

Gender Reassignment Surgery (Labioplasty): *The Whole Journey*

Starting your journey towards surgery

You have had your appointment with your Consultant.

The purpose of this leaflet is to help you understand the journey that lies ahead of you.

You are now waiting for surgery.

What happens now?

We suggest that you read this booklet and write down any questions for the Consultant when you see him/her again or contact the Nurse Specialists.

What is a Labioplasty?

This is the cosmetic male to female gender reassignment operation, in which a vagina is **not** created.

The operation will be done whilst you asleep under a general anaesthetic. During surgery, the erectile tissue of the penis is largely removed, as are the testicles and this is completely irreversible. The urethra (water pipe) is shortened and its opening is placed in a position to resemble female anatomy. Labia minora and majora (inner and outer lips) made out of the penile and scrotal skin. An innervated (sensitive) clitoris is fashioned out of the glans penis (head of the penis). This is placed under a small hood at the front of the new labia.

Are there any risks associated with Labioplasty?

As with any operation, there are risks associated with having a general anaesthetic. These include chest infections, deep vein thrombosis (DVT) and pulmonary embolism (blood clots), as well as cardiac (heart) problems.

Specific to this operation, the following complications may occur:

- 1) As the new urethral opening heals, a stricture (narrowing) may occur or healing of the area may be asymmetric (uneven). This can result in difficulty passing urine, or the urinary stream may be deviated to pass at an awkward angle. If the scarring causes significant difficulty in passing

urine, a further operation to widen the opening again will be needed. This occurs in up to 1% of patients. Correcting the angle of the urinary stream is much more difficult to achieve reliably.

2) The blood supply to the clitoris may become compromised (threatened) and the clitoral tissue may die or lose sensation. If the clitoral tissue dies, the loss of the clitoris is permanent. There is a less than 2% chance of this happening. Please note that it can take up to 9 months for the clitoris to become fully sensitive. However, in less than 1% the clitoris becomes excessively sensitive and may require subsequent denervation (where the nerve supply to the area is interrupted) or complete removal of the clitoris.

3) In the immediate post-operative period, in less than 1% of cases it is necessary to return to the operating theatre to control bleeding or remove haematomas (blood clots), which may form, despite all precautions.

4) Great care is needed to avoid infection, but infections to the labial tissues may occur after surgery. In 98% of cases, these respond to simple hygiene measures and antibiotics, but may cause scarring, which can affect the cosmetic appearance.

Cosmetic and functional considerations

Even where a clitoris has been made, experience of this operation shows that many patients are unable to reach orgasm during sexual activity, although most patients will experience some sexual arousal.

Although the operation gives a very good cosmetic result in most cases, it is not possible to make your body resemble female anatomy exactly using the skin available. Therefore, some differences are inevitable.

In choosing a cosmetic procedure, you will not have a vagina and for this reason, penetrative sex will not be possible. It is sometimes possible to make a vagina at a later date, but it requires a much longer and more hazardous procedure. It is important, therefore, to consider carefully the consequences of your decision not to have a vagina before opting for a cosmetic operation.

Is there anything I should do to prepare for my operation?

We suggest that when you have the date for your operation, you start thinking about preparations for your discharge home.

- Stock up your freezer, fridge and food cupboards
- Organise a carer or helper for at least the first 2 weeks you are at home after your operation.
- Please stock up with Paracetamol and Ibuprofen for pain relief once home.
- If you have pets, ask someone to take care of them while you are in hospital and also once you are at home, especially if you have a dog that needs walking.
- Make sure you have enough toiletries (including sanitary towels/panty liners and wet ones/baby wipes) and clean underwear at home.

Arrange for someone to take you home when you are discharged from hospital as hospital transport is not available.

Please stop taking your hormones 6 weeks before the date of your operation.

If you receive Decapeptyl, Zoladex or Prostag injections these can continue up to the operation.

Please also bring the following with you:

- Your admission letter
- The name and address of your GP
- Any current medication.
- The consent form.

What happens before my operation?

You will be admitted to the ward either the evening before your operation, or on the morning of surgery.

You will be admitted by the nursing staff who undertake routine observations.

We will measure you for special stockings (known as TEDS) and, if you come in the day before surgery, start you on anti-coagulant injections to prevent blood clots (known as DVTs or deep vein thrombosis) from forming in your legs following

surgery. (patients admitted on the morning of surgery receive the first one of these during the operation).

On the evening before your operation we will ask you to shave off your pubic and scrotal hair ready for surgery. You can continue to eat and drink as normal up to midnight, unless told otherwise.

What happens on the day of my operation?

We will ask you to have a shower or bath before going to the operating theatre. All make up, nail varnish; jewellery and dentures must be removed, although body piercings may be covered. One of the nurses will then come and prepare you for the operating theatre. This includes the administration of an enema to clear the bowel.

What happens after my operation?

You will wake up in the recovery room before you are taken back to the ward.

Please tell us if you are in pain or feeling sick. We have tablets/injections that we can give you as and when required, so that you remain comfortable and pain free. You will normally have a device, which you use to control pain yourself. This is known as a 'PCA' (patient controlled analgesia) and you will be shown how to use it.

You may feel light-headed or sleepy after the operation. This is due to the anaesthetic and may continue until the next morning. You can eat and drink if you want but if you feel sick a 'drip' attached to your hand/arm will provide you with fluids and prevent dehydration.

A catheter (tube) will be inside your bladder to drain urine away. There is also a separate drain, which will help to prevent swelling as well as allowing any blood or fluid that collects in the area to drain away safely.

There will be a very large / bulky dressing on your wound, which will be removed the day after your operation. It is common to have a sore throat for 2-3 days after having a general anaesthetic. This sometimes happens because the anaesthetist has to pass a tube down your windpipe to give you the anaesthetic gases that keep you asleep during the operation.

A Consultant will visit you each weekday after your operation to check on your progress. The rest of your time on the ward will probably be as follows:

Day 1 after surgery

Your dressing will be reduced. You will be able to continue eating and drinking.

Days 2 – 4 after surgery

You can gradually start to move around. The catheter bag will be changed to a leg bag/flip flo valve to allow you to move more freely.

Day 5 after surgery

The catheter will be removed and you will be able to go home.

A Consultant will visit you before you are discharged from hospital.

Before you leave, all information about caring for yourself at home will be explained to you.

Please note the timetable of events can vary from patient to patient.

If you require further advice, support or information, please do not hesitate to contact the Specialist Nurses **0747 922 8266**

Call the Service Coordinator or leave a voice message: **020 8971 8000 ext 8511 or 8500**

Call the hospital switchboard and ask for the ward you were on as the nurses may also be able to help: **020 8971 8000**

Or email: gendernurse@icloud.com

Please feel free to contact the Specialist nurses at any time, no matter how trivial you may think your concerns or worries are – they are there to help you.