PAIN MANAGEMENT & PERMANENT HAIR REMOVAL IN PREPARATION FOR GENDER-AFFIRMING SURGERY:

SUMMARY FOR PRIMARY CARE PROVIDERS

Trans Care BC
Provincial Health Services Authority

Permanent hair removal to the genital area or a future graft site is a prerequisite for some gender-affirming genital surgeries in order to reduce potential complications that can be caused by hair growth after surgery. Pre-surgical hair removal is publicly funded when a patient receives a letter of recommendation from their surgical team.

Phalloplasty with urethral lengthening: Hair removal by electrolysis to the urethral donor site is required. This is because there are serious risks of complications with hair growth in the new urethra.

Vaginoplasty: Hair removal in the genital area is recommended, and in some cases, required. This is because it can reduce the chances of having complications related to hair growth inside the vagina.

There are different types of permanent hair removal: laser and electrolysis. For phalloplasty, only electrolysis should be used. For vaginoplasty, hair removal may be done by either method, or through a combination- the approach is determined on an individualized basis. Electrolysis may be the chosen approach due to surgery type, hair color, surgeon or patient preference, or to target hairs that were not addressed via laser hair removal. Electrolysis in the genital area tends to be difficult to tolerate since each hair follicle is individually treated.

While a multi-modal approach to pain management is beneficial, many patients still require local intradermal anesthetic injection to tolerate long and painful hair clearance sessions. The frequency of visits will depend on hair growth cycles, how electrology sessions are booked and the areas being treated (ie: a longer session may be needed so a patient can have a large area of hair removed or a shorter session to focus on a specific area).

Clinicians can support patients to tolerate this treatment with a combination of the following:

- **explore** access to non-pharmacological tools, such as distraction, stress balls, and virtual reality sets, etc.
- **discuss** using an alternative or combined approach to hair removal. If appropriate for hair type, the patient may be able to start with laser to clear most of the hair and finish with electrolysis to target specific hair follicles.
- **confirm** that topical analgesics are being used in a way that maximizes effectiveness. Some compounded and commercial options are provided free by Trans Care BC, but may not provide adequate pain management:
  - Consider prescribing higher strength and different medication combinations if needed. These can be costly and the patient incurs the expense.
  - Consider whether it is safe (given other medications being used) to suggest that the patient occlude the topical analgesic to see if that helps increase absorption and increase effectiveness.

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- **maximize** the benefit of over-the-counter options, for example:
  - two extra-strength acetaminophen & two naproxen an hour prior to electrolysis appointments;
  - apply topical analgesic cream an hour prior to electrolysis appointment.
- **consider** providing prescription-strength pain medications for those for whom the above options are not sufficient (likely this will be the majority of patients). For example:
  - Acetaminophen with codeine (1-2 tabs an hour prior to electrolysis)
  - Tramacet: Tramadol & acetaminophen (1-2 tabs an hour prior to electrolysis)
  - Hydromorphone (1-2 mg an hour prior to electrolysis)
  - Oxycodone (5 mg an hour prior to electrolysis)

Individuals have highly variable responses to these types of medications- the above are only intended as a suggestion. Some patients may require more or less than others. For patients with past or current opiate use, or those taking opiate-agonist treatments, consider consulting a pain specialist to help ensure the patient can achieve effective pain management.

- **consider** adding a short-acting benzodiazepine to help potentiate the opioid and/or treat anxiety associated with gender dysphoria and/or anticipatory anxiety:
  - Lorazepam 0.5mg (counsel patients to avoid driving or other activities requiring alertness when using benzodiazepines or opioid medications)
- **provide** minimally invasive interventions, such as local intradermal anesthetic injection, in advance of hair removal sessions.

Resources:

- **Trans Care BC** is in the process of finalizing recommendations on how to provide local intradermal anesthetic injection to help patients tolerate hair removal in the genital region prior to gender-affirming vaginoplasty. For more information about this resource, contact **trans.edu@phsa.ca**.
- **eCASE** or **RACE Line**: 604-696-2131 or toll free at 1-877-696-2131 and request the "Transgender Health" option to consult an experienced clinician
- Trans Care BC's Health Navigation team: **transcareteam@phsa.ca** or 1-866-999-1514 or 604-675-3647

Handouts for the compounded topical analgesics that are available for free through Trans Care BC:

- Patient handout: **Compounded numbing creams: Patient Info Sheet for Benzocaine, Lidocaine & Tetracaine (BLT) and Lidocaine & Tetracaine (LT)**