

Feminizing Therapy Effects

Feminizing treatment can include many things: estrogen, progesterone, and testosterone blockers are a few. Their routes can all vary as well (oral, rectal, injection, sublingual, etc). There are so many options, and we will find the one that works for you and your goals.

It should be noted before reading that everyone is different. Everyone will develop along a different timeline and with different results. Hormone dosages and route will vary between person to person because of age, metabolism, lifestyle habits, goals, etc. So don't think that just because someone is on a higher/different dose that they are getting a better transition than you are.

This will be a second puberty, and it will take time. So be patient. The average puberty takes anywhere from 2-5 years.

Hair: Decreases in thickness all over the body. But likely, laser/electrolysis will be needed to remove it permanently, especially facial hair. Balding of the scalp usually slows or stops.

Breasts: Development is wide and varied. Begins with "buds" under the nipples and spreads out over time. Your breasts may be quite tender when touched while developing. Shape and size is different for everyone, including cisgender women.

Fat: Some people do gain weight on Estrogen, so be aware. Most certainly, though, the fat you have will "redistribute" itself to more feminine locations, such as hips, thighs, and breasts. The fat in your face will also shift, which usually softens features a bit.

Skin: Your skin will likely be drier and thinner over time. Less oily and softer.

Emotions/Personality: You will remain yourself. Your personality does not change, that is a myth. However, you may find yourself more moody and more open to the traditional female emotions, such as crying during Hallmark movies....

Sex: As in, intercourse and libido. Many people experience a decreased sex drive. And most become unable to sustain an erection capable of penetration, although sexual stimulation still can result in orgasm. There may be less semen (and sometimes none at all) during orgasm, though. This is a time to explore yourself and find out what feels good to you. It may stay the same, or you may discover new areas of pleasure.

Genitals: The testicles (or balls) will shrink a LOT, probably down by at least one half their original size. The penis can sometimes decrease slightly in size as well, and it is important to be aware that if the penis is not regularly stimulated so as to maintain the "stretchability" of its skin, then it can be quite painful later on as you age when you get an erection.

Fertility: It is recommended to store sperm before beginning hormones as there is a very real chance of becoming infertile. This is a serious decision. Banking sperm is relatively easy, but a tad bit expensive at around \$1500-\$3000.

Likely, after a few months of hormones, you will become at least temporarily infertile, or at least decreased in fertility. This does not mean that it is completely safe to have penetrative intercourse with someone who has a functioning uterus and ovaries. Accidents can still happen and someone could end up pregnant.

If you choose to later have an orchiectomy (removing the testicles), then you will likely be able to reduce your dose of hormones because the main source of Testosterone production will be gone.

Other Possible Side Effects:

There is evidence that hormone therapy with estrogens can increase your risk of blood clots and stroke. However, this evidence seems to point more towards increasing your risk to that of a cisgender female's risk rather than a major increase beyond what would be expected. However, though the data is conflicting, it is important to be aware of this possibility. Some patients choose to take a daily aspirin to help mitigate the risk. Discuss this with your provider if you do.

Your blood count will likely decrease. You may notice that you are more susceptible to the cold because of it. Periodic labs will monitor your blood levels.

Labs may also be drawn periodically to assess your cholesterol levels and risk for diabetes depending on your individual risk factors.

If you have any other questions, please ask your provider during your appointment, or message them anytime