

## Technologies for the care of transgender people in a specialized outpatient clinic: an experience report

*Tecnologías para la atención de personas transgénero en una clínica ambulatoria especializada:  
informe de experiencia*

*Tecnologias de cuidado a pessoas trans em ambulatório especializado: relato de experiência*

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### Abstract

In 2022, the Identity Service - Transdiversity Outpatient Clinic, a specialized outpatient clinic for the Transsexualization Process, was inaugurated, linked to the State University of Rio de Janeiro. To build qualified care, nurses incorporated a range of technologies. This study aims to report the experience of nurses regarding nursing care technologies for transgender people in a secondary care outpatient clinic in Rio de Janeiro. To present the care technologies, the presentation was divided into soft and hard technologies. Soft technologies refer to nursing consultations, based on public and legal regulations, and developed by specialist nurses in each area. Soft technologies refer to the intersection of all technologies used, that is, the soft technological basis of care - welcoming. In conclusion, the authors point out that the use of various care technologies allows the association of humanity, singularity, and scientific knowledge in favor of excellent and ethical care.

**Descriptors:** Transgender People; Nurses; Health Policy; User Embrace; Secondary Health Care.

### Resumén

En 2022, se inauguró el Servicio de Identidad - Clínica Ambulatoria de Transdiversidad, una clínica especializada en el Proceso de Transsexualización, vinculada a la Universidad Estatal de Río de Janeiro. Para brindar una atención de calidad, el personal de enfermería incorporó diversas tecnologías. Este estudio tiene como objetivo reportar la experiencia del personal de enfermería con respecto a las tecnologías de atención de enfermería para personas transgénero en una clínica ambulatoria de atención secundaria en Río de Janeiro. Para presentar las tecnologías de atención, la presentación se dividió en tecnologías blandas y duras. Las tecnologías blandas se refieren a las consultas de enfermería, basadas en la normativa pública y legal, y desarrolladas por enfermeros especialistas en cada área. Las tecnologías blandas se refieren a la intersección de todas las tecnologías utilizadas, es decir, la base tecnológica blanda de la atención: la acogida. En conclusión, los autores señalan que el uso de diversas tecnologías de atención permite la asociación de humanidad, singularidad y conocimiento científico en favor de una atención excelente y ética.

**Descriptores:** Personas Transgénero; Enfermeras y Enfermeros; Política Pública; Acogimiento; Atención Secundaria de Salud.

### Resumo

Em 2022, vinculado à Universidade do Estado do Rio de Janeiro, foi inaugurado o Serviço Identidade-Ambulatório Transdiversidade, um ambulatório de atenção especializada do Processo Transexualizador. Para construir um cuidado qualificado, os enfermeiros incorporaram uma gama de tecnologias. Este estudo tem como objetivo relatar a experiência de enfermeiros, no que se refere a tecnologias de cuidado de enfermagem às pessoas transexuais, em ambulatório de atenção secundária no Rio de Janeiro. Para apresentar as tecnologias de cuidado, dividiu-se a apresentação em tecnologias leve-duras e leves. As tecnologias leve-duras, referem-se às consultas de enfermagem, pautadas em normativas públicas e legais e desenvolvidas pelos enfermeiros especialistas de cada área. As tecnologias leves referem-se à interseção de todas as tecnologias utilizadas, ou seja, a base tecnológica leve de cuidado - o acolhimento. Como conclusão, os autores apontam que o uso das variadas tecnologias de cuidado possibilita a associação da humanidade, da singularidade e do conhecimento científico em prol de um cuidado de excelência e ético.

**Descritores:** Pessoas Transexuais; Enfermeiras e Enfermeiros; Política Pública; Acolhimento; Atenção Secundária à Saúde.



## Introduction

The transgender population, composed of people whose gender identity differs from the sex assigned at birth<sup>1</sup>, experiences processes of marginalization that permeate social, political, and institutional spheres. In Brazil, this fact is evidenced by the high rates of violence and exclusion, shown by reports provided by the National Association of Transvestites and Transsexuals (ANTRA) in the year 2025<sup>2</sup>.

In this context, the structural exclusion suffered and the absence of institutional guarantees, demands for access to healthcare became extremely important, gaining greater visibility. Even if limited and marked by pathologization, the first attempts at regulation were responses to demands for bodily intervention and specialized care. Thus, even before the existence of a structured public policy, the debate on the legitimacy of medical practices aimed at the transsexual population began to occupy space in professional normative instances, paving the way for the issuance of the first resolutions that sought to corroborate such procedures.

The path to consolidating the first public policy aimed at the transgender population was initially marked by strictly medical regulations. It began with a resolution from the Federal Council of Medicine (CFM) aimed at supporting medical action for performing genital modification surgery. This process began in 1975, and the first resolution allowing this type of surgery was only promulgated in 1997, the only instrument supporting healthcare, since there was no public policy aimed at serving the trans population. Resolution No. 1482<sup>3</sup> of 1997, from the Federal Council of Medicine (CFM), authorized:

*"[...] on an experimental basis, the performance of transgenital surgery of the neocolpovulvoplasty, neophalloplasty and/or complementary procedures on gonads [testicles in men and ovaries in women] and secondary sexual characteristics".*

In 2002, CFM Resolution No. 1652<sup>4</sup> replaced the previous one and removed the experimental nature of surgery for transsexual women, such as neocolpovulvoplasty and/or complementary procedures on gonads and secondary sexual characteristics, maintaining the experimental nature only for transsexual men. In 2008, the first specific public policy aimed at transgender people was established within the SUS (Brazilian Unified Health System), called the Transgender Process (PT), Ordinance No. 1707<sup>5</sup>, based on the CFM (Federal Council of Medicine) resolution of 2002. Its objectives included raising awareness among health service workers and users about respect for differences and human dignity. One day later, Ordinance No. 457, of August 19, 2008<sup>6</sup>, was promulgated, establishing the rules for the accreditation of units, the manager's inspection form, the guidelines for specialized care in the Transgender Process, and a list of services that could be immediately accredited, totaling four.

Subsequently, Ordinance No. 2,803/2013 expanded the Transgender Process within the SUS (Brazilian Public Health System), including the expansion of clinical and surgical procedures for transgender men and women and transvestites, namely: a) for transgender women: genital surgery, thyroplasty, and bilateral reconstructive breast

surgery including bilateral silicone breast implants; b) for transgender men: bilateral mastectomy, hysterectomy with bilateral salpingo-oophorectomy, and colpectomy, and other surgeries related to complementary surgeries for corrections of previous surgeries or complications and reconstructions of previous surgeries<sup>7</sup>. This expansion of procedures, in the current ordinance, represents the incorporation of long-standing demands from these individuals, since, for transgender women, the provision of breast implants minimizes the chronic problem of the use of industrial silicone, which causes various health problems in the short, medium, and long term, in addition to reducing the exploitation to which transgender women were subjected to undergo this procedure in private establishments.

Regarding transgender men, the surgical procedures that are now offered modify secondary sexual characteristics, such as mastectomy, which brings greater freedom to transgender men and contributes to the desire to be socially recognized as a member of their identified gender<sup>8</sup>. Despite these gains, some procedures for transgender men have retained their experimental character, such as vaginectomy and neophalloplasty with penile and testicular prosthesis implantation, clitoroplasty, and vocal cord surgery<sup>7</sup>. The document also acknowledges the need for networking, since the health needs of this population extend beyond body modification<sup>7,9</sup>. This decree establishes that Primary Care is the "priority" entry point for the Transgender Process, being responsible for coordinating care and referrals to Specialized Care units<sup>7</sup>. The care pathway, therefore, articulates different levels of care - primary, secondary (outpatient), and tertiary (hospital), ensuring that health needs are met comprehensively.

Within the tertiary care setting, corresponding to specialized hospital care, surgical interventions planned for the Transgender Process are concentrated, representing a medium level of technological and care complexity. Secondary care, also included in specialized care, specifically for outpatient settings, is a medium-complexity system, with its actions developed in specialized outpatient services<sup>10</sup>.

Currently, the regulations for the Transgender Process are published in Annex 1 of Annex XXI of Consolidation Ordinance GM/MS No. 2, of September 28, 2017, which brings together guidelines that regulate the assistance of transgender and transvestite people within the scope of the SUS (Brazilian Public Health System), as well as criteria for the accreditation of specialized services. According to the ordinance, two modalities are foreseen: Hospital and Outpatient<sup>10,11</sup>.

In the hospital setting, it encompasses actions performed in a hospital environment, including surgical procedures, consultations, and pre- and post-operative follow-up. In the outpatient setting, it includes clinical follow-up, hormone therapy, and pre- and post-surgical follow-up.

It is important to emphasize that both hospital and outpatient services must be registered in the National Registry of Health Establishments (SCNES), meeting the technical, structural, and human resource requirements



outlined in Annex A of the regulatory document. By 2023, the Secretariat of Specialized Health Care (SAES) projects a national panorama of 10 accredited hospital services and 12 accredited outpatient services. These spaces have been recognized as places of protection, expanding access for transgender people to specialized care within the SUS (Brazilian Unified Health System), improving care quality, and strengthening intersectoral actions. Each level of care mobilizes different care technologies, understood not only as equipment but also as forms of know-how that give meaning to professional practice<sup>12,13</sup>.

Created in 2022, the Identity-Transdiversity Outpatient Service of the Piquet Carneiro Polyclinic (PPC), linked to the Health Complex of the State University of Rio de Janeiro (UERJ), constitutes a specialized care outpatient clinic. It officially became a UERJ service in November 2024, by Executive Act of Administrative Decision of the Rectorate<sup>14</sup>.

Aeira appears as a member of the minimum team for specialized, hospital, and outpatient care in all ordinances issued by the Ministry of Health<sup>6,7</sup>.

Each level of care has specific care technologies. Technology here is understood as linked:

*[...] "not only to technological equipment, but also to a certain know-how, and to a process of doing, which even gives meaning to what will or will not be 'the instrumental reason for the equipment'"<sup>15</sup>.*

The nurse, as part of the secondary care team, developed a qualified care approach using a range of technologies, starting from the establishment of a relationship with the user, both to meet demands for body modifications aimed at gender affirmation, and to meet health needs, managing clinical conditions, preventing complications, and promoting health<sup>16</sup>.

Using the typology of work process technologies, the technologies under consideration in this study will be "soft-hard technologies," which materialize in structured technical knowledge, and "soft technologies," which are relational, produced, and existing technologies in action<sup>15</sup>.

As Koerich et al.<sup>16</sup> point out, "modern technology not only produces physical machines and tools but also organizes and systematizes activities".

Given the scarcity of scientific research addressing the technology-care relationship for transgender individuals, this study aims to report the experiences of nurses regarding nursing care technologies for transgender people in a secondary care outpatient clinic in Rio de Janeiro.

The relevance of this study lies in the possibility of expanding knowledge and new care technologies, considering that recent studies indicate that nurses are still unfamiliar with the subject, which compromises the uniqueness of care<sup>17</sup>, not only in specialized units of the transsexualization process, but at all levels of health care. As Domene et al.<sup>18</sup> point out, the lack of scientific production is notorious, with a scarcity of studies that provide epidemiological data and present new care technologies for the LGBT population.

## Methodology

This is an experience report regarding the technologies used to improve the quality of nursing care in a specialized outpatient clinic. The experience report is recognized as academic or professional experience and contributes to research by producing knowledge. This report combines the account itself, describing the experience, with critical and theoretical reflection, with the main objective of describing the intervention<sup>19</sup>.

This study is part of a Program to Encourage Scientific, Technical and Artistic Production (PROCIÊNCIA/Uerj), whose project is called Assistive technologies for the care of transgender people based on intersectionality, integrality and equity, of the project of the Young Scientist of Our State Program entitled The therapeutic itinerary of transgender people to meet the health demand for body modifications for gender affirmation and of the research group Training and Performance in ethical conflicts in health (FACES).

The "Identity-Transdiversity Service," the only university service of its kind in Rio de Janeiro, develops health actions aimed at providing exclusively outpatient, interdisciplinary, and specialized care to transgender, transvestite, and non-binary people. It operates within the Piquet Carneiro Polyclinic and is linked to the Medical Coordination (COOMED). Its structure involves a general head of the Service and four sections. The Identity Service, in addition to outpatient care, aims to structure qualified training for healthcare professionals to provide respectful, inclusive, and humanized care to this group, constituting a space for offering assistance, teaching, research, and outreach, beyond direct actions focused on the demands and needs of the trans population. Transgender and non-binary individuals aged 18 and older are seen at the clinic.

Users are referred from primary care, more specifically by family clinics, for specialized care, externally through the State Regulation System (SER), and internally by students enrolled at UERJ. Currently, the service monitors approximately 500 users, with 24 new users joining each month. There are many users on the SER waiting list for their first consultation.

The first contact with a professional in the outpatient clinic is made through a nursing consultation, which focuses on a holistic view of the user, explaining the service and referring them to social services and endocrinologists, as well as other professionals, based on our assessment of their health needs and demands. Regarding the nursing professional, we also offer consultations on Sexual and Reproductive Health Care and guidance on gender affirmation and genital surgeries. The organization of nursing care is based on a structured agenda for scheduling appointments in advance, the implementation of the Nursing Process, and the development of specific protocols, grounded in scientific literature and guided by the principles of comprehensiveness. The definition of health needs is based on the taxonomy proposed by Cecilio<sup>20</sup>, which groups them into four dimensions: good living conditions; access to and use of technologies aimed at improving life; affective and



effective bonds between the user and the team; and autonomy in lifestyle.

This study is part of a research project entitled "The therapeutic itinerary of transgender people to meet the health demands of gender-affirming body modifications: building knowledge," approved by the Research Ethics Committee of the State University of Rio de Janeiro, through opinion No. 7,660,891, on June 24, 2025.

## Experience Report

### Building care technologies for transgender people in secondary outpatient care

When we began our work at the outpatient clinic, we understood the urgent need for a comprehensive initial consultation that would provide us with sufficient information about the user to recognize their health needs and demands, thus enabling us to build a holistic and ethical care plan. Sometimes, we included more specific attention regarding sexual and reproductive health. Most users were referred to by the State Regulation Service, originating from primary healthcare. This initial consultation allowed us to combine our theoretical knowledge with the experience of specialized secondary care for transgender people. We also recognized the need for a formal instrument to effectively carry out this initial consultation, and a tool was developed for this purpose. It is worth noting that initial distrust, followed by expectations, was sometimes evident. The distrust stemmed from many reporting experiences of violence within the environment that should guarantee the right to health at various levels of care, while the expectation of attention and care for their needs arose after they realized that the clinic was a safe place focused on meeting their health care demands and needs.

As the consultations progressed, the need for some specific services became apparent, requiring different approaches and new care technologies, mainly in relation to: 1- sexual and reproductive health, which includes HIV and other sexually transmitted infection (STI) prevention, sexuality, sexual practices, safe use of transgender technologies, screening and early detection of cancers, and guidance on human reproduction; 2- guidance for gender affirmation surgeries. It was then that new, specific consultations were incorporated.

But what seems to qualify our care, beyond care technologies, is the soft technology that is welcoming, where sensitive, attentive, and careful listening offers the indispensable security for establishing trust and, from there, the exchange of knowledge that transforms care into something unique, singular, and ethical. In other words, the incorporation of new soft or hard technologies is only qualified when soft technology is also included, transforming the mechanics of care into human and ethical care.

To present the care technologies, for didactic purposes only, we have divided the presentation of activities into soft-hard care technologies and soft care technologies. Soft-hard technologies refer to the construction of nursing consultations developed by specialist nurses in each area. These consultations were based on public regulations and complied with the legal and ethical standards of the

profession. It is important to emphasize that there is a constant effort to improve these technologies to offer unique, qualified, and ethical care. Soft technologies refer to the intersection of all activities developed by nurses or, in other words, to the technological basis of nurses' care, which is welcoming.

## Discussion

### Nursing care technologies

#### Soft and semi-hard technologies - building structured technical knowledge every day

##### Technology for holistic healthcare

This technology involves an initial nursing consultation at the Identity Services.

Specialized outpatient care represents a space for mediation between care needs and social protection, in which the nurse acts as a facilitator of the individual's adaptation process to changes in their life circumstances and health status, ensuring ethical, individualized and coordinated care within a multidisciplinary team, developed in accordance with the guidelines of the Unified Health System (SUS) and the Ordinance that regulates outpatient care in the country<sup>7</sup>. In the field of assistive technologies, the Nursing Consultation stands out, guaranteed by Law No. 7,498/86 and regulated by Cofen Resolution No. 358/2009<sup>21</sup>. The initial consultation provides an opportunity to establish a bond through welcoming, assessment, and clinical follow-up. Since users are referred to us, they typically already have specific needs, mainly related to body modifications, and often are already using certain technologies. Some already use hormones regularly or irregularly, not necessarily prescribed by doctors, and also use alternative technologies, often without the necessary guidance.

Hormone therapy, although provided for in Ordinance No. 2,803/2013, is not yet available free of charge through the SUS (Brazilian Public Health System)<sup>7</sup>. The urge for body modification often leads to self-hormonization<sup>22</sup>, a practice that can cause significant harm and requires multidisciplinary monitoring. In general, trans women use estrogen-based medications, which promote redistribution of body fat and voice modulation, but can cause thrombotic, hepatic, and bone alterations. Trans men use testosterone, which favors muscle mass gain, voice deepening, and suppression of menstruation, also associated with circulatory and hepatic risks.

Among other technologies used, body accessories stand out, mainly used by transgender men, such as binders, minoxidil, and packers. The binder (a chest compression band) reduces breast volume, giving a flatter appearance; minoxidil, a topical vasodilator, stimulates facial hair growth; and the packer, a portable penile prosthesis, adds volume to the genital area, allowing urination while standing and promoting well-being during sexual relations. Despite their accessibility, the improper use of these resources can cause health problems, requiring professional guidance.

In addition, there are gender affirmation surgeries, which can involve external genitalia or secondary sexual characteristics. However, all these technologies require care technology, with guidance and qualified service, to promote



health and prevent health problems caused by use without guidance.

The care technology used in comprehensive health consultations seeks to recognize health demands and needs, provide qualified care with guidance and referrals, and formally present the clinic to promote health and prevent health problems caused by a lack of knowledge or distorted information.

To systematize the consultation, a structured script is used, built from a broad literature review, that could encompass as much information as possible, for the construction of nursing actions.

This approach is also anchored in Roy's Adaptation Theory, where its application supports practice, allowing for the recognition of the person in their biopsychosocial and intersectional complexity, where social markers of difference are recognized, as well as their intersections in life. The theory provides support for understanding the individual as an open system interacting with the environment, integrating biological, psychological, and social dimensions<sup>23,24</sup>.

This framework supports the assessment, planning, and implementation of nursing care by articulating biomedical needs and social determinants of health, promoting a comprehensive practice sensitive to the unique characteristics of the trans population.

The script has 4 modes, namely: 1- Role function - which includes sociodemographic data, namely: name, registration number, address, date of service, gender identity(ies), pronouns used, self-declaration of race/color, education level, current occupation, average income/receives benefits, affective relationship, has any disability, main reason for seeking service; 2- Interdependence - which includes data regarding the support network, such as: came with a companion, lives with whom, support network, attends any health service (family clinic or private) for health monitoring; 3- Self-concept, which deals with the person's relationship with their body, modifications and use of technologies, with questions about the gender transition process, situations of violence for being a trans person, belief, spiritual practice or philosophy of life, history of body modification (affirmative technologies/procedures/hormones), sexual and reproductive history; 4- Physiological, relating to health needs with the collection of information regarding past medical history and lifestyle habits, medications in use (hormones and medications in general), surgical history, people with a uterus (contraceptive methods? menstrual cycle? obstetric history? preventive examination?), sexually transmitted infection (STI), vaccination schedule and physical examination.

This tool is accessible to all members of the nursing team, and the information is also available in the patient's medical record. Throughout the consultation, information regarding hormone therapy and clinical follow-up, the use of technologies and their specific care, procedures for body modification surgeries, STI prevention and PrEP/PEP use, preventive examinations and general health care, among

other necessary topics, is exchanged, establishing a relationship of trust, which is recognized as welcoming.

According to the Ministry of Health's definition, "welcoming" means recognizing what the other person brings as a legitimate and unique health need<sup>25</sup>. This, in turn, should be based on conversation and interaction between service units and the population, aiming to create bonds of trust and commitment between the entities involved in the process. Establishing this bond is not an easy task, given the understanding of all the transphobia often experienced by these users in health units. As Rocon et al.<sup>26</sup> point out, it is the cultural limitation to the understanding of cisgender non-binary identity. The lack of training and institutional transphobia in the health system affect both access to care and the quality of this care within health units.

Vocational training is still in its early stages, remaining within cisheteronormativity and the invisibility of people outside the norm<sup>27</sup>.

Transphobia leads to negligence, which can be recognized as a difficulty in accessing primary care, since care that does not affirm gender is avoided, and for those who do seek it, specific tests are not provided, causing discomfort and suffering<sup>28</sup>.

#### **Technology for care focused on sexual health**

Prevention of HIV and other sexually transmitted infections (STIs) is a central focus of care for transgender people - including transsexuals, transvestites, and other gender identities - due to the high epidemiological burden of these conditions and their multiple impacts on this population. Epidemiological evidence indicates that transgender people, especially trans women and transvestites, are among the groups most affected by the HIV epidemic worldwide<sup>29</sup>.

From a global perspective, transgender people – especially transgender women – exhibit one of the most striking epidemiological inequalities in the field of HIV. Estimates indicate that transgender women may be approximately 49 times more likely to be living with HIV compared to the general adult population, highlighting the magnitude of this group's epidemiological vulnerability. Recent updates in the international literature reinforce this disparity by demonstrating that transgender women may be up to 66 times more likely to be infected with HIV compared to the general population, while transgender men have a risk approximately seven times higher, reflecting the interaction between social determinants, stigma, discrimination, and barriers to accessing prevention and care services<sup>30</sup>.

In Brazil, a multicenter investigation conducted between 2019 and 2021 in five capital cities, as part of the TransOdara study, revealed a high burden of sexually transmitted infections among transgender women and transvestites, including significant prevalences of HIV and other STIs, such as syphilis and viral hepatitis. The findings point to a scenario of significant epidemiological vulnerability in this population group, showing significantly higher levels of exposure than those observed in the general population and constituting a relevant public health problem<sup>31</sup>.



In this context, care strategies capable of articulating expanded access, welcoming practices, and evidence-based preventive interventions become fundamental to reducing health inequalities and promoting greater equity in care.

HIV/AIDS and STI counseling is one of these central strategies and should be integrated into public health policies and the professional practice of nursing. According to the guidelines of the Ministry of Health, counseling should encompass behavioral, biomedical, and structural interventions, encouraging the consistent use of condoms and lubricants, periodic testing, and access to post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP) for HIV, forming part of the set of actions known as Combined Prevention<sup>32</sup>.

In the healthcare setting, health counseling is not limited to the transmission of information but constitutes a relational and educational process that fosters critical reflection on vulnerabilities, self-care practices, and protection strategies. For historically marginalized populations, such as transgender people, this process takes on special relevance, as it can contribute to reducing symbolic and institutional barriers that have historically distanced these individuals from health services. In this sense, the construction of care environments free from discrimination, which recognize and respect gender identities, has been identified as an essential element to increase the demand for preventive services and strengthen the bond with health teams<sup>32</sup>.

These guidelines are implemented through nursing consultations, as a care technology related to sexual health, where individualized counseling is incorporated as a structuring component of care. In this care setting, actions are developed aimed at promoting health and preventing illness, including the provision of rapid testing for HIV, syphilis, and viral hepatitis. The care is based on qualified listening, recognition of the autonomy of individuals, and respect for gender identities, ensuring a welcoming and discrimination-free care environment, as advocated by national health policies aimed at the LGBT population<sup>33</sup>.

By combining support, health education, clinical assessment, and timely access to testing, the service contributes to strengthening the bond between users and the healthcare team, a fundamental element for continuity of care. The existence of culturally sensitive care spaces promotes greater access to services, encourages regular testing, and enables early intervention in situations of risk or positive diagnosis. In this way, counseling becomes a fundamental tool for increasing the autonomy of transgender people in managing their sexual and reproductive health, as well as for reducing historically produced inequalities in access to care.

In this sense, beyond being a care strategy, counseling can be understood as a structuring resource in the production of health care, especially in the field of relational care technologies. It is a practice that mobilizes technical knowledge, communication skills, and the building of bonds to produce care, promote prevention, and expand access to services.

By integrating educational practices, active listening, and evidence-based preventive interventions, counseling is configured as a strategic technology in nursing care, capable of strengthening comprehensive care for transgender people, expanding access to combined prevention strategies, and contributing to the reduction of health inequalities that mark the experience of this population. By fostering the creation of safe and respectful spaces, counseling promotes connection through welcoming the individual and, in this way, expands access to combined prevention strategies, encourages regular testing, and strengthens individuals' autonomy in managing their sexual health.

### **Technology for care focused on sexual and reproductive health**

In addition to these approaches, nursing provides consultations in sexual and reproductive health, addressing sexuality, sexual practices, self-awareness and body self-care; safe use of transtechnologies; adherence to preventive measures for diseases such as STIs/HIV and vaccination; screening and early detection of cancers (cervical, prostate, breast and neovaginal tissue, according to the surgical technique used); and guidance on human reproduction, considering both the desire to conceive and the use of contraceptive methods. These care practices follow the protocols of the Ministry of Health and Law No. 7,498/86, which regulates the professional practice of nursing. Despite advances in public policies and the establishment of a care network, many barriers to accessing the healthcare system remain, caused, among other things, by the cisheteronormative view of public policies and professionals, and by a lack of training for professionals to provide qualified care based on the use of technology. This view excludes from sexual and reproductive health rights those who do not conform to the woman-vagina-feminine or man-penis-masculine logic<sup>34</sup>.

This leads to low demand for specific services, due to fear of transphobia and inadequate care. Therefore, there is a need to welcome and build a relationship with this user so that they can recognize the consultation space as a place of care, attention, and a guarantee of their right to health.

Gender policies are policies whose foundations, principles, and guidelines are based on gender concepts. In Brazil, the main ones we can list in the health field are the National Policy for Comprehensive Men's Health Care (PNAISH) and the National Policy for Comprehensive Women's Health Care (PNAISM).

Based on public health policies such as PNAISH<sup>35</sup> and PNAISM<sup>36</sup>, the close relationship with health determinants is noticeable. In this sense, gender policies are conceptually limiting, since they do not fully protect the population; they should infer<sup>36</sup>, failing to associate markers of gender identity, sexual orientation, race/ color, among others, reinforcing the structuring of the biological sex marker. Given this, recognizing the unique needs of these individuals is a complex process that requires not only technical expertise but also a human perspective towards the other person.



## **Technologies for the care of gender-affirming genital surgeries**

Decree No. 2803 of 2013 expanded the surgical procedures that were, compared to previous decrees, both in terms of their number and in terms of the expansion of some procedures for transgender men, which are: a) for transgender women: genital organ surgery, thyroplasty and bilateral reconstructive breast surgery including bilateral silicone breast implants; b) for transgender men: bilateral mastectomy, hysterectomy with bilateral salpingo-oophorectomy and colpectomy and other surgeries related to complementary surgeries for corrections of previous surgeries or complications and reconstructions of previous surgeries<sup>7</sup>.

Not all gender-affirming genital surgeries are desired by all transgender people. Some only desire surgeries for secondary sexual characteristics, such as breast augmentation. The expectation of undergoing gender-affirming genital surgeries is related to the functionality and aesthetics of the genitals - neophallus and neovagina - as well as to sexual life and social acceptance<sup>37</sup>.

Thus, gender affirmation surgeries, both external genitalia and secondary sexual characteristics, constitute another dimension of nursing care, with follow-up in the perioperative period. In these situations, the nurse acts in guiding the types of surgeries, in preoperative preparation, including not only the physical dimension, but also the organization of care and the support network for the postoperative period, risks and strategies for preventing complications, and monitoring of perioperative care. All these technologies (care-related, bodily, or pharmacological) require qualified care and continuous follow-up to promote health, prevent complications, and strengthen comprehensive care for transgender people.

Regardless of the desire for body modification, in general any type of intervention on the body generates fear and insecurity, which can be minimized with clarification and information. In this way, health education and respect for others, from a unique and singular perspective, based on the comprehensiveness of health care, guarantee the quality of care for transgender people in the pre-, intra-, and post-operative periods.

### **The intersection between soft and hard technologies: welcoming as a soft technology**

Specialized outpatient care has been recognized as a more welcoming system that allows professionals greater contact with specific realities and needs, enabling them to develop care technologies based on the unique health demands and needs of individuals<sup>7</sup>.

In all presentations regarding soft-hard technologies, acceptance appears as preceding the technology itself. The success of soft-hard technology stems from the use of soft technology, in this case, acceptance.

Welcoming is the humanization of the relationship between professional and user<sup>16</sup>. This approach is person-centered, identifying demands and needs through sensitive, respectful, and humanized listening, which takes place during general nursing consultations and specialist

consultations. At this time, the demands and expectations presented are welcomed, offering general and specific care according to the identified health needs, with a view to preventing complications and promoting self-care.

Waldow<sup>38</sup> emphasizes that care is

*"[...] an existential, relational, and contextual phenomenon. Existential because it is part of being and, to reiterate, is what differentiates a being as a 'human' being, endowed with rationality, cognition, intuition, and spirituality, therefore, with sensitivity and feelings. Relational because it occurs, and only occurs, in relation to the other, in coexistence with other beings, in conviviality. And contextual because it assumes variations, intensities, and differences in its ways and expressions of care according to the environment, the context in which it presents itself at each moment".*

In this sense, the technology of caregiving meets these premises, since it allows the recognition of the other in their singularity and truth. It is from feeling welcomed that the other recognizes themselves in a safe place, where all their insecurities, physical, social, and demographic issues can be addressed without the other judging or comparing them. The encounter becomes a place of care, which, in addition to being a technical-scientific activity, is also a moral activity<sup>39</sup>, since the way professionals perform their care has moral implications that can qualify or disqualify it, generating a lack of guarantee of the right to health for people and, more specifically, for transgender people. It is the place to guarantee that the other, based on information and possibilities, can consciously decide and govern their life. Welcoming is configured as a soft technology of care, which mobilizes technical knowledge, communication skills, and relationships of trust to produce comprehensive care, reduce vulnerabilities, and qualify the response of health services to the needs of transgender people<sup>40</sup>.

### **Final Considerations**

This study aimed to present the experience of nurses in using care technologies in a secondary care outpatient clinic focused on transgender, transvestite, and non-binary individuals. The soft technology - welcoming - proves to be fundamental and foundational to the care process for this group. Due to previous experiences of exclusion, denial of rights, and transphobia, these individuals often do not seek healthcare. Welcoming enables the establishment of the safety and trust that users need to establish a bond with the nursing professional. From this established bond, the soft-hard technology - nursing consultation - allows for the recognition of health demands and needs, seeking to acknowledge the uniqueness of this user and improve the quality of nursing care. Therefore, the use of various care technologies allows for the combination of humanity, uniqueness, and scientific knowledge in pursuit of excellent and ethical care.

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