



# Perioperative Care of the Transfemale Patient Undergoing Vaginoplasty

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# Disclosures

- UpToDate



# Objectives

- **Learn about the preoperative requirements for vaginoplasty surgery**
- **Discuss important perioperative considerations that should be taken before performing vaginoplasty surgery**
- **Become familiar with postoperative care following vaginoplasty surgery**

# WPATH Standards of Care

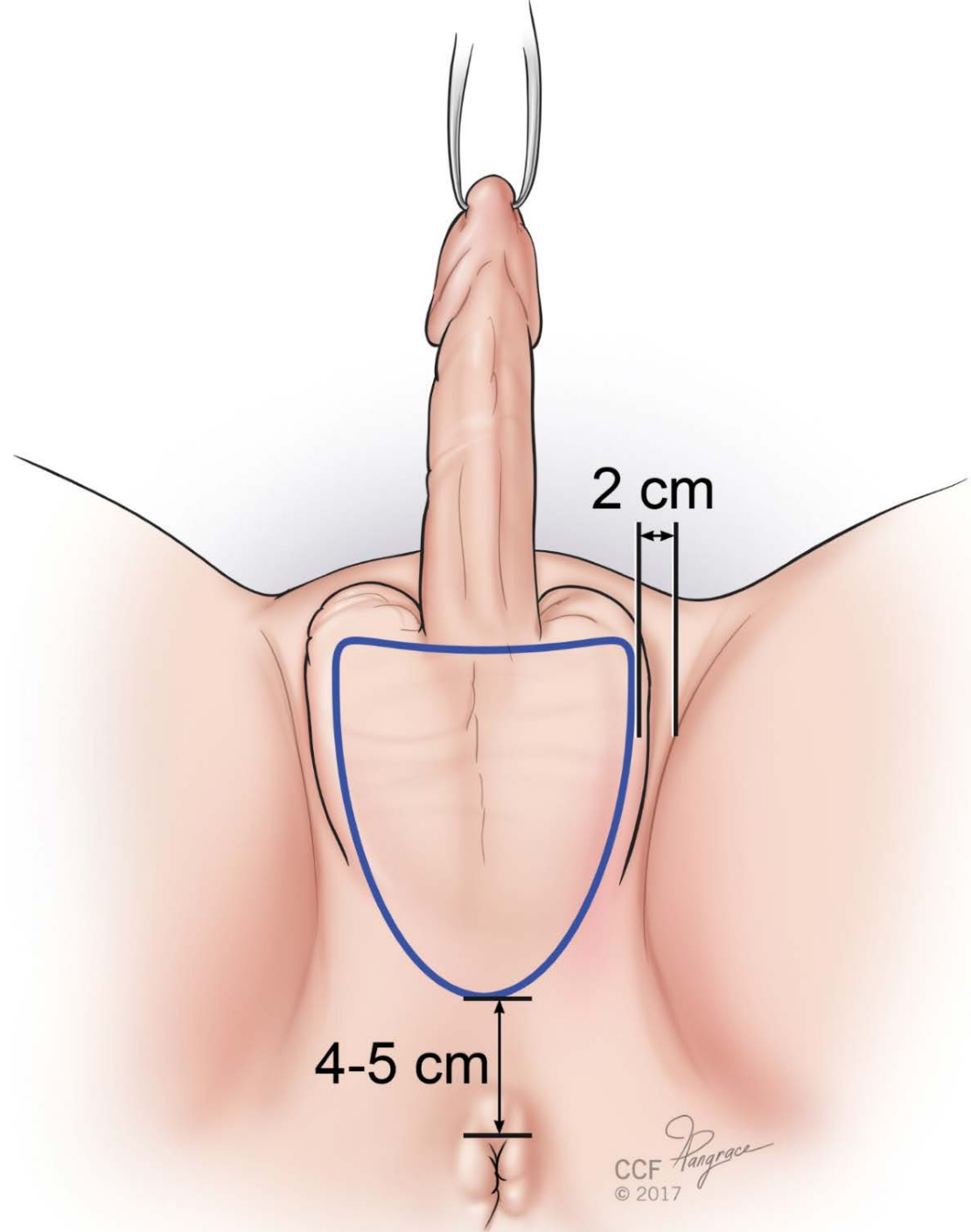
- 1. 2 referral letters**
- 2. Persistent, documented gender dysphoria**
- 3. Capacity for decision making and consent, age of majority**
- 4. Well-controlled comorbidities**
- 5. 12 months hormone therapy**
- 6. 12 months in desired gender role**



# **PREOP CONSIDERATIONS**

# Hair Removal

- **Recommended for penile inversion vaginoplasty**
- **Avoid hair growth and “hair balls” in the neovagina**
- **Laser**
- **Electrolysis**



# VTE Prophylaxis

- **Higher incidence of VTE in MtF population:**
  - Long term exogenous estrogen
  - Prolonged surgery
  - Modified bed rest postop
- **Endocrine Society Guidelines**
- **What we do:**
  - Hold estrogen 3-4 weeks preop, restart 3-4 weeks postop
  - Sub-Q heparin, SCDs, Sub-Q enoxaparin



# Antibiotic Prophylaxis

- **No published guidelines specific to TG vaginoplasty**
- **Follow re-dosing principles**
- **Use appropriate antibiotics for urogenital surgery**
- **What we do:**
  - **Intravenous cefazolin**
  - **Oral trimethoprim/sulfamethoxazole**

# Bowel Prep

- **Surgeon dependent**
- **May be helpful in event of rectal injury, delay BM**
- **Modified bowel prep and rectal wash-out with surgical prep**
- **Full prep and oral antibiotics recommended for intestinal segment vaginoplasty**

# Positioning

- **2.5-6 hour surgery**
- **High lithotomy, arms out for access**
- **Adjustable stirrups**
- **Egg crate foam on operating table**
- **Adhesive foam dressings on heels and sacrum**





# **POSTOP CONSIDERATIONS**

# Pain Control and Bowel Regimen

- **IV PCA for 24 hours**
- **Transition to oral narcotics**
- **We avoid NSAIDs due to bleeding risk**
- **Stool softener**

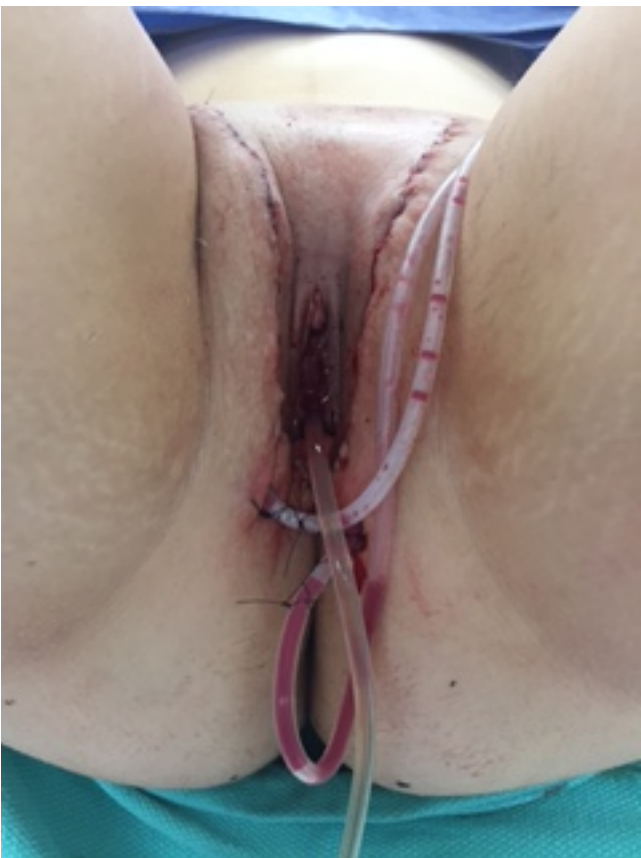
# Diet and Activity

- **NPO, ice chips ok**
- **CLD POD #1, then advance as appropriate**
- **Bed rest in “beach chair” position (similar to vulvectomy postop)**
- **Light ambulation POD #3 after dressing removal**

# Dressings, Drains, and Packing

- **Kerlix + ABD pad, sutured in, reinforce prn, remove on POD #3**
- **Vulvar JP drains, remove POD #2-3 when low output**
- **Foley and vaginal packing, remove POD #6**





# Dilation

- **Start POD #7**
- **TID for 12 weeks then daily**
- **Progressively larger rigid dilators**
- **Soft silicone dilators if needed**
- **Tampon/baby oil if trouble with dilation**



# Follow Up

- **In person postop visit at 12 weeks**
- **Out of town patients:**
  - **Local medical provider for urgent/emergent issues**
  - **Virtual visits**



# **OFFICE MANAGEMENT OF POSTOP ISSUES**

# Vaginal Bleeding and Granulation Tissue

- **Silver nitrate**
- **Local excision**
- **Trial of vaginal estrogen (no evidence)**



# Vaginal Discharge/Malodor

- **Yeast vaginitis: warm, moist environment, skin sloughing**
- **Douching regimen**
  - **Vinegar solution**
  - **Povidone/iodine solution**
  - **Baby shampoo and warm water**



# Neovaginal Hair Growth

- **Can tangle and form “hair balls”**
- **Require trimming/removal**
- **Optimize preop hair removal**

# Voiding Issues

- **Splayed/split urine stream**
- **Postoperative swelling**
- **May require revision of urethral meatus**
- **Incontinence**



# Conclusions

- **Increased awareness of preoperative criteria, perioperative care, and postoperative issues/complications**
- **Important for gynecologic specialists who may see these issues as transgender vaginoplasty becomes more common**



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