NORWEGIAN NATIONAL CENTRE FOR GENDER INCONGRUENCE

M-F

Information for patients about assessment and treatment services at NCGI

Oslo universitetssykehus

Information about assessment and treatment services at the Department of Gender Identity Assessment (adults) (DGIA) /Norwegian National Centre for Gender Incongruence (NCGI)

"What is a national centre?"

The health authorities have decided that small groups of patients in need of highly specialised and interdisciplinary services should be offered centralised treatment services.

Why is a national centre necessary?

-To ensure good quality of the assessment and treatment services. It can be difficult to offer good services if there are few patients at each treatment site.

-To ensure equal access to current treatment

-Cost-effectiveness

The main task of the Norwegian National Centre for Gender Incongruence is to:

Assess the psychiatric, endocrinological and surgical treatment potential of persons with Z-76.80, gender incongruence of adolescence and adulthood (ICD-10)

"What is expected of me as a patient?"

You must be prepared to make numerous trips to Oslo over the course of the assessment and treatment. You must contact "Pasientreiser" (Patient Travel) yourself to agree on the type of transport and accommodation to which you are entitled. Your trips – and any overnight stays – are covered under current rules. You must request confirmation of attendance that can be delivered to your school or employer. You also have to go to your appointments at NCGI as agreed – and give notice well in advance if you need to change the appointment. You will be charged a double user fee if you do not give notice the day before.

"How much does the treatment cost?"

The assessment and treatment are free, but you pay a user fee for outpatient appointments and day treatment. Once you have reached the user fee limit, you will not

pay a user fee for the rest of the current year. Operations that require you to be admitted to a ward are free.

"Who will I meet with?"

DGIA works in an interdisciplinary manner, that is, the various health professionals have different professional backgrounds and have different tasks. We have collaborative meetings and discuss patient cases together. A diagnosis is made and treatment is recommended after the team has reached an agreement. It is therefore important that you meet several health professionals during the assessment and treatment process.

Administrative assistant: Linn M Karlsen (master's degree in culture and gender studies)

Patient co-ordinator: Trude Rømuld (nurse)

Head of department: Kjersti Gulbrandsen (clinical specialist in nursing)

Chief physician: Abdullah Mohammud (specialist in neurology)

Assessment group:

Anja Pahnke, chief physician (specialist in neurology and neuropsychiatry)

Are Dahl Michaelsen, specialist psychologist (children and adolescents)

Alexander Cannistraci, specialist psychologist (adult)

Cathrine Tennebø Jakobsen, specialist psychologist (adult)

The treatment team:

Endocrinologists: Johan Arild Evang, Thomas Schreiner, Ansgar Heck

Plastic Surgeons: Kjell Vidar Husnes w/ team

Nurses: Lene Bjørnson w/ team (PLA ward), Birgit Luksch w/ team (PLA, outpatient clinic)

Gynaecologists: Karin Langeland w/ team (Ullevål)

Speech therapists: Jorid Løvbakk and Britt Bøyesen w/ team + speech therapists in Bergen and Trondheim

"What are the criteria for diagnosis Z-76.80 (ICD-10); Gender incongruence of adolescence and adulthood?

".. characterised by a marked and persistent incongruence between an individual's experienced gender and the assigned sex, which often leads to a desire to "transition", in order to live and be accepted as a person of the experienced gender, through hormonal treatment, surgery or other health care services to make the individual's body align, as much as desired and to the extent possible, with the experienced gender.

Diagnostic guidelines:

The diagnosis cannot be made before puberty. The diagnosis cannot be made on the basis of behaviour or preferences outside the norm of the assigned sex alone".

In order to start hormonal and/or surgical treatment, the person must not have coexisting psychosocial or physical problems that can negatively affect the long-term prognosis during or after treatment.

"How is the assessment carried out?"

Consultations

The assessment consists of structured psychiatric interviews and diagnostic consultations with the health professionals on the team. You need to be prepared that challenging questions may be asked and that you sometimes have to repeat things you have said before.

We spend about a year on the assessment, but everyone who comes to us is assessed individually so the length of the assessment will vary from person to person.

During the assessment period, it is necessary that you live in your psychological gender in all areas of life, a so-called real-life experience (RLE). This is done to get an experience of how this works for you before embarking on partially irreversible hormone therapy – followed later by an irreversible surgical procedure.

Questionnaires

You will have to complete numerous forms. ☺

The forms are used in the diagnostic work, but also in connection with research. You will be asked to participate in research both during the assessment – and after you have completed treatment.

Research must be voluntary and reservation against participation is permitted.

"Can I be rejected?"

If we assess that you do not meet the diagnostic criteria for gender incongruence, or for various reasons (such as mental or physical illness or obesity) are assessed as not a

candidate for hormonal and/or surgical treatment, you will receive feedback on this as early as possible in the assessment process.

We strive to have an open dialogue with everyone who comes to us and with their local health professionals and families. In some cases, the assessment must be terminated for various reasons (for example: psychosocial instability, low level of functioning, drug use, problems getting started with RLE), either before the start of or during the assessment. When this is the case, we will work with your local therapist/GP to find a suitable local follow-up service.

Some choose to end the assessment for various reasons – this is of course perfectly fine. For example, some may find that they are nevertheless satisfied with living in their birth sex without treatment. If your patient relationship is discontinued or you yourself want to quit, you can be re-referred to us once you have recovered, achieved better daily functioning, lost or gained weight and/or feel ready to continue the assessment.

"Why is it important to be psychosocially stable?"

Hormonal and surgical gender-affirming treatment is a demanding process, both mentally and physically. You are therefore expected to be psychosocially stable at the start of the assessment at DGIA. Mood stability and frustration tolerance are very important. Experience has shown us that patients experience undesirable psychological and emotional reactions during the start-up of hormones (depression, mood instability). Post-operative reactions (depression, anxiety) also occur in some patients, which may have consequences for the final surgical outcome and long-term prognosis.

While hormones and surgery will help you with gender/body dysphoria, symptoms of depression, anxiety, etc. need to be treated with psychotherapy – and sometimes with medication.

To get through a gender reassignment process with a beneficial outcome, it is important to have a good social environment (family, friends, and daily organised activities).

It is also important to have other interests so that not everything in your life revolves around the assessment and treatment process – there will come a day when your treatment is finished. In order to avoid an experience of emptiness following a prolonged gender reassignment process, it is important to have specific goals for the near future.

"What is real-life experience (RLE) and how do I go about starting it?"

RLE is a psychosocial process that involves living in your experienced or psychological gender. We require that you, when you are ready, live in your desired social role in all life contexts.

There is no universal "recipe" for how to proceed. You will have to see what works for you. Some ask family and friends for advice. Others consult stylists, look at magazines, go online and observe others concerning clothing style and gestures.

You have to figure out what kind of expression is right for you, but one of the goals of RLE is that others see you the way you want them to see you.

"Why do I have to do that?"

It is necessary to live in one's psychological gender in all areas of life to see if this works for the individual, before embarking on partially irreversible hormone therapy – followed later by an irreversible surgical procedure.

The process does not end when you complete your treatment at NCGI, but continues in many ways for the rest of your life. The transition after gender reassignment is such a comprehensive process that it has to be considered whether it is something you will cope with – also in the long term. RLE will help you explore how you can adapt to a new social gender role – to see if you experience it as natural and right for you.

"When should I – and how do I change my name and legal gender?"

It is up to you when you want to do this, but it can be helpful while you are adjusting to living in your psychological gender. You can go to "Altinn" and apply to change your name and legal gender; you can find the procedure on their website. While your new name and national identity number will be automatically changed in public registers, you will need to obtain a new passport, driving licence, bank ID card, etc. yourself.

"Am I entitled to aids?"

If you meet the criteria for Z-76.80, you are entitled to treatment aids.

1. Speech therapist (following assessment by physician)
2. Hair removal on face and upper body
3. Breast prostheses
4. Wig

DGIA's doctors will help you apply for the treatment aids you need.

"What can I expect from hormone therapy?"

There is a waiting period for the initial consultation with an endocrinologist ("hormone doctor"). You must apply to Helfo, which has a processing time of 2 months, to be granted a "blue prescription". You must undergo blood tests and must therefore be able to tolerate them.

Effect: Thinner skin, change in distribution of fat, reduced body hair growth, softer and lighter hair. Penis and testicles "shrink", sperm production decreases, less sex drive, fewer nocturnal erections.

Side effects: Increased risk of blood clots, liver disease, high blood pressure, psychological reactions; low spirits and depression, reduced ability to have children (own genes).

"Why do I need to be on hormones for at least a year before being referred for surgery?"

Hormone therapy affects both your body and emotional life, some describe it as "going through puberty again". For some people, it may take a few months to stabilise during hormone therapy. Psychosocial stability during hormonal therapy increases the chances that you will get through the demanding surgical treatment with good results, without becoming mentally unstable. Physical changes during hormone therapy can affect the possibilities and choice of surgical method (breast augmentation).

I want children with my genes – what are my options?

Hormone therapy can affect your fertility.

If you want to freeze your sperm it is recommended that you do this before starting hormones and/or antiandrogens.

Our doctors can refer you.

Sperm donation, under current regulations

Surgical treatment – what does the offer consist of?

Breast enlargement (breast augmentation)

Some people feel that their breasts have not grown enough during the hormonal treatment and want breast implants.

Insertion of silicone prostheses can be offered. The size of the prostheses will depend on how much the breasts have developed during the hormonal treatment.

The procedure is done on a day surgery basis.

Construction of vagina

Vaginal construction is done by removing the erectile tissue (penis), shortening the urethra and creating a vagina that is "lined" with the skin of the penis. Parts of the penis head are preserved and used to create a clitoris.

This is a comprehensive and non-reversible procedure.

Construction of the vagina is done in one operation, but one or more corrective procedures may be needed.

You will have to "dilate" it; that is, to keep the vagina open, you must use latex medical "dilators". You will get these from the surgeon after your operation. For some, it will be necessary to do this for the rest of their lives, but not as frequently as in the beginning.

The vagina does not have moisture-producing glands so you will need to use lubricant during dilation and intercourse. You need to rinse your vagina by using a female catheter and saline pod. You have to do this once a week, for the rest of your life.

"Is larynx shaving offered?"

Some patients are offered this procedure following individual assessment.

"Is there a wait for the surgical treatment?"

This will vary as waiting times for elective (scheduled) surgery at the Department of Plastic and Reconstructive Surgery are affected by emergency treatment of patients (cancer, accidents) and general management of operations.

There is a waiting period of about 6 months for the initial consultation with a surgeon.

Breast enlargement: about 6-12 months after the initial consultation with the surgeon, done on a day surgery basis.

Genital construction: about 2 years

If you can meet at short notice, you may have a somewhat shorter waiting time. This assumes that someone cancels their scheduled operation.

Sources:

Ministry of Health and Care Services: Nasjonale tjenester i spesialisthelsetjenesten. Veileder til forskrift nr. 1706, 17. desember 2010 (in Norwegian).

World Professional Association for Transgender Health. Standards of Care for the Health of Transsexual, Transgender, and Gender- Nonconforming People version 7; *International Journal of Transgenderism, 13:165-232, 2011.*

Ministry of Health and Care Services; Act relating to Human Medical Use of Biotechnology, *chap 4, no/lov/2003-12-05-100/Sections* 2-14

Directorate of Health: Veileder om assistert befruktning med donorsæd,11/2015 (in Norwegian)

International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10)- WHO Version for; 2016

Transsexual and Other Disorders of Gender Identity- a practical guide to management. Barrett, J (edi): Radcliff Publishing Ltd, 2007.

Kirurgisk behandling ved transseksualisme (in Norwegian). Tønseth et al.; Journal of the Norwegian Medical Association, 2 March 2010

Contact information

Department of Gender Identity Assessment (adults)

Administrative assistant: Linn Karlsen

Tel: +47 23074160 Monday-Friday 09:00-11.00 and 13:00-14:00

Coordinating nurse Trude Rømuld:

Tel.: +47 23 07 49 33 (Tuesday+ Thursday, 09-11)

Specialist advisors:

Kjersti Gulbrandsen (assessment)

Thomas Schreiner (endocrinology)

Kim A Tønseth (surgery)

Revised: 6 January 2020