

Auckland Regional Sexual Health Service, Centre for Youth Health & Northland DHB are proud to support Hauora Tāhine.

Consent form for feminising hormone therapy

This consent form outlines important information you might want to talk to your health team about before starting hormones to feminise the body.

Progynova (oestradiol valerate) tablets or **Estradot** (oestradiol hemihydrate) patches provide the feminising hormone oestrogen. Testosterone blockers are needed as well unless gender reassignment surgery has occurred.

Oestrogen tablets/patches will gradually feminise the body.

Permanent body changes (even if you stop taking the tablets):

- Gradual increase in breast size over 2-3 years
- Your oestrogen dose is increased slowly for best breast development
- It is not known if taking oestrogen increases the risk of breast cancer. Take care of your breasts - it is recommended to follow the normal breast screening guidelines for women

Non-permanent body changes (that may reverse if you stop the oestrogen):

- Softer skin
- Decreased muscle mass
- Less body hair
- More fat on buttocks, hips and thighs

Things that don't change much:

- Facial hair slows down but doesn't stop completely
- Voice stays the same
- Bone structure of your face and Adam's apple doesn't change

If you stop taking your hormones some body changes stay but you may find that your body will slowly masculinise.

Fertility

Taking the hormones stops your testicles producing testosterone. Your testicles may shrink by up to 50% and may eventually stop sperm production. If it is important for you to preserve your fertility you might want to freeze your sperm before you start treatment. Your health team will talk to you about this.

Sex

Taking the tablets may lower your sex drive so that you are not as interested in having sex anymore. You may find that you get erections less often and that your penis doesn't get as hard anymore. If you want to be able to use your penis for sexual pleasure talk to your health team and they will review your medications.

Mental health

Some people may feel more emotional taking oestrogen. Some people find their mental health improves – the effects of hormones on the brain are not fully understood. Transitioning can be a stressful time and many people need some help adjusting to the physical and emotional changes. It is really important that you let your health team know if you are having problems so that they can help you access the support you need.

Common side effects

- Nausea
- Headaches
- Tender breasts
- Weight gain

Most side effects should settle within a few days to weeks of starting the medications. Please tell your health team if you have any side effects, especially headaches or migraines.

Potential risks of oestrogen

The full medical effects and safety of taking hormones are not fully known. The potential risks of taking oestrogen must be weighed against the benefits that hormones can have on your health and quality of life.

Likely increased risk

- Blood clots deep vein thrombosis (DVT), pulmonary embolism (blood clot in the lung), stroke, heart attack
- Changes to cholesterol (may increase risk of pancreatitis and heart disease)
- Gallstones

Possible increased risk

- Increased blood pressure
- Liver problems
- Increased prolactin and possibility of benign pituitary tumours

Possible increased risk if you have extra risk factors

- Heart disease
- Diabetes

No increased risk/unknown risk

Breast cancer

Some of these risks are reduced by using oestrogen patches instead of tablets.

Go to the emergency department or seek medical help urgently if:

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

These symptoms might mean you have a serious problem like a blood clot.

The risk of having a blood clot is much higher if you smoke or are overweight.

Blood clots are more common as you get older. Stopping oestrogen before and after surgery can help reduce the risks of blood clots around this time.

Keeping in touch with your health team for regular checkups and blood tests is an important part of your care and will reduce the risks of taking hormonal therapy.

Are there any other questions you want to ask?

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

For many different reasons people question whether or not they want to continue to take hormones. This can be a normal part of your journey. Please feel free to discuss this with your prescriber before you stop your medication. Come and talk – your health team is always ready to listen.

I wish to start feminising hormone therapy:	
Name	Date
Prescribed by:	
riescribed by.	
Name	Date







