

Trans Healthcare UK Guide

Table of Contents

Feminising Guide	1
Hormones.....	2
Terminology.....	3

Trans Healthcare UK Guide is an ongoing, collaborative project to produce the most comprehensive recourse possible on what trans healthcare is and how to get it. This is not a politically neutral project, the authors are clear about their political positions when it comes to trans healthcare and will advocate for them. However, we aim to present all possible information about all possible routes of transition as neutrally as possible, so **you**, the reader, can make up your own mind. There is a lot of information here, and most of it won't be applicable to you. If you want to know more about this project, how to read this guide, our politics, and how to get involved, continue reading. If not, head straight to the transmasc or transfem introduction and we'll try and guide you through. Happy transitioning!!

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Feminising Guide

This section of the guide is intended for individuals who seek to feminise their body in any way. This will obviously largely be [transfeminine](#) people, and as such this section of the guide is written primarily for an audience of [AMAB](#) transfems, however there may be parts applicable to some [transmascs](#), and not all parts of this guide will be applicable to all transfems - feel free to skip sections that refer to changes you are not interested in.

TIP

There is a huge wealth of possible medical transition paths available to you, involving almost infinite combinations of different regimens and procedures - and you should go down whatever path is right for you

Your

Hormones

The majority of people undergoing a medical feminising transition will be attempting to alter the levels of various hormones in their body, or how the body responds to various hormones. The most important of these are [Testosterone](#) and [Estrogen](#). [HRT](#), or hormone replacement therapy, is the process of changing the levels of these hormones in the body. For most transfems, the goal of HRT is to provide estrogen and testosterone levels roughly equivalent to those seen in cis women. This is what changes your secondary sex characteristics to become more feminine. See the table below for a list of changes and their rough timescales (permanency refers to whether changes will be reversed if HRT is stopped):

Feminising HRT Timescales

Change	Onset Time	Time to Maximum Extent	Permanency
Breast growth	3-6 mo	2-3y	<i>Reversible through surgery^[1]</i>
Body fat redistribution	3-6 mo	2-3y	<i>Reversible</i>
Decrease in muscle mass	3-6 mo	1-2y	<i>Reversible</i>
Softening of skin	3-6 mo	?	<i>Reversible</i>
Decreased skin oiliness and acne	3-6 mo	?	<i>Reversible</i>
Decreased sex drive	1-3 mo	3-6 mo	<i>Reversible</i>
Decreased spontaneous erections	1-3 mo	3-6 mo	<i>Reversible</i>
Decreased testicle volume	3-6 mo	2-3y	<i>Reversible</i>
Decreased sperm production and fertility	?	>3y	<i>Likely permanent</i>
Decreased body/facial hair ^[2]	6-12 mo	>3y	<i>Reversible</i>
Male pattern baldness	<i>limited to no regrowth^[3], loss stops after 1-3 mo</i>	1-2 y	<i>Reversible</i>
Feminine pelvis ^[4]	?	>2y	<i>Permanent</i>
Mood changes	2	<i>unkown</i>	<i>likely reversible</i>
Decreased prostate size	<i>unkown</i>		
Height reduction	<i>limited evidence of any height reduction</i>		
Decreased penis size	<i>conflicting evidence on if this occurs</i>		
Voice changes	<i>does not occur through HRT - see voice training</i>		

Terminology

AFAB

Assigned Female At Birth - someone born with typical female secondary sex characteristics assumed at birth to be female.

AMAB

Assigned Male At Birth - someone born with typical male secondary sex characteristics assumed at birth to be male.

Estrogen

The primary female sex hormone.

HRT

The process of altering the levels of hormones in the body.

Testosterone

The primary male sex hormone.

Transfeminine

Someone [assigned male at birth](#) who is taking changes to present more feminine.

Transmasculine

Somone [assigned female at birth](#) who is taking changes to present more masculine.

[1] see top surgery

[2] Complete removal of facial and body hair does not occur from HRT, methods will be discussed later

[3] put some info here

[4] Only when the individual has not gone through masculinising puberty