

Sexual health screening

This guideline provides screening recommendations that are based on anatomy and is inclusive of gender-affirming surgeries and hormone therapy.

All patients should be screened according to the types of sexual activities they participate in. This may include screening throats, rectums, genitals and genital lesions as indicated. Serology should be included during routine STI screening for all patients, including TP EIA, HIV, and Hepatitis A, B & C as indicated. Assess need for immunizations (HPV, HAV, HBV) and HIV PrEP on an individual basis. Self-swabbing, blind swabs and urine CT/GC NATs are appropriate for symptomatic patients who do not desire a physical exam.

Site	Asymptomatic	Symptomatic	Notes
<p>Penile urethra (with or without phalloplasty or metoidioplasty with urethral lengthening)</p> <p>*If urethral symptoms occur after gender-affirming surgery, consult with an experienced clinician, as swabs may be contraindicated:</p> <p><u>RACE line:</u> 604-696-2131 or toll free at 1-877-696-2131 and request the “Transgender Health” option</p> <p><u>Trans Care BC:</u> 1-866-999-1514 transcareteam@phsa.ca</p>	<ul style="list-style-type: none"> CT/GC NAT urine 	<ul style="list-style-type: none"> GC C&S* CT/GC NAT urine (first catch) Urine dipstick and/or urinalysis prn 	<p>Listed in order of collection</p> <p>All swabs may be self collected</p> <p>If discharge is present, attempt to collect exudate by having patient milk shaft to avoid further urethral irritation</p>

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<p>Vagina after vaginoplasty</p> <p>If pain, discharge or bleeding occur in the early post-operative period, consult with an experienced clinician:</p> <p><u>RACE line:</u> 604-696-2131 or toll free at 1-877-696-2131 and request the “Transgender Health” option</p> <p><u>Trans Care BC:</u> 1-866-999-1514 transcareteam@phsa.ca</p>	<ul style="list-style-type: none"> CT/GC NAT urine <p>Some patients may find pelvic exams affirming. If patient preference is for pelvic exam:</p> <p>CT/GC NAT vaginal (clinician-collected)</p> <p>Note: This test has not been validated for use in vaginoplasty</p> <ul style="list-style-type: none"> There is no evidence to support the need for Pap tests of vaginal vault 	<ul style="list-style-type: none"> CT/GC NAT urine Urine dipstick and/or urinalysis prn 	<p>Listed in order of collection</p> <p>All swabs may be self collected</p>
		<ul style="list-style-type: none"> Trichomonas <p><u>Lifelabs:</u> Collected on same sample submitted for BV & yeast (liquid Amies culture red-top swab)</p> <p><u>BCCDC PHL:</u> Collected on same sample submitted for CT/GC NAT (urine or vaginal)</p> <p>Note: These tests have not been validated for use in vaginoplasty</p>	<p><u>LifeLabs:</u> Under ‘Vaginitis’, indicate ‘Chronic/Recurrent’ <i>and</i> write “Transgender patient with vaginoplasty”</p> <p><u>BCCDC PHL:</u> Use ‘Bacteriology’ requisition, select ‘Trichomonas NAT’ <i>and</i> write “Transgender patient with vaginoplasty”</p>
		<ul style="list-style-type: none"> BV & yeast <p>Collected on same sample submitted for Trich testing (liquid Amies culture red-top swab)</p>	<p>Sample must be sent to LifeLabs.</p> <p>Under ‘Vaginitis’, indicate ‘Chronic/ Recurrent’ <i>and</i> write “Transgender patient with vaginoplasty”</p>
		<ul style="list-style-type: none"> Prostate exam prn <p>Note: the prostate is not removed during vaginoplasty</p>	<p>Assessment can be done by digital exam via lower aspect of anterior vaginal wall</p>

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<p>Vagina after total hysterectomy</p> <p>See BCCDC's Pelvic Exam Decision Support Tool</p>	<ul style="list-style-type: none"> CT/GC NAT urine (preferred) or vaginal See "BCCA Screening for Cancer of the Cervix" to determine screening recommendations for patients with removal of cervix 	<ul style="list-style-type: none"> GC C&S CT/GC NAT urine (preferred) or vaginal Urine dipstick and/or urinalysis prn Trichomonas <p><u>LifeLabs:</u> Collected on same sample submitted for BV & yeast (liquid Amies culture red-top swab)</p> <p><u>BCCDC PHL:</u> Collected on same sample submitted for CT/GC NAT (urine or vaginal)</p> <ul style="list-style-type: none"> BV & Yeast <p><u>If on testosterone:</u> Collected on same sample submitted for Trich testing (liquid Amies culture red-top swab)</p> <p>Note: Vaginal smears (Nugent scores) are not useful for patients on testosterone</p> <p><u>If not on testosterone:</u> Culture <u>or</u> vaginal smear for BV & yeast</p>	<p>Listed in order of collection</p> <p>All swabs may be self collected</p> <p><u>LifeLabs:</u> Under 'Vaginitis', indicate 'Chronic/Recurrent' <i>and</i> write "Transgender patient"</p> <p><u>BCCDC PHL:</u> Use 'Bacteriology' requisition, select 'Trichomonas NAT' <i>and</i> write "Transgender patient"</p> <p><u>If on testosterone:</u> Sample must be sent to LifeLabs. Under 'Vaginitis', indicate 'Chronic/Recurrent' <i>and</i> write "Transgender patient"</p>

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Vagina with cervix See BCCDC's Pelvic Exam Decision Support Tool	<ul style="list-style-type: none"> CT/GC NAT (urine <u>or</u> vaginal) 	<ul style="list-style-type: none"> GC C&S CT/GC NAT urine (first catch) <u>or</u> vaginal Urine dipstick and/or urinalysis prn 	Listed in order of collection All swabs may be self collected
		<ul style="list-style-type: none"> Trichomonas <p><u>LifeLabs:</u> Collected on same sample submitted for BV & yeast (liquid Amies culture red-top swab)</p> <p><u>BCCDC PHL:</u> Collected on same sample submitted for CT/GC NAT (urine or vaginal)</p>	<p><u>LifeLabs:</u> Under 'Vaginitis', indicate 'Chronic/Recurrent' <i>and</i> write "Transgender patient"</p> <p><u>BCCDC PHL:</u> Use 'Bacteriology' requisition, select 'Trichomonas NAT' <i>and</i> write "Transgender patient"</p>
		<ul style="list-style-type: none"> BV & Yeast <p><u>If on testosterone:</u> Collected on same sample submitted for Trich testing (liquid Amies culture red-top swab)</p> <p>Note: Vaginal smears (Nugent scores) are not useful for patients on testosterone</p> <p><u>If not on testosterone:</u> Culture <u>or</u> vaginal smear for BV & yeast</p>	<p><u>If on testosterone:</u> Sample must be sent to LifeLabs. Under 'Vaginitis', indicate 'Chronic/Recurrent' <i>and</i> write "Transgender patient"</p>
	<ul style="list-style-type: none"> Cervical screening prn 	<ul style="list-style-type: none"> Bi-manual exam. If patient declines or is not able to tolerate bi-manual, assess for fundal tenderness only 	Note: patients on testosterone may have cervical motion tenderness (CMT) due to genital tissue atrophy (presence of CMT not necessarily indicative of Pelvic Inflammatory Disease)
		<ul style="list-style-type: none"> If due for cervical screening, advise patient that inflammatory exudate may obscure endo-cervical cells, and recommend booking a separate appointment for cervical screening 	

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Throat	<ul style="list-style-type: none"> CT/GC NAT 	<ul style="list-style-type: none"> GC C&S CT/GC NAT 	<p>Listed in order of collection</p> <p>All swabs may be self collected</p>
Rectum	<ul style="list-style-type: none"> CT/GC NAT 	<ul style="list-style-type: none"> GC C&S CT/GC NAT HSV PCR 	<p>Listed in order of collection</p> <p>All swabs may be self collected</p>
<p>Lesions (genital and oral)</p> <p>*For lesions suspected of LGV or Syphilis, consult with an experienced clinician :</p> <p>RACE line: 604-696-2131 or toll free at 1-877-696-2131 and request the “Sexually Transmitted Infection Service”</p>		<ul style="list-style-type: none"> HSV PCR 	
		<ul style="list-style-type: none"> LGV* <p>CT/GC NAT swab</p>	<p>Sample must be sent to BCCDC PHL</p> <p>Use ‘Bacteriology’ requisition and write “If positive for CT, send to NML for testing”</p>
		<ul style="list-style-type: none"> Syphilis* <p><u>Syphilis PCR buffer:</u> Submit swab in Syphilis PCR buffer</p>	<p><u>Syphilis PCR buffer:</u> Sample must be sent to BCCDC PHL. Use ‘Bacteriology’ requisition and write “For <i>T.pallidum</i> PCR”</p>
		<p><u>No Syphilis PCR buffer available:</u> Use CT/GC NAT swab (orange Gen-Probe Aptima)</p>	<p><u>No Syphilis PCR buffer available:</u> Sample must be sent to BCCDC PHL. Use ‘Bacteriology’ requisition and write “Attn Dr Morshed, for <i>T.pallidum</i> PCR”</p>