

Perioperative Care of the Transgender Patient



• ALL PATIENTS SHOULD RECEIVE SAFE, EFFECTIVE AND BEST PRACTICE HEALTH CARE

• HEALTHCARE PROFESSIONALS NEED TO RECOGNIZE AND ELIMINATE BIAS TOWARD TRANSGENDER PATIENTS

• NURSES ARE REQUIRED TO CARE FOR THE ENTIRE PERSON WITH NO REGARD TO RACE, SEX, RELIGION, COLOR, ETHNICITY, SOCIOECONOMIC STATUS, AGE OR DISABILITY

• TRANSGENDER CARE IS A RELATIVELY NEW PATIENT POPULATION WITH LITTLE INFORMATION PROVIDED IN NURSING INSTRUCTION.

• IT IS IMPORTANT FOR NURSES TO UNDERSTAND THE DISTINCT DIFFERENCES IN CARE WHEN PREPARING A PERSON WHO HAS HAD SURGICAL ALTERATIONS OR IS ON THERAPY TO ALTER BIOLOGICAL CHARACTERISTICS FOR THE TRANSITION PROCESS

IN A SURVEY 41% OF TRANSGENDER PATIENTS REPORTED SOME FORM OF DISCRIMINATION WHEN ATTEMPTING TO RECEIVE HEALTH CARE

POTENTIAL PROBLEMS

- FOLLOWING GENDER CONFIRMATION SURGERY INVOLVING THE URETHRA SUCH AS; VAGINOPLASTY, PHALLOPLASTY OR METIDOPLASTY THE LENGTHENING OF THE URETHRA MAY REQUIRE THE PLACEMENT OF A SMALLER URINARY CATHETER OR PLACEMENT BY A UROLOGIST.
- CHONDROPLASTY OR LARYNGOPLASTY TO MODIFY THE PITCH OF THE VOICE MAY CREATE VOCAL CORD DAMAGE, TRACHEAL STENOSIS OR DYSPHAGIA. THIS MAY INTERFERE WITH AIR WAY MANAGEMENT
- BREAST BINDERS HAVE THE POTENTIAL TO RESTRICT RESPIRATORY FUNCTION

PHARMACOLOGICAL COMPLICATIONS

HORMONE THERAPY

ESTROGEN, TESTOSTERONE, TESTOSTERONE BLOCKING

- CAN INTERFERE WITH SEX-BASED LABORATORY RESULTS
- INCREASED RISK OF VENOUS THROMBOEMBOLISM
- POTENTIAL FOR INCREASED CARDIOVASCULAR RISK
- POTENTIAL FOR LIVER DYSFUNCTION
- CHANGES IN LIPID LEVELS
- POTENTIAL FOR BREAST OR ENDOMETRIAL CANCER OR AN EXACERBATION IN BREAST CANCER
- DEPRESSION/MOOD SWINGS
- MIGRAINES
- DECREASED INSULIN SENSITIVITY

LABORATORY TESTING

- LABRATORY TESTING SHOULD BE BASED ON THE BIOLOGICAL SEX OF THE PATENT
 - PSA FOR TRANSGENDER FEMALES
 - HCG FOR TRANSGENDER MALES
- HORMONE THERAPY CAN ALTER LAB RESULTS
 - ESTROGEN AND TESTOSTERONE CAN ALTER HEMATOCRIT AND CREATININE READINGS
 - ALTHOUGH NO CHANGES ARE SEEN ION TOTAL CHOLESTEROL TRIGLYCERIDE LEVELS CAN BE INCREASED
 - PSA MAY BE DECREASED IN TRANSGENDER WOMEN
 - AST/ALT MAY BE DECREASED IN TRANSGENDER WOMEN AND INCREASED IN TRANSGENDER MEN

REFERENCES

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TO CORRECT THE PROBLEM HEALTHCARE MUST



Create a transgender-friendly environment



Use caution in the terminology they use when caring for the transgender patient



Be aware of the potential for complications associated with previous surgeries and hormonal therapy

APPROPRIATE TERMINOLOGY

SEX, MALE OR FEMALE - SEX ASSIGNED AT BIRTH RELATED TO EXTERNAL ANATOMY

GENDER – A SOCIAL CONSTRUCT TO CLASSIFY A PERSON AS MALE, FEMALE OR somewhere ALONG THE SPECTRUM

CISGENDER-AN INDIVIDUAL WHOSE GENDER IDENTIFIES AS THEIR BIRTH SEX

GENDER –AFFIRMING SURGERY- MODIFICATION OF THE BODY TO COINCIDE WITH ONE’S GENDER IDENTITY (PREVIOUSLY CALLED SEXUAL REASSIGNMENT SURGRY

GENDER TRANSITION- THE PROCESS OF ACCEPTING, REGONIZING AND EXPRESSING ONE’S GENDER IDENTITY

TRANSSEXUAL- SOMETIMES USED TO DESCRIBE A PERSON WHO HJAS TRANSITIONED USING A MEDICAL APPROACH. ONLY USE IF THE PERSON IDENTIFIES AS SUCH

INTERSEX- A TERM TO DESCRIBE AN ANOMALY OF THE SEX CHROMOSOMES, PEOPLE MAY BE BORN WITH BOTH MALE AND FEMALE GENITALIA

GENDER FLUID- GENDER VARIES FROM DAY TO DAY

GENDER NON-CONORMING OR GENDER QUEER– GENDER EXPRESSION IS DIFFERENT FROM WHAT SOCIETY EXPECTS

TERMS TO AVOID

- **SEX CHANGE** TERM TO EMPHASIZE THE ROLE OF SURGERY IN THE TRANSITION PROCESS, THEY ARE NOT CHANGING SEX ONLY CLARIFYING THEIR IDENTITY
- **HERMAPHRODITE**- A DEROGATORY TERM TO REFER TO AN INTERSEXED PERSON
- **TRANSVESTITE**- A DEROGATORY TERM USED TO DESCRIBE AN INDIVIDUAL WHO WEARS CLOTHING ASSOCIATED WITH A DIFFERENT SEX