

F-M 101

maine family planning



This document is one that we found on the internet.

<http://openmindedhealth.com/transgender-101-trans-people/#ftm>. We played with it a bit and took out some of the info that was pertinent to other places in the US and not here in Maine. Whenever possible, additional links were added.

Areas that we edited to make it more local are in italics. We hope this is helpful

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General Questions

Help! I think I'm trans. How do I know for certain?

You very well might be trans. At this time there is no test that will give you a definite "Yes" or "No." You might find it helpful, though, to seek out a psychotherapist well versed in gender issues. Talking to trans people, or attending a trans support group, might also be helpful. Ultimately, though, only you can say whether you are trans or not. No one else can figure it out for you. Definitely do take your time – there is no age limit to transition.

Some people also use thought experiments to help them figure out if they're trans or not.

http://www.reddit.com/r/asktransgender/comments/1fy0zg/what_are_some_questions_i_can_ask_myself_to_help/

Some do flirt with the idea of being trans, and ultimately decide that they are not. It does not necessarily have a negative impact on their lives.

How do I stop having gender dysphoria? Is there a therapy that can cure me?

If you are truly transgender, no. There is no psychotherapy or drug that will make you stop having gender dysphoria. For years mental health professionals tried to "cure" transgender people by making them cisgender (*live as the gender/sex they were born as*)... and it worked about as well as reparative therapy for gay people. That is, it didn't work. Transition is the only thing that I know of that helps.

Is it a brain condition? I heard someone say being transgender is an intersex condition. Is that true?

So, there are some interesting brain data. I covered it previously. It does appear that trans brains may be different from cis brains. I would not take those data as absolute proof until we have more data though. Currently, as far as I know, transgender is not included as an intersex condition by any intersex organization. Transgender is not considered a Disorder of Sex Development.

Can I be trans if I don't identify as a man or a woman? What about being genderqueer?

Yes, and yes. There is increasing awareness that not everybody fits into the man/woman dichotomy. For a good blog on being trans but not gender binary, check out [Neutrois Nonsense](#).

Okay, I'm definitely trans. Now what?

Now you have a decision to make. Do you choose to do something about it or not? You can continue to live your life the way you have been. You do not have to transition. You can postpone any changes. I've heard of some folks waiting until



they turn 18. I've heard of other folks waiting for their kids to turn 18, or waiting for their partner to die first, or... any number of other things. You can wait. Or you can do something right now.

Whatever you decide, I do recommend getting support to help with any associated stress. That support can be a group, a therapist, a good friend, whatever.

I want to come out and transition now. Where do I start?

My very first recommendation? Get your support team together first. Your road may get a bit bumpy. You may lose your job, house, friends or family. Get ready for it. Start saving your pennies. Support can be from a trans-specific group, a more general LGBT group, a therapist, friends, family, people on the 'net.... whatever works for you in your situation.

Strictly speaking, I would classify transition into three categories: Medical, social and legal. Medical being hormones and/or surgery, social being pronouns and presentation, and legal being name and the M/F on all your paperwork. Sometimes these areas intersect (e.g., surgeons may require gender-congruent presentation (*live as the gender you identify with*) for 12 months before surgery), but other times they don't.

It's up to you to decide what and where you want to transition. Now you need to do research. Do you want to do hormones? Surgery? A legal name change? Does your state prohibit workplace discrimination? Does your state require surgery before you can change your name? Now's the time to find out!

If you are a minor, things get complicated even with parental support. That's another question though.

How do I find support?

We have some information on Trans support groups from Maine Transnet which we will be happy to share.

Wait... so am I gay? Straight?

I want to be very clear, first: You can use whatever term you want. Seriously. I won't you. Straight, gay, bi, pan, asexual, demisexual, whatever you want to use is cool.

Divorce the concept of sexual orientation from gender identity, and things may better sense. Did you like masculinity before transition? Chances are you will after. But the label may change because your perceived sex changes. For example, if a trans man who likes only feminine partners, before transition you would've been as lesbian. Now you're seen as straight. But who you like? Did that really change? Most trans folks, likely not.

I really like the words androphile (man-loving) and gynephile (woman-loving) instead of straight/gay when I've taught trans issues to cis people before. It helps to simplify the concepts – a trans person who was an androphile before transition is still an androphile after transition. Easy! None of this gay/straight stuff.

So... if you need a label? Look to gender instead of sex.

I only thought about this as a teenager or young adult, so I can't really be trans, right?

It's possible you may be, and it's possible you may not be. Honestly, same as with the "am I trans" question, only you can decide. But you're here now, right? That means there's something up. It may be trans issues, it may not be... but in any case, I recommend seeking professional help so you have a safe place to figure out your feelings. Remember, you have time.

Is it transgender or transsexual?

The difference between **transgender** and **transsexual** differs depending on who you're talking to. Some consider transsexual offensive, others prefer it. Transsexual is an older term and much more common in the medical community. I've also heard that it's used more in countries other than the US.



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Some object to the term transsexual because of the way trans people have been treated by medicine. Others feel it hypersexualizes trans folk or conflates sexual orientation with gender identity. Others object to the term transgender because of its use as an “umbrella” term, lumping transsexuality in with genderqueer, crossdressing and drag.

All this argument is generally why I say trans. Some people say “trans*” instead, to make the dual meaning clear... but I’m lazy. So I say/write “trans”, with the implication that I could be using either.

My working distinction between transsexual and transgender? Transsexual is specifically an individual who is cross-sex identified, typically fits within the gender binary, and wants to go through full transition including surgery. Transgender includes non-binary identified people and people who do not want to do a full transition.

Should I transition or not?

Whew. That is truly up to you, in the end.

There is always some risk involved with transitioning. For some people with a great support system of friends, family, and co-workers, the gains may definitely outweigh the costs. For others, transitioning involves a loss of family, friends, and/or a job. For those who do transition, quality of life generally improves. But there is always that risk.

I highly recommend reading [Injustice At Every Turn](#) - it’s the best research I’ve yet seen on discrimination facing trans folk today. *Their report, in summary states “Transgender and gender non-conforming people face injustice at every turn: in childhood homes, in school systems that promise to shelter and educate, in harsh and exclusionary workplaces, at the grocery store, the hotel front desk, in doctors’ offices and emergency rooms, before judges and at the hands of landlords, police officers, health care workers and other service providers.”*

How and when do I come out?

As safely as possible, and with as many safety nets in place as possible. I would not come out in a situation where another person has power over me. Yet at the same time, I think the earlier the better. Remember that while you’ve been thinking about it for possibly years, it may be a brand new shocking concept to your loved ones. So for example, you could come out on a first date when you’re at a restaurant, in public, with money in your pocket for a taxi home and a loved one knowing where you are and expecting a call. In contrast, coming out while making out with a date in a dark alley if you’re relying on the date for a ride home could be very, very dangerous. Think it through, make it as safe as possible.

Beyond that, as for the exact wordings? Be honest. Provide written and video resources if they’re not trans aware. Be clear that you’re the same person you always were, that nothing has really changed about you. Ask for the pronouns/name you want to be referred to with. Give them time if they need it. And so on...

I would not come out in writing if possible. It’s not flexible enough or personal enough. But this is something I would absolutely brainstorm with a therapist or support group, since every situation is different.

Am I too old to transition?

No.

General Medical Questions

Where do I find a health care provider?

First, know that you don't necessarily need to see an endocrinologist. An internal medicine or family practice provider can deliver high-quality care too!

Maine Family Planning is proud to offer safe, confidential trans services by clinicians and staff who are committed to giving the best trans care possible. We are also excited to be associated with an endocrinologist who is very willing to help us out if we have questions about safe trans care.

Maine Transnet also has some info on safe Trans providers.

I was treated badly by a provider or their staff. What do I do?

If you can, please let them know. It may have been unintentional (e.g., an accidental misgendering – yes that does sometimes happen), or there may be corrective actions they want to take as a result of a complaint (e.g., additional staff training). If you can, meet in person with the provider responsible. Stay calm, use lots of “I” statements. Writing a letter is another option. If things go south, find another provider. But you may be pleasantly surprised!

We have some cards designed by Maine Transnet that you may want to give to your other health care provider staff when you check in that may prevent some of the embarrassing/annoying issues with names etc.

Hi, my name is _____
I prefer _____ pronouns
You have me listed in your records under the name



Wait... don't I need a letter from a therapist or something?

At Maine Family Planning, we use the informed consent model of providing hormonal therapy for transgender people.

- *We do not require that everyone must have a letter from a therapist to start hormone therapy.*
- *We will make an assessment of each person's ability to understand the risks and benefits of starting hormones. Transitioning is such a huge decision involving social, economic, and medical risks that we want to make sure that each patient is sure and secure in their decision to transition.*
- *Our providers do a pretty in-depth intake process and in some cases we request that a patient meet with a therapist and bring a letter to us before starting hormonal therapy.*
- *In other cases, we may require that the patient have an ongoing relationship with a therapist during transition.*
- *While it may not be required, having an ongoing relationship with a therapist can be very beneficial as transitioning is such a huge time of change it can be stressful not only for the patient transitioning but also for the people close to them. If you don't already have a therapist, we have a fairly extensive list of therapists who enjoy working with trans folks.*

Anything I should definitely tell or not tell my provider?

Tell your provider about all your health history. Better yet, have your records sent beforehand! Few conditions actually mean that you can't have hormone therapy, but may need to be controlled. Some conditions (e.g., previous thromboembolism, estrogen-sensitive cancers) may require a different approach to hormones. Tell your provider about any “risky” behaviors (e.g., sex work) – they need to know these so that they can screen appropriately. If you have a trauma history and cannot tolerate some physical examinations or need extra help with them, let them know that too.

It will likely be helpful for your provider if you're clear about preferred name and pronouns. Some providers have intake sheets specifically for trans patients which ask about gender history, and pronouns may be included there. If you have a name/pronoun change, please let them know so they can continue to be accurate and respectful. Let them know if you're not out of the closet so they can be confidential in communications (and tell staff if confidential messages can be left on phone numbers). Also let them know if you need a specific name or gender marker on prescriptions and/or lab work for insurance or legal reasons. If you have preferred names for body parts or are very dysphoric, tell them!

If you're genderqueer, neutrois, or just want to individualize your transition (e.g., transition slowly), tell your provider. There are different paths available to you.

Don't lie to your provider. Don't feel you have to spout the "standard narrative" if it's not you. Don't feel you have to wear makeup or hugely baggy manly pants. Be yourself.

Can I start hormones on the first visit?

Not usually with Maine Family Planning. We spend the first visit getting to know you, talking about options, reviewing your medical history and doing a physical. At the end of the visit, we will order some labwork for you to get done. The lab work usually takes about 7-10 days to get all of it back and at a second visit, we review that labwork with you and get you started on your meds that day.

Hormone Therapy

Hormone therapy is a corner stone for medical transition. For many (but not all) trans people, hormone therapy is all they choose to do.

Terminology notes: In the medical literature, hormone therapy is often referred to as "cross-sex hormone therapy". In the community I've seen it more often called HRT for short (and I've often called it that too). It's important to note that trans hormone therapy may be different from the "hormone replacement therapy" used in cis men and cis women.

Which specific hormones get used depend on one's health, age, and money. Some providers choose to do a slow ramp up on dosage. Others do not. Your mileage *will* vary.

Hormones for adult trans men/people assigned female at birth

Testosterone is the primary hormone therapy medication for trans men. No anti-estrogen medication is required. Be aware that testosterone is a [controlled medication](#), so be sure to carry paperwork when you travel with it!



Which Testosterone? Testosterone can be given either as an injection or transdermally. Oral testosterone should never be used because of the risk of liver damage! Also note that with injections, one might be allergic to the oil the testosterone is suspended in – compounding pharmacies can provide alternative oils.

Testosterone should never be given above what your health care provider recommends because the body converts some of its testosterone to estrogen. This can be counterproductive for transition and raises health risks.

- Intramuscular injection (e.g., Depo-Testosterone): The primary form of testosterone given for trans men, especially early in hormone therapy. As with all injections, it requires injection training. Injections can be given weekly or biweekly.
- Subcutaneous injection: This is a new way of giving testosterone. It's given under the skin, rather than deep into muscle (intramuscular). Studies are currently underway to determine efficacy. However, it may be an option offered by your health care provider.
- Transdermal gels, creams, sprays, and under-arm applications (e.g., Androgel, Axiron): More expensive



than injections, but no needles involved. Common wisdom says transition is slower with transdermal applications but I haven't seen data to support it yet. Gels and creams can be messy and must be kept away from other people especially pregnant people (it can cause harm to the fetus). Gels and creams can also be used on the clitoris, in addition to testosterone injections, to help increase growth.

What health conditions affect whether I can take testosterone or not?

High red blood cell concentrations ([polycythemia](#)) is a really big one. Testosterone can worsen or cause polycythemia by stimulating bone marrow to produce more red blood cells. Typical treatment for polycythemia involves removing "excess" blood (some polycythemic people donate blood regularly, for example). A history of estrogen-sensitive cancers may require an alteration in care. High cholesterol, high blood pressure, and diabetes will likely need to be assessed and controlled before testosterone. Other conditions may also need to be controlled.

What other drugs are used?

- [Depo-Provera](#) can be used to stop menstruation when testosterone can't be given. It appears not to increase gender dysphoria because it doesn't feminize.
- [Aromatase inhibitors](#) may be used for some people. These drugs prevent testosterone from converting to estrogen.
- [Finasteride](#) and related anti-androgens can be used in trans men to prevent hair loss.

Special formulation testosterone and dihydrotestosterone creams can be used on the clitoris to increase growth if desired.

What are the major physical and emotional effects of HRT?

Physical: Cessation of menstruation, deepening of voice, facial and body hair growth, masculinization of face, increase in muscle mass, enlargement of the clitoris, increase in acne and possible male-pattern baldness. Please note that testosterone is not birth control and it is possible to become pregnant on testosterone. Testosterone can also cause vaginal atrophy – that is, drying out of the vagina and loss of elasticity.

Emotionally many men report that they have increased energy and confidence. Some trans men report that they have a harder time accessing their emotions. Some men recommend working to keep that emotional connection. Some have expressed concern that testosterone may increase rage ("Roid rage") or worsen mental health. Anecdotally this does not appear to be the case for trans men. Sexuality may also shift – not just who you're attracted to, but how you're attracted and what you want to do in the bedroom.

There is no way to pick and choose effects. Your body will do with HRT whatever it is going to do. Wiki has a [great, detailed, cited list](#). [http://en.wikipedia.org/wiki/Hormone_replacement_therapy_\(female-to-male\)](http://en.wikipedia.org/wiki/Hormone_replacement_therapy_(female-to-male))

What kind of blood testing will I need?

Your provider will likely want to do regular blood tests every couple of months in the beginning to make sure you're staying healthy. Likely tests include a CMP (complete metabolic panel) to check the health of your liver, CBC (complete blood count) to check for polycythemia, lipids (cholesterol/triglycerides), and estrogen/testosterone levels. Other tests may be ordered depending on your health history. Thyroid tests are also common.

What won't HRT do?

It can't remove breast tissue, though some trans men anecdotally report slight shrinkage. Removal can only be done surgically. It can't change bones or height significantly (once you're past natal puberty).

Will I be really fuzzy? Really smooth?

Frankly, nobody knows. Your best bet for a prediction is to look at your closest male relatives. You will likely have similar levels of hair and hair loss.

All this sounds awesome. I just started taking HRT. When can I expect results?

TABLE 1A: EFFECTS AND EXPECTED TIME COURSE OF MASCULINIZING HORMONES ^A

Effect	Expected Onset ^B	Expected Maximum Effect ^B
Skin oiliness/acne	1-6 months	1-2 years
Facial/body hair growth	3-6 months	3-5 years
Scalp hair loss	>12 months ^C	variable
Increased muscle mass/strength	6-12 months	2-5 years ^D
Body fat redistribution	3-6 months	2-5 years
Cessation of menses	2-6 months	n/a
Clitoral enlargement	3-6 months	1-2 years
Vaginal atrophy	3-6 months	1-2 years
Deepened voice	3-12 months	1-2 years

^A Adapted with permission from Hembree et al.(2009). Copyright 2009, The Endocrine Society.

^B Estimates represent published and unpublished clinical observations.

^C Highly dependent on age and inheritance; may be minimal.

^D Significantly dependent on amount of exercise.

What if I choose to go off hormones?

You can totally do that. Keep in mind that many of testosterone's effects are permanent (voice deepening, hair growth,). Some of its permanent effects can be reversed by surgery or other procedures (e.g., body hair removal). If you still have your gonads then menstruation will resume, fat will distribute, etc. Going off testosterone when you do not have ovaries can lead to loss of bone density and increased risk of a bone break.

My health care provider says I have high testosterone levels before I even started T! What gives?

You may have [polycystic ovarian syndrome](#) (PCOS). No one knows why, but trans men are more likely to have PCOS than cis women. In PCOS, cysts form on the ovaries, resulting in a high level of testosterone and sometimes masculinization (e.g., body hair). PCOS is often associated with obesity, metabolic syndrome and diabetes, which carry health risks. PCOS itself is not a danger, though it does affect fertility.

How will my hormones change after surgery?

Once your ovaries are removed, you will lose your major source of sex hormones. Your testosterone level may need to be changed. Check in with your health care provider. However you will need to stay on testosterone for the rest of your life in order to preserve bone density. Some men also report needing a change in dosage after top surgery.

What can I do to minimize my risk factors?

Take care of yourself.

- Don't use tobacco.
- Drink alcohol in moderation or not at all.
- Eat a healthy diet – not a lot of red meat, processed food or fast food but lots of fruits, vegetables and whole grains.
- Maintain a healthy weight – right in the Goldilocks zone, as it were.
- Avoid crash diets.
- Exercise!! Find something that works for you and do it. If that means walking on the treadmill while you play your favorite video game (like me when I started), then do it and have fun.
- If you have any family risk factors, be sure to tell your provider and ask them if they have any recommendations.
- Take care of your mental health. See a therapist if you need to. And don't forget to practice safe sex.

What side effects should I call my health care provider about?

In addition to the “usual” stuff, like high fever, chest pains, faintness, or any significant changes, there are certain symptoms you should definitely tell your health care provider about. Symptoms of polycythemia include shortness of breath, headaches, dizziness, numbness or itchiness in hands and feet, and fatigue. If you develop a rash or swelling after injecting testosterone, you should also tell your provider because that may be a sign you're allergic to the oil the testosterone is suspended in.

For safety, read through the prescribing information packets that come with all your medications and familiarize yourself with the complete list of side effects to call your health care provider about that's included. If you lose the packet, the information is available from [drugs.com](https://www.drugs.com).

Anything else?

If you do weight lifting, be careful when you start testosterone! Ramp up very slowly in the first few months at least. Testosterone causes an increase in muscle mass, but it takes longer for your tendons to strengthen as well and you may snap a tendon if you try to lift too much too soon.

Communicate with your provider! Let them know what effects you're experiencing – the information is useful not just in your care but for everyone who may see that provider in the future.

Surgeries

Ah, surgery. Certainly surgery is what the average cisgender person thinks of when they think of transition. It's certainly important (and expensive), but not the be all and end all of transition.

What kinds of surgery are available for trans people?

For people who are masculinizing (e.g., trans men), options include:

Top surgery: removal of most of the breast tissue and formation of a masculine chest. Not the same thing as mastectomy. Various techniques exist, all with the same aim.

Hysterectomy/oophorectomy: removal of the uterus, fallopian tubes, ovaries, and cervix. Permanently ends menstruation. Sex hormone supplementation may be necessary to maintain bone health. Can be a first step to genital surgery.

Facial masculinization surgery. Not common, but I've seen it around the 'net. Implants can be added to the brow ridge, jaw and/or nose to masculinize the face.

Metoidioplasty (“meta”): One of the genital surgeries. Uses only existing genital tissue, “releasing” the clitoris/penis from



surrounding tissue and adjusting its position so it hangs in the right place for a penis. Can, and often does, include creation of a scrotum (scrotoplasty), routing the urethra through the penis (urethroplasty), and testicular implants. A phalloplasty can be done at a later date. With a meta, the penis can become erect on its own.

Phalloplasty: The other genital surgery. Uses tissue from elsewhere in the body – tissue from the forearm is common, as is part of the latissimus dorsi muscle. Usually 3-4 surgeries. Can include creation of a scrotum (scrotoplasty), routing the urethra through the penis (urethroplasty), penile implants to allow erection, and testicular implants. Erogenous sensation is preserved by weaving the clitoris into the penis and/or scrotum.

Scrotoplasty: Creation of a scrotum. often a component of metoidioplasty or phalloplasty. The scrotum is usually made from the outer labia (labia majora). A vaginectomy is often involved here.

Vaginectomy: removal of the vagina.

Urethroplasty: Routing the urethra through the penis. This involves using other tissue to extend the urethra. The labia majora (inner labia) are sometimes used.

Other plastic surgeries can be done to improve aesthetic appearance.

Top surgery (chest reconstruction) may be the single most important surgery for trans men.

Why would I want top surgery?

Often simply called “top surgery”, chest reconstruction is a surgery where breast tissue is removed and a more masculine, flat chest is produced. There are functional benefits in addition to helping reduce dysphoria.

- Binder no longer required. Before top surgery, a binder is usually needed to reduce the visibility of feminine breasts. With top surgery, the binder is no longer needed, which has a myriad of effects. Binders can be uncomfortable and reduce one’s ability to breathe fully. Being without a binder may mean you’re better able to exercise and improve your health overall.
- Increased ability to “pass”. With healed top surgery, one could walk around topless like any other guy. There is more mobility in male spaces (especially locker rooms). Top surgery, in other words, helps make you safer in a potentially hostile world.
- Dysphoria. Having a masculine chest may be very important for psychological health.

Other benefits may include a reduction in back pain if you are large-chested.

Is top surgery different from a mastectomy or breast reduction?

Yes! A mastectomy just removes breast tissue. It does not create a masculine chest. A breast reduction removes some breast tissue, but leaves the feminine breast shape intact. Neither of these would produce a masculine chest. While they may be options for some trans people, they’re not usually chosen by trans men today.

Is chest reconstruction done on cisgender people?

Not exactly. Gynecomastia (development of breast tissue in cis men) may be treated similarly, but the techniques may differ. One technique for gynecomastia I’ve seen is liposuction only. Liposuction only would not be enough for many trans men, as it removes fat only but not breast tissue.

I’ve heard there are different techniques. What are they?

The most common techniques are the keyhole method and the double incision method.

Keyhole: Keyhole, or peri-areolar, can only be done on small breasts. The breast tissue would be somewhere around an A cup, where there is little to no “extra” tissue. In this technique, a small cut is made on the edge of the areola and the

breast tissue is removed through that. Thus, a “keyhole”. The nipple is not moved.

Double Incision: The double-incision method is much more common. The nipples and areolae are temporarily removed, and a cut is made under the breast tissue. The breast tissue is removed through that lower cut. The nipples and areolae are grafted on once the chest is shaped.

A few surgeons perform an **anchor technique**. This is similar to the double incision, but the nipples are left connected. This results in better sensation and possibly better placement, with an inverted T scar pattern.

Generally speaking, the keyhole method helps to save nipple sensitivity and reduce scarring, but can only be done on a limited number of people and may not produce the most aesthetic result. In the keyhole, the nipple is not moved so it may be lower/higher than is typically seen on a masculine chest. The double incision method, on the other hand, can be done on many more people and allows customization of the nipple position.

For many, double incision or anchor are the only choice. However, it’s good to know your options. In addition, each surgeon has their own tweaks to each basic procedure – so do go ahead and ask them detailed questions! They should be able to answer after all...

Can you tell me more about the surgery? Does it require full anesthesia? How long would I be in the hospital? What kind of recovery time am I looking at?

Full anesthesia is definitely involved in top surgery. Most can return home the same day. You will probably go home (or to wherever you’re staying for initial recovery) with surgical drains. These are tubes that go into your tissue to help drain away excess liquid into a little container that gets emptied. Initial recovery time may be about a week.

It will take longer for the cuts to fully heal. They may be red for a few months after. You may also have areas that are numb after surgery. Sensation may or may not return over the next few years (nerves grow slowly!). You may need to continue to wear a binder for the first week to month to assist healing. While healing, your movement may be restricted. You will also need to refrain from lifting objects above a certain weight for a period of time. Your surgeon will advise you on the specifics, and you should follow their recommendations!

What are the possible risks of top surgery?

The usual risks with surgery apply here: adverse drug reactions, bleeding, infection and the like. Permanent loss/reduction in sensation may occur, as with many surgeries.

Your aesthetic result may also not please you – the nipples may not be placed quite right, or there may be puckering or sagginess in odd places. Wait until you’re fully healed before speaking with your surgeon about a revision.

With the double-incision method there is the risk that the nipple grafts will not hold. The tissue may die. That tissue can never be recovered, but other tissue can be used to make nipples and the skin surrounding them can be colored (medical tattooing) to look like areolae.

What about scars?

You will have scars from top surgery. Period. The keyhole method results in a much smaller scar, but it will still be there. A double-incision surgery results in scars under the chest/pecs and scars at the end of the areolae.

How much you scar will be unique to you. You can guess based on past scarring, but there is always the risk that these scars will be particularly noticeable. They may be raised or discolored. Be prepared for the possibility. Scar revision surgeries may be possible.

My recommended scar strategy? Spend some of your recovery/prep time making a really awesome story. Maybe involving a bear or a daring rescue!

How will top surgery affect my long-term health?

Because top surgery does not remove gonads, it has relatively few long-term health effects compared to other trans-related surgeries. As with all surgery, it can be immensely helpful for combating gender dysphoria and may improve your mental health.

Would I be able to breast feed a child after top surgery?

Possibly. Definitely speak with your surgeon about it, but I know of at least [one case](#) where a trans man was able to breast feed after having a child.

More information?

I am not a surgeon, nor an expert on surgeries! Check out some of these other resources and surgeon websites for more information:

[Hudson's FTM Guide](http://www.ftmguide.org/chest.html) <http://www.ftmguide.org/chest.html>

For images, I highly recommend joining [transbucket](http://www.transbucket.com/). <http://www.transbucket.com/>

[Dr. Garramone's website](http://drgarramone.com/surgery-types/) <http://drgarramone.com/surgery-types/>

[Dr. Crane's website](http://brownsteincrane.com/ftm-top-surgery/) (please note that Dr. Crane's practice was formerly Dr. Brownstein's practice)
<http://brownsteincrane.com/ftm-top-surgery/>

[Dr. Steinwald's website](http://www.chicagoftmtopsurgery.com/about-ftm-chest-recontouring-chicago/) <http://www.chicagoftmtopsurgery.com/about-ftm-chest-recontouring-chicago/>

[TopSurgery.net](http://www.topsurgery.net/) <http://www.topsurgery.net/>

How can I get surgery? Pre-requisites?

Depends on the surgery, surgeon, and the laws where you live. Many, but not all, surgeons follow [WPATH's recommendations](#), which I paraphrase here:

For top/chest/breast surgeries, 1 letter from a mental health care provider. Hormone therapy generally not a pre-requisite for top surgery for trans men. For breast augmentation for trans women, 1-3 years on hormones is highly recommended if not required.

For bottom/genital surgeries, 2 letters from mental health care providers. 1 year of hormone therapy and being out of the closet, living as your gender not as your sex, is required.

Surgeries performed for a reason other than transgender (e.g., hysterectomy/oophorectomy for cancer) do not require any letters.

Many surgeries (especially bottom surgeries) require you to be the "age of majority" in your country. In the United States, that's age 18. Some surgeons, however, do not follow that recommendation and do perform surgeries on younger people. More letters or visits with the surgeon may be needed for people under the age of majority in their country.

Some countries or clinics require you to work within their system. Others allow you to surgeon-shop, or even require you to do your own foot work. I'd generally start this whole process by asking your primary care provider and/or surgeons about local requirements.

A surgeon may also request letters from your primary care provider verifying your health history, current health status, and readiness. Make sure you consult with your surgeon early so you get all your paperwork in order!

Will my insurance cover it?

Insurance may be willing to cover an orchiectomy, hysterectomy/oophorectomy or top surgery but is unlikely to cover any other surgeries. Genital surgeries are often deemed “cosmetic” or “optional” by insurance companies. Your best bet is to ask beforehand. One discreet way of asking might be to ask to see a list of covered procedures.

Your provider may also be able to advocate for you, arguing that the surgery is medically necessary and thus not cosmetic. Definitely keep your primary care provider in the loop and ask them for help if you run into trouble.

What kind of cost am I looking at?

Depends on the surgery and where you get it...but no matter what it's going to be thousands of dollars. Cost may go up if you have complications, or down if you have a very simple case. For accurate numbers your best bet is to surgeon shop and ask!



Want some really rough estimates? Okay! The more “simple” surgeries like orchiectomies, hysterectomy/oophorectomy, top surgeries, and the simple versions of metoidioplasty, can be anywhere from \$2,000 to \$10,000. Facial feminization, complex metoidioplasty, and vaginoplasties could be \$10,000 to \$20,000 or higher. Phalloplasty is generally the most expensive, and I've seen it quoted anywhere from \$40,000 to \$100,000.

Holy crap how can I afford it? My insurance won't cover surgery!

First: I am so sorry! Besides saving pennies, a private or medical loan may be possible. Some surgeons allow payment plans too. And some people are now fundraising for their surgeries through the internet. Any of those might be an option for you.

How can I get the best results possible?

Be as healthy as you can before surgery. Exercise is important – the more muscle tone you have, the faster you'll be able to recover. Eating well can make sure that you have the nutrients your body needs to recover. Not using tobacco speeds up your healing time – avoid other drugs too, as your provider advises. Having a stable weight can maintain your good results. Control any health conditions you have (e.g., diabetes).

Choosing your surgeon carefully is also very important. Look at their results, ask to speak with people who have had the surgery. Think carefully about your own needs and make sure that your chosen surgery/surgeon can meet them.

Lastly, follow all post-operative instructions. If they say “no ibuprofen for 3 weeks” – do it!

Why would a surgeon decline operating on me?

Every surgeon has their own criteria. However, being overweight or obese, using tobacco, and the presence of certain health conditions may lead a surgeon to conclude that surgery is too risky for you. Health conditions may include uncontrolled diabetes, cardiovascular or respiratory problems.

No surgeon should refuse on the grounds that you're not “masculine/feminine enough”. If they do that, I'd seek care elsewhere.

I've heard that bottom surgery for trans men doesn't give good results. Is that true?

NO! And I need to apologize for my own part in spreading this myth. Bottom surgery, both metoidioplasty and phalloplasty, can give very very good results. For wonderful first-hand accounts of results, check out [Hung Jury](http://www.transgresspress.org/shop/individuals/). Testimonies of Genital Surgery by Transsexual Men <http://www.transgresspress.org/shop/individuals/>

For bottom surgeries, what about erogenous (sex) sensation?

Surgeons no longer simply cut out whole clusters of nerves. Bottom surgery is complex, and care is taken to preserve as much sexual tissue as possible. The vast majority of people who have had bottom surgery have as much of a sex life as

they want, and are happy with their results. The old sexual tissue is often “woven” into the new structures, so orgasm is possible. Orgasm itself may feel different too, as some trans people have reported.

For metoidioplasties, erection is possible as is penetration (though some creativity in angles may be required). For phalloplasty, a penile implant allows for erection.

However, all surgeries carry the risk of nerve damage. Care is taken to try to avoid it, but it is possible that some sensation will be damaged. Your surgeon should go over all the risks of the surgery with you beforehand. Consider them carefully.

How can I reduce scarring?

Scars are going to happen, and the degree of scars will depend on your surgeon, your body, and the complications you have. More complications will likely mean more scars. And everyone scars differently – some, like me, scar very easily. Others do not.

The single more important thing you can do is to follow all post-operative instructions! Call your surgeon if you see signs of infection. And ask your surgeon or provider about over-the-counter scar-reduction products before you use them. Some very wide scars can be reduced surgically. But please, consult your primary care provider first.

What new surgical advances can I expect to see in the future?

The thing everyone is waiting for is bioengineered genitals and gonads. Sadly, that is many many years away – I’d guess 10+ years.

In the short-term, there is focus on improving the current techniques,.

What about surgery overseas?

It’s an option, and it may be cheaper than pursuing surgery in the United States. Thailand is popular for trans women, Serbia for trans men. However, keep in mind that there may be language issues.... and if problems come up once you’re back in the States, it’s not exactly easy to hop on over to see your surgeon. Not all surgeons will even take patients from outside the country (e.g., some Canadian surgeons won’t treat non-Canadians).

Choose your surgeon even more carefully when looking outside your country. Listen to the community and former patients. Ask to hear experiences and see results. There are unscrupulous surgeons out there, bad results do happen, and corrective surgery is expensive and doesn’t always fix the damage. Remember: it’s your body, and it the body you get to live with for the rest of your life. Choose carefully and well.

What if I don’t want surgery?

Then don’t have it. Don’t do anything you don’t want to do! It’s your life and your body – take control, choose what you want and do not want to do, and go enjoy yourself.

Information on Testosterone Hormone Therapy

Hi, I'm Dr. Maddie Deutsch, Director of Clinical Services at the UCSF Center of Excellence for Transgender Health. I'd like to talk to you about some of the risks, expectations, long term considerations, and medications associated with your transition from female to male.

Many people are eager for hormonal changes to take place rapidly—I understand that. But it's very important to remember that the extent of, and rate at which your changes take place, depend on many factors. These factors include your genetics, the age at which you start taking hormones, and your overall state of health.

Consider the effects of hormone therapy as a second puberty, and puberty normally takes several years for the full effects to be seen. Taking higher doses of hormones will not necessarily bring about faster changes, but it could endanger your health. And because everyone is different, your medicines or dosages may vary widely from those of your friends, or what you may have read in books or online.

There are four areas where you can expect changes to occur as your hormone therapy progresses.

The first is physical.

The first changes you will probably notice are that your skin will become a bit thicker and more oily. Your pores will become larger and there will be more oil production. You may develop acne, which in some cases can be bothersome or severe, but can be managed with good skin care practices and common acne treatments. You'll also notice that the odors of your sweat and urine will change and that you may sweat more overall.

When you touch things, they may "feel different" and you may perceive pain and temperature differently.

Your breasts will not change much during transition, though you may notice some breast pain, or a slight decrease in size. For this reason, some breast surgeons recommend waiting at least six months after the start of testosterone therapy before having chest reconstructive surgery.

Your body will begin to redistribute your weight. Fat will diminish somewhat around your hips and thighs. Your arms and legs will develop more muscle definition, and a slightly rougher appearance, as the fat just beneath the skin becomes a bit thinner. You may also gain fat around your abdomen, otherwise known as your "gut."

Your eyes and face will begin to develop a more angular, male appearance as facial fat decreases and shifts. Please note that it's not likely your bone structure will change, though some people in their late teens or early twenties may see some subtle bone changes. It may take 2 or more years to see the final result of the facial changes.

Your muscle mass will increase, as will your strength, although this will depend on a variety of factors including diet and exercise. Overall, you may gain or lose weight once you begin hormone therapy, depending on your diet, lifestyle, genetics and muscle mass.

Testosterone will cause a thickening of the vocal chords, which will result in a more male-sounding voice. Not all transmen will experience a full deepening of their voice with testosterone, and some men may find that practicing various vocal techniques or working with a speech therapist may help

them develop a voice that feels more comfortable and fitting. Voice changes may begin within just a few weeks of beginning testosterone, first with a scratchy sensation in the throat or feeling like you are hoarse. Next your voice may break a bit as it finds its new tone and quality.

Let's talk about hair. The hair on your body, including your chest, back and arms will increase in thickness, become darker and will grow at a faster rate. You may expect to develop a pattern of body hair similar to other men in your family—just remember, though, that everyone is different and it can take 5 or more years to see the final results.

Regarding the hair on your head: most trans men notice some degree of frontal scalp balding, especially in the area of your temples. Depending on your age and family history, you may develop thinning hair, male pattern baldness or even complete hair loss.

Lastly, everyone is curious to know about facial hair. Beards vary from person to person. Some people develop a thick beard quite rapidly, others take several years, while some never develop a full and thick beard. This is a result of genetics and the age at which you start testosterone therapy. Non-transgender men have varying degrees of facial hair thickness and develop it at varying ages, just as with trans men.

The second impact of hormone therapy is on your emotional state.

Puberty is a roller coaster of emotions and the second puberty that you will experience during your transition is no exception. You may find that you have access to a narrower range of emotions or feelings, or have different interests, tastes or pastimes, or behave differently in relationships with people.

Psychotherapy is not for everyone, but most people in transition will benefit from counseling that helps them get to know their new body and self while exploring their new thoughts and feelings.

The third impact of hormone therapy is sexual in nature.

Soon after beginning hormone treatment, you will likely notice a change in your libido. Quite rapidly, your clitoris will begin to grow and become even larger when you are aroused. You may find that different sex acts or different parts of your body bring you erotic pleasure. Your orgasms will feel different, with perhaps more peak intensity and a greater focus on your genitals rather than a whole body experience. Some people find that their sexual orientation may change when taking testosterone; it is best to explore these new feelings rather than keep them bottled up.

Don't be afraid to explore and experiment with your new sexuality through masturbation and with sex toys. Involve your sexual partner if you have one.

The fourth impact of hormone therapy is on the reproductive system.

You may notice at first that your periods become lighter, arrive later, or are shorter in duration, though some may notice heavier or longer lasting periods for a few cycles before they stop altogether.

Testosterone greatly reduces your ability to become pregnant but it does not completely eliminate the risk of pregnancy. Transgender men can become pregnant while on testosterone, so if you remain sexually active with a non-transgender man, you should always use a method of birth control to prevent unwanted pregnancy.

If you suspect you may have become pregnant, discontinue testosterone treatment and see your provider as soon as possible, as testosterone can endanger the fetus.

If you do want to have a pregnancy, you'll have to stop testosterone treatment and wait until your provider tells you that it's okay to begin trying to conceive.

It's also important to know that, depending on how long you've been on testosterone therapy, it may become difficult for your ovaries to release eggs, and you may need to use fertility drugs or expensive techniques such as in vitro fertilization to become pregnant. It is also possible testosterone therapy may have caused you to completely lose the ability to become pregnant. Freezing fertilized eggs is a possibility but is very expensive and not always effective.

Let's talk about some of the risks associated with testosterone therapy.

If you miss a dose of testosterone or change your dosage, you may experience a small amount of spotting or bleeding. However, if your periods have stopped, be sure to report any return of bleeding or spotting to your provider, who may request an ultrasound to be certain the bleeding isn't a symptom of an imbalance of the lining of the uterus. Sometimes such an imbalance could lead to a precancerous condition, although this is extremely rare in transgender men. Some men may experience a return of spotting or heavier bleeding after months or even years of testosterone treatment. In most cases this represents changes in the body's metabolism over time. To be safe, always discuss any new or changes in bleeding patterns with your provider.

It is unclear if testosterone treatment causes an increased risk of ovarian cancer. Ovarian cancer is difficult to screen for, and most cases of ovarian cancer are discovered after it is too late to be treated. A periodic pelvic examination, where your provider uses a gloved hand to examine your vagina, uterus and ovaries is recommended to help detect this condition.

Your risk of cervical cancer, or HPV, relates to your past and current sexual practices, but even people who have never had a penis in contact with their vagina may still contract an HPV infection. The HPV vaccine, can greatly reduce your risk of cervical cancer, and you may want to discuss this with your provider. Pap smears are used to detect cervical cancer or precancer conditions such as an HPV infection. Your provider will make a recommendation as to how often you should have a pap smear. It is unclear if testosterone therapy plays any role in HPV infections or cervical cancer.

Some experts recommend a full hysterectomy which would include removal of the uterus, ovaries, and fallopian tubes--5-10 years after beginning testosterone treatment to minimize the risk of cancer and eliminate the need for screening.

Testosterone treatment does not seem to significantly increase the risk of breast cancer, but there's not enough research to be certain. However, it is still important to receive periodic mammograms or other screening procedures as recommended by your provider. After breast removal surgery, there is still a small amount of breast tissue left behind. It may be difficult to screen this small amount of tissue for breast cancer, though there are almost no cases of breast cancer in transgender men after chest reconstruction surgery.

As a result of your testosterone treatment, your overall health risk profile will change to that of a man. Your risk of heart disease, diabetes, high blood pressure, and high cholesterol may go up, though these risks may still be less than a non-transgender man's risks. Since men on average live about 5 years less than women, you could theoretically be shortening your lifespan, though there is not enough research data to know for sure. Fortunately, since you do not have a prostate, you have no risk of prostate cancer and there is no need to screen for this condition.

There are a few other risks associated with testosterone therapy that you should know about.

- Testosterone can make your blood become too thick, otherwise known as a high hematocrit count, which can cause a stroke, heart attack or other conditions. This can be a particular problem if you are taking a dose that is too high for your body's metabolism.
- Your cholesterol could potentially increase when taking testosterone.
- Your provider will perform periodic tests of your blood count, cholesterol, kidney functions, and liver functions, and a diabetes screening test in order to closely monitor your therapy. Though it's not necessary to routinely check your testosterone level, which is an expensive process, your provider may choose to check it for a variety of reasons – usually if you are having unpleasant symptoms or ongoing bleeding.

Some of the effects of hormone therapy are reversible, if you stop taking them. The degree to which they can be reversed depends on how long you have been taking testosterone. Clitoral growth, facial hair growth, voice changes and male-pattern baldness are not reversible.

If you have had your ovaries removed, it is important to remain on at least a low dose of hormones post-op until you're at least 50 and perhaps older to prevent a weakening of the bones, otherwise known as osteoporosis.

Those are many of the risks for you to consider and discuss with your provider should you have any questions. Now let's discuss some practicalities of hormone therapy.

Testosterone comes in several forms. Most transgender men use an injectable form to start. Some chose to begin on a lower dose and increase slowly, while others chose to begin at a standard dose. Both approaches have their pros and cons; you should discuss with your provider the best option for you. Testosterone levels tend to be most even, over time, when the injections are given weekly.

In addition to injections, there are also transdermal forms of testosterone, including patches, gels, and creams. In some men these forms cause changes to progress at a slower pace.

Regardless of the type of testosterone you are taking, it's important to know that taking more testosterone will not make your changes progress more quickly, but could cause serious health complications. Excess testosterone can be converted to estrogen, which may increase your risks of uterine imbalance or cancer. It can also make you feel anxious or agitated, and cause your cholesterol or blood count to get too high.

In conclusion, please be patient and remember that all of the changes associated with the puberty you're about to experience can take years to develop.

Thank you for reading and for taking care of your health.

This info as well as a video of this info, see:

<https://transcare.ucsf.edu/article/information-testosterone-hormone-therapy>

<https://www.youtube.com/watch?v=GAJZ4fwTuyc&feature=youtu.be>

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FTM : T Options

HRT (hormone replacement therapy) may be delivered by intramuscular injection, subcutaneous injections, testosterone implants, testosterone gels or testosterone patches

<i>Type</i>	<i>What is it?</i>	<i>What are the advantages</i>	<i>Disadvantages</i>	<i>Approximate cost without insurance*</i>
Testosterone injections Testosterone cypionate	<ul style="list-style-type: none"> Is usually an injection into the muscle given in the butt or the thigh. It can also be given by injection into the fat under the skin in abdomen or thigh Is the most commonly used type of T. Usually given weekly, sometimes every two weeks. The longer between injections, the more likely it is that there are high and low levels of T The most common type used is Testosterone cypionate (Depo testosterone is the brand name) 	<ul style="list-style-type: none"> Is relatively inexpensive It seems to bring about desired body changes the quickest of all methods. 	<ul style="list-style-type: none"> The injection may be a little painful and it is not uncommon to develop a knot at the injection site that feels like a bruise with a hard lump underneath it. It can take some getting used to giving yourself an injection. Have to deal with proper disposal of needles 	<ul style="list-style-type: none"> 10 ml vial of 200mg/ml (20 doses) starting at \$23*
Testosterone patch Androderm patch	<ul style="list-style-type: none"> is a non-Invasive, trans-dermal patch that is placed on the skin. It is also known as a Testoderm TTS patch. It is used daily and should be applied to back, belly, upper arms or butt, using a different site every day. Androderm may cause skin irritation. Many FtM's eventually switch to the T injections because of skin irritation and slow masculinization. Starting dose is usually 2-4 mg/day 	<ul style="list-style-type: none"> No injections are involved Used daily so there are less highs and lows than with injectable T. 	<ul style="list-style-type: none"> May cause skin irritation There is some chance that the hormone can be transferred to someone in close physical contact (less of a problem with patches) Are more expensive than injectable T 	<ul style="list-style-type: none"> 30 patches \$620*
Testosterone patch gel Androgel	<ul style="list-style-type: none"> is a testosterone gel placed daily on the skin usually dispensed in "pumps", or in packets. It comes in 2 strengths, 1% and 1.62%. 1.62% is applied to shoulders or upper arms, 1% can be applied to shoulders/upper arms/belly. Starting dose is 4 pumps a day of 1% 			<ul style="list-style-type: none"> 1 mo supply *\$96-200
Axiron 2%	<ul style="list-style-type: none"> Is a liquid form of T that is applied to the underarm area. Starting dose is usually 1 dose per armpit/day 			<ul style="list-style-type: none"> \$97*

CHEST BINDING 101



Chest binding is a way for many [trans men](#) to curb dysphoria, and is a fairly common step in [FTM transition](#). “Binding” refers to flattening breast tissue to create a male-appearing chest using a variety of materials and methods. While binding with common household items is an inexpensive route, it can also be unsafe. [Chest Binding 101](#) is your guide to how to bind safely, where to get a chest binder, how to choose a binder that best suits you, and how to put on your binder.

How to Chest Bind Safely

The first step in learning how to bind safely is finding about what’s not safe to do. **Don’t use Ace bandages or duct tape**—they aren’t meant for binding, don’t move with your body, and can cause physical harm. They can seriously restrict breathing, cause fluid build-up in your lungs and other serious injuries, such as broken ribs. There have been numerous cases of trans men who’ve acquired permanent scars and other injuries from using Ace bandages or duct tape to bind. Don’t do it.

Can chest binding affect my ability to have [FTM Top Surgery](#)? “Generally speaking, no. Binding over a long period of time can alter your skin’s natural elasticity, which may have some minor affects on your final cosmetic results.” – Dr. Scott Mosser

Even with the right binder product it’s still possible to bind unsafely. Despite what you may have been told, **don’t buy a binder that’s too small for you**. Wearing an ill-fitting binder puts you at risk of the same problems as those who bind with Ace bandages or duct tape. Another piece of bad advice floating around out there is to wear tape and/or another binder on top of your binder. This too can cause restricted breathing and physical injury.

Lastly, give your body a break: don’t bind 24/7. In fact, **don’t bind for more than 8–12 hours at a time**. Suppressing dysphoria can’t come at the expense of your health. Even high quality binders can cause bruising. Use the times that you’re not binding to wash and air dry your binder, which will help make it last longer.

Where to Get a Chest Binder

A proper chest binder should minimize pain, discomfort, sweating, and irritation. There are several places online where you can buy chest binders specifically designed for [trans men](#):



[Underworks](#) sells binders originally made for cisgender men with [gynecomastia](#), and subsequently became popular with [transgender men](#) for their effectiveness and affordability.

Underworks is trans-friendly and have excellent customer service as well. Stick to the binders that have “extreme” in the name or description. A binder without this label may not give you the

compression you hoped for unless you have a very small chest already. Prices range from \$25–45 USD.



[Double T Collection](#) is another trans guy owned and operated company dedicated to the FTM community. Based in Taiwan, they have three binders to choose from priced at \$72–84 USD. The Love Boat Shop (see below) also sells Double T binders.



[Wow-Wow-Wear](#) is a Blogspot site established in 2009 that sells Esha binders from Taiwan. Esha binders are high quality, durable and easily washable and come in three different styles, with prices in the \$32–42 USD range. The Love Boat Shop (see below) also sells Esha binders.



[T-Kingdom](#) is also based in Taiwan and sells binders designed for [trans men](#) and gender benders. They have a wide variety of styles, including vest binders with Velcro. Prices range from \$30–65 USD.

Note: T-Kingdom doesn't accept returns.



[Love Boat Shop](#) is another online store based in Taiwan. They feature a large selection of binder styles and colors made by Double T Collection, Esha and Juya, with prices ranging from \$21–\$100 USD.



[Danaë](#) is a trans guy owned and operated company from the Netherlands, offering European guys the chance to save on shipping. Prices range from €30–45, and they allow returns after an email notification and within seven days of your receiving your binder.



[Design Veronique](#) has been designing high quality compression garments since 1986 and is the choice of several US-based surgeons. However, higher prices in the \$100–180 USD range, and a lack of

information about if these products are durable enough for long term use call into question their suitability for daily chest binding.



[Nabay](#) is a lesser known company located in Japan. They appear to have a good variety of binder styles to choose from, however all products are currently sold out and they didn't respond to a request

for more information. Prices range from \$105–112 USD.

Quick Comparison Chart

Company	Location	Price (USD)	Trans Owned
Underworks	USA	\$25–45	N
Double Collection	Taiwan	\$72–84	Y
Wow Wow Wear	Taiwan	\$32–42	?
T-Kingdom	Taiwan	\$30–65	?
Love Boat Shop	Taiwan	\$21–100	?

Danaë	Netherlands	\$38-58	Y
Design Veronique	USA	\$100-180	N
NABAY	Japan	\$105-112	?

Depending on where you live, you might also find chest binders in stock at your favorite local sex positive merchant. Another option, if you know someone who's skilled with a sewing machine, is to have a custom binder made for you, as YouTube's [sillyyetsuccinct](#) did:

Used Binders

If you can't afford a binder, don't despair! Used binders are often passed on by post-op trans men or those whose binders may no longer fit. There are a few programs available that help distribute donated second-hand binders:

- [In A Bind](#) – Started in 2012, to date In a Bind has provided safe compression garments to over 1500 youth in need. Trans* masculine and genderqueer youth living anywhere in the USA can apply to receive a free binder. In a Bind depends on donations. Recently had top surgery? Go up or down a size? Find a style that works better for you? Donate those binders you're no longer using!
- [Black Trans Advocacy FTM Binder Grant](#)
- [MORF Binder Exchange](#) – Since February 2011, MORF has been providing free binders to trans* masculine people in the UK and around the world. The free scheme (all you pay is the postage) has so far redistributed hundreds of binders. In 2014 alone, over 280 binders were sent out.
- [FTME Free Youth Binder Program](#) – Age 24 and under only; USA only.
- [Replace the Ace](#) – USA only
- [Big Brothers Used Binder Program](#) – Donation required
- [Mazzoni Center's Binder Recycling Program](#) – Only for youth enrolled in P.A.C.T.S., Philadelphia.
- [The Binder Project](#) – Monthly binder giveaways (and accepting binder donations.)
- [Point 5cc Tshirt Company](#) – Free binder with purchase of t-shirt
- [Come As You Are's Binder Bucks Recycling Program](#) – Canada only
- [Qmunity Binder Exchange](#) – BC, Canada only.
- [Trans Fellas](#)
- [Northern Ireland Binder Scheme](#) – Age 25 and under, N. Ireland only.
- [FreebieBinder Sthlm](#) – Sweden

[Trans Clothing Exchanges](#) are another place where you can often find inexpensive binders. You can also try asking around for a hand-me-down binder on one of the [mailing lists for trans guys](#) or check out [LiveJournal's FTM Garage Sale](#) and the [FtM Sales, Swap, and Support group on Facebook](#).

How to Choose a Chest Binder

If you still remember your old bra size, you can find out your binder size by using the [Bra to Chest Size Converter Tool](#). If you don't know your old bra size, you can measure yourself the old-fashioned way:

1. Take a snug measurement of the fullest part of your chest using a tape measure (best if measured while clothed) and write that number down onto a sheet of paper.
2. Measure underneath your chest where the crease is and write that number down as well.
3. Add those numbers together and divide the sum by 2. This number will differentiate your size not only from brand to brand but from binder to binder as well.

Selecting a binder brand and style can be difficult: there are so many options that it can be overwhelming! Plus, there aren't very many reviews of binders other than those about Underworks' and T-Kingdom's more popular models. After buying your binder, help make the experience easier for guys in the future by contributing your review to one of the review sites listed below.

Essentially, there are two types of binders: short ones and long ones. The short ones end right at your waist. The down side of these is that if you carry some extra weight, short binders tend to roll up and act more like a bra. The long ones can be pulled down past your waist by several inches, however it's inevitable that it will still roll up. To reduce the chances of this, wear a belt. Choosing between a short and long binder has more to do with your body type, specifically your abdomen, and not your chest size.

Lastly, consider the location of the company you're buying from. Buying from a company that's closer to you can save you a significant amount of money on shipping costs.

How to Put On a Chest Binder

It might seem silly, but you're probably going to need some help figuring out how to put on your new binder, particularly if you purchased one of the longer styles.

1. Put your binder inside out and upside down.
2. Step into your binder and pull the bottom of it up, ideally to your belt line. The binder should still be inside out and upside down.
3. Use the sleeves as handles to pull the top of the binder (the end closer to your feet) up to your shoulders.
4. Put your arms through the sleeve holes and adjust your chest to your needs. You may need to pull the bottom of the binder out from underneath itself if you don't want it folded under. For others, leaving it folded under may help stop the binder from rolling up.

Don't be disappointed if you look in the mirror and it looks like you have one big boob in the middle of your chest. You just need to adjust your chest. Reach in from the neck hole and push your chesticles down and out. You're basically pushing your nipple toward your armpit to achieve the flattest looking chest possible.

FTM Chest Binding Tips

Very important: When binding, you should not by any means feel as though you can't breathe or like you're going to pass out from a lack of oxygen.

Binders aren't the most comfortable things in the world. To make binding more comfortable, and to reduce the possibility of the binder moving around a bit, some guys wear a light shirt underneath.

Depending on the size of your chest, you may need to layer clothing on top of the binder to get optimal chest flattening. You'll find that some of the shirts in your closet require you to layer more than shirts in your wardrobe.

You can swim in your binder. Just wear a sleeveless or sleeved T-shirt over it. Don't worry if your binder seems less effective after a swim, this isn't permanent. Simply wash it and it will go back to normal.

Your chest will look bigger than it really is when you look down at it. Check in the mirror for a more accurate side view.

Not all binders breathe well, and the reality is that you're probably going to get hot. If you've already started testosterone, you're definitely going to sweat. The build up of sweat can irritate your skin causing rashes and sores. Wearing a thin cotton shirt that breathes well underneath your binder may help prevent this. If you find this uncomfortable, try applying corn starch to your body before putting on your binder to help keep it from holding in moisture. If you've already experienced skin irritation of some sort, take care of it the same way you would an open wound. Washing the irritated area with anti-bacterial soap will keep it clean and help it heal faster.

Conclusion

[Chest binding](#), as cumbersome as it may seem, can be very freeing for transgender men. There's a plethora of quality FTM chest binding products available for body types of all shapes and sizes. Regardless of what you use for binding, please remember to put your health first. Now that you're armed with all the information you need to find the right binder for you, go forth and feel more comfortable in your skin!

Last updated: 09/07/16

This was gratefully borrowed from <http://transguys.com/features/chest-binding>

There is a good video there about someone trying on various types and giving pros and cons plus active links to some of these resources and companies.

Bind safely!



Sexual health is part of being human.

Like anyone else, as a transgender man you want to feel positive about your body. You want to have sex that is safe, feels good, and is rewarding.

Each transman is unique.

- You may or may not have had surgery.
- You may or may not take hormones.
- What you like to do when you have sex is unique to you.

Take care of
your body.
It's important
to being a
healthy man.



Have more questions?

Every transman has his own set of concerns and questions. Here are a few resources that can help:

Center of Excellence for Transgender Health
transhealth.ucsf.edu

National Center for Transgender Equality
www.transequality.org

Transgender Law Center
www.transgenderlawcenter.org

National Center for Lesbian Rights
www.nclrights.org

To find a family planning clinic near you, go to:
www.hhs.gov/opa



This publication was made possible by Grant Number FPHPA092020 from the Office of Population Affairs. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office of Population Affairs, or HHS.

All photos courtesy of Center of Excellence for Transgender Health except baby photo by Andrew Vargas.

TRANS HEALTH



sexual
health
FOR
transmen



What about my chest health?

Even if you've had your chest redone, you may still be at risk of cancer. Talk with your provider about getting chest health screenings and mammograms.

Tell your provider about any family history of breast cancer.

What about STDs?

Like anyone else who has sex, transmen are at risk of getting a sexually transmitted disease (STD).

People get STDs from having oral, anal, and vaginal sex. But you can protect yourself:

- **Use a condom or a dental dam every time you have sex.**
- **Get tested for STDs and HIV. Ask your provider how often to get tested.**
- **If you have an STD, get treated right away.**

What if I take hormones?

Taking testosterone (T) will often cause your periods to stop in 1 to 6 months. You may get cramps during or after orgasm. If you have this pain often, talk to your provider.

T can also thin the walls of the vagina. You could use a low dose estrogen cream inside the vagina to keep it from thinning too much. This will help the vagina from bleeding if you have vaginal sex, which lowers the chances of getting an STD, especially HIV.

What about the health of the cervix?

Transmen are at risk for cancer of the cervix, uterus and ovaries if they still have these parts.

The cervix is the opening part of the uterus that connects to the vagina. Cancer of the cervix is caused by certain types of a virus called HPV. It can be passed by skin to skin contact during sex. Ask your provider about getting the HPV vaccine to help protect you from HPV.

Transmen with a cervix may also need a Pap test. The Pap test looks at cells from the cervix to see if there are any signs of cancer. Talk to your provider about when and how often you should get a Pap test done.

Do I still need a pelvic exam?

If you haven't had surgery, yes. Your provider will check your organs with a pelvic exam. Your provider will check the uterus and ovaries for anything unusual. You may also need further tests.

Tell your provider what would make you feel most comfortable during the exam.

Can I still get pregnant?

Some transmen have had surgery to remove the uterus and ovaries. These transmen cannot get pregnant.

But, if you still have a uterus and ovaries, you can still get pregnant even if you take testosterone (T). If you don't want to get pregnant, be sure to use condoms or another birth control method.

There are a few birth control methods that do not have hormones. Talk to your provider about which methods are right for you.

What if I want to get pregnant?

If you still have a uterus and ovaries and want to get pregnant, you will need to stop taking T. High levels of T in your body during pregnancy can cause birth defects in the baby.

Talk to your provider before you try to get pregnant.





Planning for having children is part of life.

Like anyone else, as a transgender person, you have choices when it comes to having children of your own. You need and deserve high quality health care.

Each transgender person is unique.

Wanting to have, or not to have, children are big life choices. Whichever you choose, it's good to plan ahead.

Protect your fertility.

Keep healthy today so you are able to have a baby later on. Untreated STDs can cause problems with fertility.

People are at risk of getting an STD from having oral, anal, and vaginal sex. But you can protect yourself:

- Use a condom or a dental dam every time you have sex.
- Get tested for STDs and HIV. Ask your provider how often to get tested.
- If you have an STD, get treated right away.

Have more questions?

Everyone has their own set of concerns and questions. Here are a few resources that can help:

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TRANS HEALTH



fertility AND you



TRANSWOMEN can have a baby.

If you are a trans- woman who wants to have a child someday, here are a few options to think about:

- **You can use your own sperm to have a baby. If you're still making sperm, you can get your partner pregnant.**
- **You can donate your sperm to some one who can carry the baby for you.**
- **Or you can save your sperm at a sperm bank for later when you're ready to have a baby.**

If you take hormones, you may need to stop for 3–6 months to make enough sperm.

You can also:

- **Adopt a child.**
- **Foster a child.**



TRANSMEN can have a baby.

If you are a transman who wants to have a child someday, here are a few options to think about:

- **You can save your eggs, like sperm banking, to use later on when you're ready to have a baby. You can do this before you have surgery to remove the ovaries and uterus.**
- **You can donate your eggs to a female partner, or to a friend who is willing to carry the pregnancy for you.**
- **You can choose to have your own baby. If you still have a uterus and ovaries, you could use your own eggs and carry your own child.**

You can also:

- **Adopt a child.**
- **Foster a child.**

What if I'm not ready to have a baby right now?

As a transwoman, you may still make enough sperm to start a pregnancy.

As a transman, taking hormones and not having a period won't stop you from getting pregnant. You can still get pregnant while taking T.

To prevent a pregnancy:

- **Use a condom or another birth control method to prevent a pregnancy.**
- **You can use a method of birth control that doesn't have hormones.**



If you had sex without a birth control method with someone who makes sperm, you could get pregnant. You might want to take emergency contraception (EC) to prevent a pregnancy. It's best to take EC right after having sex. You must take it within 3 to 5 days for it to work.

Ask your provider how to get EC in your area.