

Patient information sheet: expected changes on feminising hormone therapy

Typical changes from Oestrogen (varies from person to person)	
Average timeline	Effect of Oestrogen
1–3 months after starting oestrogen	<ul style="list-style-type: none"> • softening of skin • decrease in muscle mass and increase in body fat • redistribution of body fat to buttocks and hips • decrease in sex drive • fewer instances of waking up with an erection or spontaneously having an erection; some trans women also find their erections are less firm during sex, or can't get erect at all • decreased ability to make sperm and ejaculatory fluid
Gradual changes (maximum change after 1–2 years on oestrogen)	<ul style="list-style-type: none"> • nipple and breast growth • slower growth of facial and body hair • slowed or stopped balding • decrease in testicular size

Typical changes from Anti-Androgens (varies from person to person)	
Average timeline	Effect of blocking Testosterone
1–3 months after starting anti-androgens	<ul style="list-style-type: none"> • decreased testosterone in the body • decrease in sex drive • fewer instances of waking up with an erection or spontaneously having an erection; some trans women also have difficulty getting an erection even when they are sexually aroused • decreased ability to make sperm and ejaculatory fluid
Gradual changes (usually at least 2 years)	<ul style="list-style-type: none"> • slower growth of facial and body hair • slowed or stopped balding • slight breast growth (reversible in some cases, not in others)

Informed consent for feminising hormone therapy

This form refers to the use of oestrogen by persons who wish to become more feminised as part of a gender affirmation process.

You are asked to sign the following statements on this form to indicate that the risks, as well as the changes, which may occur as a result of the use of oestrogen have been explained to you, and that you understand them. If you have any questions or concerns about the information below, we encourage you to take all the time you need to: ask questions, read, research, talk with your doctor and think about these important aspects of your treatment.

Please initial the following statements

1. _____ I have been informed that the feminising effects of oestrogen can take several months to become noticeable. Some of these changes will be permanent. Permanent changes include:

- I will probably develop breasts. These may take several years to develop to their full size. (There is significant variation in the size of breasts I may expect. Some of this is predictable based on the size breasts my mother and sisters have, but not completely.) If I stop taking oestrogen they may shrink somewhat but not completely.
- I understand that there are brain structures that are affected by testosterone and oestrogen, and that current medical science does not understand these structures adequately. I understand that taking a hormone which will likely affect a part of my brain whose function is not clear may have long-term effects on the functioning of my brain which are impossible to predict. These effects may be beneficial, damaging, or both.

2. _____ These additional changes will not be permanent and should go away if I stop taking oestrogen:

- Acne I might have will probably decrease
- If I am going bald, it will probably slow down. It will probably not stop completely
- My skin may become softer
- Hair growth on my body may become less noticeable; however, it will not go away
- My beard may become less prominent; however, it will not go away.
- The way my body smells, especially the sweat from my armpits, will probably become less noticeable and may change in quality
- The fat on my abdomen may decrease
- The fat on my buttocks and thighs may increase

3. _____ I have been informed oestrogen may cause, or contribute to, depression. If I have a history of depression, I will discuss this with my doctor to explore what treatment options are available to me.

4. _____ Oestrogen will decrease two brain hormones that support size and function of my testicles, which may then effect my overall sexual function. These effects should go away if I stop taking oestrogen. These effects include:

- Up to about 40% shrinkage in the size of my testicles. I
- understand that, even while I am on oestrogen, monthly testicular exams are still recommended.
- Decrease in the testosterone production from my testicles.

- The amount and quality of my ejaculation may decrease, or it may stop entirely. My sperm will still be present in my testicles but will probably stop maturing, so I may become infertile. I have been informed that I may still be able to make someone pregnant. I have been informed that, if I am having sex with someone who can become pregnant, some form of birth control should be used.
- I have been informed that, if I stop taking oestrogen, my ability to produce sperm may or may not come back.
- My erections when aroused may no longer be hard enough for intercourse.
- Decrease or loss of morning and spontaneous erections.
- My sex drive may or may not decrease.

5. _____ I understand the effects of oestrogen will not protect me from sexually transmitted infections or from HIV.

6. _____ If I have experienced significant breast development from hormonal therapy, I understand that it is recommended that I do a breast self-examination on a monthly basis, and engage in regular preventative breast screening from an appropriate age after discussion with my doctor.

7. _____ I have been informed that taking oestrogen can increase my risk of blood clots, which can result in:

- Chronic leg vein problems,
- Pulmonary embolism (blood clot to the lung) which may cause permanent lung damage or death.
- Stroke, which might result in permanent brain damage, such as being paralysed or unable to talk or death.

8. _____ I have been informed the risk of blood clots is much worse if I smoke tobacco or an electronic vaporiser, especially if I am over 35. I understand that the danger is so high I have been advised that I should stop smoking tobacco completely if I start taking oestrogen. My doctor can give me referral to smoking cessation support.

9. _____ I have been advised oestrogen can cause increased blood pressure. If I have high blood pressure, I may be able to take oestrogen if my blood pressure is controlled with medications and or diet and/or lifestyle changes. My doctor will help me address this problem.

10. _____ I have been informed that oestrogen puts a stress on the liver which may lead to liver inflammation or a back-up of liver products in the bile ducts (the liver's "plumbing system"). I will be monitored for liver problems before starting oestrogen and periodically during therapy. I have also been informed that there is a slight risk of long-term oestrogen use causing liver cancer.

11. _____ I have been informed oestrogen may increase migraine headaches and this may be a reason to choose to stop taking oestrogen.

12. _____ I have been informed oestrogen may cause nausea and vomiting, similar to morning sickness in a pregnant person. If nausea and vomiting are severe or prolonged, I understand that it is recommended that I talk with my doctor.

13. _____ I understand I am more likely to have dangerous side effects from oestrogen if I smoke, am overweight, am over 40, have a history of blood clots, high blood pressure, or prior oestrogen-dependent cancers.

14. _____ I understand oestrogen may cause changes in my cholesterol. My HDL (good cholesterol) may go up and my bad cholesterol (LDL) may go down.

15. _____ I understand taking oestrogen should prevent prostate problems. There is a slight chance that taking oestrogen will cause overgrowth of the prostate. I will discuss prostate screening with my doctor.

16. _____ I agree to tell my doctor about any non-prescribed hormones, dietary supplements, herbs, recreational drugs or medications I might be taking. I understand that being honest with my doctor is crucial to developing a trusting relationship. Sharing this information will help my doctor to prevent potentially harmful interactions. I have been informed that I will continue to receive high quality medical care, regardless of what information I share.

17. _____ I understand that everyone's body is different and that there is no way to predict what will be my response to hormones. I understand that the right dosage for me may not be the same as for someone else.

18. _____ I agree to take hormones as prescribed and to inform my doctor of any problems or dissatisfactions I may have with the treatment. I've been informed that, if I take too much oestrogen, my body may convert it into testosterone. This may slow or stop the desired effects of the hormone.

19. _____ I will have physical examinations and blood tests periodically to make sure I am not having a bad reaction to the hormones. I understand this is required to continue hormone therapy.

20. _____ I understand that there are medical conditions that could make taking oestrogen either dangerous or damaging. I agree that if my doctor suspects I may have one of these conditions, I will be evaluated for it before the decision to start or continue oestrogen therapy is made.

21. _____ I understand that I can choose to stop taking oestrogen at any time. I also understand that my doctor can discontinue treatment for clinical reasons. All the above information has been explained to my satisfaction.

_____ I choose to begin oestrogen therapy.

_____ I do not wish to begin oestrogen therapy at this time.

Patient Signature Date

Parent/Guardian Signature Date

Doctor Signature Date

Doctor Stamp