

National Gender Identity Clinical Network Scotland

Facial Hair Removal for Transgender Patients

Updated 2022, V0.1



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This document constitutes an update of the 2020 report, taking into account suggestions by and feedback from the gender Reassignment Protocol Non-Surgical Working Group.

Introduction

This guidance provides further detail on the requirement for NHS Boards to provide hair removal services, as set out in the Scottish Government Gender Reassignment Protocol, the current version of which was developed in 2012(1).

The group convened by The National Gender Identity Clinical Network Scotland (NGICNS) ([Appendix A](#)) took into account relevant guidelines, published evidence and clinical experience in formulating this guidance, as noted in the [References](#). It was accepted by the group that whilst there is a well-established evidence base for hair removal in cis-gendered individuals, there is limited research evidence in the specific application of these techniques with transgender patients and a wide variation in practice exists across services. The aim of this guideline is to set standards of care for trans and gender diverse people across Scotland to enable NHS Boards to provide an equitable, consistent, fair and effective service.

Transgender¹ patients are assessed according to the World Professional Association of Transgender Health (WPATH) Standards of Care (8), and it is likely that many patients who are diagnosed with gender dysphoria will wish to access facial hair removal, and should be offered access to these services, as supported by the Scottish Government's Gender Reassignment Protocol.

Scope

This guidance relates to facial hair removal for trans and gender diverse people with facial hair; for example people identifying as trans women, trans feminine, or non-binary.

Aesthetic body hair removal lies outside the scope of this guidance. It is not currently included as a treatment for gender dysphoria in the Gender Reassignment Protocol and remains the responsibility of the individuals. The exception to this is hair removal relating to genital surgery. Arrangements for hair removal required in advance of genital surgeries is provided on the recommendation of specialist surgical services and is out-with the scope of this document.

The treatment needs of individuals at the start of gender transition are different from those individuals well established on hormone treatments and who may have left the care of Gender Identity Clinics (GICs).

It should be noted that permanent facial hair removal cannot be guaranteed.

¹ 'Transgender', or 'trans' is an umbrella term describing a diverse range of people who find their gender identity or gender expression does not fully correspond with the sex they were assigned at birth. This term can include, but is not limited to, people who identify using the following more specific terms: transsexual people, transgender people, transvestite / cross-dressing people, non-binary, genderqueer, gender non-conforming or gender-variant people'

Purpose

This document will give clear guidance as to the type and amount of facial hair removal treatment required to achieve meaningful results for transgender patients. This will assist NHS Boards and/or Health and Social Care Partnerships as to the type of services required and the amount of hair removal that is clinically appropriate.

Hair Removal Treatment Overview

The removal of facial hair is seen as an essential part of gender transition for transgender patients. The absence of facial hair is of significant psychological benefit and produces greater well-being for the patient (4). As such, this must be seen as a necessary treatment, that contributes to the safety and confidence of people living in an identity-congruent gender role. It is recommended that facial hair removal should commence as early in the transition process as is practicable.

Feminising hormone treatments, whilst slowing and softening body hair growth, have limited impact on facial hair growth (9,10). Those less than a decade past puberty may experience more noticeable positive effects of feminising hormones on facial hair growth where there will be some prevention of the development of new facial hairs. The experience of hair removal practitioners is that individuals established on feminising hormonal treatment benefit from needing less treatment to achieve the desired result. It is recommended that patient choice be taken into account when making decisions about when facial hair removal treatment begins.

Clinical photography should be used only where it is of clinical benefit to the patient, and some practitioners may use clinical photography to provide a record in case of adverse side effects from treatment (for example, a photograph will show the skin's original pigmentation, should hyperpigmentation occurs as a result of treatment). Referral pathways for transgender patients should not routinely require them to present with facial hair growth for a hair removal referral to be made.

The two main methods of more effective hair removal currently available are those of laser-based treatments (Laser and Intense Pulse Light (IPL) treatment) and Electrolysis. There is one prescription topical cream product (eflornithine cream) which slows down facial hair growth but this should not be seen as an alternative to providing more permanent hair removal treatment, unless this is the choice of the patient. This product may be useful for individuals whilst awaiting laser or electrolysis, when in the early stages of hair removal, or in

circumstances where other treatments cannot be accessed (11). There is evidence to show that eflornithine cream works synergistically with laser hair removal, therefore it can be continued during LHR treatment.

Not all treatments work with all hair types (see table 1 below). Importantly, the same individual may require a combination of Laser-based and electrolysis hair removal treatments, as it is not uncommon for individuals to have more than one hair type on their face.

A sample Consent to Treatment form for use by providers is contained at [Appendix B](#) and a suggested template for Referral for Facial Hair Removal at [Appendix C](#). These are intended to illustrate the important information required in the decision making around facial hair removal.

Hair Removal Treatment

The following table outlines the treatment type required for different hair pigmentation.

Table 1 – guidance for treatment choice based on hair type

Hair type	Laser-based treatments (Laser and IPL) (suggest 15 x 30 minutes : 7.5 hours)	Electrolysis (suggest 250 – 400 hours)
Dark hair (fair skin)	YES	YES
Grey	NO	YES
White	NO	YES
Blonde	NO	YES
Red	NO	YES
Racially pigmented skin	YES (dependent on laser type)	YES

Laser Treatments

Laser hair removal uses a concentrated beam of light to remove unwanted hair. Each hair follicle is targeted by a laser beam, which emits a light that is absorbed by the pigment (melanin) in the hair. The light energy is converted to heat, which damages the tube-shaped sacs within the skin (hair follicles) that produce hairs. This damage inhibits or delays future hair growth.

Laser hair removal delays hair growth for long periods, however, it may not result in permanent hair removal in all individuals. Further laser hair removal treatments may be needed beyond initial hair removal. A Cochrane systematic review of randomised control trials (RCTs) of laser hair removal (2) indicates a 50% of hair reduction in the short term, but with a much reduced figure at longer term follow up. Laser hair removal is most effective for people who have dark hair and fair skin. There will be no useful clinical outcome in using Laser treatments in people with grey, white, blonde or red hair. Laser hair removal should not be used for 4-6 weeks after intense sun exposure.

Most modern lasers (i.e. with longer pulsewidths) are able to effectively treat racially pigmented skin.

Laser treatment is likely to require a treatment episode of around 15 x 30 minute sessions (7.5 hours), plus an initial 30 minute session where a test patch is carried out.

Laser treatment sessions normally last around 30 minutes but this is likely to vary according to the patient's ability to tolerate the treatment. It is recommended that treatment sessions be delivered every four to six weeks, and it is recommended that people do not have a break in their treatment until it is completed.

Cochrane Review suggests that hair growth phases are estimated as '2 to 5 months on the upper lip, 12 months in the beard region', so any exceptional case for additional hair removal would require to be made not less than 12 months after the final treatment session of the initial treatments (up to 7.5 hours). In any such case, the GIC would refer the patient for this further hair removal.

Intense Pulse Light (IPL)

IPL involves applying a broad-spectrum light to the surface of the skin. The light is absorbed by pigment in the hair and the heat destroys cells that cause the hair follicle to grow. It is most effective on those with dark hair and fair skin and is unsuitable for treating non-pigmented hairs such as grey, white, blonde and red.

IPL involves more shallow penetration of light than Laser and can mean that deeper, thicker hairs are not treated so effectively. Like laser hair removal, IPL does not result in permanent hair removal, but does significantly slow hair regrowth and may be effective for an initial period of time. The more diffuse nature of light used in IPL means some of the light is absorbed into the surrounding pigment of the skin meaning there is more risk of burns for darker skin types. Patients should not have had intense sun exposure for 4-6 weeks before any IPL treatment.

IPL is delivered at treatment episodes at approximately four to six week intervals, with better outcomes achieved when repeated treatments are given.

Intense Pulse Light (IPL) treatment is likely to require a treatment episode of around 15 x 30 minute sessions (7.5 hours), plus an initial 30 minute session where a test patch is carried out.

Sessions normally last around 30 minutes but this is likely to vary according to an individual's ability to tolerate the treatment.

As noted above, Cochrane Review suggests that hair growth phases are estimated as '2 to 5 months on the upper lip, 12 months in the beard region', so any exceptional case for additional hair removal would require to be made not less than 12 months after the final treatment session of the initial treatments (up to 7.5 hours). In any such case, the GIC would refer the patient for this further hair removal.

Side Effects/Risks from Laser and IPL

Hypopigmentation (loss of skin pigmentation) is the most frequently observed adverse effect. Other side-effects include pain, inflammation, redness, hyperpigmentation, swelling and blisters. It is unknown whether these are only short-term effects due to the nature of most research studies. Test patches should always be performed before the start of a Laser or IPL treatment.

Electrolysis

Electrolysis involves inserting a tiny needle into each hair follicle. The needle emits a pulse of electric current to damage and destroy the follicle. Electrolysis is the most effective way of permanently removing facial hair, with evidence suggesting a success rate of up to 90% although this can vary dependent on the skill of the practitioner. Importantly, electrolysis is effective on **all hair types**. (12, 13)

Electrolysis requires considerably more hours of treatment than Laser, and the two should not be considered as equivalent. What can be achieved in one session of Laser hair removal is not the same as can be achieved in one session of electrolysis.

Effective facial hair removal by electrolysis is likely to require a minimum of 250 hours but with many individuals requiring up to 400 hours of treatment. (16) The parameters are wide due to several variables – the strength and density of the hair and also what has been done to remove it in the past. Where the hair has been mechanically removed by the root (e.g. waxing, tweezing, threading or with an epilator) each hair will require additional treatments with electrolysis than if none of these methods of removal had been used prior to electrolysis.

The hair requires to be treated in the anagen stage of the growth cycle for electrolysis to be effective. If mechanical hair removal has taken place, hairs will be at different stages of the growth cycle. It is not possible to ascertain which stage of growth any one individual hair is in, so all the hairs are treated. For the hairs that are not in anagen this first treatment will not have an effect and it will not be until the treated hair regrows that electrolysis is effective.

Whilst electrolysis needs to be undertaken over time in order to fully capture the full hair growth cycle, the number of hours of electrolysis that can be provided within each treatment session is largely determined by the individual's ability to tolerate the treatment. A large number of funded hours can therefore be provided over the initial period of treatment, with this tapering to less frequent treatment over time. Unlike Laser and IPL there is no need for electrolysis sessions to be conducted at specified intervals. This is because electrolysis directly destroys the follicle; it does not use a hair to conduct heat into the follicle and is therefore not dependent on the life cycle of hair to achieve results.

The Cochrane Review suggests that hair growth phases are estimated as '2 to 5 months on the upper lip, 12 months in the beard region', so any case for additional hair removal would

require to be made not less than 12 months after the final treatment session of the initial treatments (250 hours in the first instance). In any such case, the patient should contact their gender clinic, and the GIC would refer the patient for this further hair removal.

Side Effects/Risks of Electrolysis

The most common side-effects of electrolysis are tenderness, redness and swelling.

Aftercare of Skin with Laser, IPL & Electrolysis

Practitioners delivering Laser, IPL & electrolysis treatments will provide individual aftercare instructions. This generally involves keeping the area out of direct and intense sunlight, keeping the treatment area clean and dry, avoiding touching the skin where possible, avoiding picking pin-point scabs and avoiding perfumed products and lotions. The application of over-the-counter treatments such as aloe vera gel or witch hazel may soothe the skin and reduce redness. Aftercare skin products will not be provided on NHS prescription and there is no expectation on NHS Boards to cover the costs of these aftercare treatments.

Accessing Facial Hair Removal

Transgender patients may require facial hair removal to facilitate transition. This should be accessible following a Gender Identity Clinic confirmation of Gender Dysphoria and recommendation that treatment is necessary and appropriate. Gender Identity Clinics will inform patients of the facial hair removal option, and will provide details of their local referral process.

Local NHS Board areas also require to have in place clinical pathways for individuals who do not have contact with a GIC, for example, for transgender patients who have transitioned in the past but never been provided with NHS funded facial hair removal treatments. It is not expected that these individuals are required to re-enter treatment at a Gender Identity Clinic simply to access further hair removal services. GPs are asked to contact their local asking the GIC to refer the patient for hair removal services.

The Role of Specialist Dermatology Services

Many NHS Laser treatment clinics are hosted within Dermatology or Plastic Surgery Services. It is expected the pathways in place within NHS Boards for facial hair removal clearly specify who can and cannot make referrals for facial hair removal. It is ideal if all patients requesting hair removal are reviewed by one 'expert clinician' in their region/NHS Board. This ensures knowledgeable assessment and equity. As outlined above, most of these referrals will come from GIC based clinicians, although referrals sources may vary from NHS Board to NHS Board.

Governance

Commissioning Arrangements

Each NHS Board area will have in place established mechanisms that allow for the commissioning of services not provided from within core NHS services. Often this will be through a contract or Service Level Agreement with specific providers. Where hair removal services are commissioned in this way, it is recommended that the following broad principles are followed:

1. Services should be provided as close to the patient as is practicable
2. The services used should be able to evidence training in providing a service for transgender patients
3. The provider must demonstrate a proven track record in delivering hair removal
4. A contract or Service Level Agreement with specific providers should be developed in line with the current NHS financial procurement thresholds
5. The provider is appropriately registered and can provide all relevant certification relating to staff training, local authority licence, public and employer liability certificates,
6. Initial funding should cover a minimum of 15 sessions of Laser or IPL treatment but where electrolysis is required initial funding should cover 250 hours of treatment. As stated above, these treatments should not be seen as equivalent or interchangeable and many patients will require both treatments to achieve effective facial hair removal

Laser/IPL

The effectiveness of Laser/IPL treatment is affected by the type of Laser utilised. The use of the wrong type or less effective Laser or IPL may result in poorer outcome and result in the need for an increased number of sessions to achieve full facial hair removal. Ruby, Alexandrite, Diode, Neodymium Doped Yttrium-aluminium Garnet (Nd:YAG) Lasers have demonstrated efficacy in hair removal but with Diode and Nd:YAGs better suited to dark skin types and the Alexandrite and IPL better suited to fairer skin types (14). It is expected that Boards will commission providers with modern, effective equipment.

Electrolysis

Electrolysis involves skin piercing. The Civic Government (Scotland) Act 1982 requires any business engaged in electrolysis to be in possession of a Skin Piercing and Tattooing Licence. Services must only be provided from a named premise and are subject to inspection by officers of the Local Authority. A range of requirements ensure that safe and sterile procedures are in place. It is a requirement for the Licence Holder to maintain written records of clients personal details, relevant medical history, the date, time and type of procedure undertaken, the name of the practitioner undertaking the treatment and details of any problems that occurred. It is the responsibility of the NHS Board that commissions hair removal providers to ensure that those they contract with comply with all relevant legislation.

In addition, individuals or businesses must demonstrate a British Institute & Association of Electrolysis Membership No., or hold a VTCT or NVQ Level 3 Certificate in Epilation as a pre-requisite to providing or tendering for services

NGICNS acknowledges that there are business sensitivities in the commissioning of services and has a primary interest in ensuring equitable access to hair removal services across Scotland as opposed to specifying how these should be delivered.

References

A literature search was carried out by the Health Management Library and Information Service for relevant, recent, research. The search confirmed that there were very few articles relating to hair removal for transgender people. Relevant articles used to inform these guidelines are included below.

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Appendix A - Hair Removal SLWG Membership (2018)

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Appendix B – Suggested Template consent form for use by hair removal provider

INFORMED CONSENT FOR FACIAL HAIR REMOVAL TREATMENT – suggested template for use by hair removal provider

This form refers to the provision of hair removal treatment

Individual's details

Surname / family name: _____

First name: _____

Date of birth: _____

Statement of therapy provider

The treatment(s) I have explained is/are: Laser / IPL / electrolysis (circle as appropriate)

I have explained the treatment(s). In particular, I have explained:

The following intended benefits:

The following side-effects:

The following risks:

Signed: _____ Date: _____

Name (PRINT): _____

Job title: _____

Statement of service user

I agree to a referral for Laser / IPL / electrolysis facial hair removal treatment (circle all that apply)

I have had sufficient opportunity to discuss my condition and treatment with my therapy provider and all of my questions have been answered to my satisfaction.

I believe I have adequate knowledge on which to base an informed consent to the provision of hair removal treatment.

Service user signature: _____ Date: _____

Name (PRINT): _____

Appendix C - Referral for Facial Hair Removal – suggested template

Patient details

Patient's surname / family name:

Patient's first name:

Preferred title & Pronouns:

Date of birth:

Funding Code for Treatment:

NHS Board Area:

Referring Clinician Details

Name:

Position:

Contact details:

Colour of facial hair (please circle all types of hair present on the face & neck)

Black or dark brown

White/grey

Light brown

Blonde

Red

Skin type (please circle)

Marked or moderately pigmented (never burns, always tans)

Olive skin (rarely burns, always tans)

Medium skin (sometimes burns, always tans)

Fair skin (always burns, sometime tans)

Extremely fair skin (always burns, never tans)

I have assessed this patient as requiring the following facial hair removal treatments (Table 1 in the NGICNS Hair Removal Guidance may be of assistance in making this clinical decision): (Check all that apply)

Laser (up to 15 sessions)

IPL (up to 15 sessions)

Electrolysis (up to 250 hours of treatment)

At the present time I am requesting that you/your company provide:

Please note that you should not exceed the amount of treatment specified above. Any treatments delivered that are not specified in this referral will not be funded.

Should additional treatments be required you must contact the referring agent who will seek further approval for this.

You may wish to know the following details about the patient's health and current treatment:

NOTE

This guideline is not intended to be construed or to serve as a standard of care. Standards of care are determined on the basis of all clinical data available for an individual case and are subject to change as scientific knowledge and technology advance and patterns of care evolve. Adherence to guideline recommendations will not ensure a successful outcome in every case, nor should they be construed as including all proper methods of care or excluding other acceptable methods of care aimed at the same results. The ultimate judgement must be made by the appropriate healthcare professional(s) responsible for clinical decisions regarding a particular clinical procedure or treatment plan. This judgement should only be arrived at following discussion of the options with the patient, covering the diagnostic and treatment choices available. It is advised, however, that significant departures from the national guideline or any local guidelines derived from it should be fully documented in the patient's case notes at the time the relevant decision is taken.