

Cultural Sensitivity in the Management of Transgender Anesthesia Care

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Background

- Sex refers to the biological sex assigned at birth while gender refers to a person's internal identity.
- Transgender people are individuals whose gender identity or expression differs from their sex.
- Estimated that 0.56% of U.S. adults (560 per 100,000) identify as transgender.
- As a group, transgender individuals are at higher risk of experiencing health disparities including HIV, anxiety and depression along with social isolation.

Case Description

- A 68-year-old male-to-female transgender patient with a PMH of atrial fibrillation, mild intermittent asthma and lumbar degenerative disc disease presented for a scheduled right reverse shoulder arthroplasty for a right rotator cuff tear arthropathy.
- Patient's assigned sex at birth was male but identifies as a female. She previously underwent a bilateral orchiectomy and name change.
- Currently on a gender-affirming hormone therapy regimen of estradiol, spironolactone and finasteride.

- After preoperative physical exam and chart review, patient was classified as an ASA 3 and Mallampati class I.
- Placed under general anesthesia in conjunction with an interscalene block.
- No intraoperative or postoperative anesthetic complications.

Discussion

- Understanding the medical implications that come with transitioning or gender-affirming healthcare is crucial for proper preoperative evaluation and intraoperative and postoperative care.
- Increased rate of nicotine, drug and alcohol misuse compared with general population, with cannabis, opioids and cocaine being the most commonly used illicit substances.
- Male to female gender affirming hormone therapy includes estradiol which increases risk for deep venous thrombosis, increased pain and postoperative nausea and vomiting.
- Female to male gender affirming hormone therapy includes testosterone which has been associated with the development of obstructive sleep apnea.

- The American Heart Association reported that transgender men have a two-fold increase in the risk of myocardial infarction compared with cisgender men and four times the risk of cisgender women.
- Chest binding have been associated with chest pain, shortness of breath, scarring and rib fractures.
- Feminization laryngoplasty reduces the diameter of the larynx, which results in a functionally smaller aperture through which to pass a tracheal tube.
- Mandibular reduction may result in crowding of structures in oropharynx, making airway management more challenging.
- Genioplasty may change the perceived thyromental distance and make external airway evaluation unreliable.

References

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