CARING FOR THE TRANSGENDER PATIENT

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Introduction

The LGBTQ population makes up 4.5% of the U.S population, with 7% representing youth.[1] Children and adolescents in the LGBTQ population present unique challenges for the pediatric nurse.

Specific challenges include:

- Making the youth feel comfortable, wanted, and understood
- Supporting the family by showing acceptance and understanding
- Using effective communication techniques; being mindful of pronouns and how the child is addressed
- Becoming knowledgeable about the transition process e.g.: hormone therapy, surgeries, behavior health considerations
- Being aware of one's own feelings and perceptions
- Realizing you may not always have an answer

Regardless of specific challenges, it is important to remember that this population is treated like any other patient population. Patients who are transgender, and their families, are treated with the same dignity and respect as any other patient.

Brief Description/Topic Overview

This booklet will describe and discuss the unique patient considerations when providing nursing care to the LGBTQ youth population. Topics discussed will include patient and family/caregiver impact, nursing assessment, interventions, patient and family teaching methodologies, strategies and special considerations for the transgender patient.

Definitions

- **Lesbian** — Sexual orientation describing individuals who identify as female who are emotionally and sexually attracted to other females.
- **Gay** — Sexual orientation describing individuals who are emotionally and sexually attracted to those of the same sex and/or gender.
- **Bisexual** — Sexual orientation describing individuals who are emotionally and sexually attracted to their own or other sex and/or gender.
- **Transgender** — Individuals who have a gender identity that does not correspond with their assigned sex at birth.
- **Queer** — Umbrella term to describe those sexes, gender identities, and attractions that fall outside conventional norms.
- **Questioning** — Term to describe individuals who are still questioning their gender identity and/or sexual attraction.
- **Intersex** — Umbrella term describing individuals born with differences in sexual development/characteristics that do not align with the male/female binary.
- **Non-binary** — Term to describe individuals whose gender identity or expression falls in between or completely outside binary classifications of male or female. This term is not synonymous with transgender.

Patient/Child Impact of Transitioning

Several factors can physically and emotionally impact the child or adolescent during the process of transitioning, including:

- **Hormone therapy** — Can have an impact on normal hormone production, affecting body systems.
- **Gender affirming surgery** — Often multiple procedures impacting normal hormone production.
- **Gender dysphoria** — Discomfort or anxiety when there is discordance between birth sex and gender identity.[2] If gender dysphoria persists, it can lead to depression and thoughts of suicide.
- **Depression** — Depression in the LGBTQ population is often due to discrimination, bullying, lack of peer support, and family rejection.
- **Suicide** — "For LGBTQ people aged 10-24, suicide is one of the leading causes of death; LGBTQ and questioning youth are 5 times more likely to attempt suicide, experience suicidal thoughts, and engage in self-harm."[3]

Family/Caregiver Impact

Parents/caregivers and family members of LGBTQ youth may experience significant anxiety and depression. This is often due to the inexperience and fear of the situation. Family members are often scared that their loved one will be bullied at school, experience discrimination at a job, not receive appropriate medical care or the resources to help support them on this journey. Nurses can support family members and/or caregivers by becoming familiar with the special needs of this unique population and their families. Another way is to refer family members/caregivers to LGBTQ support groups. Many of these support groups consist of other parents or caregivers of LGBTQ children or adolescents. Websites of support groups are also available and are good sources of information. One of the best ways nurses can support family members/caregivers is by showing acceptance and caring to both the patient and the family. Acknowledging the family's fears and/or anxieties by showing acceptance and caring can have a significant positive impact on both the patient and family.

Assessment

Approaching the Child and Family

The expectation is that the children and adolescents within the LGBTQ population are treated with the same dignity and respect that any other patient would receive. This expectation includes the families. For transgender patients, the nurse should consider the following when approaching children, adolescents, and their families:

- Ask the child or adolescent what they would like to be called, or how they want to be addressed. Just simply ask, "What should I call you?"
- If the child or adolescent has not legally changed their name, explain that for safety, their birth name and date of birth will be asked before any procedures, diagnostic testing or signing any consents.

Providing Privacy

- Respect privacy. As with any other patient, conduct history taking and assessments in a private area.
- Ask the child or teen whether they want the parents present during assessments or procedures.

Communication Techniques

- Ask what their preferred pronouns are; non-binary individuals may use gender-neutral pronouns:

Pronouns	they/them/ theirs	ze/hir/hirs	se/zir/zirs
Nominative (subject)	*They* write.	*Ze* writes. ("zee")	*Ze* writes. ("zee")
Objective (object)	I wrote about *them*.	I wrote about *hir*. ("heer")	I wrote about *zir*. ("zeer")
Possessive determiner	*Their* paper is excellent.	*Hir* paper is excellent.	*Zir* paper is excellent.
Possessive pronoun	That paper is *theirs*.	That paper is *hirs*. ("heers")	That paper is *zirs*. ("zeers")
Reflexive	They cited *themself*.	Ze cited about *hirself*. ("heerself")	Ze cited about *zirself*. ("zeerself")

The Writing Center: The University of Wisconsin (2017). Retrieved November 5, 2019, from **https://writing.wisc.edu/handbook/grammarpunct/genderneutralpronouns**.

Asking the Difficult Questions

- Suicide screening
  - Transgender individuals are at an increased risk of suicide. Gender dysphoria from anxiety and fear of discrimination, harassment, and bullying may lead to depression, which may lead to thoughts of suicide. More than 40% of the transgender population has attempted suicide.[7]
- Maltreatment
  - Transgender children and children who show gender-nonconforming traits are at increased risk for child maltreatment and its sequelae.[10] An accurate assessment and meticulous documentation are vital if maltreatment is suspected.
- Bullying
  - LGBTQ youth and those perceived as LGBTQ are at increased risk for bullying. According to the 2017 Youth Risk Behavior Survey, more high school students who identified as LGBTQ reported being bullied on school property (33%) and cyberbullied (27.1%).[14] A gentle non-threatening approach should be used when asking questions about this sensitive topic, and you should re-assure them that they are in a safe place.
- Intimate partner violence
  - Within the LGBTQ population, transgender individuals and bisexual women are at the highest risk for sexual and intimate partner violence. The 2015 U.S. Transgender Survey found that 47% of transgender individuals are sexually assaulted at some point in their life.[6] A careful and accurate assessment to screen for risk factors is imperative, as well as assuring the patient that they are in a safe place.
- Sexual activity
  - Patient assessment should include obtaining information on sexual activity in adolescents. Transgender patients are at risk for sexually transmitted infections such as chlamydia, gonorrhea, herpes, syphilis, and HIV. An adolescent patient may be reluctant or uncomfortable to discuss their sexual activity. A gentle, non-threatening approach is needed.
- Does the affirmed male still have a uterus and ovaries?
  - If the transgender male still has a uterus, fallopian tubes, and ovaries, pregnancy is still possible, and the patient may be reluctant to give a urine sample for pregnancy testing. The nurse should gently explain in a non-threatening manner that for safety, it is important to know this information.

Staying Clinically Focused

Keep the conversation clinical unless the transgender status will have a direct effect on the condition or diagnosis the child or teen is being evaluated for; if the child or teen is being evaluated for a sprained ankle, focus on the sprained ankle as with any other patient. If the problem is abdominal pain, explain why it's important to talk about their transgender status because it may help the team to find out why their abdomen hurts.

Physical Assessment

- Maintain privacy
  - » Make sure the patient has a private room, if available.
  - » Don't discuss patient information with other team members unless they are directly involved in their care.
  - » Log off computer terminals before leaving the computer.
  - » Don't leave paper documents out in common areas, ie, nurse's station.
- Has the adolescent male had a mastectomy ("top surgery")?
- Are secondary sex characteristics delayed due to hormone-blocking therapy?

Diagnostics

- Laboratory studies for:
  - » Sexually transmitted infections (chlamydia, gonorrhea, syphilis, herpes virus, human papilloma virus)
  - » Hepatitis A, B, and C
  - » HIV
  - » Urine pregnancy test (may not be able to order in the electronic medical record (EMR) if the patient is listed as male); a paper laboratory requisition may need to be used.
  - » PSA (may not be able to order in EMR if the patient is listed as female)
- Other tests
  - » Mammogram
  - » Pap smear
- Lesbian and bisexual females are less likely to be screened for breast and cervical cancer.[4]
- Lab reference ranges often correlate to the gender entered into the record, which correlates to the sex assigned at birth or gender marker in the patient's documents.[5]

Planning/Implementation

- Address the child or adolescent by their chosen name.
  - » Ask the patient their name and then casually ask what they want to be called. This conveys acceptance and respect. Make sure the patient's chosen name is documented in the medical record along with their birth name.
- Ask what the preferred pronouns are.
  - » Ask the patient what their preferred pronouns are. Avoid making assumptions and using pronouns such as "Mr." or "Ms." until the patient has communicated his or her preferred pronouns.
- Provide privacy; most hospital patient units have private rooms.
  - » Avoid discussing patient information with staff unless they are directly involved in the patient's care. Log off computer terminals before leaving them.
- Provide the same care, dignity, and respect as for any other patient and their families.

Special Considerations for the Transgender Patient

- Transgender female = male transitioning or transitioned to female
- Transgender male = female transitioning or transitioned to male

Hormone Therapy

Hormone therapy is often initiated during or after transitioning to promote male and female secondary sex characteristics. The two most common hormones taken are estrogen and testosterone. Hormone therapy, however, is not without risks, especially if the patient still has reproductive organs.

- Estrogen
  - » Promotes female secondary sex characteristics
  - » Non-reversible sterility
  - » Thromboembolic disease
  - » Breast cancer
  - » Gallstones
  - » Weight gain
  - » Hyperlipidemia

- Testosterone
  - Promotes male secondary sex characteristics
  - Polycythemia
  - Hypertension
  - Cardiovascular disease
  - Thromboembolic disease
  - Stroke
  - Sleep apnea
- Spironolactone (Aldactone)
  - Testosterone "blocker"
  - Potassium-sparing diuretic
  - Used in transgender females
  - Prevents hair loss
  - Decreases male pattern body hair
  - Induces breast development
  - Prevents spontaneous erections
  - Hyperkalemia
  - Hypotension
  - Hypovolemia
  - Acute kidney injury (AKI)
- Leuprolide (Lupron)
  - Delays puberty — typically started at the onset of puberty
  - Used until formal hormone therapy begins
  - Decreased sexual drive
  - Breakthrough vaginal bleeding — first two months of therapy
  - Impotence

Gender Affirming Surgery

Most gender-affirming surgeries are performed once the adolescent reaches puberty and secondary sex characteristics have matured. There is no specific age as to when these surgeries are performed.

For female-to-male surgeries, the mastectomy ("top surgery") is often the first surgery performed, followed by the hysterectomy/salpingectomy/oophorectomy. The phalloplasty ("bottom surgery") is typically the final surgery performed in the process.

For male-to-female surgeries, breast augmentation ("top surgery") is often the first procedure performed. The orchiectomy and vaginoplasty ("bottom surgery") are typically the final surgeries in the process.

Male to Female Surgeries

Vaginoplasty ("Bottom surgery")

A penile inversion is done, creating a vaginal space below the urethra. A clitoris is formed from the glans, keeping the nerves intact. A small part of the scrotum is used to create the labia. The testicles and erectile tissue of the penis are removed. A cotton stent is placed into the new vaginal space for a few days until dilation occurs. An occasional postoperative complication is urethral bleeding.

Labiaplasty

This procedure is to create a thinner labia to form a hood for the clitoris. Urethral and other revisions from the vaginoplasty can also be performed at this stage. Postoperative complications include ecchymosis, skin infection, and swelling. Not all patients have this procedure.

Orchiectomy

The testicles are removed to decrease testosterone production. Postoperative complications include swelling and occasional hematomas.

Vaginal Deepening and Widening

Using skin grafts, the goal of this secondary procedure is to deepen and widen the vaginal space. Postoperative complications include bleeding and loss of the skin graft.

Tracheal Shave

The purpose of the tracheal shave is for reduction of the Adam's apple, by removing some of the cartilage tissue from the neck. Postoperative complications include swelling and skin infections. Airway compromise is not typically seen with this procedure.

Breast Augmentation ("Top Surgery")

This procedure is to create larger breasts using silicone or saline implants. Postoperative complications include skin infections.

Female to Male Surgeries

Mastectomy ("Top surgery")

The removal of both breasts (not lymph nodes) to flatten the chest.

Hysterectomy/Salpingectomy/Oophorectomy

Removal of the uterus, fallopian tubes, and ovaries. Some transgender males retain their ovaries, requiring cervical cancer screenings.[4]

Phalloplasty (Radical forearm free flap) ("Bottom surgery")

Creation of a penis (or neophallus) and urethral lengthening using a skin graft from the forearm. A skin graft from one of the inner thighs is then used to replace the skin at the forearm graft site. The clitoris is deepithelialized and placed directly under the neophallus.[8] A urethral stent is placed in the immediate postoperative period to maintain patency of the new urethra. Postoperative complications include urethral fistula, urethral stenosis/stricture, need for anastomotic revision, wound healing problems, and partial flap necrosis.[8] A suprapubic tube is typically required for around three weeks. Urinary complications include infection and hematuria.

Scrotoplasty

The formation of a scrotum using the labia, typically done during the phalloplasty. Tissue expanders and permanent testicular implants may or may not be placed. Postoperative complications include tissue expander infection, opening of the new scrotum, causing the implants to come out.

Erectile Device Placement

For functional sexual intercourse. Postoperative complications include infection. Most devices are MRI compatible.

Child and Family Dynamics

Gender identity is an individual's internal sense of self as male, female, both, or neither.

This usually develops by age three and remains relatively stable over the lifetime.[9] For the transgender child, this can be challenging for parents, caregivers, and family members. The transgender child can also find this challenging as their gender identity continues to become stronger. Parental support is critical to the physical and emotional well-being of the transgender child.

If support is lacking, this can worsen gender dysphoria, cause depression and increase the risk of suicide. "Transgender youth who describe having strong parental support are 72% more likely to report overall life satisfaction and show a 93% decrease in suicide."[11]

Behavioral Health Issues

Individuals in the LGBTQ population are three times more likely to develop a behavioral health condition.[12] In addition, transgender youth are more likely to experience attention deficit disorder, depression, and anxiety more than non-transgender youth.[13] Gender dysphoria can occur during the transition process. This can be especially evident if the child or adolescent experiences bullying or discrimination in school, at home, at a job, or in other social situations.

If not resolved, gender dysphoria can lead to depression, drug or alcohol use, and thoughts of suicide. More than 40% of the transgender population has attempted suicide.[7] One study also showed that 42% of transgender individuals had a history of a nonsuicidal self-injury.[7] It is imperative to ask the difficult questions during the initial assessment and be meticulous with documentation. The goal is to provide a safe environment for transgender children, adolescents, and their families.

Patient and Family Teaching

Patient and family teaching should include:

- Hormone therapy; the importance of taking hormones and other medications exactly as prescribed.
- Follow-up appointments with the pediatrician, transgender specialist (endocrinologist, adolescent medicine specialist), psychiatrist, surgeon, and OB/GYN.
- When to seek medical attention (complications from surgery, suicidal gestures).
- Available resources for the child and family (websites, support groups, LGBTQ care clinics).

Conclusion

When it comes to providing care for the child or adolescent who identifies as transgender, it is important to remember that these patients are no different than other patients and should be treated with the same dignity and respect as any other patient. These patients fear discrimination and being singled out. Effective communication plays a significant role and is the foundation when caring for this special population and their families.

Resources

- **Fenway Health**
  http://fenwayhealth.org
- **Human Rights Campaign**
  https://www.hrc.org
- **National LGBT Health Education Center**
  https://www.lgbthealtheducation.org
- **Transgender Youth Equality Foundation**
  http://www.transyouthequality.org
- **Transgender Youth Family Allies**
  http://www.imatyfa.org
- **How to Talk to Your Child Who Is Questioning or Identifies as Lesbian, Gay, Bisexual, Transgender, Queer or Asexual (LGBTQA)**
  https://www.chla.org/blog/rn-remedies/how-talk-your-child-who-questioning-or-identifies-lesbian-gay-bisexual-transgende
- **Transgender Community Questions & Answers With Johanna Olson, MD — CHLA's Transyouth Program**
  https://www.chla.org/blog/physicians-and-clinicians/transgender-community-questions-answers-johanna-olson-md-chla-s
- **Emergency Nurses Association: Care of LGBTQ Patient in the Emergency Care Setting Toolkit**
  https://www.ena.org/docs/default-source/resource-library/practice-resources/toolkits/care-of-lgbtq-patients-in-the-emergency-care-setting-toolkit.pdf?sfvrsn=deb8130d_4

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