



GENDER TRANSITION & TOBACCO USE

WHY QUITTING TOBACCO IS IMPORTANT FOR A SAFE TRANSITION AND TRANSGENDER HEALTH

ESTROGEN

Estrogen therapy has been shown to increase triglyceride and insulin levels, both of which are known to promote clogging and inflammation of the blood vessels. A recent Dutch study found that transwomen who were on estrogen had more than twice as many strokes, five times as many deep-vein clots, and twice as many heart attacks as cis women. ¹



Tobacco use in combination with estrogen therapy is associated with an increased risk of venous thromboembolism – a leading cause of heart attack and stroke. Quitting tobacco may reduce these risks. ²

TESTOSTERONE

Testosterone makes the blood stickier by increasing the concentration of red blood cells, lowers the level of good cholesterol, and raises the level of bad cholesterol, all of which are associated with higher heart attack risk. In fact, transmen on testosterone have a more than three times higher heart attack risk compared with cis women.



Estimates show smoking tobacco increases the risk for coronary heart disease or stroke by 2 to 4 times. Quitting will help lower levels of bad cholesterol and triglycerides – reducing your risk in as little as one day. ³

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SUPPORTING TOBACCO-FREE LGBTQ COMMUNITIES

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HOW DOES TOBACCO AFFECT GENDER AFFIRMING SURGERY?

Quitting smoking even the day before surgery can lower risks of complications. Be sure to talk to your doctor. The earlier a person quits the better — preferably a week or more before surgery. Abstaining from tobacco use is also recommended during recovery from surgery.⁴

- Continuing to smoke or using nicotine products (like other tobacco, or e-cigarettes) can **delay surgery**, complicate the anesthesia, increase chances of scarring, and harm chances of success.
- Individuals can encounter breathing problems during or after surgery, and are at greater risk of developing complications such as heart attack, stroke, sepsis or shock.⁵
- Smoking can inhibit proper healing: nicotine narrows blood vessels, which **reduces blood flow**, and cuts the amount of blood and oxygen reaching surgical areas.
- Smoking during recovery from surgery **increases the chances of infection** at the surgical incision site⁶, and may result in **skin tissue death**.⁷

WHY NOT TAKE THIS OPPORTUNITY TO QUIT?

To obtain help for quitting tobacco call:

California Smokers Helpline
1-800-NO-BUTTS

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2. Deutsch, M.B., MD, MPH. "Overview of feminizing hormone therapy." UCSF Transgender Care and Treatment Guidelines. June 17, 2016. <<https://transcare.ucsf.edu/guidelines/feminizing-hormone-therapy>>.
3. U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2017 Apr 20].
4. American Society of Anesthesiologists. "Risks: Smoking." <<https://www.asahq.org/whensecondscount/preparing-for-surgery/risks/smoking/>>.
5. Truth Initiative. "Surgery & Smoking." Become and Ex, 2019. <<https://www.becomeanex.org/surgery-and-smoking/>>.
6. Truth Initiative. "Why you should quit smoking before having surgery." March 6, 2017. <<https://truthinitiative.org/research-resources/harmful-effects-tobacco/why-you-should-quit-smoking-having-surgery>>.
7. San Francisco Tobacco-Free Project. "Addressing Tobacco Use: A Toolkit for HIV Prevention Providers" August 2016. <https://sanfranciscotobaccofreeproject.org/wp-content/uploads/HIV_TobaccoToolkit_042117-1.pdf>.