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Gender Studies Abstracts

Contents

The perioperative experience of patients undergoing gender-affirming surgery	3
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The perioperative experience of patients undergoing gender-affirming surgery

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INTRODUCTION

Transgender and gender-diverse individuals (TGDI) may elect to undergo a variety of surgeries to align their physical attributes to their gender identity. Literature supports these individuals face significant barriers to accessing culturally safe gender-affirming care which has been proven to have long term positive impacts in a multitude of mental health measures and quality of life.¹⁻⁴ Alarming, up to 20% of this population reports negative experiences with health care professionals (HCPs) and the health care system.⁵ Evidence is sparse on the specifics and fails to explain how it can be ameliorated within the perioperative environment. Furthermore, barriers faced by this population can be regionally specific and dependent on local resources that makes local study important to improve patient care. We hypothesize that TGDI in our regional centres will have both positive and negative experiences while undergoing gender-affirming surgeries and will have recommendations on how it can be improved.

METHODS

A qualitative approach was used to better understand the experiences of TGDI during their perioperative journey for gender-affirming surgeries. Ethics approval was obtained from our institutional behavioural research ethics board (Beh-REB 4682, University of Saskatchewan). Participants were recruited through multiple avenues including posters in community organizations, medical clinics, and social media posts during the period of May to October 2024. Patients over the age of 18 who had surgery within the last 10 years within the provincial/territorial jurisdiction where the study occurred were eligible to participate. Participants were invited to share their experiences through either a semi-structured online interview or an online survey and were offered an honorarium to recognize their contribution to our study. Questions were related to their perioperative interactions with HCPs and the greater health care system. Once data collection was complete, thematic analysis was carried out to identify themes, emotions, and experiences shared by participants to understand their overall feelings and specific interventions could be implemented to improve the process going forward.

RESULTS

A total of 15 participants were recruited. Eight major themes were derived from the data. The first two relate to correct use of patient pronouns. Many participants stated they felt fearful and vulnerable when HCPs used incorrect pronouns, and others felt validated and affirmed when HCPs asked for and used correct pronouns. The next two themes relate to informed consent and shared decision making. Thorough explanations and consent prior to conducting exams or procedures from both the surgical and anesthesia perspective helped avoid surprises and made patients feel more in control. Three further themes identified systems level interventions to provide safe gender-affirming care. It was felt important to enhance coverage for gender-affirming surgeries, recruit and retain trans-competent HCPs, and provide education for trans-competent care to existing local HCPs. The last identified theme was the need for greater postoperative support in terms of follow-up and wound care.

DISCUSSION

This study highlights the experiences of TGDIs undergoing gender affirming surgeries. Results suggest that participants had both positive and negative experiences largely determined by the conduct of HCPs. It also highlighted areas of importance during the perioperative period and interventions that could be implemented to improve care provided by staff and how the health care system can create a safer and more positive experience for TGDIs going forward. Future directions will include advocating for institutional improvements such as using chosen names and pronouns on charts, quality assurance and quality improvement initiatives, increased funding supports, and continuing medical education to improve the perioperative experience.

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