

Vaginoplasty

Vaginoplasty is a gender-affirming, feminizing, lower surgery to create a vagina and vulva (including mons, labia, clitoris, and urethral opening) and remove the penis*, scrotal sac* and testes*.

What is the procedure for vaginoplasty?

1. The scrotum* and testes* are removed.
2. The glans* is made into a clitoris.
3. Space for the vagina is dissected between the bladder and the rectum.
4. Skin from the shaft of the penis* is inverted to create the inner walls of your vagina.
5. Extra skin may be taken from the scrotum* to line your vagina. The hair roots on the skin graft will be cauterized.
6. The urethra is shortened.
7. Vulva are created using scrotal and urethral tissue.
8. A temporary urinary catheter is inserted into the bladder.
9. A temporary prosthesis/stent is inserted in the vagina.

Do I need to have hair removal before vaginoplasty?

Denver Health does not require hair removal but it is highly suggested that you do. Ask your transgender care navigator about how to get hair removal at Denver Health or in the community.

Do I need to stop taking hormones before vaginoplasty?

Your surgeon will discuss this with you at your pre-visit.

How long will my hospital stay be?

You will be admitted to the hospital for 3 days following your surgery.

What medications will I be prescribed after surgery?

You will likely receive painkillers and antibiotics to prevent infection. Your surgeon will provide you with a list of medications to avoid for the first month. Do not resume taking hormones until your surgeon has advised you to do so.

What should I expect during the healing process?

- Bleeding during the first 48 hours following surgery
- Itchiness and small shooting electrical sensations as nerve endings heal
- Bruising can spread from your belly to your thighs and takes 3-4 weeks to settle down
- A bit of spraying when you urinate which usually improves over time
- Swelling of your labia which can take up to 6 weeks to resolve
- Brown/yellow vaginal discharge for the first 6-8 weeks
- Your vulva will approach its final appearance at 4 months
- Numbness that will improve over the first few months, and can take up to 18 months to resolve
- Red, dark pink or purple scars that take up to one year to fade

What will my post-operative routine look like?

A urinary catheter will be in place for the first five days after surgery to allow you to pass urine while your urethra heals. Sometimes people still aren't able to urinate when the catheter comes out, due to swelling around the urethra. This situation can easily be resolved with a second catheter that will remain in place for a week and be removed by your physician when you go home. You'll be encouraged to drink lots of fluids to prevent urinary tract infections.

A prosthesis/stent will be placed in your vagina during surgery and will remain there for 5 days to make sure the skin grafts stay in place. When it's removed, you will begin dilating and douching.

A vaginal douche is a process of rinsing the vagina by forcing water or another solution into the vagina to flush away vaginal discharge or other contents.

You will be given a set of vaginal dilators of different sizes. You'll use them to maintain vaginal depth and width and promote healing. Initially, you'll dilate several times a day and over the first year the amount of time spent dilating will be gradually reduced. After you have completely healed, you will only need to dilate about once a week. The frequency depends on how much penetrative sex you have.

For the first two months after surgery, you will take sitz baths. A sitz bath is a way to soak your surgical site to keep it clean

You'll want to wear thin maxi pads for about one month to manage post-operative bleeding and discharge.

What check-ups will be needed after my hospital stay?

The number of check-ups needed varies from person to person. If possible, see your primary care provider about a week after and then every 2-4 weeks for the first few months. When you visit your surgeon or primary care provider, they should check your surgical sites to make sure there are no infections or wound healing problems. They will ask questions about dilating, bleeding, vaginal discharge, fever, pain and how you are feeling emotionally and physically.

How long will it take for me to get back to my usual activities?

Recovery time varies from person to person, so always follow the advice of your surgeon. Many people begin to feel more comfortable during the second week after their surgery. You'll need plenty of rest in the first two weeks. It's common to be back to your usual activities, including work, in six to eight weeks. Some activities, such as driving, heavy lifting, exercise, sex, and soaking in hot tubs, may be restricted in the post-operative period. Your surgeon will give you advice about when it is okay to resume these activities.

Complete recovery can take up to one year.

What complications are associated with vaginoplasty?

All surgical procedures involve some risks, including negative reactions to anesthesia, blood loss, blood clots and infection. These complications can, in extreme cases, result in death. It's important to discuss these risks in detail with your surgeon. Your surgical care team will take a wide variety of steps to prevent these problems, detect them if they arise, and respond to them appropriately. They will also inform you about what you can do to minimize your risks.

The list below includes some of the complications associated with vaginoplasty in particular. It does not replace a thorough consultation with your surgeon.

Hematoma

This is when blood collects in the surgical site, causing pain, swelling and redness. Smaller hematomas can be drained, but larger ones require removal through surgery.

Abscess formation

An abscess is a collection of pus. It's caused by a bacterial infection. It can be treated with antibiotics or drained by the surgeon.

Seroma

This is when clear fluid accumulates in the surgical site. Small seromas may need to be aspirated, or sucked out, once or more by the surgeon.

Loss of sensation

You may have small areas of numbness. Your ability to achieve orgasm could decrease.

Loss of clitoris is a remote possibility.

Rectovaginal fistula

This is when an abnormal path between the rectum and vagina is created. Surgery would be needed to correct this.

Scarring

May be correctable with various treatments, including additional surgery.

Injury to the nerves or muscles in the legs

Can lead to numbness or a change of sensation in the skin of the legs. In very rare cases, it can lead to difficulty moving the leg which needs correction through surgery.

Unsatisfactory size or shape of the vagina, clitoris, or labia

Outcomes that are quite different from what was expected may require surgical revision.

Urological complications

Examples include fistulas (flow of urine to areas other than urethra opening), stenosis (narrowing of the urethra, causing difficulties urinating), and strictures (blockage of the urethra, causing difficulty urinating). It is common to have spraying or dribbling when urinating until your swelling settles down. If these problems don't resolve on their own, they may require additional surgery.