DISTRICT PLASTIC SURGERY
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Vaginoplasty

Overview

While there are several techniques for surgery, the most common by far is the penile inversion technique. The goals of surgery are to create as natural of a vaginal appearance with excellent functionality including the ability to have intercourse and orgasm with the least scarring possible. In this technique, a space is created in the perineum (between the legs) and the penile skin is turned inside out to line the vaginal cavity. This skin does not secrete lubrication and you would need to use lubrication for intercourse and dilation. Often times the vaginal pocket is supplemented with a skin graft taken from the scrotum. The skin graft is thinned while removing and burning the hair follicles to decrease the chance of hair growth inside the vagina. I do not require hair removal prior to surgery for this reason. A new clitoris with nerve sensation is created from the glans penis. The urethra is shortened and used as the lining between the labia minora. Final depth and width is dependent on an individual patients anatomy and compliance with lifelong dilation. Sometimes a second outpatient procedure is needed several months later for cosmetic "touch ups". It is important to recognize that this is a complex surgery and there are limitations as to what is possible with surgery in regard to appearance, depth, and scarring.

Risks of surgery

All surgeries have risks and vaginoplasty is no different. Some are minor, some are major, and it is possible (although rare) to require more surgery to manage a complication. The risks of surgery are:

1. Bleeding – some oozing is normal after surgery, but if there is significant blood loss, a blood transfusion may be needed
2. Infection – may require antibiotics
3. Pain – some pain after surgery is expected and treated with medications, this pain can sometimes last for months and in rare cases, years
4. Inability to orgasm/clitoral loss – the new clitoris has nerves and blood vessels attached and you will have to relearn how to orgasm as the anatomy is different
5. Urinary dripping/incontinence – your urine stream will change and is much shorter after surgery
6. Urethral/rectal injury – when the space is being created for the vagina, the urethra (which caries urine) and the rectum (which carries stool) are close to the surgical area. Injury to the urethra or rectum can develop both immediately or delayed after surgery. Urethral and rectal fistulas may require more surgery to repair
7. Need for reoperative surgery/revision

8. Scarring/poor cosmesis – there will be some scars since there is no way to perform surgery without incisions, the appearance of your scars will depend on your genetic disposition for scarring/healing
9. Inadequate depth/width/shrinking of the space – dilation is critical to maximize space and prevent closure of the vagina. Your bone and muscle anatomy dictate how deep and wide your vagina ultimately is. It is important to have realistic expectations. A cis-female vagina is generally 4-4.5 inches deep, we aim for 6-7 inches deep and will maximize the depth that your anatomy allows.

Before surgery

Prior to surgery the anesthesiologist will call you from the hospital to go over your history and we will order bloodwork. You need to stop smoking cigarettes or using any nicotine products for 4 weeks prior to surgery (not stopping nicotine will significantly increase your complications). You also need to:

1. Stop all of your hormones 2 weeks prior to surgery to minimize the chance of blood clots (estrogen increases the risk for blood clots during and after surgery) You can restart your hormones when you are consistently up and walking. You do not need to restart spironolactone after surgery.
2. The day prior to surgery, you will be on a clear liquid diet and would need to drink 1 bottle of magnesium citrate (over the counter) – the morning prior to the day of surgery to clear out your intestines.
3. You need to buy your dilators prior to surgery – we recommend the Soul Source dilators – please purchase both the petite set and large set. https://www.soulsource.com/collections/grs-vaginal-dilators

Day of surgery

On the day of surgery, please come in at least 2 hours before your scheduled surgical time. You will be registered and taken up to the preoperative area. A nurse will help you get changed and the anesthesiologists will place an epidural catheter in your back. This is to decrease post-op pain and numb your genital area. It is common to have either unilateral or bilateral leg numbness and weakness in your legs while this is in. I will see you in the preoperative area to go over any last minute questions/get consent forms signed/etc.

You will then be taken back to the surgical room and put to sleep. Surgery will take 3-4 hours. You will then spend about 2 hours in the recovery room prior to be taken up to your hospital room.

Hospital stay

Each patient is slightly different, but our general protocol is to remove the epidural catheter 48 hours after being placed. Once the numbness wears off and you are walking around, we remove the catheter in your bladder the day of discharge. Once you are able to urinate on your own, you are

cleared for discharged. If your urethra seemed thin in surgery, if there is a urethral injury or if you have problems/inability voiding after surgery, you may be sent home with the catheter and this will be removed in the office at one of your follow up appointments

Post surgery

We will have you come in for a follow up appointment the first Monday after surgery. We will remove your vaginal packing and begin dilation (you need to bring your dilators into the office). You are cleared to shower, no bathes/swimming/submersion in water. Oozing/bleeding is very expected after surgery and will need to use feminine pads for 2 to 6 weeks after surgery. Oozing/bleeding can become worse with dilation, this is expected.

Dilation

You MUST dilate 3 times per day for 15-30 min for the first 3 months. You can move up the dilators relatively quickly. Often times, patients benefit from using two different size dilators each dilation session. After your three month post-op, you can decrease dilation frequency to 2-3 times a week (for life). There is no such thing as too much dilation! You can have vaginal sex 3 months after surgery, however sex is not a substitute for dilation.

If you need a revision, this can be done anytime after 3 months from your surgical date, although in some cases we may wait a minimum of 6 months depending on the issue.

For Medical Questions, Please contact:

- Katie Leemaster PA-C at katie@districtps.com or Dr. Praful Ramineni at doc@districtps.com
- (202) 742-3999, Monday - Friday, 8 a.m. - 5 p.m.

Please Email Jackie at jackie@districtps.com to set up your post op appointment for Monday/ Thursday _____ (please give preference of morning or afternoon post op appointment).