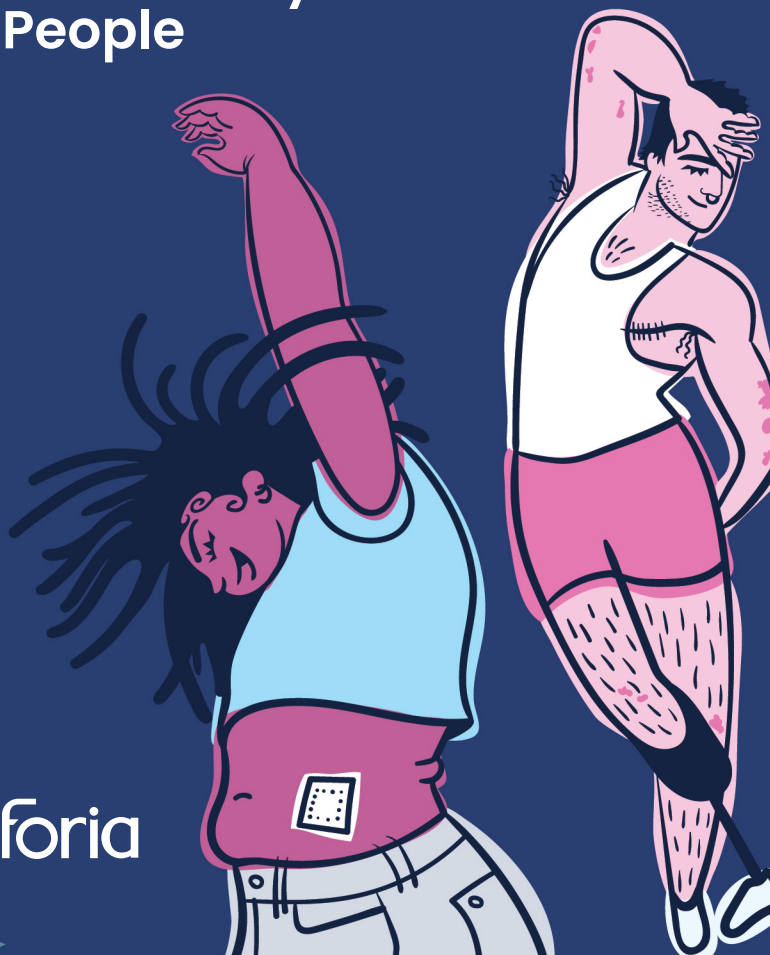


Sexual Health

for Trans &
Non-Binary
People

foria



A note on language

At Foria, we understand that language is a crucial part of how trans, non-binary and gender diverse people perceive and express their identities. **While we strive to use the most inclusive language possible in everything we do, we know that language is constantly changing.**

Foria has worked with our community advisory committee to ensure our language is accurate and affirming. However, we understand that people can have different preferences when it comes to language. We also understand that even with the best intent, medical language used when discussing gender-affirming care could be uncomfortable or unrelatable to your individual identity.

If our language doesn't reflect your lived experience or what you're comfortable with, please feel free to use words that resonate better with you.

If you have any feedback or suggestions, please contact us at support@foriaclinic.com

Welcome to your sexual health guide!

This booklet is for all trans, non-binary and gender-diverse people, no matter what kind of body you have. We're here to give you the information you need for a healthy, happy sex life.



How to use this guide

The first two chapters in this booklet are for everybody. Chapter 1 will give you information on ways to make sex safer by preventing HIV and sexually transmitted infections (STIs). Chapter 2 will give you information about STI testing, treatment and vaccines.

Chapter 3 is for people who were born with a penis. This includes intersex people if you were born with a penis.

Chapter 4 is for people who were born with a vagina, uterus and/or ovaries. This includes intersex people if you were born with any of these.

Contents

1. Safer Sex

3

Condoms

3

Lube

6

HIV PrEP

8

HIV Treatment

10

2. STIs

13

STI Testing

13

STI Symptoms

20

Vaccines

24

3. Born With a Penis

27

Doxy PEP

28

Vaginoplasty

29

If You Haven't Had Bottom Surgery

30

4. Born With a Vagina, Uterus and/or Ovaries

33

Contraception

34

Pap Tests

38

Vaginal Atrophy

39

Phalloplasty

41



1.

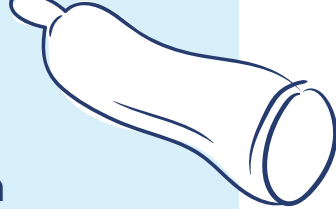
safer sex

Condoms

Condoms are thin, tube-shaped pieces of latex or other synthetic materials. These make a barrier between people's genitals during sex. This stops bodily fluids or infections transferring from one person to another. Condoms help prevent pregnancy, HIV and most STIs.

Condoms either go over the penis (external condoms) or inside the front hole/vagina or back hole/rectum (internal condoms). External ones are a lot more common. You can also put them on sex toys, if you're sharing them.

You can use condoms on a penis someone was born with or one made through phalloplasty. Regular external condoms won't fit someone who has had a metoidioplasty, but if you are able to penetrate your partner then you can try using finger cots. These are like latex gloves but for individual fingers, and they can help prevent STIs.



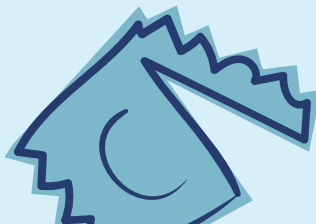
Using an external condom

You can use external condoms for oral, anal or vaginal sex. Condoms protect against HIV and STIs, whether you're the insertive partner (top) or receptive one (bottom).

First, check the expiry date on the condom packet (yes, condoms expire!) and make sure it's intact with no rips or tears. The packet should not leak air or fluids. Open it with your hands, not teeth – this helps avoid damaging the condom itself.

Next, make sure the unrolled condom is the right way up. Then pinch the tip with one hand to squeeze out any air and then, at the same time, roll the ring all the way down the shaft with your other hand.

To take a condom off a penis, the wearer should first move away from their partner's body and then remove it while they're still hard. This helps avoid any fluid spilling out, if the person produces sperm.



Don't reuse condoms. If it breaks, falls off or you want to go again, just grab a new one! It helps to keep a few around.

You should also use a new condom every time you:

- 1 Switch partners
- 2 Switch between anal (back) and vaginal (front) sex
- 3 Share toys (e.g. dildos)

Finding the right condom

Condoms are usually made of latex, but can also be made of polyurethane and polyisoprene. These are useful if you or your partner are allergic to latex. Avoid lambskin condoms – these have small holes in them, so they don't prevent STIs and HIV.

Condoms come in all different sizes. They even come in flavours (but these should be used for oral sex only). If your partner is wearing an external condom, it should fit snugly. If it's too tight or painful then try a bigger size, and if it's loose then try a smaller one.

Lube

Whether you're using toys, fingers or a penis, lube can make sex easier and a lot more enjoyable. It can also prevent tears or abrasions, which raise the risk of STI transmission.

If you're having certain kinds of sex, lube is essential! These are:

- 1** **Vaginal (front) sex, if someone is on testosterone (T).** This is because T can reduce moisture levels in the vagina. For more information, see our section on vaginal atrophy in chapter 4.
- 2** **Anal (back) sex.** This is because the rectum doesn't self-lubricate.
- 3** **Vaginal (front) sex, if someone has had vaginoplasty (also known as "bottom surgery").** This is because most post-surgical vaginas don't self-lubricate.



Lube can also improve vaginal sex even if someone was born with a vagina and isn't on T. We recommend it for everyone!

Types of lube

Lube can be water-based, silicone-based or oil-based, but the type that's best for you will depend on what you're using it for.

Water-based lube

This works well with all toys and condoms. It leaves less stains compared to silicone or oil-based lube, but it can dry out faster (so you need to reapply).



Silicone-based lube

This works well with condoms and toy materials like glass or metal. It should not be used with dilators or silicone toys, as it can degrade them.



Oil-based lube

This or other oil products (like coconut oil) should **not** be used with condoms. It can degrade them, which makes them ineffective and raises risk for STIs. It can also be harder to clean off toys.

Some healthcare providers caution against using oil-based lube for vaginal (front) sex, because it could trap bacteria and cause infections.



HIV PrEP

HIV PrEP stands for HIV Pre-Exposure Prophylaxis. It's a medication that prevents HIV. You might benefit from it if:

- 1 Your sex partners were born with a penis (and still have one), and they also have sex with people who were born with a penis (and still have one).
- 2 Your sex partners are from countries with high HIV rates.
- 3 You or your sex partners inject drugs.

If taken as prescribed, PrEP reduces HIV risk by 99% for vaginal (front) or anal (back) sex. It also reduces the risk of HIV when sharing equipment to inject drugs, but we don't know by how much.

Most people take PrEP as a single daily pill. It is also safe to take with hormone therapy.

HIV PrEP does not prevent other STIs or pregnancy. You can use condoms to help prevent STIs. You can also use doxy PEP to help prevent STIs, if you're eligible (see p.28). If you are on PrEP, you'll also be required to get STI testing every three months.

You can get PrEP from most sexual health clinics that serve LGBTQ2S+ people. You can also get it from family doctors, if they're informed about LGBTQ2S+ health.



If you are a Foria patient you can get PrEP from your clinician. Another option is our sibling service Freddie, a virtual PrEP clinic.

Most Freddie patients qualify for free PrEP. Visit gofreddie.com for more information.



HIV Treatment

If you're living with HIV, starting treatment as soon as possible and taking it as prescribed has huge benefits for your health. In fact, modern HIV treatment is so effective that someone diagnosed today can live just as long as someone who doesn't have HIV.

Another key benefit of HIV treatment is that it stops HIV transmission through sex. Effective treatment can lower the amount of virus in someone's blood so much that it wouldn't be picked up by most types of HIV test. This is called "undetectable".

When someone is undetectable, their HIV is untransmittable (known as "U=U").



U=U

U=U means that you can't pass HIV to someone else through sex. It's not just a low or very low risk – it's zero risk. This can help ease any anxiety you or your partners may have, so you can focus on having fun!





2.

STIs

STI Testing


STIs often don't have symptoms, so the only way to know if you have one is to get tested. STI testing can be daunting, especially if you've faced transphobia or other types of discrimination in healthcare before. We're here to demystify the process.


This section will tell you what tests to get and how often to get them. These will vary based on the kind of sex you're having. If your healthcare provider doesn't offer you the tests you need, you can ask for them.




What tests to get


A full routine STI test checks for syphilis, HIV, gonorrhea and chlamydia.

 **To check for syphilis and HIV**, you'll get blood taken from your arm. This is then sent to a laboratory to be tested. Some clinics will have rapid HIV tests, which use a few drops of blood from your finger and can give you results in minutes.

 **To check for gonorrhea and chlamydia in your genitals**, you'll need to give a urine sample (if you have a penis) or give swabs (if you have a vagina). See p.16-17 for more on vaginal swabs.

To check for gonorrhea and chlamydia in your throat and/or rectum, you may need to do some additional swabs.

 **A throat swab**, if you've performed oral sex on someone with a penis.

 **A rectal swab**, if you've had receptive anal sex (bottomed) for someone with a penis or shared sex toys (e.g. butt plugs or dildos).

You may also be screened for hepatitis C periodically, depending on your risk factors.



Vaginal swabs

Vaginal swabs are recommended if you've had receptive vaginal (front) sex for someone with a penis or shared sex toys (e.g. vibrators or dildos). For some people with vaginas, you might only need to give a urine sample – this can vary based on clinic protocol and your individual situation.

Swabs after surgery

You can still get vaginal STIs after a vaginoplasty, but we aren't sure how well vaginal swabs pick them up. If you have vaginal sex, we recommend testing regularly with both swabs and urine tests. If you've had a vulvoplasty, you won't need to do swabs – urine testing is enough.



How often to test

If you're starting a new monogamous relationship, then you can test after you've been monogamous for three months. Some people might test sooner, but if so then it's recommended to re-test at three months. This is because of the time it takes for an STI to be detected on a test, known as the "window period".

Window periods range from one to two weeks (for chlamydia) to three months (for syphilis and HIV). Testing after three months means you are outside the window period for all STIs and HIV. Afterwards, you don't need to test again unless you open up your relationship.

It's recommended that everyone should test at least once per year if you have new partners.

More frequent testing is recommended for anyone whose sex partners were born with a penis (and still have one), if they also have sex with people who were born with a penis (and still have one).

For example, this would include trans men who have sex with cis gay men, or trans women who have sex with cis bisexual men.

If this applies to you and you use condoms, then test **every three to six months**. If you don't always use condoms, then test **every three months**.

If you are on PrEP, then you'll be testing every three months.

You can get STI testing and treatment at sexual health clinics, public health clinics, family doctors, walk-in clinics, and some community health centres.

Sexual health clinics are often the best equipped to serve trans, non-binary and gender-diverse people. To find a service near you visit whereto.catie.ca.

STI Symptoms

STIs happen sometimes! Luckily, they can often be easily treated. Because there is a stigma around STIs, if you have symptoms these may bring up feelings of shame or guilt. Stigma towards LGBTQ2S+ people and our sex lives can make these feelings more intense. This is a normal reaction, but there's no need to feel shame!

There are a few symptoms to look out for – if you notice any of these, avoid sex until you've managed to see a healthcare provider.



Blisters, sores or firm bumps in your genital or anal area

Pain when peeing*

A rash

Pelvic pain*

New or different discharge from your genitals (this can be yellow, white or green)

Unusual vaginal bleeding*

Itching in the pubic area*

Pain, bleeding or discharge from your anus

Some changes, like pimples in your pubic area, are usually harmless.

*Hormone therapy can cause some genital symptoms that overlap with STIs. In general, it's a good idea to rule out STIs before exploring other treatment options. We have more information about these symptoms in chapters 3 and 4.

STI Treatment

STIs can happen to anyone, no matter how many partners you have. Just like how going to a bar or using public transit carries a risk for colds or flu, sex carries a risk for STIs. What's important is getting treatment as soon as you can to make sure that you stay healthy.

If you have symptoms, make an appointment with your sexual health clinic or visit them during walk-in hours. Most clinics can diagnose and treat you right away. For example, if you have genital or rectal discharge they may take a urine sample, take some swabs and test these on site.

Depending on your symptoms, they may swab your rectum, your urethra (if you have a penis) or your vagina/front hole (whether you were born with one or had a vaginoplasty). They may order some additional tests to confirm your diagnosis, and will get in touch when those results come back.

If you've had treatment, you'll also need to avoid sex for a short period while the medication is working. Your healthcare provider can advise you on this.

If you test positive for an STI, you should notify your recent partners so they can get treatment if needed. However, this may not be safe for everyone.

If you don't feel comfortable contacting your partners directly, you can visit tellyourpartner.org. This is a free, anonymous service based in the U.S. that also works in Canada. It will send a text to your partner on your behalf. Note that if your partner is only having sex with you, they will know who the message is coming from.





Vaccines

Some STIs and blood-borne infections can be prevented with vaccines.

Hepatitis A & B

These viruses affect your liver, and vaccines are recommended for anyone whose sex partners were born with a penis (and still have one), if they also have sex with people who were born with a penis (and still have one).

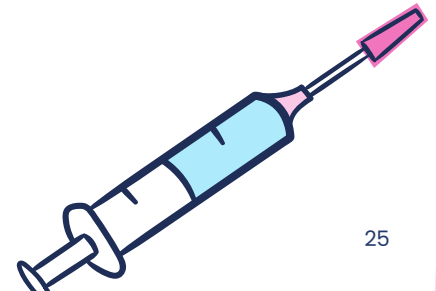
These vaccines are usually covered in Canada for trans and non-binary people who fall into these groups. Your clinician or sexual health centre can check your immunity when they do blood tests, and should offer vaccines if you need them.

Human Papillomavirus (HPV)

This virus can cause genital warts and some types of cancer (throat, anal, cervical and penile). The HPV vaccine can protect you against the most common strains that are linked to cancers, but it can't cure any strains that you already have.

In Canada, the HPV vaccine is offered for free to all children in elementary school. If you didn't receive the HPV vaccine as a child then it may still be covered for you under the public system, but this can vary by location.

The vaccine is usually covered for people under 26 years old who were born with a penis if their sex partners were also born with one. If you have extended health benefits through a private insurance plan, this may also cover it.





3.

Born With a Penis

This chapter is for anyone who was born with a penis. It also is for intersex people, if you were born with a penis. Here, you'll have some information that is tailored for you, whether you've had a vaginoplasty, vulvoplasty, orchiectomy or no surgery.



Doxy PEP

If you and your sex partners were born with a penis, then you might benefit from doxy PEP.

Doxy PEP is an antibiotic called doxycycline. You take this within 72 hours (ideally within 24 hours) after condomless oral, anal or vaginal sex. This can significantly reduce the risk of syphilis, chlamydia and gonorrhoea. It doesn't eliminate risk though, so you'll still need to keep up with regular STI testing.

You should be able to get doxy PEP from sexual health clinics that serve LGBTQ2S+ people. You can also get it from family doctors. However, access can vary depending on where you live – doxy PEP is new, and not all clinics are informed. Foria and Freddie can connect existing patients to doxy PEP if eligible.



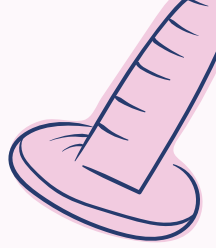
Vaginoplasty

In the months and years after surgery, you'll need to dilate regularly.

Dilating is where you insert a wand-shaped medical device into the vagina. This prevents complications like scar tissue and maintains the vaginal canal's width and depth. **Dilating is a lifelong commitment – without it, you can permanently lose vaginal function and the ability to have vaginal sex.**

The size dilator you use, how often you use it, and how long you dilate for will vary depending on your body and where you are in the healing process. Different surgery types can also have different dilating requirements. Your surgeon can give you guidance on all these as part of your post-surgical recovery plan.

Your surgery centre should provide a full set of dilators, but you may have to pay for them. You can also get dilators from specialist online stores, but it's important to make sure you're buying the correct size. Lube is essential for dilating, but make sure it's water-based.



If You Haven't Had Bottom Surgery

Erectile dysfunction

If you're taking hormone therapy, you might find it harder to get and maintain an erection. If this is bothering you, erectile dysfunction medications like Viagra (sildenafil) and Cialis (tadalafil) can help.

Erectile dysfunction medications are safe to take with hormone therapy – just speak to your clinician first. They can interact with some drugs like blood pressure medications, and you should avoid using poppers while you take them. This combination can make your blood pressure drop dangerously low.

Hormones and STI symptoms

If you are taking hormones and haven't had an orchiectomy, then one side effect can be testicular pain. Testicular pain could be a symptom of an STI, but it might not be. Check with your clinician!

Contraception

If you haven't had an orchiectomy and your sex partners have ovaries, then you'll need to use contraception if you'd like to prevent pregnancy.

This applies even if you are on estrogen and/or androgen blockers, or if your partner's on testosterone. Both types of hormones can reduce fertility, but they aren't an effective contraceptive. There are many options for contraception including condoms, IUDs and birth control pills.

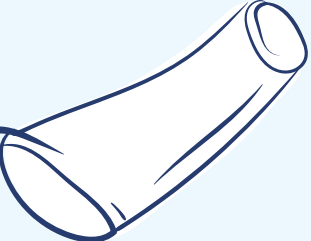




3.

Born With a Vagina, Uterus and/or Ovaries

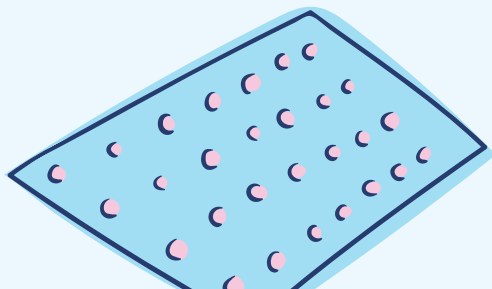
This chapter is for anyone who was born with a vagina, uterus and/or ovaries. It is also for intersex people, if you were born with any of these. Here, you'll have some information that is tailored for you, whether you've had a phalloplasty, metoidioplasty, hysterectomy or no surgery.



Contraception

If your sex partners produce sperm and you haven't had a hysterectomy or vaginectomy, then **you'll need to use contraception if you'd like to prevent pregnancy.** This applies even if you are on T or if your partner's on estrogen and/or androgen blockers.

Both types of hormones can reduce fertility, but they aren't effective contraceptives. There are many options for contraception including condoms, IUDs and birth control pills.



Emergency contraception

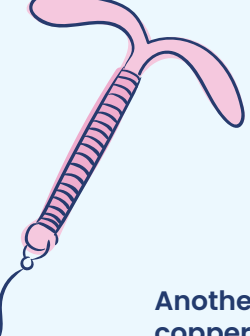
The emergency contraceptive pill is also known as the morning after pill. It's a medication you can take after sex to prevent pregnancy if your contraceptive fails or you weren't using any.

You can get the progestin pill (Plan B and generic versions) without a prescription from a pharmacy, doctor or sexual health clinic. It needs to be taken within 72 hours (three days).

You can get the ulipristal pill (Ella and generic versions) by prescription from a doctor or nurse practitioner. It needs to be taken within 120 hours (five days).

With both types of morning after pill, the sooner you take them the more effective they are.

It is safe to take the morning after pill while you are on T. The risk of it interacting with your hormone therapy is low. It is also less effective for people with a higher body weight, so make sure to read the label.



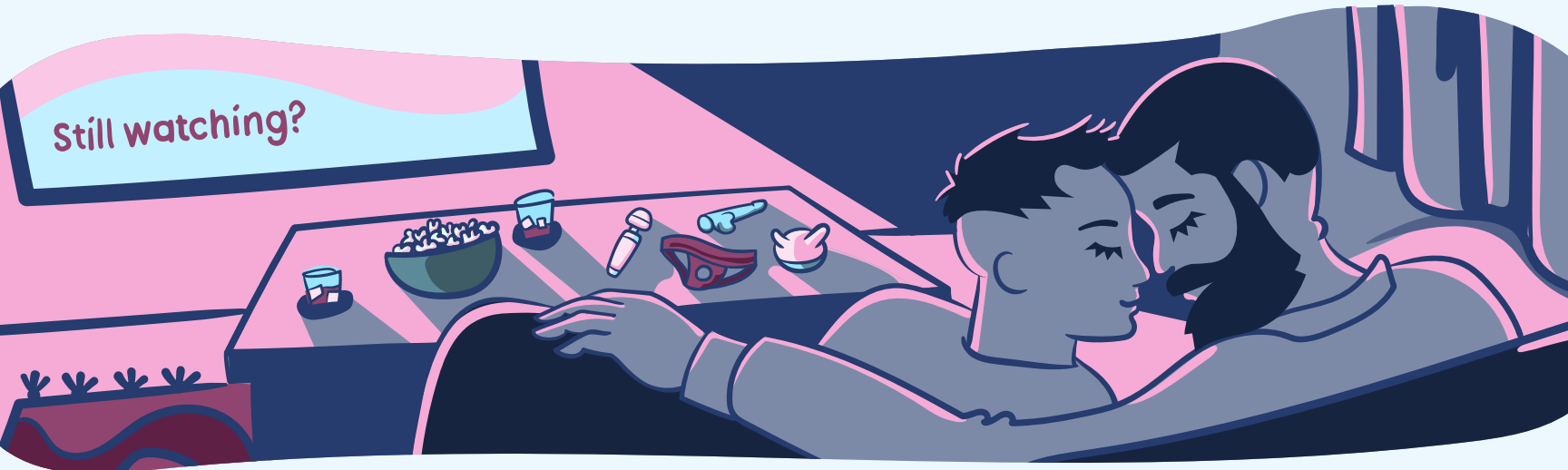
Another emergency contraceptive is the copper IUD, which is extremely effective. This does not contain any hormones. There are no weight restrictions for it, and it can be inserted within seven days after sex.

Once it is inserted, the copper IUD lasts for 5 to 10 years. You can get it from your doctor and at some sexual health or community health clinics.

Pregnancy

It's possible to get pregnant while you're on T. However, testosterone therapy is not safe while pregnant and you may not be able to continue a pregnancy that began while you were on it.

If you learn that you're pregnant, make an appointment with your hormone clinician as soon as you can to discuss your options.



Pap Tests

Pap tests are tests that screen for cervical cancer. During a Pap test, your clinician takes a swab from your cervix to check for cells that could develop into cancer.

Regular Pap tests are recommended for everyone with a cervix. This includes people who had a hysterectomy that left the cervix intact. If you have had a vaginectomy or hysterectomy that removed your cervix, then you do not need Pap tests.

Pap tests are recommended whether you are on T or not. It's a good idea to tell the person doing your tests if you're on T and they don't know your medical history. This is so they can keep you more comfortable during the test (e.g. using lube) and make sure your results are processed correctly. You may need pre-treatment with topical estrogen for accurate results (see p.40).

Vaginal Atrophy

If you haven't had a vaginectomy and you're on T, this hormone can have effects on your front hole known as vaginal atrophy.

Vaginal atrophy is where vaginal tissues become thinner and drier. You may need to use lube for vaginal (front) sex when you didn't before, and you might notice some symptoms like itching, bleeding and pain during sex. Vaginal atrophy can also raise your risk for UTIs.



Treatments

Vaginal atrophy can be treated with products you apply on or in the front hole. These include:

Vaginal moisturizers (e.g. Repagyn, Replens) – non-medicated lotions that improve moisture levels in the vagina

Estrogen cream – topical creams applied to the vaginal tissue that improve symptoms by raising estrogen levels in vaginal tissue

Estrogen tablets – small tablets that are inserted into the vagina and release estrogen into the vaginal tissue

Estrogen treatments are safe to take with T because they only release estrogen locally and it doesn't travel throughout your body. **The risk of estrogen medications interacting with gender-affirming hormone therapy is low.**



Phalloplasty

Urinary Tract Infections

Urinary Tract Infections (UTIs) are a common complication after a phalloplasty. These can have similar symptoms to STIs, like pain when peeing and blood in your urine. If you have new sexual partners or haven't tested for STIs recently, we recommend doing so to rule out an STI.

Penetration after phalloplasty

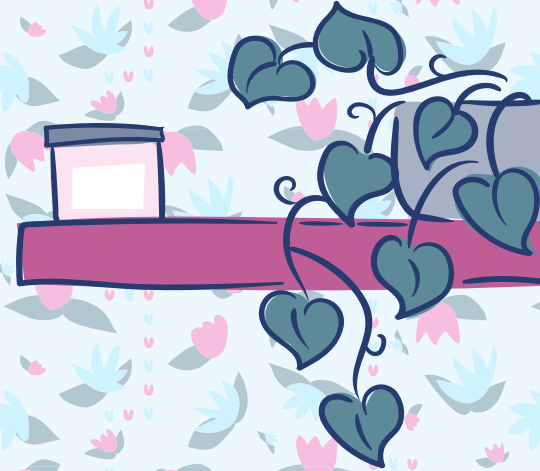
After a phalloplasty your penis will be flaccid (i.e. erections are not possible). You won't be able to have penetrative sex until after you have had an erectile implant inserted, if you choose this.

Some people use devices like penis sleeves to have penetrative sex without an erectile implant. If your penis sleeve is made of a solid material like latex or silicone then you won't need condoms unless you are switching between partners or between anal (back) and vaginal (front) sex.

Design and layout:
Hicham Illoussamen

Writing:
Dan Udy, PhD

Reviewers:
Andrew Sharpe, NP (Foria)
Caley Shukalek, MD (University of Calgary)
Emery Potter, NP (Women's College Hospital)
Foria Community Advisory Committee
Grant Picarillo, NP (Foria)
Jordan Goodridge, MD
Kate Greenaway, MD (Foria)
Kirsten Dixon, MD
Thomas Trombetta (Foria)



foria



foriaclinic.com

