

WHAT TRANSITION MAY ENTAIL

Trans and non-binary people each have their own needs and priorities for transition; transition journeys may vary substantially. The boxes below outline the major changes or interventions that children, youth, and adults may wish to pursue. In supporting a person, ask what is important to them - be careful to not make assumptions that everyone has the same goals.

TRANSITION	Before Puberty	During Puberty	After Puberty
SOCIAL	1) Name and pronoun 2) Clothing, haircut etc that honours gender expression 3) Using gendered spaces that align with identity 4) Coming out to others	1) Name and pronoun 2) Clothing, haircut etc that honours gender expression 3) Using gendered spaces that align with identity 4) Coming out to others 5) Articles that support positive body image: binders, etc.	1) Name and pronoun 2) Clothing, haircut etc that honours gender expression 3) Using gendered spaces that align with identity 4) Coming out to others 5) Articles that support positive body image: binders, etc.
LEGAL	Changing ID to name and/or gender that fits identity	Changing ID to name and/or gender that fits identity	Changing ID to name and/or gender that fits identity
MEDICAL	No medical intervention	Puberty suppression at Tanner Stage II	Hormone Replacement Therapy One or more surgeries (almost all surgeries are restricted to people who are over 18)

Medical Transition Options

Assigned Sex at Birth	Assigned Male at Birth (AMAB)	Assigned Female at Birth (AFAB)
Hormones	Anti-androgen to suppress testosterone and Estrogen to feminize	Testosterone to masculinize
TOP Surgeries	Breast Augmentation (estrogen required for 12 month prior to approval with NO breast growth)	Chest surgery (Mastectomy) Additional cost for chest contouring between 1,500 and 5,000 on top of what is covered
BOTTOM Surgeries	Orchiectomy	Hysterectomy (with or without bilateral salpingo-oophorectomy)
	Vaginoplasty with or without neovagina	Vaginectomy
		Clitoral Release
		Metoidioplasty
		Scrotoplasty and Phalloplasty (done together)

TIPS:

- Words that end in “ectomy” means removal
- Words that end in “plasty” means creation

IMPORTANT:

- Hormones can be prescribed by Medical Doctor (MD) or Nurse Practitioner (NP) in primary care – **no** **need** to refer to specialist or have psychiatric assessment – MD or NP can diagnose for gender dysphoria
- Top surgeries require only 1 referral by MD or NP
- Bottom surgeries require 2 referrals: one must be by MD or NP, the other one can be done by MD, NP, RN, RSW or Registered Psychologist.
- All surgeries – except for hysterectomy and mastectomy – require being on hormones for 12 months prior to surgery.
- Client can choose what type of medical intervention they want – some people only have hormones, some AFAB people only have top surgery and no hormones, etc.
- Hormones are covered by OHIP plus if youth do not have private insurance via job benefits or parents’ insurance.
- Surgeries additional costs such as travelling, supplies needed post-surgery, etc. are not funded. Hope Air can help with the cost of travelling (hopeair.ca) for surgeries.
- There are other transition-related surgeries which are not covered by the MOHLTC such as tracheal shaving for AMAB people.