

Hair Removal Fact Sheet

Although the presence of unwanted hair can be a personal issue it is a shared issue for both M2F and F2M transgendered individuals.

Methods of hair removal can be divided into two categories

- Temporary
- Long-term

Temporary methods of hair removal:

There are several methods of temporary hair removal, which include:

Plucking or tweezing - This method is most often used to deal with odd stray hairs but is not suitable for large areas. Plucking and tweezing can encourage the individual hairs to become coarser through the stimulation of the local blood supply to the base of the follicle. Hair follicles can also become distorted and result in ingrowing hairs. The skin can suffer bruising and persistent plucking can lead to discolouration and damage to the skin.

Depilatory cream - Depilatory creams act by dissolving the hair just below the surface of the skin. Although this method can be used to remove either small or large areas of unwanted hair the results are very short lived, in many cases just a few days. There is risk of allergic reaction and skin burns from the chemical composition of the creams.

Waxing - This method can be used to deal with any amount of hair growth. It is more expensive than the previous methods and although home kits are available our advice would be to have waxing carried out by a trained professional. This will avoid the pitfalls of poor results, ingrowing hairs and post treatment infection. The hair must be a minimum of 5-6 mm long and the results last between 3-4 weeks.

Threading - This method can be used to deal with any amount of hair growth and results last between 3-4 weeks.

Long-term methods of hair removal:

Electrolysis - Until the advent of laser, electrolysis was considered the only permanent method of hair removal. Electrolysis is the destruction of the lower follicle through the application of electrical current. The current used may be radio or high frequency, direct or galvanic or a combination of the two.

Electrolysis was first reported to the medical profession by Charles E. Michel MD of St. Louis Missouri USA in 1875.

Treatment with electrolysis - A very fine needle called a 'probe' is slid down the side of each hair into the space between the shaft and the follicle wall. A short stinging sensation can be felt as the heat is applied. Electrolysis relies on the treatment of individual hair follicles.

Clients must attend weekly or fortnightly appointments and have at least two or three day's visible hair growth for treatment. Results can be slow and, if performed incorrectly, there may be scarring and/or pitting of the skin. A qualified professional should perform the treatment. The skin is often red, raised and tender after electrolysis, lasting any time from a few hours to a day.

Aftercare information should be carefully followed to avoid infection. The use of make-up should be avoided for 24 hours after treatment. The major advantage of electrolysis is that it is not dependent on the colour of the hair or skin.

Laser hair removal:

Professor Marc Clement, Dean of Faculty at Swansea Institute, first discovered the effects of ruby laser light on hair growth whilst conducting a scientific experiment. Prof. Clement modified his discovery in order to assist plastic surgeons where donor sites for reconstructive surgery were hirsute. The resulting laser, the Chromos 694 Ruby Laser, works on the principle of selective photothermolysis.

It uses the melanin in the hair shaft to selectively absorb the laser light whilst passing harmlessly through the surrounding skin tissue. This method is said to have many advantages over other methods of hair removal:

- It can be used to treat individual hairs or extensive amounts of hair.
- The hair needs to be just visible on the surface of the skin for treatment thus allowing the client to shave and avoiding conspicuous growth before treatment.
- Treatment is scheduled at monthly intervals with results being apparent within two weeks of the first session.
- The total number of sessions needed to produce the desired result is much less than any alternative treatment.
- Although the skin is red and raised after treatment and can feel like mild sunburn, there is no risk of infection and make up may be applied directly to the skin.
- During clinical trials for the Chromos 694 Ruby Laser, 10% of clients reported mild changes in skin pigmentation, all of which resolved themselves naturally within six months and without any reported cases of scarring using this laser.

There are limitations to the treatment namely that only hair containing dark pigment (melanin) respond, to laser treatment; this means treatment is not suited to blonde, grey or red hair. Equally the skin must have little or no melanin. Treatment should not be conducted whilst the skin is tanned or if self-tanning agents are present on the skin. Results on thick coarse hair are far more successful than on fine vellus hair.

The ideal treatment by Chromos Laser is carried out on black coarse hair and pale skin.

Intense Pulse Light (IPL):

Some applications of a laser can be successfully carried out by a non-laser system based on an intense pulsed light, and the machines, which are used to do this, are generally known as IPL machines. IPL machines work on the principle of the hair holding in heat longer than the skin, therefore although both skin and hair absorb light, as the skin cools the temperature in the hair can be raised by the application of multiple, shorter pulses of light, which is suitable for most skin types.

There are many different types of laser and IPL systems on the market so research on what is suitable for you is vital before making a decision to have treatment.

Reputable Clinic

With effect from the 1st October 2010 beauty therapists using laser and or intense pulsed light for hair removal are no longer be required to register with the Care Quality Commission.

Various other practitioners using this equipment will remain registered for example Healthcare Professionals treating "disease, disorder or trauma" this includes the treatment of such conditions as acne. Clinics who remain registered will continue to be inspected and required to meet the exacting standards imposed by the Care Quality Commission.

Removal of facial hair

Removal of "male-pattern" facial hair can be considered an essential component to successful M2F transition and acceptance in the female gender role. Although temporary methods of removal such as shaving and depilatory creams can be used to deal with the problem on a daily basis the inevitable six o'clock shadow means long-term methods of removal should be considered.

View

Experience shows that a combination of treatment methods produces the best results. Electrolysis requires at least three days visible hair growth for treatment and only allows individual hairs to be treated, therefore only small areas can be treated at each session and requires weekly treatments. Laser and IPL both require the hair to be very short for treatments; all sessions are scheduled at monthly intervals and can deal with full-face at each session.

This allows the client to shave the hair very closely during the course of treatment thus alleviating the distress that would result from asking the client to grow dark facial hair. Results are very quick with laser/IPL, within two weeks of the first session, whilst electrolysis is very slow to produce results.

Laser/IPL will only treat the hair containing dark pigment grey, white, blonde and some red tones will only respond to electrolysis. We have found when treating a Trans woman for removal of facial hair best results are achieved by removal of the dark hair growth by means of laser/IPL between 8 and 15 full-face sessions at monthly intervals. Once a significant reduction in dark hair has been achieved electrolysis can be used to remove any unpigmented hairs.

Removal of hair prior to Vaginoplasty

The skin used to form the pseudo vagina may be hair bearing, if this hair is not successfully removed prior to surgery the skin tissue will continue to produce hair, which may be problematic post surgery. It is vitally important that patients consider their choice of treatment in ample time prior to surgery as post surgery the skin tissue is inaccessible for hair removal treatment of any kind.

Removal of hair prior to and post Phalloplasty

Taking male hormones has very positive effects for Transmen and hair growth is usually considered one of them. However the presence of hair on the phalloplasty donor skin tissue can be problematic. Removal of the hair from the abdomen or forearm prior to phalloplasty reduces the risk of hair growing inside the new urethra and the need to shave the phallus post surgery.

Again this procedure must be planned in plenty of time prior to surgery thus allowing time for any regrowth to be treated. Hair removal can continue on the phallus post surgery however no further reduction can be conducted on the urethra post surgery.

Electrolysis

This method has the advantages of being suitable for any skin and hair colour and has a proven history of long term results. However the treatment relies on the skin being stretched sufficiently to accurately insert a small needle into the hair follicle. The nature of scrotal tissue inevitably means this task is extremely difficult to perform accurately.

The consequence of the needle being inserted incorrectly means the current may be discharged into the dermal tissue and not the follicular tissue and therefore could result in disruption to the blood supply and the formation of scar tissue. Consequently this treatment must only be performed by a qualified Electrologist who has proven experience of conducting this particular treatment.

Laser/ IPL

Laser has the advantage of being neither invasive nor highly dependent on operator accuracy and therefore does not run the risk of tissue damage. However laser is only suitable for Caucasian skin tones whilst intense pulse light IPL can now deal with darker skin tones, light based technologies are restricted to the treatment of dark hair. There are also a plethora of different systems on offer prospective clients must research the proven results for systems they may be considering.

Hormones and Hair Removal

Our experience in comparing the treatment results from transgendered clients not taking hormones and Trans clients taking hormones would indicate that removal of hair is not adversely affected by the lack of hormones; however incidents of minimal regrowth are more common in clients not taking hormones. This may require one treatment a year to address new growth. Where the hair growth is removed and clients are subsequently controlled with hormones regrowth is rare in our experience.

In a small number of cases a minimal amount of regrowth may occur were clients stop hormones prior to surgery, however this is easily dealt with and hormones are resumed post surgery. Therefore we would advise that it is not essential for clients to be taking hormones prior to the commencement of hair removal.

Making a decision

Although it is not unusual for professional opinion to differ the important thing to remember here is that the prospective client must be informed of the treatment options, effects, side-effects, benefits, risks, limitations and possible cost of any treatment before the client can give their valid consent to treatment of this kind. The decision to who you entrust your treatment and care can only be made if you are armed with the necessary, relevant and accurate information.

The choice of method of removal depends on many factors including hair and skin colour, hormone regimes, ability to comply with treatment requirements and schedules, cost and finding a suitably trained, qualified and experienced practitioner.