

Thames Valley Priorities Committees (Oxfordshire PCT)

Policy Statement 18b: Gender Dysphoria

Ref TV63

Oxfordshire Commissioning Board decision: Approved, December 2006

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Gender Dysphoria is a psychological state whereby a person demonstrates dissatisfaction with their biological sex, and requests sex reassignment. Management can be lengthy and expensive and comprises assessment, psychotherapy, real life experience, hormonal therapy and surgery.

- There is a consensus that equitable access to services for initial diagnostic assessment and hormone therapy is needed for those patients fulfilling the Harry Benjamin International Gender Dysphoria Association criteria.
- There is no professional consensus on the classification of core and non-core procedures for gender reassignment.
- There is limited evidence to suggest that gender reassignment surgery is effective. Much of the evidence in favour of or against gender reassignment surgery is of poor quality due to lack of standardised criteria for assessment and management.
- For most gender reassignment surgical (GRS) procedures, several techniques have been described with varying degrees of complications and patient satisfaction reported. In view of the heterogeneity of surgical techniques, outcomes, complications and patient choice, it is not appropriate to recommend any particular technique or procedure. There is particular concern about the clinical effectiveness of some procedures especially phalloplasty.
- There is no published evidence on cost-effectiveness of gender reassignment surgery.

GRS core surgical procedures for male to female patients (MtF) may include Penectomy, Orchidectomy, Vaginoplasty (including hair removal essential for vaginoplasty), Clitoroplasty, Labiaplasty. Core surgical procedures for female to male (FtM) patients are Mastectomy, Hysterectomy, Salpingo-oophorectomy, Metoidioplasty, Phalloplasty, Urethroplasty, Scrotoplasty and placement of testicular prostheses.

The Oxfordshire Priorities Forum recommends that:

1. Patients should be referred initially to a local NHS Consultant Psychiatrist.
2. Access to a specialist tertiary NHS commissioned Gender Identity Clinic for assessment should be via tertiary referral from the local NHS Consultant Psychiatrist.
3. Specialist psychological support and hormonal therapy will be funded provided the above criteria have been fulfilled.
4. ***GRS core surgical procedures are a Low Priority treatment due to the limited evidence of clinical effectiveness and are not routinely funded.***
5. Cosmetic surgery and other non-core procedures such as breast augmentation, larynx reshaping, rhinoplasty, hair removal, jaw reduction and waist liposuction should not be considered as a core part of GRS. Patients who wish to be considered for these treatments should be considered in accordance with the existing policies on Cosmetic Breast Surgery and Cosmetic Procedures.

References

1. Paranthaman K . Cheong-Leen C. Report for TVPSU: Management of Gender Dysphoria. May 2006.
2. Standards of Care for Gender Identity Disorders. 6th version. The Harry Benjamin International Gender Dysphoria Association Inc. (HBIGDA); 2001 <http://www.hbigda.org/Documents2/socv6.pdf> (accessed 7th February 2006)

NOTES:

1. *Potentially exceptional circumstances may be considered by the patient's PCT where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living.)*
2. *This policy will be reviewed in the light of new evidence or guidance from NICE.*
3. *The Oxfordshire Priorities Forum lavender papers can be viewed at www.oxfordshire.nhs.uk/prioritysetting.asp*