

# **Gender Reassignment Surgery (Vaginoplasty): *The Whole Journey***

## **Starting your journey towards surgery**

You have had your appointment with the Consultant. The purpose of this booklet 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 Specialist by email.

## **What is a Vaginoplasty?**

This is the standard male to female gender reassignment operation, in which a vagina is created.

The operation will be done whilst you sleep under a general anaesthetic. During surgery, a neovagina is created by making a space between the rectum and prostate and lining this with skin from the penis and, when needed, scrotum. 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. Neo labia minora and majora (inner and outer lips) are 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 Vaginoplasty?**

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:

During creation of the space between the prostate and the rectum, there is a less than 1% risk of the rectum being damaged. This could lead to a fistula (passage) between the rectum and the vagina allowing leakage of faeces through the vagina. If such damage is recognised at the time of the operation, it can usually be repaired without any further problems. In cases where a fistula has occurred further corrective

surgery is usually needed, and this will usually require a colostomy (bag) for a period of time.

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 4% of patients. Correcting the angle of the urinary stream is much more difficult to achieve reliably.

The blood supply to the clitoris may be damaged 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, although lesser procedures where the clitoris is retained are usually effective.

In the immediate post-operative period, in less than 2% 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. 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.

In less than 1% of cases, the skin taken from the penis and scrotum to line the new vagina may not have a sufficient blood supply and die, or it may become infected. This would cause the vagina to shrink or even fail completely.

### **Cosmetic and functional considerations**

Until now your pelvis has grown in a shape that differs greatly from that of a genetic female. This limits the length and width of vagina that can be achieved and this may interfere with sexual function.

In the great majority of cases, the clitoris is sensitive, but experience of this operation shows that many patients are unable to reach orgasm during sexual activity, although most patients still experience some sexual arousal. Although the operation gives a 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.

The neovagina will not be self-lubricating and so some form of lubricant is usually needed for penetrative sex. Similarly, unless the size and shape of the neovagina is maintained by regular dilation, it will probably shrink and cause problems when attempting penetrative sex.

Any skin in the new vagina which comes from the scrotum will continue to grow hair. We recommend all patients in whom scrotal skin will be needed, to have hair removed before surgery to avoid problems in the future.

### **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.
- Purchase pain relief such as Paracetamol and Ibuprofen.
- 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 or Zoladex 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 given.
- A mirror.

### **What happens before my operation?**

We will admit you to hospital the day before your operation. Once on the ward you will be admitted by the nursing staff who undertakes routine observations. We will measure you for special stockings (known as TEDS) and start you on anti-coagulant injections to prevent blood clots (known as DVT's or deep vein thrombosis) from forming in your legs following surgery.

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. You will also have a drains (tube) inside your wound. This will help to prevent swelling as well as allowing

any blood or fluid that collects in the area to drain away safely. The drain will be removed the day after surgery.

There will be a very large / bulky dressing on your wound, which will be removed the day after your operation. Please tell one of the nurses if it becomes uncomfortable or starts to feel tight. There will also be a dressing (known as a pack) inside your vagina, which is removed 5 days later.

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.

The gender team will visit you each weekday after your operation to check on your progress.

### **Day 1 after surgery**

Your dressing will be reduced and your wound drain removed. You will be able to continue to eat and drink.

### **Day 2 - 4 after surgery**

Gradually start to increase your activities. The catheter bag will be changed to a leg bag to allow you to move more freely.

### **Day 5 after surgery**

The vaginal pack (dressing) will be removed and we will show you how to use your vaginal dilators your catheter will also be removed.

### **Day 6 after surgery**

You will now be ready for discharge home. Your Consultant will visit you for the final time. Before you leave, all information for home and the routine of dilating, douching will be explained to you. You should have painkillers ready at home. You will already have your dilators and these are yours to keep.

***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](mailto: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.