

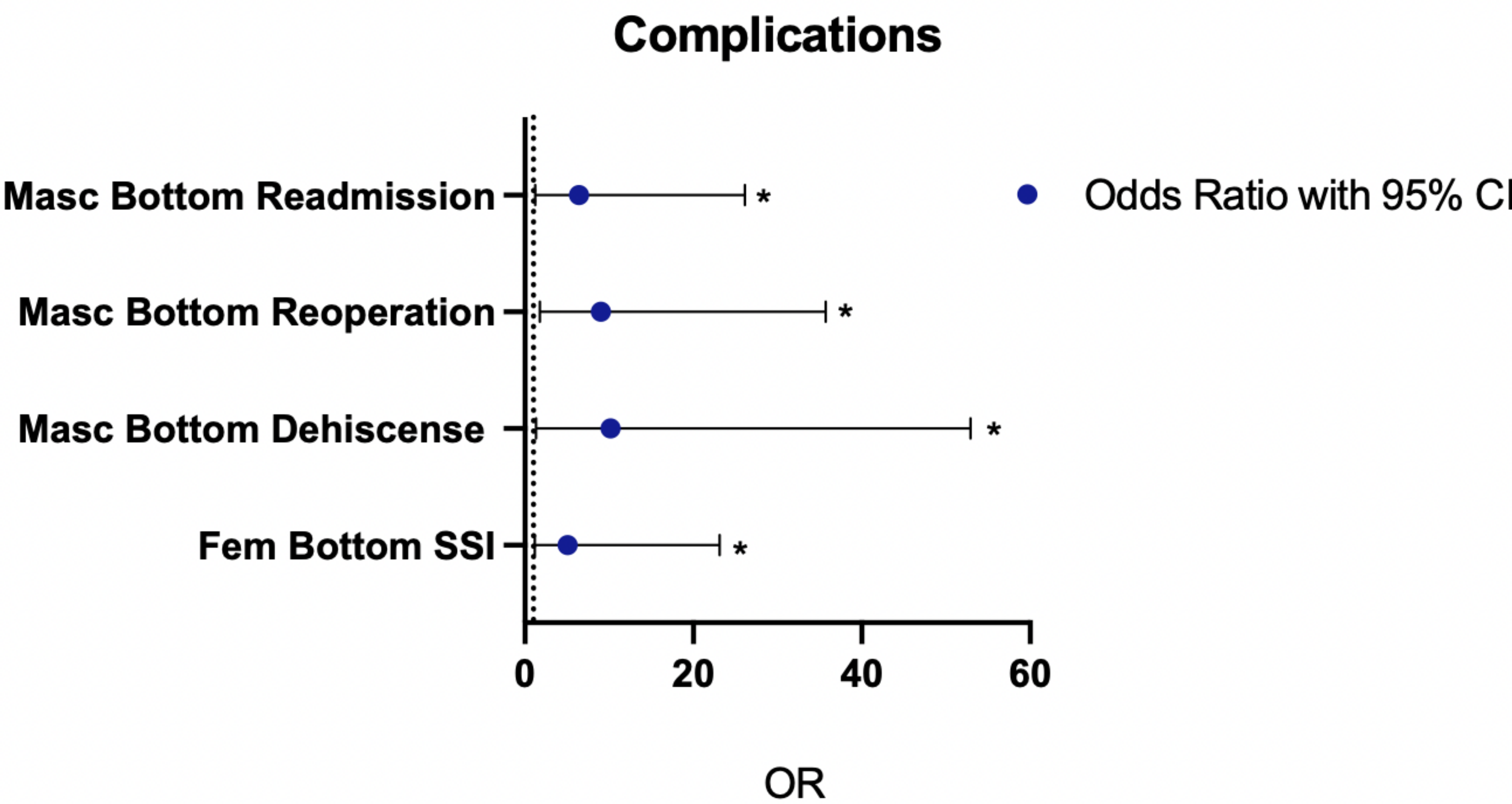
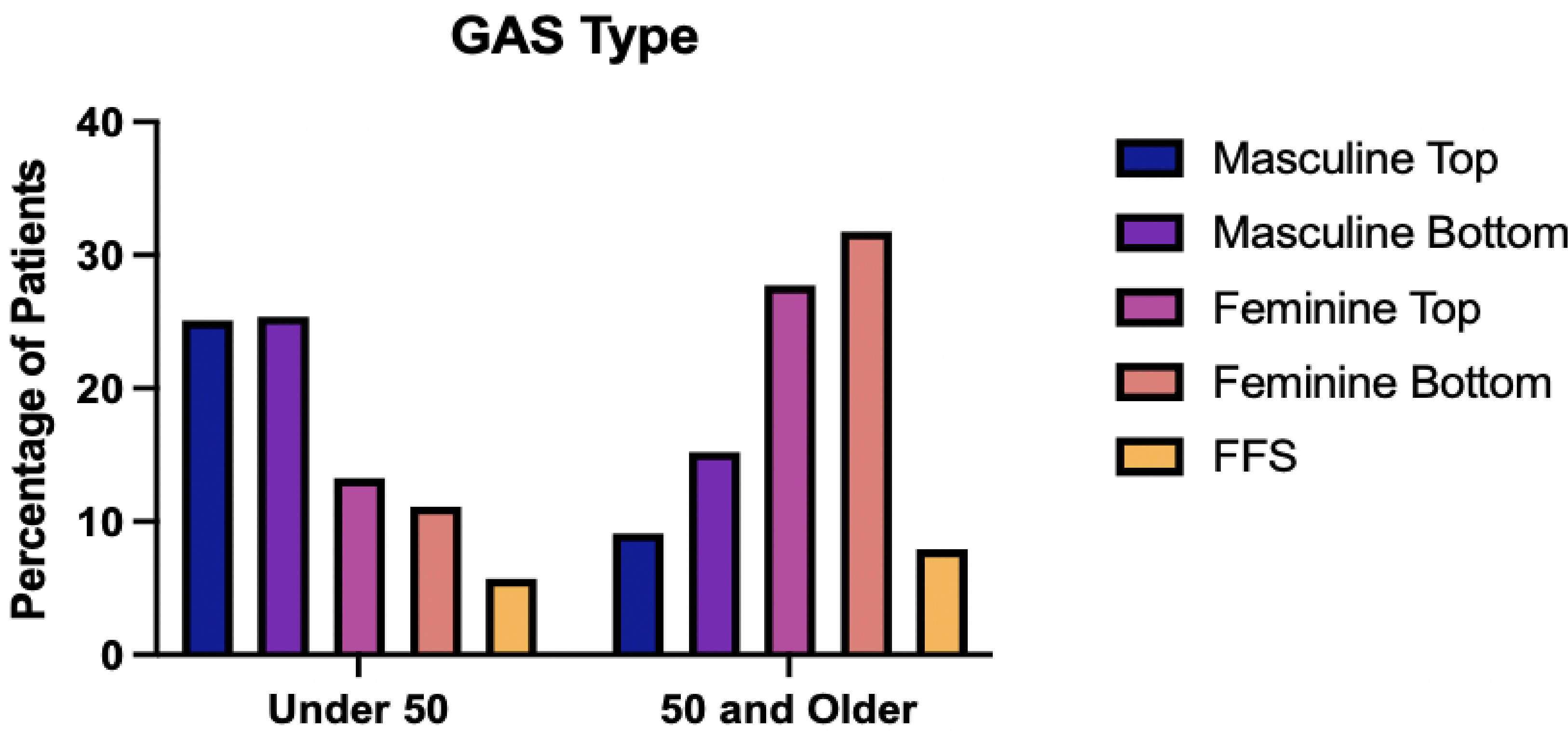
BACKGROUND

- Gender-affirming surgery (GAS) significantly improves quality of life for transgender and non-binary individuals.
- An increasing number of older adults are seeking GAS, necessitating tailored surgical planning and care.
- Limited research exists on how age influences postoperative outcomes and complication rates in age over 50 population
- Objective:** To evaluate the impact of age on complications and outcomes following GAS.

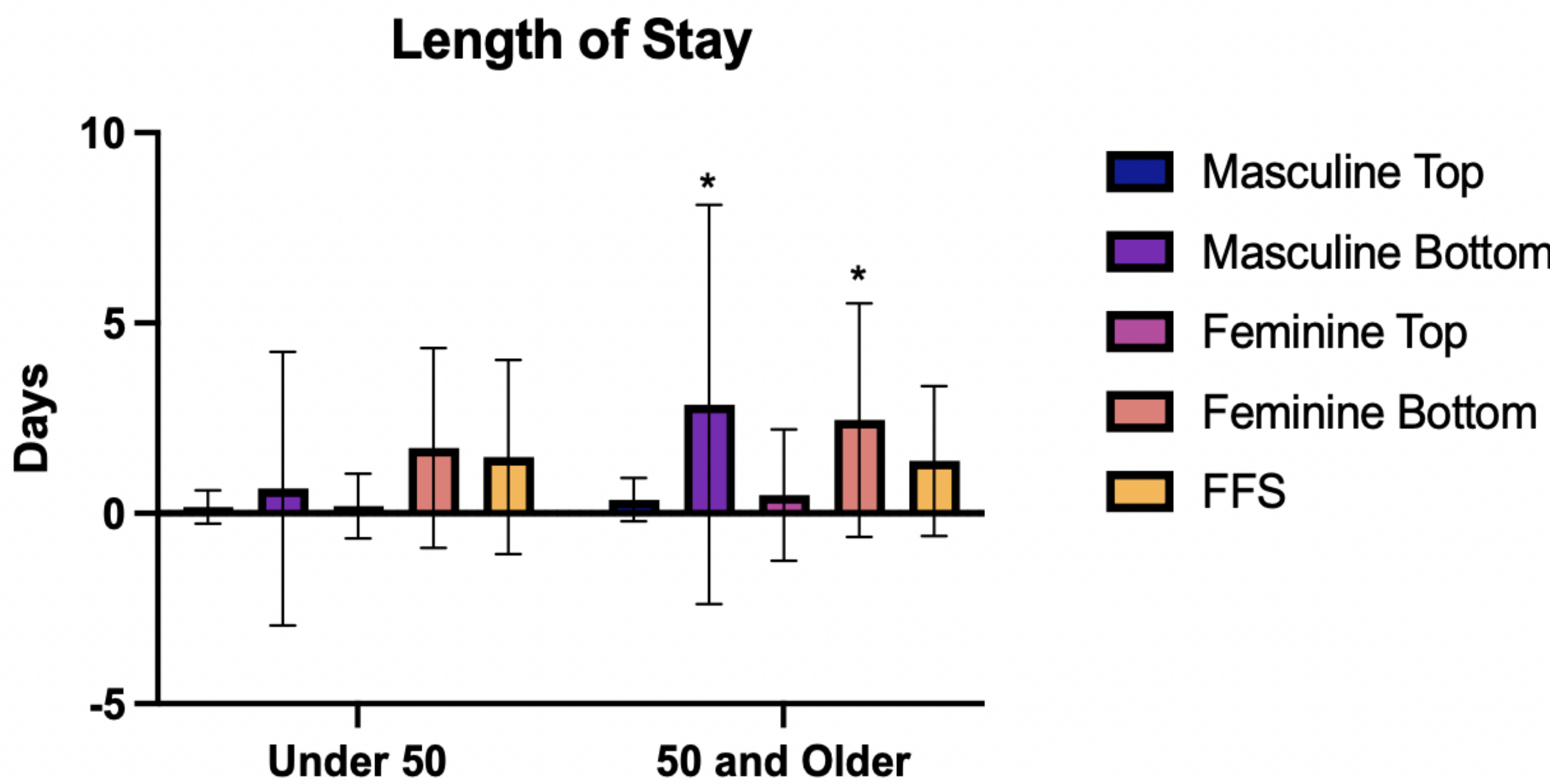
METHODS

- NSQIP Database (2018–2022)** GAS-specific CPT codes.
- Included procedures: masculine and feminine top and bottom surgery, and facial feminization surgery.
- Patients stratified into two groups: Age <50 years and age ≥50 years
- Statistical analysis:**
- Multivariate logistic regression: surgical site infection (SSI), wound dehiscence (WD), reoperation, readmission
- Linear regression: operating time (OP), length of hospital stay (LOS)

RESULTS



RESULTS



- Complications (≥50 group):
- Feminine bottom surgery:
 - ↑ Risk of SSI
 - Masculine bottom surgery:
 - ↑ Risk of WD
 - ↑ Reoperation
 - ↑ Readmission
 - Hospital Stay: ↑ LOS for ≥50 group masculine and fem bottom

CONCLUSION

- Age over 50 is significantly associated with increased risk of complications and prolonged hospitalization after GAS.
- Specific risks vary by surgery type, particularly for bottom surgeries.
- Findings underscore the importance of preoperative optimization and tailored perioperative care for older patients undergoing GAS.