Appendix C. Coding tree for *Lived experiences of transgender and nonbinary people in the perioperative context*

Theme	Subthemes	Codes
Justifying the need for healthcare in the face of structural discrimination	Navigating information	Provincial requirements different that WPATH, difficult to find/lack of consistency in information, do own work to find info, bureaucracy, MSI confused about process, lack of clarity around steps
	Need to educate HCPs	Trans experts on own care/body, lack of training
	Financial	Limits on provider/location of surgery, surgery seen as "elective," paying for related costs (letters, forms, other procedures), wait times outlast funding
	Binary systems	Trans men/nonbinary people in "women's" spaces, gender marker in health records, barriers to changing gender markers, gender expression not "matching" reproductive organs, use of binary pronouns/genders/sex, mismatch between gender markers on records
	Wait times	Finding HCP, getting letters of approval, no providers in province, waiting for coverage, waiting for referrals
Fear and previous traumatic experiences	Fear	Based on previous experiences, stories of others' experiences, anticipation of negative experience
	Decision-making	Fear of being denied care, afraid to ask questions or counteract HCPs decisions, feeling bullied into specific care
	Negative feelings/emotions	Vulnerability, impersonal, dehumanizing, "test subject," "conveyor belt," anxiety, disappointment/resignation with doctor, feeling triggered
Community as a source of support and information	Other patients	Built friendships during recovery, "going through the same thing," learning about process/asking questions, community built at hospital pre-/post- surgery

	Community resources	Online narratives (videos, social media), photos of results, local sexual health centre
	Self	Confidence, advocacy, happy with results
Impact of interactions with HCPs	Negative	Ridicule, ignore patient (e.g., unreturned phone calls), misgendering, "don't have the interest or confidence" in learning about GAC, lost referrals, HCP in a rush, limited interaction before surgery, fixation on trans identity, gatekeeping
	Positive	Excitement on part of HCP, transparent communication, willingness to learn, acknowledgement of gender/experience, feeling safe, use of gender-neutral language, having voice in own care, HCPs as advocates, better care by HCP with WPATH training