

FROM THE GUT: Queer Insights into Gastrointestinal Health



Did you know that colorectal cancer is one of the most preventable, yet least prevented, cancers and highly curable if caught early? Disclosing that you're experiencing signs and symptoms, including changes in bowel habits and abdominal pain, can be the first step to getting the care you need. Getting on-time screening can be the difference between life and death.

For queer people, health challenges can be compounded by social stigma, discrimination, and violence, often resulting in delayed preventive health screenings.¹ This guide is designed to help you navigate conversations confidently, ensuring your health-care needs are met with respect and understanding.

Among the LGBTQ+ community:

- **50% experience health-care discrimination.**
- **85% do not trust their insurance plan.**
- **63% do not feel respected by providers.**
- **50% avoided, delayed, or skipped an exam in the last 12 months.**
- **10% are uninsured, compared to 7% of straight patients.**

These experiences lead to care avoidance, resulting in higher rates of emergency room visits, chronic conditions, mental health disorders, and suicide. **This health crisis is not only costing millions of dollars annually—it's costing lives.**² We're committed to changing this narrative by empowering you with knowledge and tools for early detection and treatment.

★ ★ ★ ★ ★ Tips from Queer Patients ★ ★ ★ ★ ★

- **Find Queer-Friendly Providers:** Use resources such as the Gay and Lesbian Medical Association's Healthcare Provider Directory to find health professionals who are knowledgeable and welcoming toward LGBTQ+ patients.
- **Advocate for Inclusive Care:** Bring a trusted friend to your appointments for support, and don't hesitate to voice your needs and concerns. You deserve respectful and competent care.
- **Educate Your Providers:** Providing educational materials to your health-care provider can enhance their knowledge of health issues specific to the LGBTQ+ community. However, educating your provider should not replace receiving competent care. If you face persistent ignorance or bias, seek an alternative provider who is more knowledgeable and respectful of your needs.
- **Consider Your Needs:** While we shouldn't have to, it's important to be aware of ways that doctors can be unaware of specific needs of LGBTQ+ patients, or harbor conscious or unconscious bias that can lead to incorrect health-care decisions. When doctors know patients are educated on these topics, care often improves.

“Once you've found a provider you trust, being honest is a must (that rhymes!). I love it when patients tell me exactly when they've had sex: What happened? Did they bleed? Did it hurt? This stuff doesn't come out of nowhere.”

—Carmen Fong, MD, FACS

Open and honest communication with your health-care provider is vital, particularly when discussing serious health conditions like colorectal cancer. Prepare thoroughly and speak confidently. If you feel your cares or concerns are being dismissed, find another health-care provider.

I'm nervous to ask, but...

Does frequent enema use or anal douching increase the risk of gastrointestinal (GI) conditions like hemorrhoids or anal fissures?

Yes, either can. Anal fissures (small tears in the lining of the anus) can happen if you use the device incorrectly, causing small cuts and injuries. While enemas and douching don't cause hemorrhoids, they can make them worse by irritating the tissues. Bleeding occurs in about 1 out of 10 men who have sex with men (MSM) who do anal douching.

Are there long-term GI effects associated with regular anal sex, and how can they be mitigated?

The major long-term effects are more related to anal douching rather than anal sex. Using a lot of water for douching can make the colon and rectum contract, similar to a "colonic." Over time, this might cause the colon to lose its ability to contract properly. High-volume douching can also strip away the lining inside the colon and change the balance of bacteria in the gut, leading to GI issues.

How does human papillomavirus (HPV) infection affect the risk of colorectal and throat cancer, and what screening is recommended for prevention?

HPV can increase the risk of certain cancers, but it does not cause colorectal cancer. It can lead to anal cancer and oropharyngeal cancer (cancer in the throat). Most sexually active people will get HPV, but usually, it goes away on its own and doesn't cause cancer. However, some types of HPV are more likely to cause cancer. The Gardasil® vaccine can protect against these high-risk types and may help prevent or reduce anal warts.

Are there lubricant ingredients that should be avoided to maintain healthy GI function?

Avoid lubricants with glycerin, which can cause irritation and possible yeast infections. Also, steer clear of those with parabens and certain chemicals that can disrupt the natural balance of bacteria. Opt for water-based or silicone-based lubricants without glycerine and parabens.

How does antiretroviral therapy (ART) impact the GI system, and what precautions should be taken?

ART can cause diarrhea or constipation and may lead to liver and pancreatic issues. To manage these effects, limit alcohol intake, eat a healthy diet with plenty of fiber, and stay hydrated. There are also newer medications that can help with ART-induced diarrhea.

Can drugs used for pre-exposure prophylaxis (PrEP) affect the GI system?

Almost all drugs have side effects of diarrhea and constipation, and PrEP is no different. The most common side effects are gastrointestinal, such as diarrhea, vomiting, and nausea.

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You are not alone. Whether you're looking for community or educational materials, we're here.

SCAN HERE
for the LGBTQ+
Healthcare Directory



SCAN HERE
to connect with the
Fight CRC community



SCAN HERE
for free patient
resources



Your voice is powerful—join us in raising awareness and advocating for more inclusive health care. Participate in community screenings, share your story, and help ensure no one faces this fight alone. Together, we can push for advancements in research and improve care for all.

1. <https://www.stkate.edu/academics/healthcare-degrees/lgbtq-health-discrimination>

2. D'Angelo AB, Zohra F, Westmoreland DA, Grov C. Changes in Health Insurance During COVID-19 Among a U.S. National Cohort of Cisgender Gay and Bisexual Men and Transgender Individuals. *Ann LGBTQ Public Popul Health*. 2023 Sep;4(3):232-250. doi: 10.1891/lgbtq-2022-0001. PMID: 38106648; PMCID: PMC10720735.

Medically reviewed by Carmen Fong, MD, FACS