

Frequently asked questions

Q. Is this procedure common/typically successful in helping those with gender dysphoria?

A. Yes. For qualified candidates who want it, gender affirmation surgery has shown to be highly effective. Vaginoplasty is the most common procedure utilized to treat gender dysphoria among trans feminine patients – **over 3,000 vaginoplasties** are performed each year in the world.

Q. **How** do I make sure hair removal before surgery is **permanent** and **how long** does this take? Can this be done after the vaginoplasty?

A. To make sure necessary hair is removed and will not grow back, hair removal can be done via **laser** hair removal (uses heat and light) or **electrolysis** (uses electricity). Plan accordingly as completion of hair removal may take **longer than 1 year** and should be finished at least **4 weeks** before your vaginoplasty. Hair inside the vaginal cavity (**inside** your body) **cannot** be removed after your vaginoplasty.

Q. How often do I perform dilation?

A. Dilations should be performed as soon as vaginal packing is removed (5-7 days after vaginoplasty). You then continue to dilate **3 times a day for 3 months**. For the **next 6 months**, dilations are recommended **2 times a day**. You should then perform ongoing dilations **every day**. Consistency is important to prevent narrowing of the vaginal canal. Dilation is a lifelong necessity, and sex is not a substitute for dilation.

Q: What are the risks of surgery?

A. There is a small risk of bleeding and infection from the operation, as with any procedure. Specific risks for vaginoplasty **include wound separation, vaginal stenosis (vaginal canal narrowing), hematoma (significant bruising), and rectovaginal fistula (atypical connection between rectum and anus)**.

Notes

Mass General Brigham

www.massgeneralbrigham.org

Department of Urology

www.brighamandwomens.org/surgery/urology

Brigham Center for Transgender Health

www.brighamandwomens.org/transgender-health



Vaginoplasty

What is a vaginoplasty?

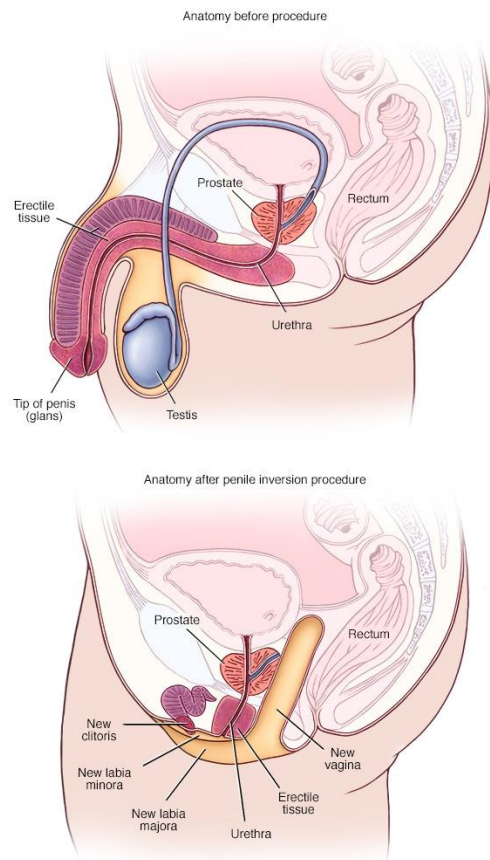
Gender dysphoria is common (affecting about 44 million people in the world). Gender affirming surgery can alleviate gender dysphoria.

A **vaginoplasty** is a reconstructive surgery performed to **create a vulva** (external genitals) and **vagina from your own body tissue** (from the penis and scrotum). The vulva consists of the labia, clitoris, and urethral opening. The goal is to meet each patient's appearance desires and functional needs.

Skin can also be used from the hip, abdomen, or lower thigh. Speak with your surgeon to determine the best technique for you.

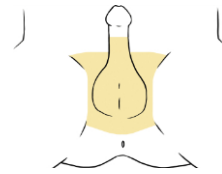
Orchiectomy (removal of testes) can be performed prior to or during vaginoplasty.

It is important to understand that a vaginoplasty is **not reversible**.



Preparing for surgery

- You will be scheduled for a **pre-operative appointment before** your surgery to determine if you are a surgical candidate for the procedure and to clear you for anesthesia.
- You must meet the **World Professional Association for Transgender Health (WPATH)** guidelines and **WPATH support letters** must be obtained before booking your procedure.
- You must demonstrate you can safely proceed with surgery and recovery, both physically and psychologically.
- Before surgery, you need to have the **hair permanently removed** in the following areas: **scrotum, under the penis base, between thigh creases, and perineum** (area between scrotum and anus).



- Follow provider instructions regarding medications (such as blood-thinners) and **hormonal medications** like progesterone and estrogen, before and after surgery.
- One day before surgery, you will clear your bowels via a **mechanical bowel prep**.
- After midnight on the night before surgery, you may not eat any solid foods**, including candy, chewing gum, cough drops or mints.

What to expect

- Vaginoplasty usually takes **5-7 hours**. You will be put under anesthesia, which means you will be deeply asleep and will not feel anything during the procedure.
- The operation is performed through incisions in the perineum.
- Once the procedure is over, you will be brought to the **PACU (Post-Anesthesia Care Unit)** to allow the anesthetic to wear off. You will then be moved to an inpatient hospital room.
- Plan for support during recovery in the weeks following surgery.**

After your procedure

- You will be admitted for typically a 5-day hospital stay.
- You will have a **catheter** (to drain urine), **drains** (to remove excess blood/fluid from your body), a **vaginal stent (packing)**, and other surgical dressings. These will be removed **5-7 days** after surgery.
- Once vaginal packing is removed, you will be instructed on **how to perform dilation**. It is important for the dilator to be clean and to avoid contact with the anal area. You should cleanse the vaginal region following every dilation.
- You will be on bed rest until **day 5** after surgery. Bed exercises are recommended during this time to help with swelling and circulation. You should avoid strenuous activity and heavy lifting for **6 weeks** after surgery.
- Increase fluid intake and eat fiber-filled foods after surgery. This will help to avoid straining during a bowel movement.
- You should plan to be out of work for at least **6 weeks** following surgery. Your ability to return to work after surgery depends on your work requirements.
- Follow the instructions of your medical team for **restarting supplements** such as estrogen.
- You should **refrain** from vaginal and anal **sex** for **3 months** to allow for proper healing and recovery.

Post procedure symptoms

These symptoms are **normal for 3-4 weeks** after your procedure:

- Swelling/bruising; try ice packs and tight-fitting underwear to minimize the swelling
- Constipation/bloating
- Small amounts of drainage
- Unsteady urine stream

These symptoms are **abnormal**—please call the Urology clinic if you have any of the following symptoms:

- Sudden increase in swelling, redness and/or pain
- Changes in your urine output, color, or odor (or foul odor from vagina)
- Increasing blood or clots in your urine (dark red clots the size of a quarter or larger)
- Fever above 101° F and/or chills
- Excessive draining and/or bleeding from incision