

# **OH FOR FUCK'S SAKE**

## **NAVIGATING THE FRUSTRATION OF MEDICAL TRANSITION FOR TRANS WOMEN IN THE UK**

Figured out that you are a trans woman but find yourself at a loss as to what to do and just generally a bit pissed off with the world?

### **Don't Panic**

This guide will help you through the rough patches and some specific troubles that you will be sure to encounter.

**HACKING**  
**TRANSITION:**  
**surviving on**  
**mascara and hope**

by nobody in particular

Before we begin...

# Who are you?

This guide is for transgender women who are...

- Seeking a medical transition to alleviate gender dysphoria
- Confused by or pissed off at the current provision of services
- Over 18 years old



And now you might be wondering...

# Who are we?

Who wrote this damn thing? Who would have the temerity, impertinence and gall\*?

The authors have passed through the gender identity services (like diamonds through a perforated colon) and we have identified various patterns in how it operates. This zine contains the collected wisdom of a couple of bitter trans women who learned the hard way.

*Playing the system isn't fun, but it makes the game shorter.*

\*We have garnered a strong affection, appreciation and admiration for lists of three.

# HOW DO I KNOW IF I AM TRANS?

If you are asking that question, you probably are. Cis peeps don't tend to spend years agonising about this kind of stuff. Don't expect a sudden epiphanic moment of truth. Transition isn't a massive thing; it is just a series of steps taken to alleviate one's dysphoria. For the first step, TURN THE PAGE. .. Have a biscuit.

Much has been written about this on the intertubes but essentially: if you are uncomfortable with how people treat you in your gender (pronouns don't feel right etc.) then you are probably trans. Consider how you respond when people interact with you as female and if they don't, ask them to (if you are too nervous to ask your friends, anonymous online interactions can be a good place to start – but for real reals, find a friend you can talk to). Being jelly about your female friends - it can be difficult to work out whether you want to be with them or indeed be them – is pretty transtypical. Body dysmorphia is not confined to trans people, but it is kinda of a thing that trans people have. Being uncomfortable with your bod (or specific aspects of your bod) . If you have lived with this for years it can be difficult to comprehend the discomfort because it can become your norm and you have learned ways to cope. Your default is dysphoria. Being numb to it doesn't count and having fixed it. Shit Tyrone, get it together.

Yes there is a possibility that you may be gender queer and non-binary, but we shall not be peeking into that can of worms here. We recommend google, and a stiff drink.

So you have worked out that you are trans...

# Congratulations!

But now the next few years will suck. Hard.

Sorry about that.

But transition is **totally worth** it and it does get better. Just give it time. We hope this guide will get you through the worst of it and even speed things up if you are going down the NHS route.

What's that? Not all trans people need medical transition and how dare we implicitly support the binary of 'true, medicalised primary transsexuals' and pretenders, how very dare we?!

We know, truly we do. Hush your buns, little snowflake. We're writing this hackery for those who do need medical transition, because medical transition is what the official barriers are blocking. You don't have to run the gauntlet of psych assessments and fight the gate keepers to get your hands on book and zines deconstructing the gender binary and cissexist biological supremacy. If all you need is a haircut and some good books to calm your dysphoria, get on with it (and acknowledge your privilege). There are many books on the subject of gender but the only one we really like is *Whipping girl, A Transsexual Woman on Sexism and the Scapegoating of Femininity* by Julia Serano and even that has its problems.

If you still don't need medical interventions, don't deride those who do. If you don't need surgery, skip the pages on surgery. Still unclear? Pay close attention to the elaboration on page 33.

First things first

# Name change



Seriously, do this right fucking now

It is super easy and costs nothing

The most difficult part is choosing a good name

The GIC will use this as proof that your transition has begun

Don't think you are ready for this yet? Don't feel trans enough to take this leap? Don't panic! Loads of us have felt this way. There may not be a great moment when you know that transition is the right thing to do (except perhaps in retrospect). Start doing things that make you feel more comfortable. If shaving your face causes dysphoria, start laser hair removal first, but the GIC will only acknowledge the name change as the start of transition. You can either change your name and just not tell anyone until you are ready (perfectly understandable and legal), or you can wait until you are ready and then back date a deed poll (less legal, but nobody cares and it would be very difficult to prove any way).

Seriously. The Gender Identity Clinic (GIC) will use the date on your deed poll as the sole proof that you have started your transition and this will start the comically large clock on your two years of Real Life Experience (RLE—more on that later). This process takes long enough so go ahead and give yourself a head start on the bullshit.

## How do I do this?

It is surprisingly simple. All you have to do is sign a deed poll in the presence of a witness (although the GIC prefers two witnesses - because fuck you that's why). A deed poll is free and wonderfully uncomplicated. Just search for it in the google box. Fill in the form, print it out and get your friends to sign it. That's all there is to it. Now you can show that deed to banks, universities, the passport office etc. and they will all acknowledge it. Don't be tricked into paying for a deed poll. You can use an online form or write your own. Check out the Wikipedia page on it. Also, Statutory Declarations are a waste of time.

This feels like a big step. Try not to worry too hard about it, but do try and pick out a good name. There will be a temptation to use something wonderfully unique and special but the ability to blend in is occasionally useful. Yes we realise this is problematic, but the name 'Sparkle Femmebutt' will only be cute for a month or two. If you must, make your middle name 'unique' so that you can at least hide it if you must. Also try not to be culturally appropriative, you filthy weeaboo.

Still not sure about what name to pick? Roll a dice. About 80% of transwomen pick the names : Emily, Amy or Zoe

So you have taken the first step in trans land and I bet you are feeling pretty pleased with yourself.

Well fuck you (this is what the GIC says). They don't care that you think you are ready - now you have to spend the next two and a half years convincing them that no, it isn't a phase.

Changing your name should take no more than an afternoon. Now it is the next day and you are all fresh faced and born anew. Rather than submitting a copy of your deed poll to everyone, it is easier and significantly less stressful to wait until an organisation contacts you with your old name and you can just inform them of the change in circumstances. The only three exceptions which may require a more proactive approach are your bank, the DVLA and Passport Office. Your bank won't change the name on your account without a copy of the deed poll and a new photo ID, so get that sorted first.

[freedeedpoll.org.uk](http://freedeedpoll.org.uk) does the trick but there are many other sites out there if this one is down or not to your tastes.

Dawn of the Second Day

# GP appointment



Now that you have changed your name

if you haven't yet, go back a page and quit stalling!

Just pick up the phone and ask for an appointment with your GP

If you are uncomfortable with your regular family doctor, get a new one

This is just the first step to the GIC, so lower your expectations



Your GP is super important in the 'official medical transition process'. They will refer you to the specialised services (the much feared GIC) and eventually they will be the one to prescribe you hormone replacements and monitor your blood levels. More on that later.

Now pay attention because this is important:

## Your GP knows fuck all about transgender stuff.

It is up to you to direct them and they will (probably) be grateful for this. Go in prepared. Giving them an easy path to follow will make you an easy patient and they will love that

**> Explicitly ask to be referred directly to your local GIC.**

**> You do not need to be referred for psychiatric assessment first.**

The new policy states that the referral can be direct. Don't take no for an answer. If they are being shit, ask for a new GP (you are perfectly entitled to this). As they will be with you for much of your journey, you want someone who is cool about these things. Back out the moment you get any nonsense or bullshit. Allow a bit of ignorance (transgender stuff isn't taught at medical school) but don't allow any disrespect or prevarication.

This would also be a good time to change your name in the GP records. If a referral is consistent and simple it will be far less prone to fuck ups.

This referral can take some time (up to 8 months) so keep checking up on it. The GIC will then send you a letter asking if you are sure. Yes we know this is stupid but you have to play along for now.

And now we play the waiting game..

# Six long months\*



Waiting for your first GIC appointment can be excruciating.

There are other things that you could be getting on with

**Laser Hair Removal** (LHR) and improving your social support network is crucial.



I CAN BARELY FEEL ANY CRIPPING DYSPHORIA !



\* Now you have 6 to 8 months to sort out your shit (or get really good at Tekken - or whatever). The GIC doesn't care

7 - mascara & hope - step three (transition is all about waiting, this is a legitimate step)

The waiting game sucks.

You have finally worked out why you felt dreadful all your life and now you have to hang around for some poor sod to confirm what you already know. And they won't commence treatment (HRT) until they have seen you at least twice – this policy is currently under review.

The only way to cope with this is to **get a hobby**.

You are more than just a trans woman - **don't let it define you**. The goal of transition occupies so much of our waking life that it is beneficial to have other goals. The more long term and difficult the better, as transition will suddenly seem less insurmountable when compared to ... whatever you want to do (a career thing or an academic thing etc.). We can recommend training to become a zeppelin pilot, neurosurgeon or polar explorer. Something which can oust gender as the primary concern in your life.

Don't just watch all the trans films and documentaries. They are both really depressing and do not paint an accurate picture of what transition can be like – for serious, the majority of trans women don't look like anywhere near that dreadful. Your trans sister can help show you what it is really like (see page 10). Gently work on your gender presentation but don't stress too hard about it. Wait until the hormones have had a chance.

Now would be a good time to get the old beard taken care of. This is a war of attrition and the sooner you get started the better. We recommend getting started with laser hair removal then progressing to electrolysis after laser has stopped working its magic.

**Never pay full price.** Groupon and similar sites will get you about six sessions for less than £150 if you have the patience to sit around and keep an eye out for offers. You may need more sessions but see how the first six goes. Hair removal is painful. It can feel like your face is being punched by a fist covered in needles which have been dipped in lava. Push through it my darling. Under new policies the NHS may pay for some LHR. The GIC has apparently just learned that hair removal is a painful and humiliating process so obviously they now fully endorse it.

**Avoid IPL.** It isn't real laser hair removal and doesn't work. The efficacy similar to prayer.

Perhaps this is the time to come out. There are thousands of guides on how to do that written by far more competent and far less bitter writers. If you can't come out now for whatever reason, at least tell the GIC that you have done (and change into gender appropriate clothing at the café down the road from the GIC).

\*No seriously, the only thing they test you on is whether you can put up with their shit for two years. This is their primary diagnostic tool.

Sisters are doing it for themselves

# Trans sisters



The single most useful thing to have during this difficult time in your life is a sister.

She will provide both practical advice and emotional support

(filling the lacuna left by the inadequacies of the GIC)

Finding the right one can be troublesome

Be sure to pay this on to a little sister when you are old and wise.



A sister is a trans woman who is already underway. It helps if she is a little ahead of you so she can tell you what is to come but the relationship suffers if she is too far advanced (because of ascension see page 31).

Identifying and auditioning for a sister can be difficult but hanging out in friendly places online (not trans dating sites, for the love of god) and getting in touch with your local queer community or LGBTQA will get you in touch with the right people.

A sister is a friend. She will be there to hold your hand and provide all the hugs you will need when shit goes down. She is one of the few people in this world who will genuinely understand your difficulties and be able to empathise. There are many cis people who are kind and friendly and who will be very willing to help, but there is nothing quite like have a person who has undergone the crippling dysphoria to chat to and relate to.

Do the blush-inducing humiliating thing and ask if they will help you through.

A trans woman who is older than you and much further along in the process than you is a Trans Mother. You will typically find it more difficult to be a close friend with this person as they have ascended beyond the dramas of early transition (here after refereed to as dram drams).

You will get a number of offers but be cautious: the community lacks the bullshit filter it so desperately needs. Not everyone is the fine picture of mental stability exemplified by the authors\*. You must hold auditions for a sister. Go out for coffee/gin. They may turn out to be a good mother, but that is not what we are looking for.

Your sister will be able to help you with gender presentation. Practical advice and shopping tips feel a little silly and like you are betraying the queer resistance, but they can be invaluable to your confidence and survival.

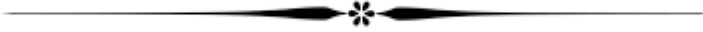
Awkward side note: you will crush on your sister and try to kiss her. Just FYI.

\*Readers may be pleased to note that the authors' tongues can be found deeply embedded in their cheeks

It has come to this...

# Appointment one

at the GIC



If you lower your expectations, they can't hurt you as much

You will be asked irrelevant and insulting questions

You will be judged on your gendered presentation

It is exceptionally unlikely that they will recommend hormone replacement therapy until next time

This is a scary time. So much has built up to this point and you are bound to be worried. However, you need to be prepared for a severe and crushing let-down. The disappointment is ruinous and will lead to sad-times if you don't have appropriate support networks around you (see the note on trans sisters).

They will spend 45 minutes to an hour chatting about the most irrelevant nonsense and at the end of it they won't even do anything for you until the second appointment, five months down the line. WTF right?!

Sadly, they will be making judgements about your character and making insulting notes so it is best to play their game. They will make comments about how you dress, so it can be beneficial to present in a feminine manner. You may not be 'full time' by this point (and yes, we know how problematic that phrase is) but they don't need to know that. If you are still at the point where the thought of walking down the street presenting female terrifies the living fuck out of you then just change at a café near to the GIC and brave those last few metres. Be strong little one. It gets easier.

Tell them about your deed poll and about the positive steps you have been taking in finding a sister and getting involved in the community, but don't let on too much - try and stick to what is relevant. Your appointment is short and there is no time for waffle.

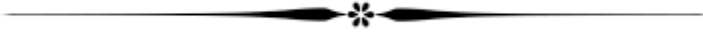
**Explicitly state that you are seeking HRT.** Even if you aren't entirely sure at this point, it is easier to start the request in motion and stop it later, than to show hesitation and try to get it later. Having doubts and concerns is healthy and normal - not everyone is certain they are trans from the moment they were born\*, but the GIC is not the place to express and discuss doubts. Have Real Talk with your sister if you need to. The GIC will offer group sessions and one to one counselling but it is bollocks.

Typically you become more sure as you progress. Say why you want HRT, for example "My chest is upsetting, it is severely lacking in bewbs".

They will send you for a blood test after this appointment to establish baselines for your hormonal levels.

\*and those who are typically are just saying that as an ego defence.

# Gatekeeper hacks



- > **Lower your expectations (even more)**
- > **Ignore bullshit questions. Ask why they are relevant**
- > **Don't mention 'red flags'**
- > **Go to your sister if you really have problems which need sorting**

Don't give them reasons to delay you. It's shitty. We know it's shitty. We're almost sorry.

It's 2 half hour slots with upjumped goat-tamperers to whom unwarranted power to judge your very identity has been given. Do it, get your hormones in two appointments: Quit ya moaning, start your 'mones.

Be utterly certain of this: you will get nothing from the first appointment. Don't go in there expecting help, it won't come. Your task in the first assessment is to get a second assessment and not raise any red flags.

**Be explicit in stating that you want hormones** so that they will be ready to say yes at the second time.

You could ask to be referred for therapy if you need it, however it is our opinion that having a good sister is far more beneficial to your mental health. For more on therapy see page 23. That aside, this appointment will do nothing for you.

In the unlikely event that you actually get help and assistance, you the few, the happy few.



The GIC are gatekeepers. They judge whether your gender is genuine enough to deserve treatment. We take umbrage with this. Even if you tick every box and get your script right on schedule, think: why the hell is there a schedule? Contrast how anti-depressants are given out. Why did I have to wait until I was over 18 years old and then after a year of appointments?

Being psychiatrists, the kind folk at the GIC will ask you psych questions: your childhood, parents, sexuality, masturbation and mental health. Ask them the relevance. State: "I don't think that's relevant to my gender identity. I'm here to medically transition to relieve my dysphoria."

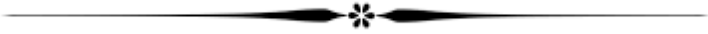
They'll seek **red flags** too - eating disorders, alcoholism, self-harm, drug use. You know, the sort of thing you might turn to in order to relieve crippling dysphoria. We simplify here for comic effect, but you get the point. It is best not to mention these things or just say that you have them sorted. Real Talk: if you're self-harming or alcohol dependant, you need to sort that shit out, but don't compromise your treatment by mentioning it to the GIC. Typically, you'll be denied treatment until you have sorted that out. Instead, sort it out with your sister, with charities—google drop-ins for the relevant problem. Even your GP could help out more effectively. You have a lot of time between GIC appointments, sorting out your red flags is a good use of that time.

The GIC doesn't like you to have any mental health issues, but at the same time, they don't really care about it if you do: They won't help you through these problems and they are lackadaisical at best when it comes to following up on them. What, we are advising you to conceal mental health issues?! Let us be clear now: The only thing that will come of your disclosure will be an increase in the length of time you will have to wait (which may compound your initial troubles) before being granted treatment (hormones/surgery etc.).

The majority<sup>[citation needed]</sup> of mental health troubles experienced by trans women arise from not being effectively treated for their gender identity disorder. Thus effective treatment soothes and gently dissipates a large number of issues.

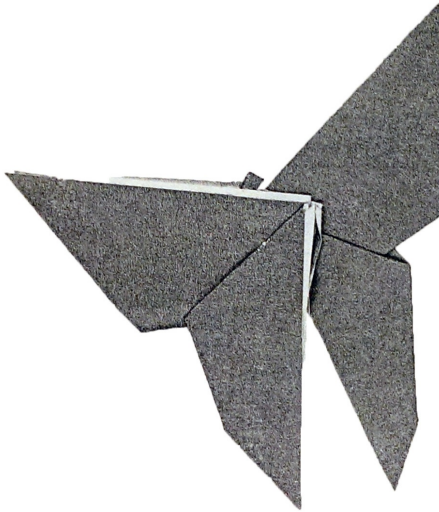
Experiencing disabling fear and anxiety every time you leave the house? Try...

# Schrödinger's pass



You can't know whether you pass in the eyes of everyone in the street

So you exist in a state of being both read and not read



Take a positive cognitive step:

- Count all those people who aren't explicitly mean to you as a win.
- Very soon the win:lose ratio will be working in favour of your confidence.

Passing or blending is a nightmarish topic - How many 'I know I posted yesterday, but do I pass yet guys? How about now?' threads have you seen on the interbutts? In this fragile period of transition you could ideally process things in private, at your own pace. The GIC however, insists that only time in public counts towards demonstrating 'genuineness'.

Public perception of your gender can determine how you'll be treated. Yup, it's shit. Worrying about whether you pass or not is a fool's trick:

You'll never know for everyone

Even cis people get misgendered

The only way to know if you passed with someone is to ask that person and thereby guarantee that they know.

*By measuring you affect the outcome.* So, to hell with it! Focus on how you are treated and leave passing to the wolves. The focus should be on people's behaviour, not your physicality: if people treat you how you want to be treated, it shouldn't matter if they read you or not. If they're assholes it should reflect badly solely on them. This takes some getting used to but it really helps in the long run.

Also, note the sweethearts, not just the two assholes holing ass at you assholishly. This helps to put things in perspective.

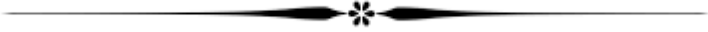
A final thing is to accept that you're undertaking a big change via a slow process. Write off passing for a year and accept that you won't look how you want to - your hair will grow at its own pace regardless of how regularly you monitor it. What if you decided that instead of keeping a daily chart of bewb growth, you'll just keep taking your pills and the rest of the time you'll be thinking about your job, hobbies, new skills, new friends, great books you will read? You'll be a more rounded\*, interesting person and that year will go by much quicker.

\*Hehe, breasts.

Round 2

# Appointment two

ELECTRIC BOOGALOO



You've played their silly little game and you may be recommended for hormones

Lower your expectations again

You will be judged on your gendered presentation

Remember: even if they recommend HRT, they are still cunts\* and not worthy of your respect



**FIGHT!**

\*Current policies mean that it will be approximately a year from when you first present at your GP to actually having oestrogen in your grubby little paws. This is unacceptable.

See! Didn't that time just fly by?

Take time before your second appointment with the GIC to adjust your expectations (again).

This is the appointment where they will take normal action if they haven't noticed any of their red flags (listed on page 14, plus you have had 6 to 8 months to sort these out girls, seriously come on y'all). This means referral for Throat surgery and a recommendation for Hormone therapy.

Yes, a recommendation. They don't prescribe themselves, obviously! That would be efficient and come off their budget. Also if you needed to adjust the dosage, like everyone does, you could do it in one appointment. This way you get to have another appointment with your GP, to pass on their recommendation. What if the GP doesn't want to prescribe\*? You're fucked: You need to fight the decision or find a new GP, both of which costs you time and let's face it, by now you are **gagging for that oestrogen.**

So let's hack this. Along with your letter, ask for the guidelines to HRT. They will typically only send this to your GP if the GP asks for it (your GP may trust the recommendation letter and not request this). If this isn't needed by your doctor then you have gained a useful information booklet, and if it is needed then we just saved you 2 months of nonsense sending letters back and forth to the GIC asking for information.

\*Sadly because the GPs must prescribe the HRT off licence, they are able to turn down the GIC's recommendation and not give you these much needed meds.

The realities of HRT

# Hormonal changes

Softer skin

Breast growth

Redistribution of fat

Loss of muscle mass

Sex drive changes

**But slower than a tantric liaison between sloths. Try not to monitor it daily.** We wanted to draw a silly cartoon for each of these but the effects are so subtle and difficult to accurately depict, so we didn't bother. Use your imagination, ask your sister or just trust us and wait and find out for yourself.

\*Current policies mean that it will be approximately a year from when you first present at your GP to actually having oestrogen in your grubby little paws. This is unacceptable.

After a minimum of two appointments at the GIC they will write to your GP asking for HRT to be commenced. You get oestrogen first and then testosterone blockers.

After initial baseline blood tests you will typically be started on **2mg estradiol valerate** tablets. This is one tablet a day for 3 months before you start the testosterone blockers. Oestrogen also comes in a gel and patches. If you want to preserve your fertility, ask your GP about gamete storage (sperm banking) before you start the blockers.

You will gently increase your dosages of oestrogen over a number of months depending on your blood results. This is a slow adjustment curve and can be frustrating but it is designed to mimic cis-female puberty and gives the best outcome - increasing dosages too fast produces conular (cone-shaped) breasts among various other health risks and nobody wants that.

Eventually (after about a year) you would hope to have a oestrogen level between 400 and 600 pg/ml (before lower surgery). This is a normal female range and is optimal (anything more than this and the body doesn't process it).

The testosterone blocker (or 'antiandrogen') is an injection in your buns or thigh every 3 months until your lower surgery. The prescription is typically **decapeptyl SR 11.25mg** and you can ask a nurse at your GP surgery (or a kind friend with medical knowledge) to help you inject.

GIRES ([www.gires.org.uk](http://www.gires.org.uk)) has some solid information on this subject. Consider this page merely an introduction of what to expect. The Wikipedia page on HRT in transwomen is a little dense but contains very useful facts.

Due to chronic underfunding, studies into HRT in trans people are few. We couldn't identify any consistent findings on the use of progesterone (and there has been no meta-analysis) so we offer no opinion.

TL;DR - Temper your expectations but don't loose hope.

“REAL”

# Life experience

RLE

The GIC will monitor and support you during RLE

So you experience day to day life in role,

understand better how your life will be

and demonstrate your resilience

and commitment

These functions make RLE a valuable diagnostic tool

CAUTION: the statement above is bun slops



**Real Life Experience:** The standard mandatory period of living full time in role before the GIC will authorise treatment, such as HRT or the various surgeries. At the time of writing, you need 5 month of RLE for HRT and 2 years for lower surgery.

Let's break down the statement on the opposite page:

*"The GIC will monitor and support you during your time doing RLE "*

NO, no they won't. They will never visit you during the work day, nor at weekends. They won't interview your friends or colleagues. They certainly won't and can't support you, because they will see you for 30 minutes every 4-6 months. This could barely be called monitoring it is not support - that's what your sister is for.

*"so you experience day to day life in role"*

You won't experience typical daily life as a trans person either as, and this is genuinely good news, the first year of transdom is nothing like your second: you won't be scrambling to update old documents and accounts, no more awkward coming out and, most importantly, the treatment (HRT) will change your appearance. Once HRT has worked its lead footed magic, you will look more like you feel you should and consequently get less harassment. This was the biggest change for us - less (almost non-existent) street harassment

*"understand better how your life will be"*

Because you don't have the benefits of the treatment, you won't understand how your life will be. Worse, it implies that you will always have the level of harassment and difficulty that you have living full time without HRT.

On the surgical side, the irrelevance is even more marked. How does painfully binding your chest prepare you for not having breasts? How does 2 years of having a penis prepare you for having a vagina?

*"and demonstrate your resilience / and commitment."*

This is like asking someone to drive on a motorway, untutored, before you give them a driving lessons. Like making them fellate a balrog before you'll trust them with a Korma. The GIC demands that you stay in the public eye (you need to be a student, employed or volunteering) during the most difficult part of your transition, where you will be at risk of street harassment and violence before they give you the treatment you need. It's unhelpful, disproportionate, irrelevant and that's why we want to help you hack it.

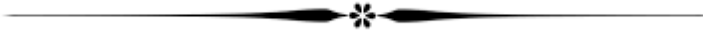
The only thing the RLE actually achieves is demonstrating your commitment: they don't check up on you at any point, so the only feedback they get is what you report to them and the fact that you keep turning up: after 2 years of RLE, all they know is that you waited 2 years for treatment.

*"These functions make RLE a valuable diagnostic tool"*

Off you fuck, there's a good chap.

The sad reality of counselling provision

# Talking therapy



The GIC offers both one to one and group therapy

You don't need counselling or therapy for being trans,  
but rather for the consequences of being trans

(Space to doodle while you are bored out of your mind in a therapy session)

What you discuss in official GIC sessions will  
impact on the timescale of your treatment

Talk to you sister and close friends about gender stuff

Gender variance is not necessarily a pathology - some pontificate\* that it should be celebrated. Gender dysphoria on the other hand is ruinous. Medical transition can greatly alleviate this dysphoria and totally change a person's life. The profound effect of living with dysphoria can take its toll, and even after commencing medical transition there may still be lingering troubles. This is where talking therapies come in - and it is the opinion of the authors that official GIC talking therapies are a big steamy pile of wank.

What you are seeking is solid information that can help you work through your expectations and worries about transition. You need some emotional support and a good hug. They can provide haughty derision as they just mirror your words, for example:

**You:** "I am really feeling troubled by my father's reaction to my trans identity"

**Them:** "So you are really troubled by your father's reaction?"

This really isn't useful.

Have some Real Talk with your trans sister. Hug it out. Break down all of your gender problems with brutal honesty, and the advice and experience of someone who has already gone through this.

The GIC group sessions are only useful as a method to find a potential sister if you have no other means of meeting other trans people. But when you have started, you feel obligated to complete all 20 sessions so as not to appear lacking in moral fibre and commitment in the eyes of the gatekeepers.

If you air any doubts or ambivalence in these sessions then it will be recorded and held against you when it comes to speeding along your surgical referrals and so on.

\*to talk in a dogmatic and pompous manner\*\*

\*\* Not that we do that... \*\*\*

\*\*\*Aren't footnotes brilliant though!?

For many, the grand prize of transition. Like that bit at the end of the Crystal Maze.

# Surgery hacks

  
(make your own goddamn jokes)

Request it, request it early. Mention it as a goal in your first appointment and start to hound them on your third. They won't really get the ball rolling before your two years RLE is up unless you give them a solid shove in the solar plexus\*.

Only accept appointments with the first two people to assess you - they are the only ones who can write the approval letters to the surgeon.

It all comes down to GIC procedure: a psychiatrist who hasn't done an assessment for you won't refer you for surgery, so an appointment with anyone other than them is a waste of your time. The same goes for RLE requirements: your second referral will come after 24 months RLE (as determined by your name change, step one, Nutmeg) no sooner. If they book you at 23 months, reschedule or you'll get nothing but a pointless check in:

**Them:** "So, how's it hanging?"

**You:** "Dysphoria-causingly. When's my surgery?"

... followed by a 5 month wait for the next appointment and final referral.

By this point, we should contextualise: with an early name change, you'll have gone in with RLE banked. You should start HRT with over 12 months of RLE after your second appointment and you know that anything else they offer is useless, bar voice therapy - not necessary, but why not. The next appointment should get you a referral - rebook as necessary, as one GIC psych reported that he would consider referring for GRS after 18 months RLE. He then asked about masturbation again.

We can't prevent them cancelling and rearranging your appointments last minute, but we can set you up to be finished with these shits in 4 appointments. As the surgery schedule is vague, we'll lay it out here: You need 2 referrals, available from 18 months RLE. After 5-6 months you should have an appointment with a surgeon and a Clinical Nurse Specialist (CNS - not had enough initialisms yet?) for a (literally) 10 second physical exam. After that, a pre-admission assessment 6 weeks before your date. Then your date. Then you're done.

N.b. When you see the surgeon, you know your funding is sorted. The wait for surgery from the Surgeon onwards is unpredictable - anything from 2-8 months is possible, cancellations can speed it up.

Ask if you need electro on your junk early. You can ask to see the nurse specialist, to check your undercarriage and let you know if you need electrolysis. When they check the lower lawn, they're looking for green on your peen: If you've got a furskin, that'll need fixin' and knowing in advance is important.\*\*

*\*Solar plexus* so called because of the pattern of radiating nerve fibres. How cool is that? Bet you didn't think you would pick up such useful facts by reading this. Here's another: the base of the spinal cord is called the *cauda equina* because it splays out like a horses tail. Brilliant.

\*\*We are very sorry about that paragraph

And now... word play!

# Post Op

## Ergo Propter Hoc

You'll go in there after 6 weeks of hormone deprivation, which is oddly not that bad besides hot flushes and paranoia that you'll hulk out, and however long the wait after your pre-operative assessment with the surgeon. Whatever you do, don't make a countdown: trust us, you'll never lack for awareness of how far off it is. Actively counting the days, as at any point in transition, is an act of masochism\*.

Have all your electrolysis done, which means clearing all hair on the penile shaft. The GIC will only recommend electro if you have hair on the foreskin, but you want the whole shaft clear. Urgh, that word. You'll need at least 6 months/7 sessions. Good news everyone! Funded access to electrolysis is improving... Sort of.

There are great accounts of the time in hospital that recount the day by day, but essentially there's a lot of free time. Visits are good, Netflix is better. During the hospital stay, holding a book was too tiring, but we could lie there and sleepily watch Orange Is The New Black like a baus. Here are other things that were never covered in our research.

\*and not that delicious type that can be found in certain Vauxhall clubs.

While you wait...

# Miscellaneous

## hackery

Don't rush to fill your wardrobe - you will only buy shit. Naughty trans women go to a special hell where they must only wear the clothes they bought during the first six months of their transition.

Plant Oestrogens really don't work. Hack your way to the real stuff.

If you must take progress photos, don't post them online.

You are not a Princess. DO NOT Princess up. Hyper-femme has its time and place. Early transition is not it.

Don't go to chaser clubs. However low your self-esteem gets, that is not the answer

These are random wisdoms, mostly on the money saving side - transition can be expensive, don't make it more so.

Tip top money pisser: splurging on pretty clothing before you get on oestrogen is a mistake. Yes, you are a girl and you want to tell the world "I am a girl, a girly girl. Behold all of the girly stuff I have!". HRT and time and infinitely better than and make-up an inch thick and a pink skirt. Femme jeans and a strappy are sufficient for a gentle pass and are cheap. When your bod has responded to HRT you can buy the things which suit the figure you now have. You are early days with new fashion choices, working out what suits you, but you don't know you yet. Don't piss money away on stuff that won't actually suit you. Honestly early days fashion, just buy 10 camisole-tops and be done with it.

# Things To Know About GRS

**1. No sleep ever.** Rest and recuperation are entirely figurative, aspirations and suggestions: you'll get no sleep to heal during your stay. You'll be in great discomfort when your pressure pack is on, your genpop ward mates will treat it like a fucking slumber party and you will never be more aware of the lack of filtering in the community. You'll want to choke a fool. You'll be kept awake by someone having a post surgery complication, maybe it will be you.

**2. Being an all trans ward will not guarantee good gender politics.** The nurses are fine, the unfiltered patients treat it like a live reenactment of Susan's fucking Playground. If you draw a bad crowd, the ward will look like Julie Bindel's evidence repository.

**3. Dignity dies there.** Your precious, long awaited foof will be a bloody swollen congealed mess for weeks, and nurses will see. Oddly, this will feel better than them seeing the previous occupant. You will lose sphincteral control once your pressure bandage comes off. By that, I mean you will fart and spray blood over unfazed nurses attending you. You will carry a bag of piss strapped to your leg, and feel odd satisfaction draining it.

**4. No epiphany.** Like hormones, the body changes come in time. Until it's healed in 8-10 weeks, you'll have a wound, not a vagina. You're not quite at the end of your journey.

Get your self a good friend who can deal with you at your most minging and vulnerable times. We can't stress this enough: there is no dignity on the ward. You will need help showering and washing, walking and will fall asleep mid convo. Let yourself be vulnerable and accept their help, repay them later. Your sister may fill the role but it can be exhausting for her so have a back up too.

**5. Exhaustion.** If you've never had surgery, being told that you'll be tired is unhelpful. We'll try and quantify: you will be too tired to consistently hold a book open. You will find yourself needing a nap mid conversation. On the 3rd day of recovery, walking for 3 minutes is a BFD. I like the analogy of having low reserves- you'll move at slightly less than standard speed, but exhaust yourself very quickly.



**6. Raid whilst you can.** They send you home with 2 tubes of Aquagel lubricant, which will last you 5-6 days. Stock up on lube and toilet tissue like you were a teenage fraternity: 15 tubes of lubricant is a sensible number, as you will be dilating thrice daily for the next 8 weeks. Steal many, many incontinence pads and lube sachets from the ward. 30 sachets is not a silly number, it's frugal. Outside of that, we really liked Superdrug's own brand lube.

**7. All the feels.** So, having major surgery impacts in emotional ways too. You've achieved something you've been working towards for 2 years, but it's only resulted in something swollen, sutured and sore. There's not much to enjoy. Additionally, the surgery can give you feelings of violation that are difficult to deal with. Discuss your feels, but don't be ashamed of them.

**8. Dilating is a world of NOPE.png.** Unfortunately it's essential. Gathering the materials and doing the 25 minutes of dilation thrice daily will take all your energy in the first week of doing it. It gets progressively easier as you level up and by 4 weeks the discomfort is largely gone, but we must emphasise not skipping it. Unavoidably missing 2 sessions late in our first week resulted in dilating through being tighter than a twink's skinny jeans.

**9. Not X doesn't equal Y.** Feels about your new pants situation are difficult, 'Reading Judith Butler whilst 5 Martinis in' difficult. You disliked your original genitalia enough to have surgery, but being rid of them doesn't mean you'll like their replacements straight away, especially when your neovagina isn't in its best condition when you get acquainted. It's frustrating 'Trying to come up with humorous smilies at 3am' frustrating. There can be a distinct 'Yay! That's gone', but you don't automatically fall in love with your new gross anatomy\*. You really do have to get reacquainted with yourself\*\* over time. It really can take time, as the visual and tactile benefits come after extended healing, and because Sue Perkins isn't on TV all that often.

\* Heh, medical jokes.

\*\* Heh, masturbation.

Transcendence

# Ascension time



Come on grab your friends

There are quite distinct generations in the trans community

Where did all the trans women go?

There an interesting phenomenon we have noticed whereby trans women tend to 'finish' their transition and vanish from the community: we call it ascension. Most of the emotionally mature ones get on with their lives as women - the prefix 'trans' now redundant. Yes, being transgender has shaped much of your life up to this point: you probably lived with dysphoria and experienced the pain of early transition, but you are still more than just a trans woman. You have had other experiences and your identity is not so superficial that you cling to the trans label long after it is no longer relevant: it becomes unappealing to remain in a community focused on the dysphoria, harassment and GIC bastardry that you've conquered and progressed beyond. Yes, be proud of your past and what you have come through, but you may find that the community is just not worth the effort.

After transition you have enough standard person-problems to deal with, without the persistent low level nonsense of the trans community. Also, you will be sick of being associated with the non-ascension\* crowd who give trans people a bad image. A moment comes when you put your hands up in the air and say 'fuck it - I'm out'. This is healthy and normal. Embrace it.

## Why Wouldn't You Ascend?

Congrats, you've spotted a problematic sentiment, go write your tumblr piece. We're only speaking from our collective experience, but people who stay actively in the community are rarely people we'd choose to chill with.

Some are gems, patient enough to see the same issues come up repeatedly and offer their experience and advice, but they are few and many support the community in other, remoter ways. Most leave because the community is not fun: most are in transition and transition is not fun. There are many troubles, which are draining. There's unchecked mental illness, uncalled-out. Many people who will never be accepted in society, due to lack of awareness or physical appearance permanently marking them out. One look at us would tell you we don't think everyone should be the same, but it demonstrates a certain 'Having your shit together, y'all'. There are also people, often repugnant, who enjoy the high status their experience gives them in the trans\* community as experts, who lack respect outside of it\*. The non-ascending faction, frankly and sadly, contains a lot of damaged people.

Finished spluttering and writing to The Guardian? The whole point, even the etymology, of being trans is about movement and we feel that getting stuck in the middle is failure. You move away from troubling beginnings, through the barriers and you give someone else a helping hand on your way out. The way out needs to be there, moving to somewhere away from a past, a body and a community that do not represent who you now are. That, we believe, is healthy.

\*Some of the most egregious turn to zine writing to meet their needs.

Achievements!

# Progress bar

Obviously only fill it out as far as you wish to go



Name Change

GP referral to GIC

Laser hair removal started

Sister acquired

Gone 'full-time'

First GIC appointment

Second GIC appointment

Oestrogen started

(Bonus mission: gamete storage)

Testosterone blocked

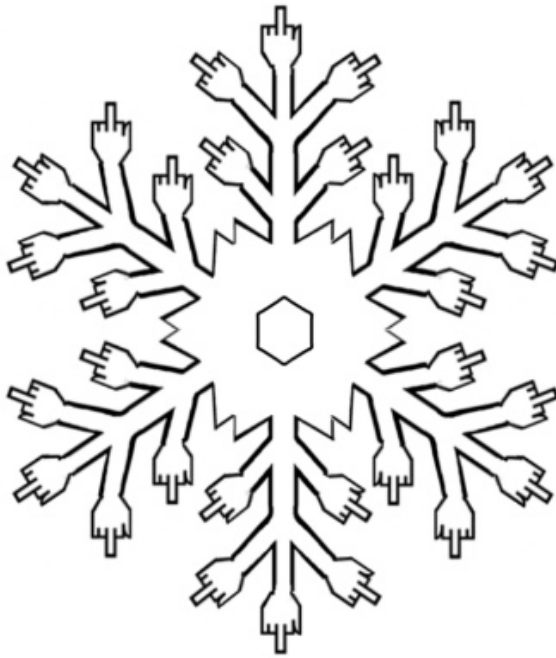
One year (the major hard times are now over - good work kitten)

Referral to surgeon

Lower surgery

Ascension

Live a full and content life



Hush now little snowflake

# A note from the Authors

We know the contents of this zine are wildly problematic. Listing them all here would serve no real purpose aside from putting up a shield of meta self awareness. Most of it was written in jest. You need to calm yourself shawty.

We hope to keep a version of this up to date online and a small number of issues in circulation. This is the first printed circulation (December 2013). The latest issue is available as a pdf on the website where you can also help us by pointing out spelling mistakes and general errors. If you can draw or write a new hack please send us your fine works. We would also welcome contributions which would translate this zine into a format which would be helpful for transmen.

You are very welcome to copy and distribute this zine in anyway you please.

[mascaraandhope.tumblr.com](http://mascaraandhope.tumblr.com)

If you have complaints, we recommend you write to [letters@dailymail.co.uk](mailto:letters@dailymail.co.uk)



