# Women's Health

A DIVISION OF THE CANADIAN PHYSIOTHERAPY ASSOCIATION

FALL 2022 NEWSLETTER

## WORD FROM THE CHAIR

Dear Members,

Happy late fall to you all, new and returning members of the Women's Health Division. Fall always feels like a transitional season after the refresh of a busy summer. As we settle into our new roles and routines before the rush of the holiday season. For myself, this fall has been busy, wonderful, and new as I welcomed my first child and took over the role of Women's Health Division Chair. I have been so fortunate to have the full support of our executive and operational subcommittee members as I have navigated both new roles simultaneously.

Our team has reconnected after refreshment summer and we are thrilled to welcome some returning and some new faces. We have grown this year, and I am so excited to see what we can accomplish. Watch for our e-blasts and stay tuned to our social media channels for updates on what we have going on. I can't say enough about the amazing group of volunteers we have on our team - their energy, passion, and dedication to the growth of our field is inspiring. It is a privilege to know and work with each of them. That said, we continue to look for extra volunteers, to help us with advertising and website management - if you are interested in getting involved in any capacity, please reach out to us at contact@womenshealthcpa.com.

Speaking of amazing volunteers, I'd like to say a special thank you to Nicole Ivaniv, our outgoing newsletter chair, as well as our newsletter subcommittee, Kaleigh Brown, Alyssa Brunt, Laura Powers, Katie Kelly, Leslie Spohr, and Angelique Montano-Bresolin. The time, effort, and expertise that you put into our quarterly edition is second to none. Our newsletter is an amazing resource for our members, and your regular contributions make an enormous impact to our field. I'd also like to welcome Stephanie Boone, who is our incoming Newsletter Chair. We are so excited to see where you take this role! Our newsletter team is amazing as it is, but we can always use new voices - if you would like to get involved in producing newsletter content, we would love to hear from you - feel free to reach out at contact@womenshealthcpa.com to let us know that you're interested!

As always, I'm sending my best to you and yours. Thank you for your ongoing support of the WHD.

***Alison Gordon***

Chair, Women's Health Division, Canadian Physiotherapy Association
Physiotherapist
She/Her

## IN THIS ISSUE

# NOTE FROM THE EDITOR

Dear readers,

I am so excited to be the Newsletter Editor for the Women's Health Division! The team has been so welcoming and I look forward to this new chapter. It is an honour to work among such knowledgeable and inspiring Physiotherapists throughout Canada.

This edition of the WHD Newsletter will explore the role of physiotherapy in our gender diverse population, with topics including rehab post- gender affirming surgery, basic terminology and creating a safe space for everyone.

Yours truly,

***Stephanie Boone, PT (Resident)***
WHD Newsletter Editor

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**Name:** Pain Neuroscience Applied to Childbirth: Exploring Theory, Integration and Outcomes
**Instructor:** Ibukun Afolabi
**Dates:** Wednesday, Nov. 30th
**Time:** 6:30 - 9:30 PM EST

**Name:** Unhappy Bladder Reframed
**Instructor:** Jilly Bond
**Dates:** Sunday, Nov. 6th, 13th, 20th, 27th, Jan 8th
**Time:** 10:00 - 1:00 PM EST

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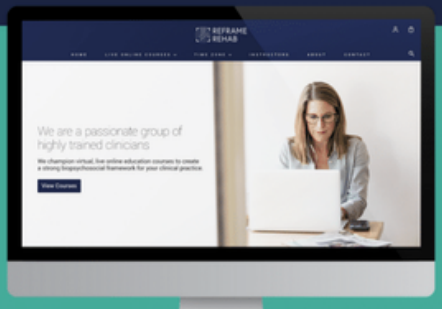


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# KT CORNER

*By Stéphanie Bernard, PhD, MSc, PT*
*Postdoctoral Fellow at the University of Alberta*

Hello everyone! For the fall edition of the newsletter, I thought I'd stay in line with the current theme by highlighting a recent paper submitted on behalf of the European Society of Sexual Medicine on sexual wellness in people who have had gender affirmation surgery. This paper has been published in Open Access and is therefore available to anyone who wishes to read it (just click on the DOI link below). Although not all of the statements in this paper are directly relevant to physiotherapy, it is still pertinent for physiotherapists to better understand certain elements related to sexual wellness that may influence the surgical decision process or subsequent recovery. For example, understanding whether certain surgical options affect sexual wellness more positively or negatively than others may allow you to quickly identify some of the unique needs of a person who has undergone gender affirming surgery through a better understanding of the associated symptomatology. Another topic of interest for physical therapists found in this article: the authors identified evidence regarding dyspareunia experienced after vaginoplasty. They reviewed 10 studies that looked at pain during penetrative sex and identified that one-third of them reported pain on penetration, deep or superficial dyspareunia, or vulvodynia (Özer et al, 2022). Finally, it is also interesting to note the definition of sexual wellness chosen by the authors of this article, "In this take, sexual wellness is a combination of sexuality, enacted sexual script, sexual activities, sexual intercourse, sexual response cycle, genital function, sexual function, sexual pleasure, sexual satisfaction, and quality of sexual life" (Özer et al, 2022). Consideration of the terms included in this definition could inform the scope of vocabulary to be used in a subjective assessment. I hope you enjoy it!

### *CITATION*

Özer M, Toulabi SP, Fisher AD, T'Sjoen G, Buncamper ME, Monstrey S, Bizic MR, Djordjevic M, Falcone M, Christopher NA, Simon D, Capitán L, Motmans J. ESSM Position Statement "Sexual Wellbeing After Gender Affirming Surgery". Sex Med. 2022 Feb;10(1):100471. Epub 2021 Dec 28.

### *LINK*

https://doi.org/10.1016/j.esxm.2021.100471

### *INTRODUCTION*

Much has been published on the surgical and functional results following Gender Affirming Surgery ('GAS') in trans individuals. Comprehensive results regarding sexual wellbeing following GAS, however, are generally lacking.

### *AIM*

To review the impact of various GAS on sexual wellbeing in treatment seeking trans individuals, and provide a comprehensive list of clinical recommendations regarding the various surgical options of GAS on behalf of the European Society for Sexual Medicine.

### *METHODS*

The Medline, Cochrane Library and Embase databases were reviewed on the results of sexual wellbeing after GAS.

### *MAIN OUTCOMES MEASURE*

The task force established consensus statements regarding the somatic and general requirements before GAS and of GAS: orchiectomy-only, vaginoplasty, breast augmentation, vocal feminization surgery, facial feminization surgery, mastectomy, removal of the female sexual organs, metaidoioplasty, and phalloplasty. Outcomes pertaining to sexual wellbeing- sexual satisfaction, sexual relationship, sexual response, sexual activity, enacted sexual script, sexuality, sexual function, genital function, quality of sex life and sexual pleasure- are provided for each statement separately.

### *RESULTS*

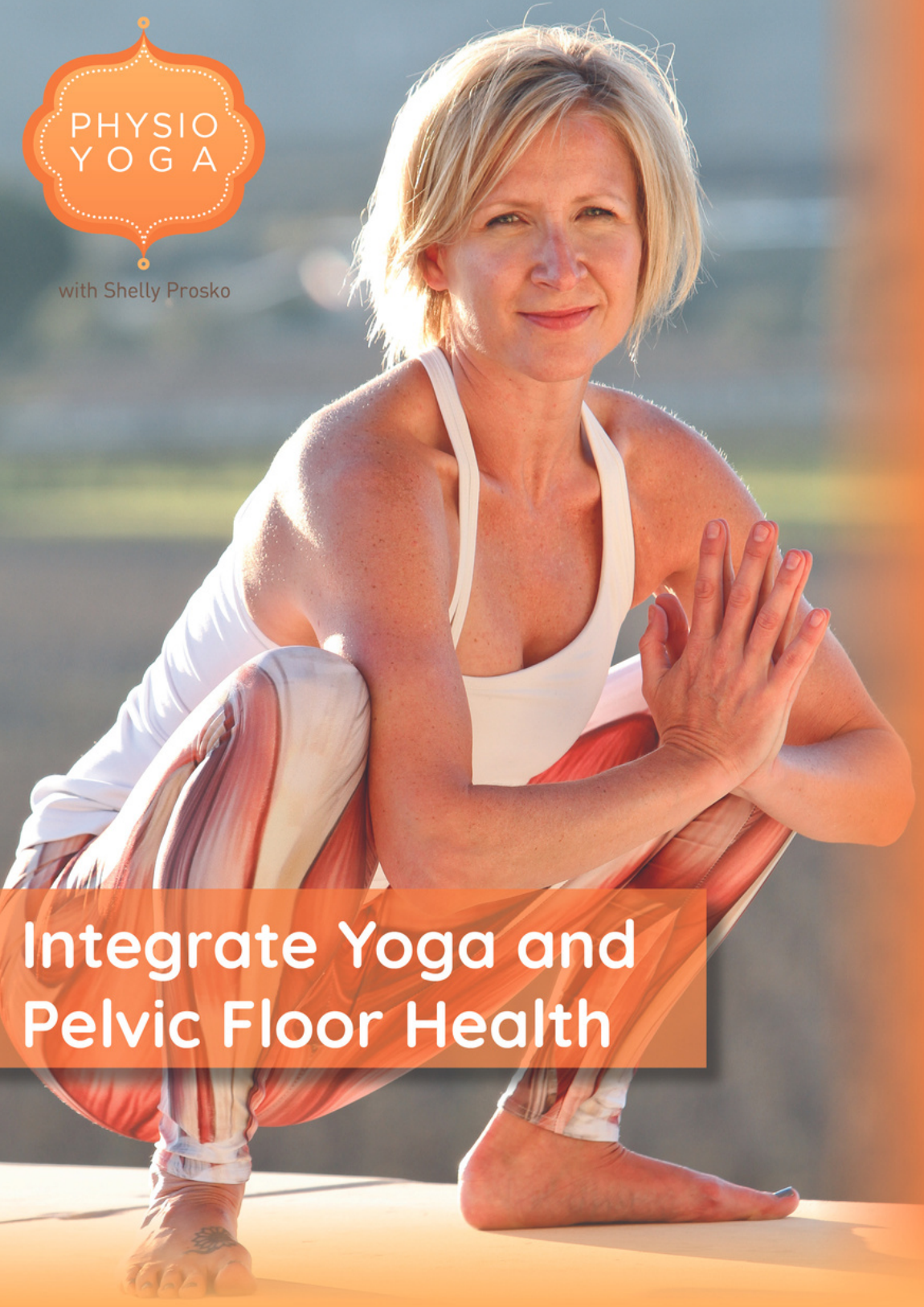
The present position paper provides clinicians with statements and recommendations for clinical practice, regarding GAS and their effects on sexual wellbeing in trans individuals. These data are limited and may not be sufficient to make evidence-based recommendations for every surgical option. Findings regarding sexual wellbeing following GAS were mainly positive. There was no data on sexual wellbeing following orchiectomy-only, vocal feminization surgery, facial feminization surgery or the removal of the female sexual organs. The choice for GAS is dependent on patient preference, anatomy and health status, and the surgeon's skills. Trans individuals may benefit from studies focusing exclusively on the effects of GAS on sexual wellbeing.

### *CONCLUSION*

The available evidence suggests positive results regarding sexual wellbeing following GAS. We advise more studies that underline the evidence regarding sexual wellbeing following GAS. This position statement may aid both clinicians and patients in decision-making process regarding the choice for GAS.

PHYSIO YOGA

with Shelly Prosko



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**Shelly Prosko**, PT, C-IAYT
physiotherapist, yoga therapist

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# NEW ONLINE COURSES

## GENDER AND SEXUAL MINORITIES

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## TWO COURSES PRESENTED BY **BRIANNA DURAND, DPT**

### 1. INCLUSIVE CARE FOR GENDER AND SEXUAL MINORITIES

This course is packed full of clinically relevant and applicable information designed to help those who are striving to reframe their understanding of sex and gender and have a more well-rounded view of the entirety of the LGBTQIA+ community.

Participants will gain up-to-date, in-depth knowledge of the various terminology used by and relating to LGBTQIA+ individuals

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### 2. GENDER AFFIRMING CARE FOR PELVIC HEALTH PHYSIOTHERAPISTS

How can you wield your skillset to help a patient preparing for masculinizing top surgery? How would a pelvic floor internal assessment be similar or different for someone with a neovagina compared to a patient with a natal vagina? What are the considerations for tissue healing after phalloplasty? These questions and more will be answered in this course and all done in a safe environment where you are not only free, but encouraged to ask questions you may be afraid to ask in other situations. Come learn about providing affirming care from therapists who are part of the LGTBQIA+ community themselves and have the unique combination of lived experience and clinical expertise to help you!

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# CREATING A SAFE SPACE & UNDERSTANDING KEY TERMS IN THE GENDER DIVERSE POPULATION

*By Alyssa Brunt*

Using LGBTQ+ terminology assists practitioners in providing patients with the highest quality of care. However, these terms and definitions will continue to change as our understanding of sexuality and gender evolves. Moreover, not all patients may agree with these definitions as LGBTQ+ people use a variety of terms to identify themselves, some of which are not included below. It is important to always respect and use the terms patients prefer to describe themselves and their gender.[1-6]

**Sex Assigned at Birth:** The sex, male, female or intersex, that a doctor or midwife uses to describe a child at birth based on their external anatomy (Human Rights Campaign).

**Gender Diversity:** The extent to which a person's gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex (American Psychological Association, 21).

**Gender Identity:** A person's internal, deeply held knowledge of their own gender. This may or may not correspond to a person's sex assigned at birth or to a person's primary or secondary sex characteristics. Gender identity is not visible to others. You cannot look at someone and "see" their gender identity (American Psychological Association, 21; The GLAAD Media Institute).

**Gender Expression:** An individual's presentation, including physical appearance, clothing choice and accessories, and behaviour that communicates aspects of gender or gender role. Gender expression may or may not conform to a person's gender identity (American Psychological Association, 20).

**Gender Non-Conforming:** A broad term used to describe people whose gender expression differs from conventional expectations of masculinity and femininity, or whose gender expression does not fit neatly into a category. Many cisgender people have gender expressions that are gender non-conforming. Simply having a non-conforming gender expression does not make someone trans or non-binary (Human Rights Campaign; The GLAAD Media Institute).

**LGBTQ+:** An acronym for "lesbian, gay, bisexual, transgender and queer" with a "+" sign to recognize the limitless sexual orientations and gender identities used by members of our community (Human Rights Campaign).

**Sexual Orientation:** An inherent or immutable enduring emotional, romantic or sexual attraction to other people. An individual's sexual orientation may be lesbian, gay, heterosexual, bisexual, queer, pansexual, or asexual. Sexual orientation is distinct from sex, gender identity, gender role and gender expression (Human Rights Campaign).

**Cisgender:** A term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth. Cisgender can be shortened to cis (The GLAAD Media Institute; Human Rights Campaign).

**Transgender:** An umbrella term to describe people whose gender identity differs from the sex they were assigned at birth (The GLAAD Media Institute). Transgender people may identify as straight, gay, lesbian, bisexual, etc. Sometimes abbreviated as *trans* (National LGBT Health Education Center; Human Rights Campaign).

- **Transgender Woman:** A woman who was assigned male at birth. She may shorten it to trans woman (The GLAAD Media Institute).
- **Transgender Man:** A man who was assigned female at birth. He may shorten it to trans man (The GLAAD Media Institute).

**Non-binary:** An adjective describing a person who does not identify exclusively as a man or a woman. Non-binary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories (Human Rights Campaign; The GLAAD Media Institute).

**Intersex:** People who are born with a variety of differences in their sex traits and reproductive anatomy. There is a wide variety of difference among intersex variations, including differences in genitalia, chromosomes, gonads, internal sex

organs, hormone production, hormone response, and/or secondary sex traits (Human Rights Campaign).

**Transition:** The process a person undertakes to bring their gender expression and/or their body into alignment with their gender identity. This includes social transition, such as changing name and pronouns, medical transition, which may include hormone therapy or gender affirming surgeries, and legal transition, which may include changing legal name and sex on government identity documents (Human Rights Campaign; The GLAAD Media Institute).

**Gender Affirming Surgery (GAS):** Surgeries to modify a person's body to be more aligned with that person's gender identity (National LGBT Health Education Center).

## TYPES OF SURGERIES

There is many gender-affirming interventions that transgender people may seek out. Current standards of care outline that each transgender person should seek the gender affirming surgeries that they desire to affirm their own gender identity.[7-9] All of these interventions have been deemed medically necessary by the World Professional Association for Transgender Health.[7-9]

### A. MEDICAL INTERVENTIONS

**Gender Affirming Hormone Therapy:** Feminizing and masculinizing hormone treatment to align secondary sex characteristics with gender identity (National LGBT Health Education Center)". This is the main medical intervention sought out by transgender people.

### B. SURGICAL INTERVENTIONS

**Gender Affirming Chest Surgery:** A surgical procedure that removes and/or constructs a person's chest to be more aligned with that person's gender identity. Also referred to as top surgery (National LGBT Health Education Center; Gender Affirming Health Program). This includes:

- **Feminizing Breast Surgery:** including breast augmentation, chest construction, and/or breast mammoplasty.
- **Masculinizing Chest Surgery:** including mastectomy, chest contouring.

**Gender Affirming Genital Surgery:** Surgeries that help align a person's genitals and/or internal reproductive organs with that person's gender identity (National LGBT Health Education Center; Gender Affirming Health Program). Includes:

- **Feminizing Vaginoplasty/Vulvoplasty/Clitoroplasty/ Labiaplasty:** creation of a neo-vagina/vulva/clitoris/inner and outer labia.
- **Masculinizing Phalloplasty/Scrotoplasty:** creation of a masculine phallus/scrotum.
- **Metoidioplasty:** creation of a masculine phallus using testosterone-enlarged clitoral tissue.
- **Vaginectomy/Hysterectomy/Oophorectomy:** removal of the vagina/uterus/ovaries.
- **Penectomy/Orchiectomy:** removal of penis/testicles.

### C. OTHER NON-SURGICAL INTERVENTIONS

**Binding:** The process of tightly wrapping one's chest in order to minimize the appearance of having breasts. Constrictive materials such as cloth strips, bandages, or specially designed undergarments, called binders may be used (National LGBT Health Education Center; Gender Affirming Health Program).

**Tucking:** The process of hiding one's penis and testes with tape, tight shorts, or specially designed undergarments (National LGBT Health Education Center; Gender Affirming Health Program).

Other non-surgical interventions include facial hair removal and/or voice modification.

## HOW TO CREATE A SAFE AND INCLUSIVE ENVIRONMENT

Gender inclusive environments create a sense of belonging and improve health outcomes and a patient's overall experience. Gender affirming environments should exist before the patient and physiotherapist come into contact. Here are some tips and tricks for creating an inclusive environment within your practice (Adam, 2017).

- Train all staff members including administrators and assistants to communicate respect to all patients, regardless of their gender identity.
- Include diverse literature in your office.
- Have a gender neutral/all gender bathroom rather than male vs. female.
- Ask patients what pronouns they use and refer to them in this way.
- Use gender neutral language to avoid bias towards a particular sex or gender.
  - Use non-specific terms.
    - Hello everyone vs. hello ladies & gentlemen
    - Firefighter vs. fireman
  - Avoid blanket male or female terms.
    - Birthing Person
    - Pregnant Person
    - Birth Partner
    - Chest feeding
    - Lactating Person

- Acknowledge and apologize when you make mistakes communicating with your patients.

## RESOURCES FOR EDUCATION

Check out these resources for more information on gender inclusivity!

- GLAAD: https://www.glaad.org/
- World Professional Association for Transgender Health (WPATH): https://www.wpath.org/
- Take a course!


### References

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Cultural Competencies in Pelvic Health

Let's Talk About Sex: Addressing Sexual Function With Your Patients

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# GENDER AFFIRMING SURGERIES: INTERVIEW WITH DR. ALEXANDRA MILLMAN

*By Laura Powers, Registered Physiotherapist*

There is a growing number of individuals who do not identify with their assigned sex at birth and for some this may lead to gender dysphoria. This is defined as, "a marked incongruence between one's experienced or expressed gender and the one they were assigned at birth.[1] For those who experience this, they may choose to have gender affirming surgery to help align their internal sense of self with their external sense of self. However, across Canada, access to gender-affirming surgery is limited by provincial funding policies, few available surgeons and lack of comprehensive pre- and post-op care for trans people.[2]

Thankfully, there are surgeons like Dr. Alexandra Millman of Women's College Hospital (WCH), in Toronto. She is a urologist who is part of the hospital's Transition Related Surgery (TRS) program where she performs gender affirming surgeries and also addresses complications from previous surgeries. The team includes specialists in plastic surgery, urology, gynecology, as well as other health care providers, such as Pelvic Health Physiotherapists.

In this interview with Dr. Millman, I asked her to shed some light on what is involved in the process of the different surgeries with hopes of creating a better understanding for our patients.

## WHEN DID YOU START DOING THESE SURGERIES?

I did my first vaginoplasty in October 2021, but the first vaginoplasties at WCH were done in June 2019.

## HOW MANY VAGINOPLASTIES DO YOU PERFORM PER MONTH?

We aim to achieve 2-4 per month. There is a 2 year waitlist at WCH.

## CAN YOU PROVIDE A BRIEF DESCRIPTION OF THE MOST COMMON GENDER AFFIRMING PROCEDURES?

Ok, let's start with the **vaginoplasty**. This is a procedure where a vagina is created from the penis and scrotal tissue. It is a 4-5 hour procedure. We make a vagina by cutting through the Central tendon of the perineum and create a hiatus between the levator ani muscles and between the bladder and rectum. We use the scrotal tissue for the deep canal of the vagina and penial skin for the labia. We put packing into the vagina for 5-7 days, and after which they are then required to start a dilation regime to maintain the vaginal opening.

Our TRS program also offers **vulvoplasties**, where a vulva is created without a vagina.

Then there are the masculinizing surgeries. Often the patient will have had a hysterectomy prior to one of these surgeries and may also get a double mastectomy.

First there is a **metoidioplasty**, where there is a lengthening of natal clitoris. We release and lengthen the urethra so that it comes to the tip of the clitoris. We close the vagina and arrange labia to make a scrotum. As a result of this surgery the individual can sometimes pee standing up, orgasm, but can't have penetrative sex as there is only a 7 cm phallus (max). This surgery has much less risk of complications.

If the person is wanting to go further they may choose to have a **phaloplasty**, which involves both urology and plastics. It can be a multistep surgery (over a year) and may do a metoidioplasty first. We close the vagina and one approach is to pull the levator ani muscles together, which can create a lot of post-op pain and pelvic floor dysfunction. Some surgeons may instead choose to put a Gracillis flap in the space between. From here a penis is created by taking tissue graft,

which can come from different sites such as the radial forearm, anterio-lateral thigh, latissimus Dorsi or abdominals. It is essentially a "tube in tube" design - a tube to create the urethra and then another around the urethra to form the phallus. They would finish with a penial implant for greater function.

## WHAT ROLE CAN PHYSIOTHERAPISTS PLAY IN THE POST-SURGICAL REHAB FROM A TRS?

After a vaginoplasty all patients will be refer to Pelvic Floor Physical Therapy (PFPT). At WCH they meet with the PT once pre- and post-surgery. In the pre-op visit, the goal is to help the patient connect to their pelvic floor muscles (PFM) and ensure they have good function.

Post-op, once the packing is removed, they are taught how to dilate with rigid dilators. The patient must commit to an intense schedule of dilation so we often suggest they take 3 months off work after the surgery. A typical recommendation is 15-20 min/session, 3x/day for first 3 months, then 2x/day for 3-9 months, then 1x/day 9-12 months. Then, after a year, often 1x/week or more is still needed.

The physio can also help with **scar massage** around the incision lines and teach the patient how to do self massage.

Finally, physiotherapists can help with **sexual function**. The created clitoris can have either hyper or hyposensitivity. The nerve bundle from the penis sits on top of the mons pubis so the patient needs help learning how to stimulate it. We often recommend using a vibrator, but not directly on to the clitoris as this may be too sensitive. The patient may also need help with fear of touching their new vulva. We encourage around 8 weeks post-op to start self-touching. The physiotherapists can help normalize touch and understanding of the parts. A mirror is very effective during these sessions.

There is a less of a role for PTs after a phalloplasty, but they may still need to address pelvic pain, scar massage and sexual function, as well as scar retraction, nerve issues, and overall function from the graft sites.

## WHAT ARE SIGNS AND SYMPTOMS THAT WOULD WARRANT THE PHYSIOTHERAPIST TO REFER BACK TO THE DOCTOR/SURGEON?

There are a few complications after a vaginoplasty such as a **fistula**. The patient would be complaining of continuous leakage, post void dribble (large amount) as urine could be pooled in vagina. They may also have bleeding with dilation, however if it is a small amount early in recovery that can be normal. The posterior fourchette is a common area for dehiscence, but we encourage to continue dilating. If there is a complete/large dehiscence (where the wound has opened completely) they would need medical attention. Lastly, if they are having difficulty emptying (straining, hesitancy) there may be a **stricture**.

In regards to the masculinizing procedures, there is a 50-80% risk of complications, often associated to the urethra. But the main concerns would again be strictures and fistulas. If there is urine pooling in the vagina there may be a bulge, and tenderness in the perineum, especially if it's associated with difficulty voiding or dribbling.

*I would like to thank Dr. Millman for taking the time to speak to us and providing such incredible care to her patients.*

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# PELVIC FLOOR HEALTH SERVICES OFFERED TO TRANS AND GENDER DIVERSE INDIVIDUALS: WHAT DOES THE LITERATURE SAY?

*By Kaeleigh Brown PT, PhD Student*

Anyone with a pelvic floor can experience symptoms of pelvic floor dysfunction. Although there is an abundance of information and evidence about pelvic floor conditions in the general population, there is a gap relating to trans and non-binary individuals. Answering questions around barriers to service access, seeking care, and prevalence of pelvic floor conditions may help guide healthcare delivery.

A search of the literature brings up a very small number of studies about pelvic floor conditions experienced by trans and non-binary individuals. Healthcare providers recognize that this is an area where more research is needed.[1] Individuals with vaginas treated with hormone replacement therapy may experience trophic changes to the genital tissues, similar to post-menopause, and may present with urinary incontinence.[2] It is also recognized that vaginoplasty often results in the development of urinary incontinence and overactive bladder post-operatively.[2] Current evidence focuses on trans-women seeking vaginoplasty, and there is a gap relating to trans men and other gender diverse individuals. The most recent evidence focuses on the implementation of pelvic floor physiotherapy programs for trans women seeking vaginoplasty. Of the studies that have been published, they report high incidence of pelvic floor conditions experienced by trans women prior to bottom surgery (vaginoplasty, specifically).[3,4] Greater than 40% of individuals attending pelvic floor PT experienced urinary dysfunction or bowel dysfunction.[3] These rates are higher than what is reported in the general public; for example, 23% of Canadians experience urinary incontinence.[5] A recent systematic review of outcomes post-vaginoplasty did not include incontinence in the analysis, but did report low rates of prolapse post-surgery (approximately 2%).[6] What these studies did not address were the factors contributing to accessible and culturally safe care for individuals seeking vaginoplasty.

Jiang et al[3] report a high (94%) rate of attendance to pelvic floor physiotherapy in a cohort of trans women seeking vaginoplasty. Manrique et al[4] corroborate this finding as well, reporting close to 100% attendance to pre-operative physiotherapy, and approximately 72% attendance to post-operative physiotherapy. Both studies describe improvements in pelvic floor symptoms in the pre- and post-operative period by those participating in pelvic floor physiotherapy.[3,4]

Accessing care for pelvic floor conditions may be difficult depending on a variety of factors, including the social determinants of health (finances, housing, etc.).[7] Other barriers include healthcare providers competency - clinical and cultural - and clinic environments/infrastructure.[7] Attitudes of healthcare providers towards trans and non-binary individuals can negatively or positively influence service delivery to this population.[2] The high attendance rates reported by Jiang et al[3] was attributed to the training and cultural competency of the clinical staff providing services to the trans women.[8,9] It was also acknowledged that the facility in which the research was conducted had a long history of working with the trans population,[8] and that insurers also covered pre- and post-operative physiotherapy without a pelvic floor diagnosis.[9]

Offering a multi-faceted service delivery model to trans and non-binary individuals may be beneficial. Not just providing medical and surgical care specific to gender affirmation, but addressing the social determinants of health, and allied health care (such as pelvic floor physiotherapy). Additional research is needed about pelvic floor health in these populations, and not just during the pre- and post-operative period, especially relating to trans men and those who identify as non-binary.

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# INTERVIEW WITH CELESTE CORKERY

*By Jessica Bergevin, PT*

It was a pleasure to conduct a 45-minute phone interview with Celeste Corkery for this edition of our WHD newsletter. Celeste speaks with thoughtfulness and passion about her experiences working as an interdisciplinary team member for individuals undergoing gender-affirming surgeries. Enjoy!

## PLEASE INTRODUCE YOURSELF TO OUR WHD MEMBERS AND HOW YOU GOT INTO THE WORLD OF VAGINOPLASTIES.

Hello! My name is Celeste and I am the Clinical Manager for the Chronic Pain Department at the Women's College Hospital in Toronto. My previous role was split between the pain clinic and Transition Related Surgery (TRS) Program.

In response to my involvement with vaginoplasties… I heard a rumour that the hospital was going to start this type of surgery and I knew I needed to get physiotherapy involved on the team right away. I knocked on all doors. Nelly Faghani, PT, introduced me to one of the lead surgeons of the TRS Program at a conference which was a key moment. Everyone was onboard for the involvement of physiotherapy. It was honestly so cool to be involved and on the ground in developing the program. Specifically, it was a privilege to be involved in the development of the protocol for pre-op and recovery. I worked closely with a nurse practitioner and the surgeon throughout this process.

## WHAT HAS YOUR EXPERIENCE WORKING WITH PEOPLE UNDERGOING VAGINOPLASTY SURGERY TAUGHT YOU?

I think the main theme is how powerful providing reassurance can be. For anyone going through surgery, any type of surgery, it can be a stressful experience. Physiotherapists are rehabilitation professionals – a part of the team that reassures patients that they will be okay. An additional observation is that a lot of trans and gender diverse people have had an experience with the health system that has not served them well. For example, seeking care unrelated to their transition can be met by barriers or judgement that result in health inequities. Physiotherapists can help break this cycle by approaching things in a non-judgemental way, providing reassurance surrounding pain management, and offering symptom mitigation strategies.

> The big message is that it is important to ask individuals about the words they want us to use and to not make assumptions.

## IS THERE ANY SPECIFIC TERMINOLOGY YOU FEEL IS VALUABLE FOR OUR WHD MEMBERS TO KNOW?

The language we use has an impact and we want it to be the right impact. Something simple we can start doing is asking our clients how they want us to refer to their body parts. We have the intention to provide affirming care, we need to ask and check in often.

## FOR PHYSIOTHERAPISTS LOOKING TO EXPAND THEIR KNOWLEDGE IN PROVIDING CLINICAL CARE FOLLOWING GENDER-AFFIRMING SURGERY, WHAT EDUCATIONAL RESOURCES DO YOU RECOMMEND?

It is important to keep in mind that different people will feel supported by different words; there is variance within the trans and gender diverse population. The big message is that it is

important to ask individuals about the words they want us to use and to not make assumptions – language varies from person to person. Three resources I recommend are:

1. **Transstudent.org** - they update their website regularly and it is a really good resource for those who want to read about the language/words to use, and they have a variety of infographics.
2. **The Centre for Excellence in Transgender Health**, a division of the University of California in San Francisco.
3. **Rainbow Health Ontario** is also a really great resource.

> **An additional observation is that a lot of trans and gender diverse people have had an experience with the health system that has not served them well...Physiotherapists can help break this cycle by approaching things in a non-judgemental way, providing reassurance surrounding pain management, and offering symptom mitigation strategies.**

## DO YOU HAVE ANY SUGGESTIONS FOR FOSTERING A SAFE CLINICAL ENVIRONMENT?

Yes, especially for pelvic health. It is our responsibility and privilege to provide safe and supportive environments for our patients. Pelvic health clinics often have décor that is gendered, it's important to reflect on who could come through our doors. Clinics need to make sure that intake and health information forms have space for pronouns and for people to fill out their gender identity. Training front desk [staff] on how they address people is also important. All of us can work on not making assumptions.

## DO YOU HAVE ANY OTHER KNOWLEDGE REGARDING PHYSIOTHERAPY CARE POST GENDER-AFFIRMING SURGERY THAT YOU WOULD LIKE TO SHARE WITH OUR WHD MEMBERS?

I think the big thing is not to underestimate how much of an impact we can have in someone's health. There are a lot of ways we can contribute to quality care. Trust your skillset. Treat things symptomatically and from a functional perspective. You know how to approach objective evaluations, communicate with the patient, and treat the objective findings that you uncover. You may not always have all the background knowledge you would like to, but you can still provide quality care. Not underestimating how transferable our skills are.

## KEY MESSAGES FOR WHD MEMBERS:

- Don't be afraid that your physiotherapy skillset is not valuable to transgender people.
- Suspend judgement.
- Don't make assumptions.
- Remember that you can help people.
- Be mindful of messages and thoughtful in how you communicate.

*What to hear more from Celeste? Check our her WHD webinar entitled **Pelvic Health Physiotherapy in the Trans Community** located on our Members Page of the WHD website.*

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