

How to care for trans patient in endoscopy

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Presentation

Nurses

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The speaker presented on creating inclusive endoscopy care for transgender and gender diverse patients, emphasizing that trans individuals face significant healthcare discrimination and vulnerability, and providing specific recommendations for practice changes to improve safety and dignity.

KEY POINTS

- The speaker stated that trans people experience discrimination in healthcare settings at twice the rate of other respondents, with UK transphobic hate crimes increasing by 200% and trans patients reporting high rates of household dysfunction, neglect, and suicidal thoughts.
- Healthcare providers should introduce themselves with pronouns, routinely ask and document patients' preferred names and pronouns, keep language gender neutral, and avoid assuming gender identity by appearance, according to the speaker.
- Gender affirming surgeries can result in abdominal adhesions, bowel stenosis, and airway management difficulties; high estrogen in trans women can increase midazolam and fentanyl toxicity, and bicalutamide can increase midazolam plasma concentration by up to 80% and displace warfarin, the speaker reported.
- Lab values for anyone on gender affirming hormones for more than six months should be compared to their chosen gender range, not natal sex, and ideal body weight calculations do not account for hormone therapy, the speaker stated.
- The speaker recommended offering dignity shorts for lower GI procedures, accommodating patients in recovery areas according to gender identity, asking inclusive questions about surgery and pregnancy in private, and changing SOPs to include gender neutral language.
- In the Q&A, the speaker noted that BSG and European guidance on diversity is not specific to trans patients and does not provide actionable recommendations for endoscopy, and that trans-focused research is largely non-existent.

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