



Racial Disparities in Postoperative Outcomes Among Gender-Diverse Patients: Implications for Anesthesia Practice

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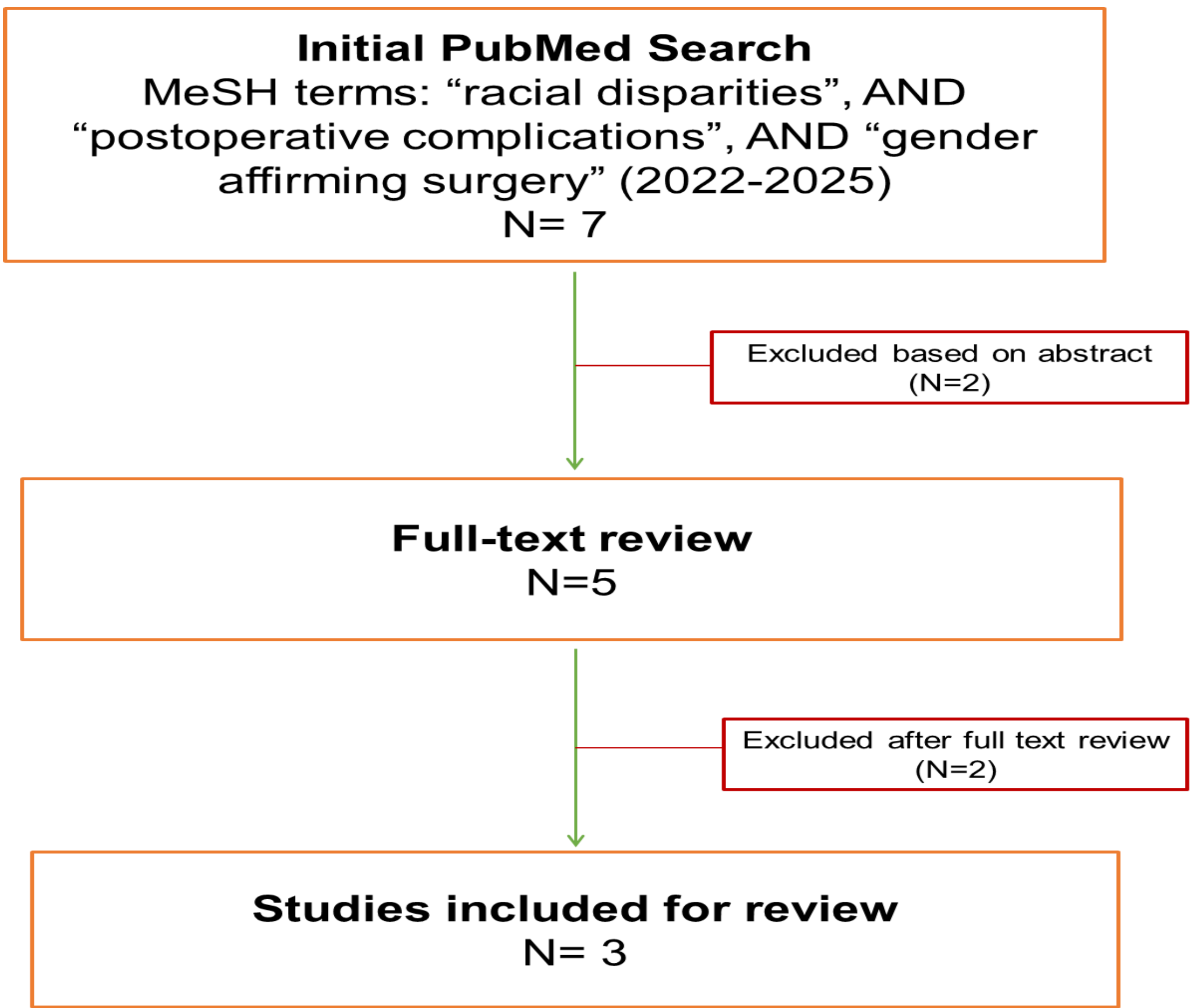
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Introduction

Approximately 1.6 million adults and adolescents in the United States identify as transgender, with a reported 68% increase in gender-diverse individuals (GDIs) over the past decade. The term “transgender” is used to describe individuals who identify as a gender that differs from their sex assigned at birth. Transgender individuals may undergo gender affirming processes or surgery (GAS) to align their physical characteristics with their gender identity², increasing the likelihood that they will present in general surgical settings.

Methods



Results

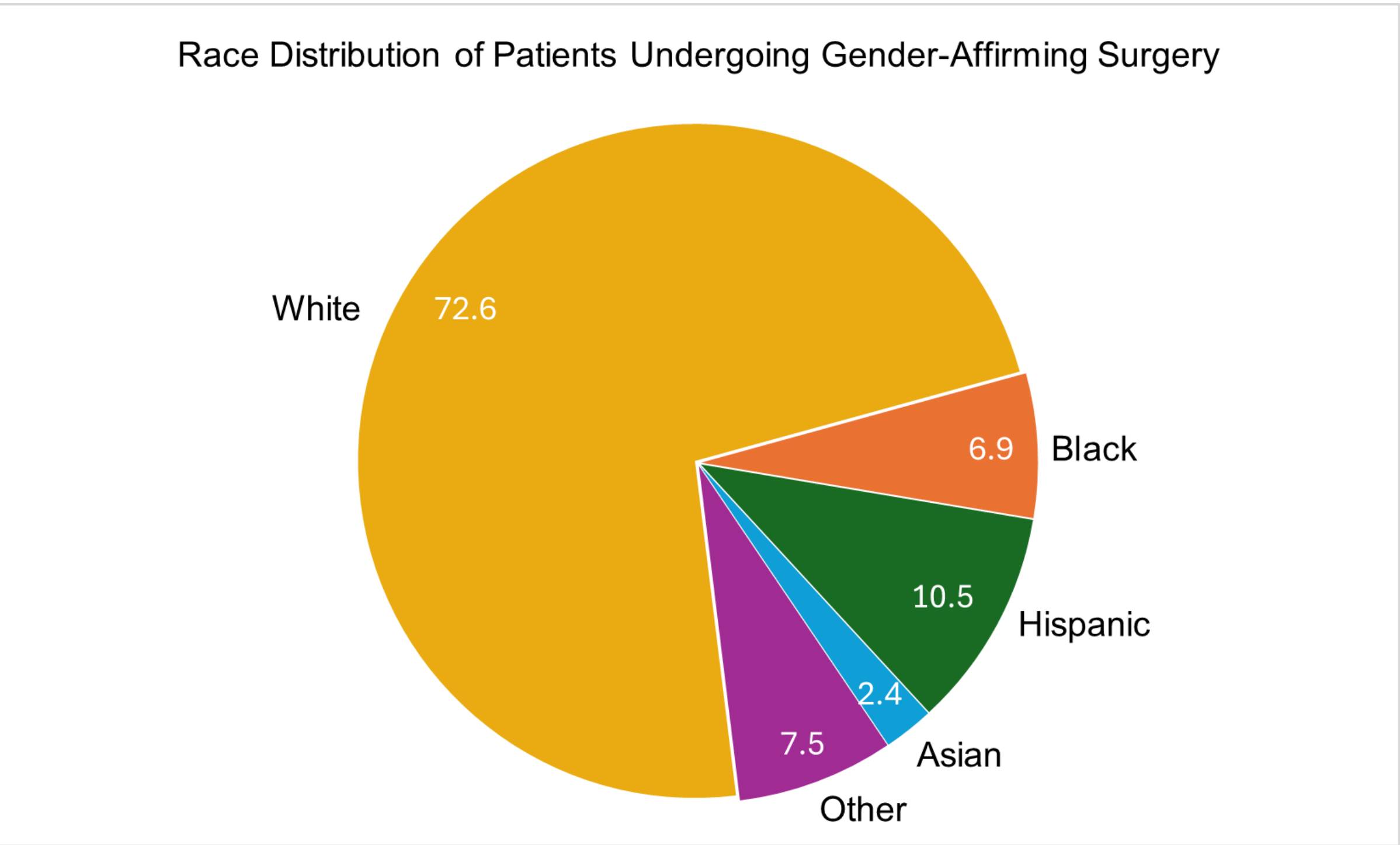


Figure 1: Race distribution of patients undergoing gender affirming surgery, adapted from Shamamian et. al³

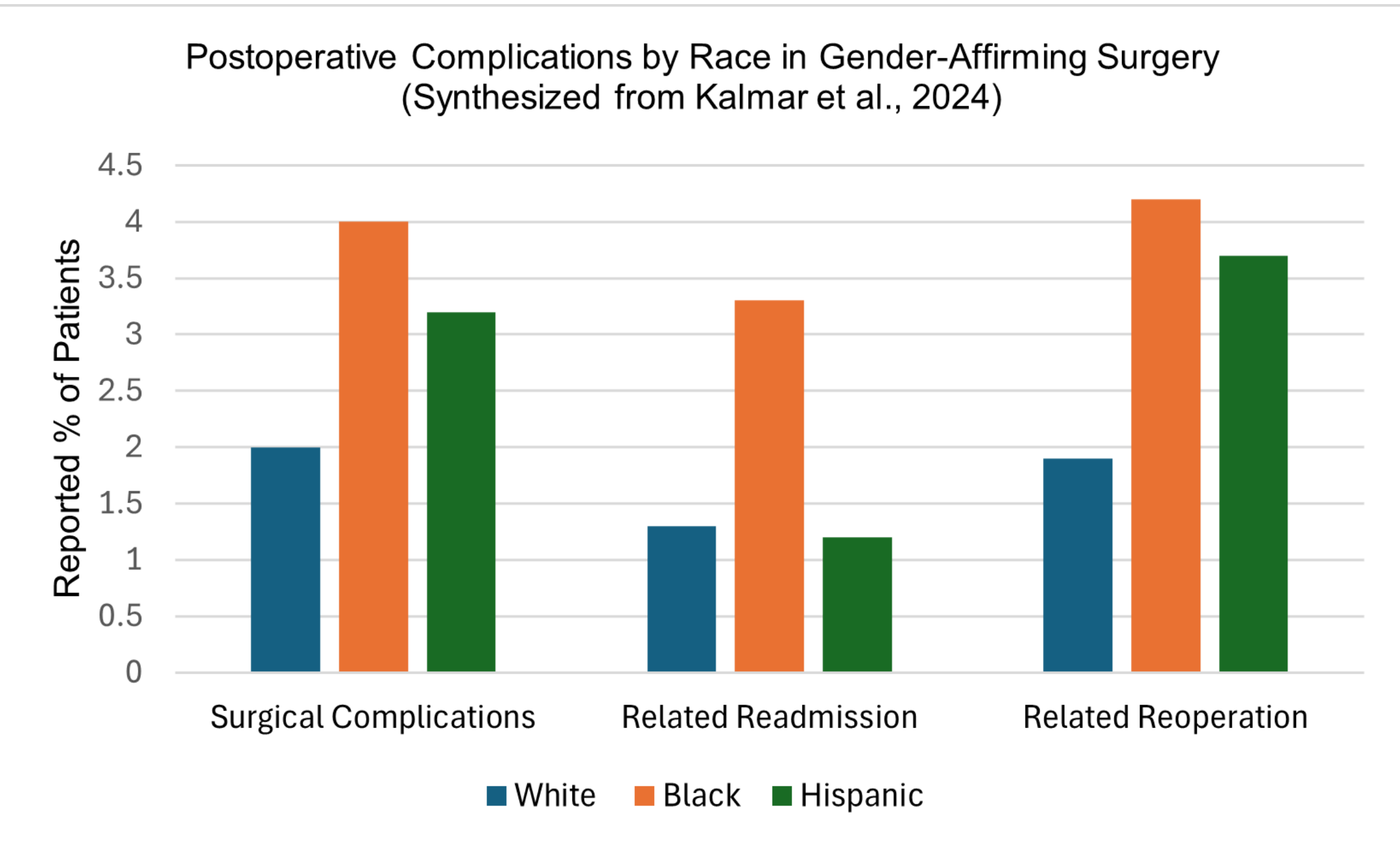


Figure 2: Postoperative complications by race among patients undergoing gender affirming surgery, adapted from Kalmar et. al.¹

Outcome	Race comparison	Odds ratio	95% CI	P-value
Organ space SSI	Black vs White	4.65	1.22-17.67	0.024*
Return to OR	Black vs. White	1.82	1.00-3.29	0.047*
Readmission	Black vs. White	2.46	1.35-4.47	0.003*
Return to OR	Asian vs White	1.58	0.55-4.55	0.39
Readmission	Asian vs. White	1.05	0.25-4.48	0.95

Table 1: Adjusted odds ratios for postoperative complications from Trilles et al.² show significantly higher risk among Black patients undergoing gender affirming surgery.

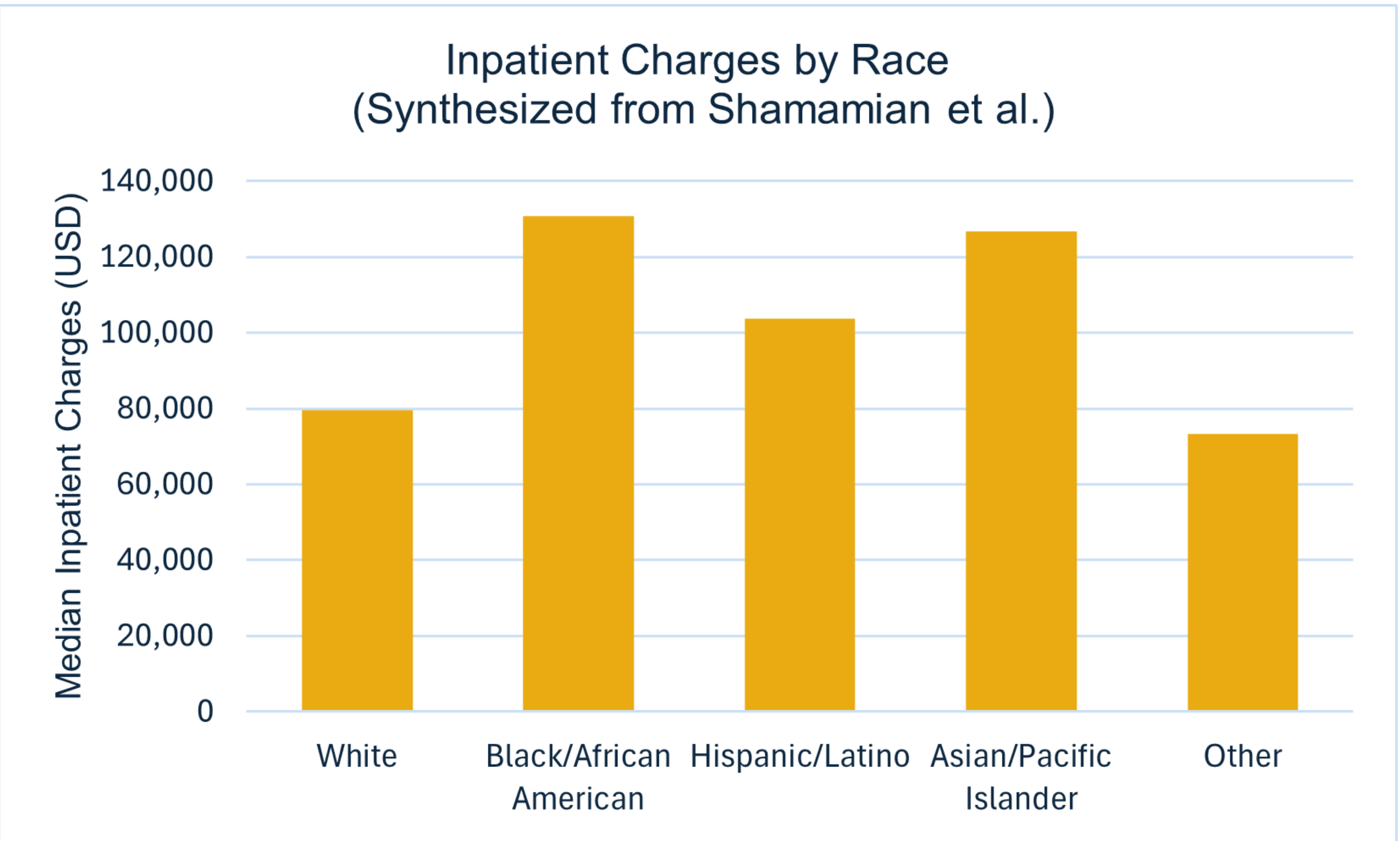


Figure 3: Median inpatient charges by race among patients undergoing gender affirming surgery, adapted from Shamamian et al³

Conclusion

Available data suggests that Black/African American patients receiving gender-affirming surgery are significantly more likely than White patients to experience adverse events in the immediate postoperative period. Further research is needed to identify the causes of these disparities and addressing these disparities through equity-centered anesthesia and inclusive perioperative protocol is essential to improving outcomes.

References

1.Kalmar CL, Nemani SV, Assi PE, Kassis S. Epidemiology and disparities of gender-affirming surgery in the United States. J Plast Reconstr Aesthet Surg. 2025 Apr;103:256-262. doi: 10.1016/j.bjps.2025.01.047. Epub 2025 Feb 14. PMID: 40014885.

2. Trilles J, Chaya BF, Brydges H, Parker A, Kimberly LL, Boczar D, Rodriguez Colon R, Rodriguez ED. Recognizing Racial Disparities in Postoperative Outcomes of Gender Affirming Surgery. LGBT Health. 2022 Jul;9(5):333-339. doi: 10.1089/lgbt.2021.0396. Epub 2022 Apr 22. PMID: 35451878.

3. Shamamian PE, Kwon DY, Oleru O, Seyidova N, Suydam R, Wang C, Montalmant K, Horesh E, Taub PJ. Assessing racial disparities in gender-affirming surgery utilization and hospital-level experience. J Plast Reconstr Aesthet Surg. 2025 Jan;100:16-23. doi: 10.1016/j.bjps.2024.10.034. Epub 2024 Oct 25. PMID: 39541708.

Contact

