosterone therapy. Endometrial tissue usually sheds during menstruation, but since this process is usually stopped several months into testosterone therapy, additional tissue can continue to build up and can eventually begin to shed in detective form. Because regular bleeding can be a sign of cancer (although this often does not occur), trans men who suffer from any bleeding/detection should consult a doctor who will perform the test to determine the cause of detection. These tests may include endometrial and/or ultrasound biopsies. Doctors can advise a short-term course of progesterone to cause the uterus to shed excessive endometrial tissue- this is just like inducing a period. Although this may be unpleasant, it should be understood as a preventive measure, since the extraordinary formation of endometrial tissue has been associated with endometrial cancer. Back to the top type of hysterectomy and Oophorectomy procedures There are three main ways in which the uterus can be removed from the body: either through the incision in the abdomatic, vaginally through the slices of the tissue through a small incision in the abdomatic), or through a combination of tissue removal through small hyrication The type of surgery selected will depend on the physical limitations of the patient as well as the expertise of the surgeon. Some surgeons performing genital reconstruction surgery (GRS) may want to perform hysterectomy/oophorectomy at the same time as GRS. If you're considering GRS, you might want to fully research those options. Total hysterectomy of the stomach (TAH) This is the removal of the uterus and cervix through the incision in the abdoside. During the procedure, the surgeon will make an incision, either cloakingly or vertically, on the stomach wall. The stomach muscles will be transmitted other than retractors. The uterus and cervix are cut away from the surrounding ligaments and blood vessels, and then removed by cutting them at the top of the vagina. The sewn vagina is closed at the top. Surgical procedures last about 1 to 3 hours, and usually involve hospital stays of 3 to 5 days. Recovery is usually a period of 6 to 8 weeks of limited activity. The procedure leaves scars 4 to 6 inches on the stomach, usually just above the pubic hairline. Due to advances in laparoscopy surgical procedures, surgeons will often recommend less invasive procedures LAVH or TLH, which are listed below, if the patient is a good candidate. Good. procedures generally involve smaller incisions, less scarring, shorter recovery times, and shorter hospital stays than stomach hysterectomy. Total Vaginal Hysterectomy (TVH) This is the removal of the uterus and cervix through the inverse in the vagina; all operating procedures are carried out through the vagina. The uterus and cervix are cut away from the surrounding ligaments and blood vessels, and then removed by cutting them at the top of the vagina. The sewn vagina is closed at the top. Because there are no cuts made in the stomach during TVH, surgeons cannot easily access the stomach cavity. He cannot examine and remove endometriosis, he/she cannot perform the procedure if the sticker is present, and certain complications may arise if also trying to eliminate the ovaries. In addition, since TVH is done entirely through the vagina, it is best done on individuals with vaginal bigotry (i.e. a pretty spacious and flexible vaginal canal, as is often seen after postnatalness). Surgical procedures last about 1 to 3 hours, and usually involve hospital stays of 1 to 3 days. Recovery is usually a period of 6 to 8 weeks of limited activity. This surgery is not recommended if your vaginal canal is restricted, since surgeons need space for instruments and for organ removal. For a limited vaginal enclosure, your surgeon may recommend TLH as an alternative option. Laparoscopically Assisted Vaginal Hysterectomy (LAVH) This is the same as TVH above, but is done with the help of laparoscopy. During the procedure, surgeons made several small cuts on the stomach wall to provide access to laparoscope (small telescopic cameras) and other small surgical instruments. Laparoscope is used by surgeons to look in the stomach during the procedure. Surgeons can perform some cutting procedures by working through stomach incisions, but other surgical procedures will still be performed through the vagina. The uterus and cervix will mainly be removed through the cut at the top of the vagina, and then the vagina is sewn closed. Surgical procedures last about 1 to 3 hours, and usually involve hospital stays of 1 to 2 days. Recovery is usually a period of 4 to 6 weeks limited activity. This surgery is not recommended if your vaginal canal is very limited, since surgeons need space for instruments and for organ removal. For a limited vaginal enclosure, your surgeon may recommend TLH as an alternative option. Total Laparoscopic Hysterectomy (TLH) Is the removal of the uterus and cervix by operating through several small cuts on the stomach walls providing access to laparoscope (small telescope cameras) and other minor surgical devices. Removed by passing the tissue out through the vagina or through one of the small stomach incisions. Small. There is no operation done through the vagina (although small pieces of tissue can be lowered through it), there is no need for extensive vaginal routes, and there is little problem with the increase in urinary incontinence at a later date. Surgical procedures last about 1 to 3 hours, and usually involve hospital stays of 1 to 2 days. Recovery is usually a period of 2 to 4 weeks of limited activity. Because there is no need for extensive vaginal pathways and since this procedure involves less blood loss, reducing the risk of urinary incontinence, shorter hospital stays, and shorter recovery times for most patients, TLH could be an excellent option if it is available. Because TLH is a relatively new procedure, not all surgeons are necessarily proficient in practice. Be sure to ask about the live experience of your surgeon with TLH, or with any type of surgical procedure you are considering. These two-way Salpingo Oophorectomy (BSO) involve the removal of both ovaries and both fallopian tubes (two-way=both sides, salpingo=fallopian tubes, oophor=ovaries, ectomy=removal). For trans men, this procedure will usually be performed at the same time as your hysterectomy. Because the risk of ovarian cancer remains if the fallopian tubes lag behind, both the ovaries and fallopian tubes are usually removed during this procedure. back to top &Risk; Costs As with any surgical procedures, there are a number of possible risks. These include bleeding, infection, problems from anesthus, blood clots, or death (rare). Some other problems that have been reported after hysterectomy include irritable bowel syndrome, incontinents, damage to the uretan or intestines, vaginal prolapse, back pain, or loss of sexual feelings or function. Depending on the type of procedure you are running, this risk may be more or less common- talking directly with your surgeon about the risks of certain procedures you are considering. The cost of hysterectomy/oophorectomy will vary, but will generally run between $7,000 and $20,000 in the United States (including surgical fees and associated hospital/staff fees). Because there is usually a hospital stay after the procedure, and since hospital charges by day, this will affect the overall price depending on the length of stay. Hysterectomy is one of the few surgeries that trans men may be able to cover by insurance, if the procedure is indicated to be health-related. If you have regular pain or bleeding, or if you have an abnormal history of pap smear, fibroids, or polyps, you may want to talk to a doctor hysterectomy possibilities as a necessary procedure for insurance purposes. Is this page useful to you? Please consider donating to ftmguide.org! Vancouver Trans Care Project Resources, British Colombia www.vch.ca/transhealth/resources/tcp.html completed in January The Trans Care project creates a series of training materials and practice guidelines for doctors treating trans patients, as well as user information on trans health for trans people, FTM and MTF. Their ingredients can be downloaded in PDFs, and cover many alarming topics of trans people and their care providers. Check The Project Online Library to view Surgical Brochures: Guides to FTMs. Dr. Kate O'Hanlan Information For F to M Transsexual: Removal of the uterus (hysterectomy) and ovaries (oophorectomy) www.ohanlan.com/PDFs09/Surgeryfortransmen.pdf This multi-page document provides an excellent description of the TLH procedures, as well as answers to some frequently asked questions Although the following web resources (understandably) are more focused on hysterectomy/oophorectomy from a woman's point of view, they contain useful information and advice on the procedure itself. www.ohanlan.com/total_laparo.htm www.hystersisters.com www.nlm.nih.gov/medlineplus/hysterectomy.html www.hysterectomy-association.org.uk www.surgeryencyclopedia.com/Fi-La/Hysterectomy.html www.surgeryencyclopedia.com/La-Pa/Oophorectomy.html the following sites are information groups about Yahoo groups dealing specifically with FTM surgery. Information on hysterectomy and oophorectomy as it relates to trans men is included there: the FTM Surgical Info Group at Yahoo groups.yahoo.com/group/ftmsurgeryinfo Extensive resources for information, photos, links, and research materials related to surgical options for Female-to-Male transgender people. You must apply for membership to access this group. Includes information about the following FTM-related procedures: metaoidoioplasty (metoidioplasty), phalloplasty, Centurion, hysterectomy, vaginectomy, salpingo-oophectomy, scrotoplasty, urethroplasty, testicular prostheses, and chest surgery including double inhalation, liposuction, periareolar, keyhole, alternative increased non-surgery such as pumping, stretching, people interested For information about PCOS, endometrial cancer, and ovarian cancer, see the following link: Page PCOS Medline www.nlm.nih.gov/medlineplus/ovariancysts.html National Women's Health Information PCOS page www.4woman.gov/faq/pcos.htm National Cancer Institute endometrial cancer Page www.nci.nih.gov/cancertopics/types/endometrial endometrial/uterus cancer page MedLine www.nlm.nih.gov/medlineplus/uterinecancer.html American Cancer Society Page for information on endometrial, ovaries, and cancer www.cancer.org CancerSource.com for information on endometrial, ovaries, and cancer www.cancersource.com National Alliance of Ovarian Cancer www.ovariancancer.org page of MedLine ovarian cancer The national Cancer Institute of Malaysia www.nci.nih.gov/cancertopics/types/ovarian Is this page useful to you? 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