

# BACKGROUND

UMC has started offering gender-affirming surgeries to support the transgender populations. Post-surgical precautions entail adaptations and modifications of daily living tasks, routines, and habits addressed by an Occupational Therapist (OT). As this is a niche and emerging practice area, the UBC-Occupational Therapy (UBC-OT) has identified the need to streamline OT services, provide consistency of care among clinicians, and address these challenges to increase knowledge for quality improvement and establish best practices.

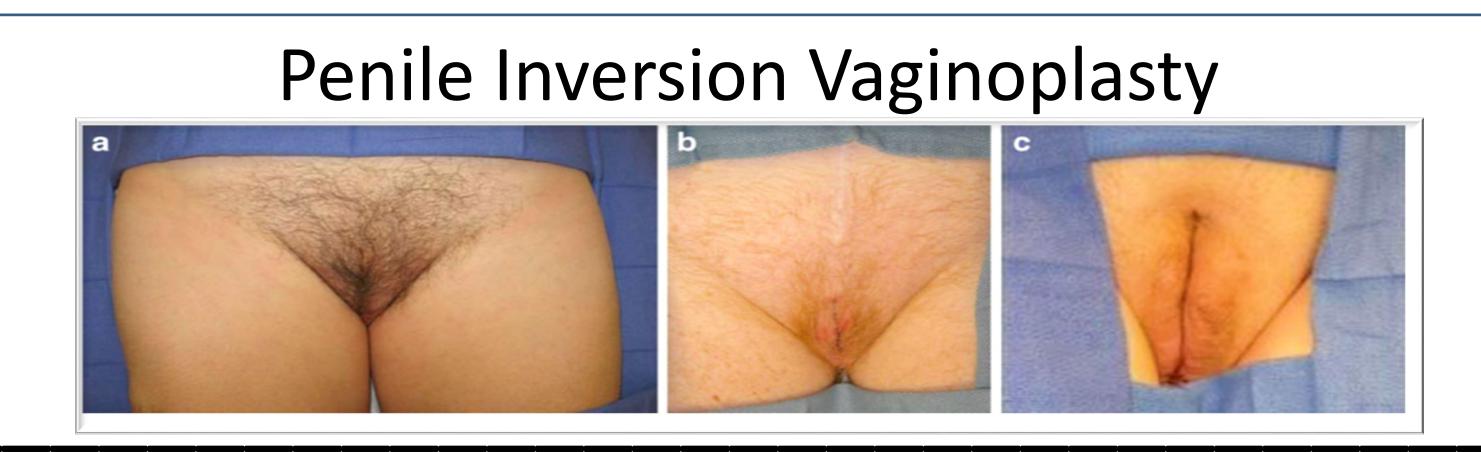
# PURPOSE

Identify opportunities to support clientcentered care to facilitate occupational performance issues of transitioning and gender dysphoria.

# METHODS

The UBC-OT consulted with Dr. John Brosious, plastic surgeon, to establish appropriate treatment guidelines and discuss appropriate OT interventions and recommendations while adhering to post-surgical precautions. After obtaining the information and finalizing the proposal, a teamfocused training was conducted to introduce the program. Lastly, collaboration with nursing and other rehabilitation disciplines were established to ensure continuity of care.

### **Gender Dysphoria and Occupational Therapy** Marieliz Llanos, MHPEd, OTR/L; Aesa Jackson, OTR/L, CNT, NLP, NTMTC; Michelle Farley, MS OTR/L; Allen Espelita, OTD, OTR/L, CEAS, PAM; Rachel Ries, COTA/L; Patricia Marshall, OTR/L

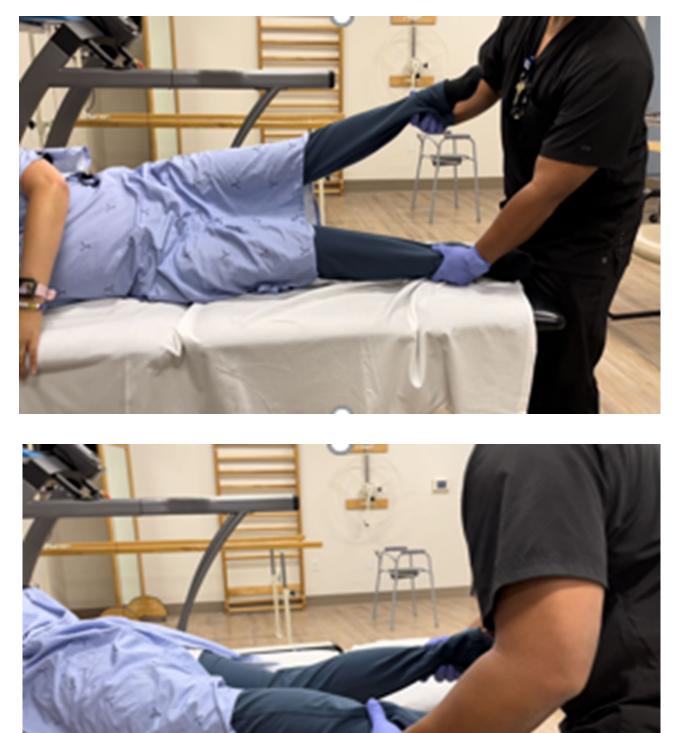


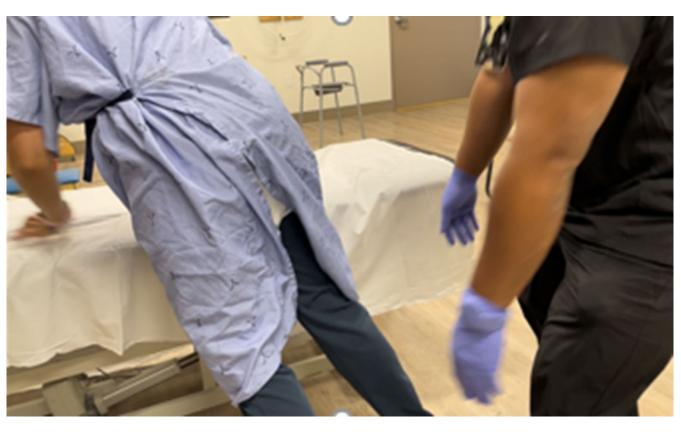
## Activities of Daily Living



Toileting Using a Bedside commode

### **Bed and Functional mobility**







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Adaptive equipment Lower body dressing/toilet hygiene





Long-handled mirror



# **IMPLICATIONS**

Increase education to healthcare providers regarding best practices when working with transgender patients. Improve participation and foster occupational justice and equity.

# RECOMMENDATIONS

feedback upon discharge. the systems level.

Eckstrand, K., & Ehrenfeld, J. M. (2016). Lesbian, Gay, Bisexual, and Transgender Healthcare. Springer International Publishing AG.



- . Follow up on patient care experiences and
- 2. Develop community outreach programs for transitioned and non-transitioned patients at
- 3. Improve cultural competency and training amongst nursing and rehab disciplines.
- 4. Compile resources to improve referral
- pathways for patients and families.

# REFERENCES

