Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Evidence Based Intervention

Interim policy

Hysterectomy in Gender Dysphoria

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Policy: Hysterectomy for patients with Gender Dysphoria.

Scope

This policy covers stand-alone hysterectomy as gender affirming surgery or risk reduction surgery for transgender patients on testosterone.

Hysterectomy for patients with Heavy Menstrual Bleeding is not considered within this policy. For this indication, please see the national Evidence Based Intervention policy on Hysterectomy for Heavy Menstrual Bleeding by the Academy of medical Royal Colleges at https://ebi.aomrc.org.uk/

For individuals about commence a treatment that is likely to lead to permanent infertility and would like to have their gametes preserved for future use please see the Hertfordshire and West Essex Integrated Care Board (HWE ICB) Gamete Storage policy at https://www.hweclinicalguidance.nhs.uk/clinical-policies/gamete-storage/

Gender Dysphoria may be characterised by a strong and persistent cross-gender identification (such as stating a desire to be the other sex or frequently passing as the other sex) coupled with persistent discomfort with a person's sex.
((*International Statistical Classification of Diseases and Related Health Problems*) NHS England 2019).
Not all transgender or non-binary people will have gender dysphoria, but only those with a diagnosis of gender dysphoria are eligible for the various interventions on the NHS pathway of care (NHS England 2023).
NHS England are the responsible commissioner for specialised Gender Identity Clinics and specialised surgeries including hysterectomy when it is being performed as part of masculising genital surgery. However, there are patients who may not wish to have masculising genital surgery and a standalone hysterectomy is the recommended treatment.

Policy Position

Standalone hysterectomy (+/- salpingo-oophorecotomy) for risk reducing treatment where a patient takes long term testosterone and there is an increased risk of endometrial hyperplasia is not routinely funded but monitoring of the endometrial thickness by ultrasound scanning every two years is recommended (NHS England 2022).
If there are any concerns for malignancy clinicians should follow the Trusts cancer guidelines.

HWE ICB will fund standalone hysterectomy as part of gender affirmation treatment where;

- The patient has been fully managed and supported within an accredited gender dysphoria service. Evidence must be provided that a specialist in gender dysphoria recommends standalone hysterectomy as a safe and appropriate intervention.

- The patient has socially transitioned to their preferred gender identity for at least a year before a referral is made for gender surgery; *this must not entail a requirement for the individual to conform to externally imposed or arbitrary preconceptions about gender identity and presentation; this requirement is not about qualifying for surgery, but rather preparing and supporting the individual to cope with the profound personal and social consequences of surgery; where individuals can demonstrate that they have been living in their gender role before the referral to the Provider, this must be taken into account.*

- The patient is aged 18 years or above.

- If significant medical or mental health concerns are present, they must be well controlled.

- Patient must have the capacity to make a fully informed decision and to consent for treatment.

- The HWE ICB fitness for surgery policy will apply. Therefore
  - The patient must be non-smoking or switched to E-cigarettes at least 8 weeks prior to surgery AND
  - if their BMI is 30 to 40 and they have metabolic syndrome they must lose 10% weight or reduce BMI to below 30 OR
  - If their BMI is over 40, they must lose 15% body weight or reduce their BMI to below 40, whichever is greater.

- Ultimately, it is the surgeon's responsibility to determine that an individual is sufficiently healthy, physically and psychologically, to undergo surgery. If the surgeon has any doubts about the appropriateness of surgery, the surgeon will consult with the Gender Dysphoria Specialist before proceeding further.

This policy recognises and respects diversity in gender identity and its expression. It recognises that there are other identities than the traditional (binary) identities associated with 'man' and 'woman', and that gender diverse people with such identities (and who are known by a variety of other names, including non-binary, trans-feminine, trans-masculine, Genderqueer, non-gender and others) must have access to the treatment described in this document that is equitable to the access available to people with binary identities.

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Individual cases will be reviewed as per the ICB policy.

References

1. The Gender Identity Clinic – Surgery Referrals
   Surgery referrals - Gender Identity Clinic – GIC
2. NHS Choices
   Gender dysphoria - Treatment - NHS (www.nhs.uk)
3. NHS England– Service Specification - Gender Identity Services for Adults (Surgical Interventions) v4 December 2019
   NHS-England-Service-Specification-for-Specialised-Gender-Dysphoria-Services-Surgical-v4.pdf
4. The Tavistock and Portman NHS Foundation Trust - Shared Care Prescribing Guidance for Treatment of Gender Dysphoria in People Assigned Female at Birth Transitioning to a Masculine Gender Identity
   https://gic.nhs.uk/wp-content/uploads/2022/12/Shared-Care-Protocol-Trans-Masculine-v12.3_approved-22.12.2022.pdf

Change History:

Version	Date	Reviewer(s)	Revision Description

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