

Caring for patients receiving gender-affirming care in a perioperative environment

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Objectives:

- Demonstrate knowledge of challenges and discriminations faced by transgender patients.
- Review common language used in transgender identity, and show importance of use.
- Identify common pharmacologic interventions in gender-affirming care.
- Identify surgical procedures used in gender-affirming care
- Examine ways to ensure safe, culturally sensitive care to transgender patients in all phases of perioperative environment.

Why is this important?

- Estimated that 1.6% of US population identify as transgender.
- Transgender patients face greater risk of abuse from family and intimate partner violence.
- Rates of violence against transgender individuals is 2.5 times higher than cisgender individuals.
- Transgender and gender diverse individuals face higher rates of discrimination than even other members of the LGBTQ community.
- Challenges with employment discrimination directly affect access to healthcare.
- Increased risk of substance use and self medication due to lack of access to healthcare.
- Discrimination, along with misunderstandings and lack of knowledge of care, exist extensively within the healthcare setting.

Defining Terms

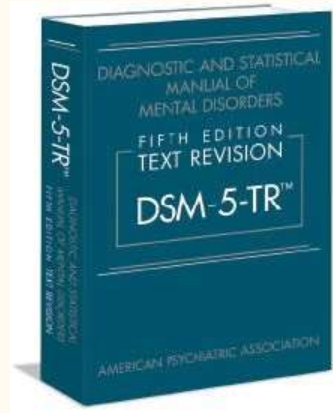
- **Transgender (trans)**
 - **Trans Man**
 - **Trans Woman**
 - **Gender Dysphoria**
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Gender Dysphoria

Diagnosed medical condition

“A marked incongruence between one’s experienced/expressed gender and assigned gender”

- Criteria further delineated in terms of manifestation and time frame (6 months).
- Required diagnosis for medical insurance and surgical procedures.
- Some providers do not require diagnosis for GAHT.



Types of gender-affirming care

- Legal
- Social
- Mental Health Support
- Pharmacological (GAHT)
- Surgical

Pharmacological care GAHT- Gender-affirming hormone therapy

- Increased secondary sex characteristics
- Reduced symptoms of gender dysphoria

Trans Women- Feminizing hormone therapy

- Estrogen and androgen blockers
 - Routes of administration include oral, injectable and transdermal patches.
- Reduced facial and body hair
- Decrease muscle mass and voice depth
- Breast development, hip widening, skin changes

Trans Men- Masculinizing hormone therapy

- Testosterone
 - Injection, transdermal patches and topical applications most common forms of administration.
- Increase in facial and body hair
- Increased muscle mass and changes to fat distribution
- Voice depth increases.

GAHT Risk

- Some evidence suggest increased risk of DVT, hypertension and lipids profile changes. Impact on cardiovascular health and increased risk of CVA.
 - Longitudinal studies are limited.
 - Cohort comparisons are debated.
- Bone density changes can occur.
- Potential for increased cancer risk,
- Infertility becomes greater risk with long term use.
- Routine testing should be done with primary physician.
- Detailed reporting of any additional prescribed medications, recreational drug use, or medication/supplements taken.



Gender-affirming surgical procedures

Transmen:

- Bilateral Mastectomy
- Phalloplasty
- Metoidioplasty
- Hysterectomy
- Oophorectomy
- Salpingo-oophorectomy
- Masculinizing surgery
- Voice surgery

Transwomen:

- Breast augmentation
- Orchiectomy
- Vaginoplasty
- Feminizing surgery
- Voice surgery

Phases of Care

Pre-op

- Medical hx
- Current medication, doses, recent administrations.
- Surgical hx
- Open, honest and sensitive conversation with patient.
 - Can be challenging with policy adherence.
- Utilize EMR tools and verify with patient if data exist.
- Concise hand off report with OR team.

Sexual Orientation and Gender Identity SmartForm

Inform the patient that anything entered here will be visible to anyone with access to this legal medical record.

Sexuality

Patient's sexual orientation:

Legal Information

Legal first name:

Legal last name:

Legal sex:

Gender Identity

Autofill with default responses for:

Patient's gender identity:

Patient's sex assigned at birth:

Patient pronouns:

Affirmation steps patient has taken, if any:

Patient's future affirmation plans, if any:

Organ Inventory

☐ Organs the patient currently has: ☐ Organs present at birth or expected at birth to develop: ☐ Organs surgically enhanced or constructed: ☐ Organs hormonally enhanced or developed:

<input type="checkbox"/> breasts	<input type="checkbox"/> breasts	<input type="checkbox"/> breasts	<input type="checkbox"/> breasts
<input type="checkbox"/> cervix	<input type="checkbox"/> cervix	<input type="checkbox"/> vagina	<input type="checkbox"/> penis
<input type="checkbox"/> ovaries	<input type="checkbox"/> ovaries	<input type="checkbox"/> testes	
<input type="checkbox"/> uterus	<input type="checkbox"/> uterus		
<input type="checkbox"/> vagina	<input type="checkbox"/> vagina		
<input type="checkbox"/> penis	<input type="checkbox"/> penis		
<input type="checkbox"/> prostate	<input type="checkbox"/> prostate		
<input type="checkbox"/> testes	<input type="checkbox"/> testes		

In the OR

- Understanding of anatomical changes.
 - Routine procedures can be complicated.
- During positioning, observe for any transdermal patches.
- Communicate all known current medications and surgical procedures with anesthesia team.



PACU (Phase I)

- Airway management crucial in patient with previous vocal cord procedure.
- Challenges could exist when waking in unfamiliar environment due to psychiatric hx.
 - No evidence suggest GAHT involvement.
- Increased risk of DVT exist, prophylactic measure should be initiated/recommended.
- Be aware of anatomical changes.
- Be aware patient may have RN preference.

PACU (Phase II)

- Identify patient barriers to post-op orders and follow-up care
- Ensure adequate support system for post-op care.
- Be prepared for interdisciplinary team referrals to aid patient in recovery.

T/F: All transgender patients have gender dysphoria diagnosis.

T/F: Transgender
patients have easy
access to healthcare.

Thank you for your time!

Any questions?

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