

Gender Wellbeing Clinic: Consent for Feminising Hormone Therapy

This consent form outlines the important points that one should acknowledge and discuss with any of the health care professionals, but especially the endocrinologists of the transgender multidisciplinary team before starting hormone therapy to feminise one's body.

The clinic has developed a pathway for the management of gender wellbeing which you are expected to respect if you wish to be looked after at this centre.

The ultimate decision on the provision of any form of management will rest with the multidisciplinary team after due consideration is given to your wishes and your overall wellbeing.

One must be aware that the medicines that are prescribed to feminise your body are prescribed 'Off-license' and that the medication's license was based upon the prescription for another medical indication not gender affirmative therapy. Hormone therapy needs to be individualised according to the agreed goals between the patient and the endocrinologist, risk/benefit ratio to the individual, presence of other complicated medical conditions and consideration of other issues. Whilst the medical team shall strive to offer you the options available on the Schedule V, you need to be aware that this may not be the very best option for you. Also, it is important to understand that you are taking full responsibility for the off licence use of the medication.

Different preparations of oestrogens may be prescribed. Testosterone blockers may be required at the same time as oestrogens unless surgery to remove the testicles has taken place. These will gradually feminise the body with initial effects notable within months whilst a maximal effect could be expected after years of administration of the hormones.

If you decide to stop taking the feminising hormone treatment, some body changes may remain indefinitely but you will find that your body will slowly masculinise again if the testicles have not been removed.

Permanent Body Changes (even when you stop taking the hormones)

Breast development

The oestrogen dose should be increased slowly for the best breast development.

It is unknown whether taking oestrogens increases your risk of breast cancer. It is recommended that you are breast aware and follow normal breast screening guidelines for women

Non-Permanent Body Changes (may be reversible once you stop taking the hormones)

Softer skin

Decreased muscle mass

Less body hair

More fat on buttocks, hips and thighs

Decreased libido and erections

Decreased testicular size – if not removed

Things that don't change much:

Facial hair slows down but does not stop completely

Voice stays the same

Bone structure of face and Adam's apple doesn't change

Fertility issues

The administration of these hormones stops your testicles from producing testosterone and these may shrink to up to 50% of their size. If you wish to consider options for fertility preservation please discuss these with your health team prior to the start of hormone therapy.

Sex

Taking tablets may lower your sex drive such that you are not interested in sex anymore. You may find that you get erections less often and your penis gets less hard when aroused. If you wish to use your penis for sexual pleasure please bring this up with your healthcare team.

Mental health

The effect of hormone therapy on your mental health can be varied, some people find that their mental health improves whilst for others this worsens. Be aware that the Gender Wellbeing Clinic is being run as a multidisciplinary team and offers psychosocial support and help with adjusting to the physical and emotional changes related to transitioning. You must be open and truthful for the system to help you. The team is there to help not to judge.

Side effects

A list of medication available under the Schedule V for free medications is attached, together with the (non-exhaustive) list of potential side-effects.

Any adverse reactions to the medication should be brought to the attention of one of the medical health care team, especially if you develop headaches, migraine, chest pain, lumps and bumps or lower limb swelling.

Potential risks of oestrogen

The full medical effects and safety of taking hormones for gender affirming therapy is not fully known and this must be considered in the individualised context of the subject. The expectations, risk/benefit ratio, medical comorbidities need to be considered.

Likely increased risk

Blood clots- deep vein thrombosis (DVTs), pulmonary embolism (blood clot in the lung), stroke and heart attack

Risk is highest in those who are over 40 years of age, smokers, sedentary, obese and with underlying thrombophilic disorders- transdermal route is recommended in those at high risk

Changes to cholesterol (may increase risk of pancreatitis and heart disease)

Gallstones

At present, this clinic does not provide transdermal oestrogen therapy on the Schedule V.

Possible increased risk

Increased blood pressure

Liver problems

Increased prolactin and possibility of benign pituitary tumours

Possible increased risk if you have additional risk factors

Heart disease- particularly in those over 50 years of age and with concomitant use of progestins

Diabetes

No increased risk or inconclusive

Breast cancer- evidence is inconclusive.

A longer duration of hormone exposure, family history of breast cancer, obesity and use of progestins are likely to affect the risk level

The risks associated with taking hormone therapy may be increased particularly if you are overweight or are a smoker.

It is very important for you to note and go to the Emergency Department or seek medical help urgently if:

- You have a swollen painful leg
- Chest pain or difficulty breathing
- Visual or speech problems

These symptoms may indicate serious problem such as a blood clot

It is expected that you attend for regular check-ups as instructed by the Gender Wellbeing team in order to be able to monitor the effect of hormone treatment and minimise the associated risks

It is your health team's responsibility to best support you to make the decisions that are right for you and to keep ourselves up to date so that we can best inform you.

If you are having any doubts, or decide to change your mind about taking hormones – that's okay. A very small number of people will regret their decision to take hormone therapy and may need to live with the body changes that have occurred. Please come forward and discuss your concerns with the Gender Wellbeing team who are always available to listen and support you.

I declare that I have read and understood the contents of this leaflet and I confirm my intention to start taking feminising hormone therapy

Name:	ID:
Signature:	Date:

Prescribed by:

Name:	Registration No.:
Signature:	Date:

Il-Klinika tal-Gender Wellbeing: Kunsens għat-Terapija bl-Ormoni għall-Femminizzazzjoni

Din il-formola tal-kunsens tiddeskrivi l-punti importanti li wieħed għandu jagħraf u jiddsikuti ma' kwalunkwe wieħed mill-professjonisti tal-kura tas-saħħa, iżda b'mod speċjali mal-endokrinologi t-tim multidixxiplinarju għall-persuni transgender qabel ma tinbeda t-terapija bl-ormoni għall-femminizzazzjoni tal-ġisem tal-individwu.

Il-klinika żviluppat perkors għall-immaniġġjar tal-gender wellbeing li inti mistenni li tirrispetta jekk tixtieq tirċievi kura f'dan iċ-ċentru.

Id-deċiżjoni finali dwar l-għoti ta' kwalunkwe forma ta' mmaniġġjar se tibqa' f'idejn it-tim multidixxiplinarju wara li jiġu kkunsidrati b'mod xieraq ix-xewqat tiegħek u l-benesseri ġenerali tiegħek.

Wieħed għandu jagħraf li l-mediċini li jiġu preskritti għall-femminizzazzjoni ta' ġismek huma preskritti "Bla liċenzja" u li l-liċenzja tal-mediċina kienet ibbażata fuq preskrizzjoni għal indikazzjoni medika oħra u mhux għat-terapija tal-affermazzjoni tal-ġeneru. It-terapija bl-ormoni teħtieġ li tiġi individwalizzata skont l-għanijiet diskussi bejn il-pazjent u l-endokrinologu, ir-riskju u l-benefiċċju għall-individwu, il-preżenza ta' kundizzjonijiet mediċi oħra u kunsiderazzjoni ta' kwistjonijiet oħra. Filwaqt li t-tim mediku se jagħmel ħiltu sabiex joffrilek l-għażliet li huma disponibbli fuq il-Flames Skeda, jeħtieġ li tkun taf li dawn il-mediċini disponibbli mhux bilfors huma l-aħjar għażla possibbli li tgħodd għalik. Barra minn hekk, huwa importanti li tifhem li inti qiegħed tiegħu r-responsabbiltà sħiħa għall-użu bla liċenzja tal-mediċini.

Jistgħu jiġu preskritti preparazzjonijiet differenti ta' estrogeni. 'Testosterone blockers' jistgħu jkunu meħtieġa fl-istess waqt tal-estrogeni sakemm ma tkunx saret operazzjoni biex jitneħħew it-testikoli. Dawn gradwalment ser jiffemminizzaw il-ġisem fejn l-ewwel effetti jibdew jidhru fi żmien ftit xhur filwaqt li effett massimu jkun mistenni wara snin ta' amministrazzjoni tal-ormoni.

Jekk tiddeċiedi li tiegħaf tiegħu t-trattament bl-ormoni għall-femminizzazzjoni, xi ftit mill-bidliet li seħħew f'ġismek jibqgħu hemm għal dejjem iżda ssib li ġismek, bil-mod il-mod jerga' jibda jieħu sejriet maskili jekk it-testikoli ma jkunux tneħħew.

Bidliet Permanenti fil-Ġisem (anke meta tieqaf tiegħu l-ormoni)

Żvilupp tas-sider

Id-doża tal-estrogenu għandha tizzied bil-mod għall-aħjar żvilupp tas-sider.

Mhuwiex magħruf jekk meta tiegħu l-estrogenu jizzied ir-riskju tiegħek għall-kanċer tas-sider. Huwa rrakkomandat li jkollok għarfien ta' sidrek u li ssegwi l-istess linji gwida normali għall-iskrinjar tas-sider fin-nisa

Bidliet Mhux Permanenti fil-Ġisem (jistgħu jkunu reversibbli meta tieqaf tiegħu l-ormoni)

Ġilda iktar ratba

Tnaqqis fil-massa muskolari

Inqas pil fuq il-ġisem

Iktar xaħam fuq il-warrani, il-ġenbejn u l-koxox

Nuqqas ta' libido u erezzjonijiet

Nuqqas fid-daqs tat-testikoli – jekk ma jkunux tneħħew

Affarijiet li ma tantx jinbidlu:

Il-pil fil-wiċċ jikber iktar bil-mod iżda ma jiqafx kompletament

Il-vuċi tibqa' l-istess

L-istruttura tal-għadam tal-wiċċ u l-'Adam's apple' ma jinbidlux

Kwistjonijiet ta' fertilità

L-amministrazzjoni ta' dawn l-ormoni twaqqaf lit-testikoli tiegħek milli jipproduċu t-testosteron u dawn jistgħu jickienu sa 50% tad-daqs tagħhom. Jekk tixtieq tikkunsidra għażliet għall-preservazzjoni tal-fertilità, iddiskutihom mat-tim tas-saħħa tiegħek qabel ma tinbeda t-terapija bl-ormoni.

Sess

It-teħid tal-pilloli jista' jnaqqaslek ix-xenqa tiegħek għas-sess tant li ma tkunx iktar interessat fis-sess. Għandek mnejn issib li jkollok erezzjonijiet inqas ta' spiss u l-pene tiegħek isir inqas iebes meta tkun imqanqal. Jekk tixtieq tuża l-pene tiegħek għall-gost sesswali jekk jogħġbok iddiskuti dan il-punt mat-tim tal-kura tas-saħħa tiegħek.

Saħħa mentali

L-effett tat-terapija bl-ormoni fuq is-saħħa mentali tiegħek jista' jvarja, xi nies isibu li s-saħħa mentali tagħhom tmur għall-aħjar filwaqt li għal xi oħrajn din tmur għall-agħar. Kun af li l-Klinika tal-Gender Wellbeing qiegħda titmexxa bħala tim multidixxiplinarju u toffri appoġġ psikosoċjali u għajjnuna biex wieħed jaddatta ruħu għall-bidliet fiżiċi u emozzjonali relatati mat-tranzizzjoni. Jeħtieġ li tkun onest u sinċier biex is-sistema tkun ta' għajjnuna għalik. It-tim qiegħed hemm biex jgħin u mhux biex jiggudika.

Effetti sekondarji

Lista tal-mediċini li jistgħu jittieħdu skont il-V skeda għall-mediċini b'xejn hija mehmuża, flimkien mal-lista (mhux eżawrjenti) tal-effetti sekondarji potenzjali.

Kwalunkwe reazzjoni mhux mistennija għall-mediċina għandha tiġi rrapurtata lil xi persuna mit-tim tal-kura tas-saħħa medika, b'mod speċjali jekk ikollok xi uġiġħ ta' ras, emigranja, uġiġħ f'sidrek, xi boċċa jew xi nefha f'saqajk.

Riskji potenzjali tal-estrogenu

Lista kompluta tal-effetti mediċi u is-sigurta' tal-ormoni meħhuda għat-terapija tal-affermazzjoni tal-ġeneru mhumiex magħrufa u dan għandu jiġi kkunsidrat fil-kuntest tal-individwu. L-eċċezzjonijiet, ir-riskju u l-benefiċċju u kundizzjonijiet mediċi oħrajn għandhom jiġu kkunsidrati.

Probabbiltà ta' riskju miżjud

Demm magħqud - trombozi fil-vini (DVTs), emboliżmu fil-pulmun (demm magħqud fil-pulmun), puplesija u attakk tal-qalb

L-ogħla riskju jinsab f'min għandu iktar minn 40 sena, min ipejjep, min huwa sedentarju, min għandu ħafna piż żejjed u min għandu disturbu trombofilici - ir-rota transdermali hija rrakkomandata għal min huwa f'riskju għoli

Bidliet fil-kolesterol (jista' jżied ir-riskju tal-pankreatite u mard tal-qalb)

Ġebel fil-marrara

Bħalissa, din il-klinika ma tipprovdi terapija ta' estrogenu transdermali fuq il-V skeda

Possibbiltà ta' riskju miżjud

Żieda fil-pressjoni tad-demm

Problemi fil-fwied

Żieda fil-prolattina u l-possibbiltà ta' tumuri beninni tal-glandola pitwitarja

Possibbiltà ta' riskju miżjud jekk ikollok fatturi ta' riskju addizzjonali

Mard tal-qalb - b'mod partikolari f'dawk li għandhom 'il fuq minn 50 sena u bl-użu konkomitanti ta' proġestini

Dijabete

L-ebda riskju miżjud jew inkonklużiv

Kanċer tas-sider - l-evidenza hija inkonklużiva.

Żmien itwal ta' esponiment għall-ormoni, storja ta' kanċer tas-sider fil-familja, l-obeżità u l-użu ta' proġestini x'aktarx li jaffettwaw il-livell tar-riskju

Ir-riskji assoċjati mat-teħid tat-terapija bl-ormoni jistgħu jżiedu b' mod partikolari jekk għandek piż żejjed jew tpejjep.

Huwa importanti ħafna li tinnota u tmur fid-Dipartiment tal-Emergenza jew għand it-tabib tiegħek mill-iktar fis possibbli jekk:

- Għandek uġiġħ u nefħa f' saqajk
- Uġiġħ f' sidrek jew qed tbat biex tieħu n-nifs
- Problemi fil-vista jew biex titkellem

Dawn is-sintomi jistgħu jindikaw problema serja bħal demm magħqud

Inti mistenni li tattendi għal eżamijiet regolari skont kif mitlub mit-tim tal-Gender Wellbeing sabiex ikun jista' jsir monitoraġġ tal-effett tat-trattament bl-ormoni u jitnaqqsu r-riskji assoċjati.

Hija r-responsabbiltà tat-tim tas-saħħa tiegħek li jappoġġjak bl-aħjar mod sabiex tieħu deċiżjonijiet li huma tajbin għalik u biex inzommu ruħna aġġornati sabiex inkunu nistgħu nagħtuk l-aħjar informazzjoni.

Jekk qiegħed ikollok xi dubji, jew tiddeċiedi li tbiddel il-fehma tiegħek dwar jekk tiħux l-ormoni – ma jimpurtax. Numru żgħir ħafna ta' nies jiddispijaċihom li jkunu ħadu d-deċiżjoni li jieħdu t-terapija bl-ormoni u jista' jkun li jkollhom jgħixu bil-bidliet li seħħew f' ġisimhom. Jekk jogħġbok ejja u ddiskuti l-ħsibijiet li għandek mat-tim tal-Gender Wellbeing li huma dejjem lesti li jisimgħuk u li jagħtuk l-appoġġ.

Nistqarr li jiena qrajt u fhimt il-kontenut ta' dan il-fuljett u nikkonferma l-intenzjoni tiegħi li nibda t-terapija bl-ormoni għall-femminizzazzjoni

Isem:	ID:
Firma:	Data:

Preskritt minn:

Isem:	Nru tar-Registrazzjoni:
Firma:	Data:

Gender Wellbeing Clinic: Consent for Masculinising Hormone Therapy

This consent form outlines the important points that one should acknowledge and discuss with any of the health care professionals, but especially the endocrinologists of the transgender multidisciplinary team before starting hormone therapy to masculinise one's body.

The clinic has developed a pathway for the management of gender wellbeing which you are expected to respect if you wish to be looked after at this centre.

The ultimate decision on the provision of any form of management will rest with the multidisciplinary team after consideration of your wishes and of your overall wellbeing.

One must be aware that the medicines that are prescribed to masculinise your body are prescribed 'Off-license' and that the medication's license was based upon the prescription for another medical indication not gender affirmative therapy. Hormone therapy needs to be individualised according to the agreed goals between the patient and the endocrinologist, risk/benefit ratio to the individual, presence of other complicated medical conditions and consideration of other issues. Whilst the medical team shall strive to offer you the options available on the Schedule V, you need to be aware that this may not be the very best option for you. Also, it is important to understand that you are taking full responsibility for the off licence use of the medication.

There are different types of testosterone that are taken to masculinise the body. Everyone is different in how quickly they respond to testosterone but you will start to notice changes in your body gradually over the first few months. It may take several years before the full effect is felt. While there are different ways of getting testosterone into the body the default medication provided on the Schedule V will be injectable.

If you decide to stop taking the masculinising hormone treatment, some body changes may remain indefinitely but you will find that your body will slowly feminise.

Permanent Body Changes (even when you stop taking the hormones)

Deeper voice

Increased hair growth with thicker hairs on arms, chest, back and abdomen

A gradual growth of moustache/beard hair
Male pattern of hair loss at the temples- possibly becoming bald with time

Genital changes – clitoral growth (typically 1-3 cm) and vaginal dryness

Non-Permanent Body Changes (may be reversible once you stop taking the hormones)

Skin changes – increased oil and acne

Change in body shape – less fat on buttocks, hips and thighs

Increased muscle mass and upper body strength

Increased sex drive

Periods usually stop after 1-6 months

Things that don't change much:

Breast tissue looks a bit smaller due to fat loss
Possible weight gain or weight loss

Fertility issues

While it is unknown what the effects of long term testosterone administration is, some trans men find that once they stop taking the hormone their periods return and they can become pregnant. It must be noted that testosterone is harmful to the developing foetus thus one must not get pregnant whilst you are on testosterone. Even if you do not have periods you may still be able to become pregnant if you are having sexual contact thus please discuss a suitable means of contraception with the Gender Wellbeing Team.

Sex

Taking testosterone causes your vagina to become dryer and more fragile - this could increase the risk of Sexually Transmitted Infections including HIV if you are having any sexual contact with this part of your body. Condoms provide reasonably good protection against STIs.

Side effects

A list of medication available under the Schedule V for free medications is attached, together with the (non-exhaustive) list of potential side-effects.

Any adverse reactions to the medication should be brought to the attention of one of the medical health care team, especially if you develop headaches, migraine, chest pain, lumps and bumps or lower limb swelling.

Potential risks of testosterone

The full medical effects and safety of taking hormones for gender affirming therapy is not fully known and this must be considered in the individualised context of the subject. The expectations, risk/benefit ratio, medical co-morbidities need to be considered.

Likely increased risk

Increased red blood cells (polycythaemia) - might thicken the blood and increase the risk of a stroke or heart attack
Sleep apnoea

Possible increased risk

Changes to cholesterol levels (may increase risk for heart disease)
Liver pathology

Possible increased risk if you have additional risk factors

Destabilisation of certain psychiatric conditions
Cardiovascular disease
Hypertension- increased blood pressure
Type 2 Diabetes

No increased risk or inconclusive

Loss of bone density
Breast cancer
Cervical cancer
Ovarian cancer
Uterine cancer

The risks associated with taking hormone therapy may be increased particularly if you are overweight or are a smoker.

It is expected that you attend for regular check-ups as instructed by the Gender Wellbeing team in order to be able to monitor the effect of hormone treatment and minimise the associated risks.

Not attending for your clinic visits may result in losing your entitlement for free medication pending another multidisciplinary team review at the first available appointment.

It is your health team's responsibility to best support you to make the decisions that are right for you and to keep ourselves up to date so that we can best inform you.

If you are having any doubts, or decide to change your mind about taking hormones – that's okay. A very small number of people will regret their decision to take hormone therapy and may need to live with the body changes that have occurred. Please come forward and discuss your concerns with the Gender Wellbeing team who are always available to listen and support you.

I declare that I have read and understood the contents of this leaflet and I confirm my intention to start taking masculinising hormone therapy

Name:	ID:
Signature:	Date:

Prescribed by:

Name:	Registration No:
Signature:	Date:

Il-Klinika tal-Gender Wellbeing: Kunsens għat-Terapija bl-Ormoni għall-Maskulinizzazzjoni

Din il-formola tal-kunsens tiddekrivi l-punti importanti li wieħed għandu jagħraf u jiddiskuti ma' kwalunkwe wieħed mill-professjonisti tal-kura tas-saħħa, iżda b'mod speċjali mal-endokrinoloġisti tat-tim multidixxiplinarju għall-persuni transgender qabel ma tinbeda t-terapija bl-ormoni għall-maskulinizzazzjoni tal-ġisem tal-individwu.

Il-klinika żviluppat perkors għall-immaniġġjar tal-gender wellbeing li inti mistenni li tirrispetta jekk tixtieq li tirċievi l-kura f'dan iċ-ċentru.

Id-deċiżjoni finali dwar l-għoti ta' kwalunkwe forma ta' mmaniġġjar se tibqa' f'idejn it-tim multidixxiplinarju wara li jiġu kkunsidrati x-xewqat tiegħek u l-benesseri ġenerali tiegħek.

Wieħed għandu jagħraf li l-mediċini li jiġu preskritti għall-maskulinizzazzjoni ta' ġismek huma preskritti "Bla liċenzja" u li l-liċenzja tal-mediċina kienet ibbażata fuq il-preskrizzjoni għal indikazzjoni medika oħra u mhux għat-terapija tal-affermazzjoni tal-ġeneru. It-terapija bl-ormoni teħtieġ li tiġi individwalizzata skont l-għanijiet diskussi bejn il-pazjent u l-endokrinologu, ir-riskju u l-benefiċċju għall-individwu, il-preżenza ta' kundizzjonijiet mediċi oħra kkumplikati u l-kunsiderazzjoni ta' kwistjonijiet oħra. Filwaqt li t-tim mediku se jagħmel hiltu sabiex joffrilek l-għażliet li huma disponibbli fuq il-V skeda, jeħtieġ li tkun taf li dawn il-mediċini disponibbli mhux bilfors huma l-aħjar għażla possibbli li tgħodd għalik. Barra minn hekk, huwa importanti li tifhem li inti qiegħed tiegħu r-responsabbiltà sħiħa għall-użu bla liċenzja tal-mediċini.

Hemm tipi differenti ta' testosterone li jittieħdu għall-maskulinizzazzjoni tal-ġisem. Ir-rata ta' kemm wieħed jirrispondi malajr għat-testosterone mhijex l-istess f'kulhadd iżda gradwalment, matul l-ewwel ftit xhur, għandek tibda tinnotta bidliet f'ġismek. Jista' jkun li jgħaddu bosta snin qabel ma jinħass l-effett sħiħ. Filwaqt li hemm metodi differenti ta' kif jingħata t-testosterone fil-ġisem, il-mediċina li tiġi pprovduta fuq il-V skeda se tkun mediċina injettabbli.

Jekk tiddeċiedi li tiegħaf tiegħu t-trattament tal-ormoni għall-maskulinizzazzjoni, xi ftit mill-bidliet li se tneħħew f'ġismek jistgħu jibqgħu hemm għal żmien mhux definit iżda ssib li ġismek, bil-mod il-mod jerġa' jibda jieħu xejra femminili.

Bidliet Permanenti fil-Ġisem (anke meta tieqaf tiegħu l-ormoni)

Lehen iktar baxx

Żieda f'kemm jikber il-pil tal-ġisem, b'pil iktar oħxon fuq id-dirgħajn, is-sider, id-dahar u ż-zaqq

Tkabbir gradwali tal-pil tal-mustaċċi/il-leħja
Xejra maskili ta' tfartis tax-xagħar fin-naħa tan-ngħas - bil-possibbiltà li wieħed isir qargħi maż-żmien.

Bidliet ġenitali – tkabbir klitorali (tipikament 1-3 ċm) u nixfa vaginali

Bidliet Mhux-Permanenti fil-Ġisem (jistgħu jkunu riversibbli meta tieqaf tiegħu l-ormoni)

Bidliet fil-ġilda – issir iktar żejtnija u forsi ikun hemm xi acne

Bidla fix-xejra tal-ġisem – inqas distribuzzjoni ta' xaħam fuq il-warrani, il-ġenbejn u l-koxox

Żieda fil-massa muskolari u s-saħħa fiżika fil-parti ta' fuq tal-ġisem

Żieda fix-xenqa għas-sess

Iċ-ċiklu mestrwali s-soltu jieqaf wara 1-6 xhur

Affarijiet li ma tantx jinbidlu:

It-tessut tas-sider jidher naqra iżgħar minħabba li jitlef mix-xaħam
Il-possibbiltà ta' żieda fil-piż jew tnaqqis fil-piż

Kwistjonijiet ta' fertilità

Filwaqt li l-effetti fit-tul tal-amministrazzjoni tat-testosteron mhumiex magħrufa, xi rgjel trans isibu li wara li jieqfu jieħdu l-ormoni, jerga' jibda ċ-ċiklu mestrwali u jistgħu joħorgu tqal. Ta' min wieħed jinnota li t-testosteron jagħmel ħsara lill-fetu fil-ġuf u għalhekk persuna m'għandhiex toħroġ tqila waqt li tkun qed tiegħu t-testosteron. Anke jekk ma jkollokx ċiklu mestrwali xorta waħda tista' tkun fertili jekk ikollok kuntatt sesswali għalhekk jekk jogħġbok iddiskuti mat-Tim tal-Gender Wellbeing dwar mezz adattat ta' kontraċezzjoni.

Sess

Jekk tkun qed tieġu t-testosteron, dan jikkawża l-vagina tiegħek issir iktar niexfa u iktar fragli - dan jista' jżid ir-riskju tal-Infezzjonijiet Trażmessi Sesswalment (STIs) inkluż l-HIV jekk ikollok xi kuntatt sesswali b'din il-parti ta' ġismek. Il-condoms jipprovdu livell pjuttost tajjeb ta' protezzjoni kontra l-STIs.

Effetti sekondarji

Lista tal-mediċini li jistgħu jittieġdu skont il-V skeda għall-mediċini b'xejn hija mehmuża, flimkien mal-lista (mhux-eżawrjenti) tal-effetti sekondarji potenzjali.

Kwalunkwe reazzjoni mhux mistennija għall-mediċina għandha tiġi rrapurtata lil xi persuna mit-tim tal-kura tas-saħħa mediku, b'mod speċjali jekk ikollok uġiġħ ta' ras, emigranja, uġiġħ f'sidrek, xi boċċa jew nefħa f'saqajk.

Riskji potenzjali tat-testosteron

L-effetti mediċi kollha u s-sigurtà tal-ormoni meħuda għat-terapija tal-affermazzjoni tal-ġeneru mhumiex magħrufa kollha u dan għandu jiġi kkunsidrat fil-kuntest tal-individwu. L-aspettattivi, ir-riskju u l-benefiċċju u kundizzjonijiet mediċi oħra jeħtieġ li jiġu kkunsidrati.

Probabbiltà ta' riskju miżjud

Żieda fiċ-ċelloli ħomor tad-demem (polycythaemia) - b'hekk id-demem isir iktar magħqud u jiżdied ir-riskju ta' puplesija jew attakk tal-qalb
Apnea (ma tiehux nifs) waqt l-irqad

Possibbiltà ta' riskju miżjud

Bidliet fil-livelli tal-kolesterol (jista' jiżdied ir-riskju tal-mard tal-qalb)
Patoloġija tal-fwied

Possibbiltà ta' riskju miżjud jekk ikollok fatturi ta' riskju addizzjonali

Destabilizzazzjoni ta' ċerti kundizzjonijiet psikjatriċi
Mard kardjovaskulari (tal-qalb)
Pressjoni għolja - zieda fil-pressjoni tad-demem
Dijabete tat-Tip 2

L-ebda riskju miżjud jew inkonklużiv

Tnaqqis fid-densità tal-għadam
Kancer tas-sider
Kancer ċervikali (tal-għonq tal-utru)
Kancer ovariku (tal-għenieqed tal-bajd)
Kancer tal-utru

Ir-riskji assoċjati mat-teħid tat-terapija bl-ormoni jistgħu jiżdiedu b'mod partikolari jekk għandek piż żejjed jew tpejjep.

Inti mistenni li tattendi għal visti regolari skont kif mitlub mit-tim tal-Gender Wellbeing sabiex ikun jista' jsir monitoraġġ tal-effett tat-terapija bl-ormoni u jitnaqqsu r-riskji assoċjati.

Jekk ma tattendix għall-visti kliniċi tiegħek dan jista' jirriżulta fit-telf tal-intitolament tiegħek għall-mediċini bla ħlas sakemm issir revizjoni oħra mit-tim multidixxiplinarju mal-ewwel opportunità għal appuntament ieħor.

Hija r-responsabbiltà tat-tim tas-saħħa tiegħek illi jappoġġjak bl-aħjar mod sabiex tiegħu d-deċiżjonijiet li huma tajbin għalik u biex inżommu ruġna aġġornati sabiex inkunu nistgħu nagħtuk l-aħjar informazzjoni.

Jekk qiegħed ikollok xi dubji, jew tiddeċiedi li tbiddel il-fehma tiegħek dwar jekk tiħux l-ormoni – ma jimpurtax. Numru żgħir ħafna ta' nies jiddispjaċihom li jkunu ħadu d-deċiżjoni li jieħdu t-terapija bl-ormoni u jista' jkun li jkollhom jgħixu bil-bidliet li seħħew f'għisimhom. Jekk jogħġbok ejja u ddiskuti l-ħsibijiet li għandek mat-tim tal-Gender Wellbeing li huma dejjem lesti li jisimgħuk u li jagħtuk l-appoġġ.

Nistqarr li jiena qrajt u fhimt il-kontenut ta' dan il-fuljett u nikkonferma l-intenzjoni tiegħi li nibda t-terapija bl-ormoni għall-maskulinizzazzjoni

Isem:	ID:
Firma:	Data:

Preskritt minn:

Isem:	Nru tar-Registrazzjoni:
Firma:	Data: