

FAQs Vaginoplasty (Frequently Asked Questions)

Acknowledgements:

The primary source of information for this decision support booklet has been derived from the patient information from OHSU and the London Clinic patient information.

Please remember the information provided here does not replace the information you receive from your surgeon. We are constantly working to improve our resources to better suit your needs, this resource will continue to be updated.

What are the complications related to my surgery?

- It is important to remember that complications can occur with any surgery. Generally, minor wound healing problems and functional issues relating to wound site swellings are the most common. As part of your surgical informed consent, you will be presented with information regarding potential complication of your surgery. Please see the sections on wound healing in our “What Is Vaginoplasty?” and “What is Minimal Depth Vaginoplasty?” information resources.
- Serious complications are uncommon. But choosing to have surgery is choosing to accept that risk. We do everything we can minimise the risk of complications during and after surgery.
- Although all surgical procedures involve risks, our surgeon is continually working to prevent them by ensuring the ongoing maintenance and development of safe surgical practices. In your first consultation, physical and lifestyle factors that play a role in decreasing the surgical risk will be discussed with you.

Note: In the unlikely event you need to return to theatre this will be arranged for you by our team.

Can I have children (carry a child) after my surgery?

- No, a vaginoplasty will not allow you to have children. To have children, it would be necessary to implant internal reproductive structures in your body like a uterus, ovaries, and egg cells, which is not possible at this time.

Does this surgery necessarily involve the creation of a vaginal cavity?

- Not necessarily, it is possible to have a [vaginoplasty without vaginal cavity](#), which we call minimal depth vaginoplasty.

Do I have to stop taking hormones before I have surgery?

- No, we do not routinely recommend stopping oestrogen (E-GAHT) before your surgery.

Does the length of my penis and the size of my scrotum determine the depth of my vaginal cavity?

- No, it rather indicates if there is enough skin to completely cover the vaginal wall. In the event that the amount of skin present is insufficient, the surgeon may take a graft from a further site in order to construct a vaginal cavity of satisfactory depth.

If I am circumcised, is this a problem?

- No, however having previously had circumcision does mean more skin graft is usually required to line the vaginal canal.

I am awaiting orchiectomy, is there anything I should tell my surgeon?

- Please let the urology surgeon who will be performing your orchiectomy know that you are on the waitlist for a first specialist assessment regarding gender affirming genital surgery. This is to ensure they make the orchiectomy incision in the best place for any future surgery.

If I have had an orchiectomy, is that a problem?

- No, having had an orchiectomy previously does not affect your suitability for surgery.

Will I have to undergo electrolysis and/or laser treatments to remove the hair on my scrotum before vaginoplasty?

- For people who choose vaginoplasty with a full depth vaginal cavity, prior hair removal is required. For adequate hair removal to occur this process can take over one year.
- For people who choose minimal depth vaginoplasty, hair removal is not usually required.

Why do I need hair removal for vaginoplasty if I want a vaginal canal?

- The skin of the penis and scrotum is used to make the new vagina. To avoid having hair inside the new vagina, it must be permanently removed. Hair remaining inside the new vagina can lead to hygiene problems, discomfort during dilation and intercourse, and a less desirable

appearance. Having a few hairs is generally not a problem. But there are no good options for removing hair from inside after surgery.

How long before and after surgery will I need to stop drinking alcohol and quit smoking?

- Avoid consuming any alcohol for two weeks before and after surgery. Mixing alcohol and drugs can cause unpredictable and undesirable reactions.

Note: Access to our establishment will be prohibited to anyone who presents themselves with drugs or alcohol or who are under the influence of these substances.

Tobacco and nicotine substitutes:

We are not accepting patients who smoke (including nicotine based vapes). Substances contained in tobacco and nicotine can:

- Constrict small blood vessels and therefore negatively influence the healing of your wounds and the results of your surgery. The complications nicotine can cause include poor wound healing, delayed wound healing and graft failure.
- Cause, upon rising, nausea, vomiting and excessive coughing which increase the risk of bleeding after surgery.
- Research shows that the risk of surgery failure increases 10 times for people who smoke even one cigarette a day. All products that contain nicotine including vapes and gum, although healthier alternatives to smoking tobacco all still have the same negative effect on wound healing. (Source: OSHU Transgender Health Program and Department for Urology)
- You are encouraged to talk to your GP for nicotine cessation support.

Can I have surgery if I use recreational drugs?

- Please note that access to our hospital is prohibited to anyone presenting themselves with drugs or alcohol or who are under the influence of these substances.
- Drug use can impact patient safety during surgery. Any drug use should be reported to us during the planning of your surgery. Your surgeon and the anaesthesiologist must have this information to ensure that the surgery is safe.

Controlling diabetes: Why is it important?

- People with diabetes may have greater risk of poor healing and infections, especially if their diabetes is not well controlled. Your GP or endocrinologist can help you make sure your diabetes is under control before surgery.

Why is my weight important?

- You will have the best result from surgery if you are as close as possible to your ideal body weight. Structures such as the clitoris, urethra and vagina have to be placed near the pelvic bones. If you are heavier or obese, they will be buried by the extra tissue, just like in cisgender women.
- Importantly, it will be incredibly difficult or impossible to make the vagina because the heavier a person is, the farther away skin is from the opening of the new vagina. It can be difficult to have enough skin to cover the new space.
- If we don't have enough skin from the penis and scrotum, we will have to take tissue from other areas of the body. Being severely overweight also increases your risk of complications such as breathing problems, infections and blood clots in the legs and lungs.

Can I contract or transmit STIs even if I have undergone genital surgery?

- After surgery, you remain at risk of contracting or transmitting sexually transmitted or blood-borne infections. Ask your family doctor about the means of protection available.

After surgery, will I have to share a room?

- Both before and after surgery, you will have a private room with an attached private bathroom where you can focus on your own recovery.

I am afraid of having pain after my surgery. Will I be given medication?

- The majority of patients experience pain after surgery, and everyone handles pain from surgery differently. Its intensity differs from one person to another with the experience of pain being unique to each person. You may have an idea of your pain threshold from previous surgeries, but it can vary by surgery type. You should expect some degree of pain and discomfort for several weeks after surgery. We want you to be prepared for this pain and discomfort and know that it is a normal part of healing.
- You will be taking regular paracetamol, non-steroid anti-inflammatory and gabapentin which treats hypersensitivity. Some patients require in the first week additional medication for break through pain, this will be discussed with you prior to your discharge from the hospital.

If my recovery is difficult, can I find psychological support at your hospital?

- We do not have a mental health professional on site at our facility. It is therefore important to maintain contact with the healthcare professionals involved in your follow-up and to bring their contact details with you.

Will I have access to entertainment during my stay?

- Yes, each room has its own television and wireless internet service is offered free of charge. In order to respect other recovering patients, we ask that you bring your personal headphones with you. You can if you wish, bring music, your laptop, or iPad, a book or other entertainment.

Note: We recommend bringing comfortable, large, or loose fitting, low hassle clothes to go home in when you are discharged.

Who will I follow-up with after I am discharged from the hospital?

- After you are discharged from the hospital, you will have follow-up appointments arranged. Your first post-op appointment date and time will be given to you with your discharge paperwork. If you have any questions, please email our surgeon's nurse. You will have been provided with these contact details.

Once I am discharged from the hospital, will the help of a nurse after my surgery be necessary?

- Normally not, because all patients who have had surgery benefit from a personalized follow-up by email or telephone to check that their convalescence, as well as the management of their health, are going well. You will also receive the teaching guides that will serve as your reference after your return home.

Will I be able to drive my car after the surgery?

- In the case of genital surgeries, we advise you to wait two weeks before driving a motorized vehicle. You must be able to perform unpredictable arm movements without strain and avoid putting too much pressure on your genitals which could cause pain. When you start driving again, do it for short distances. If you have to walk a long distance, make frequent stops to rest a little.

Once I get home from surgery, what should I do if I need help?

- Once back home, you can communicate with your Surgeon or the nurse, you will be provided with contact details.

Note: In the event of a medical emergency, you should go to your local hospital emergency department or call your local emergency number. The emergency physician will then be able to communicate with your surgeon so that you can be taken care of adequately and efficiently. The GAgS service team is willing to work with other health professionals who are involved in your medical follow-up.

When can I start swimming again after my surgery?

- It is possible to resume your swimming activities after 12 weeks, when your wounds related to the intervention are completely healed.

If hair grows in my vagina after surgery, how do I remove them?

- Should hair regrow in the vaginal cavity, your doctor (GP) can, one year after surgery, remove them with a long pair of tweezers during your speculum examination. If regrowth is extensive, a gynaecologist in some circumstances may possibly be able to burn the hairs with a surgical cautery. This procedure is usually performed under local anaesthesia.

Note: *Our surgeon does not practice hair cauterization in the vaginal cavity.

Why should I dilate?

- Your body naturally wants to close your vagina after surgery, just like it naturally wants to close your skin when you have a scrape or cut. Dilating will gently stretch the vagina and keep the depth created by surgery.
- Dilation is the primary treatment which will allow you to maintain the opening of your vaginal cavity and keep a good depth.

What does dilation feel like?

It will be uncomfortable because you are stretching your vagina. It should not hurt. We often hear that it is “not bad” or “feels weird, rather than painful”.

What is the dilation routine?

- The routine includes four dilations per day for the first month after surgery. Afterwards, this decreases to three, then two, and finally, about one year after surgery, you will perform one dilation per week.
- It is important to know that regular dilations will be necessary for the rest of your life. Without them, the vaginal cavity will close. Vaginal dilation is one of the most important treatments after surgery.

Will I have to dilate my vagina for the rest of my life?

- Yes. After a year, most people dilate once a week for 30 minutes for the remainder of their life.

Can I make my vagina deeper with the dilator?

- No. You can make your vagina wider by using larger dilators.

I have noticed an increase in discharge since I started dilating. Why?

- As the water-based lubricant warms to your body temperature, it turns to liquid and comes out as discharge. The lubrication often takes dried blood and dead skin cells with it. For this reason, the colour of your discharge could be anything from slightly cloudy or off-white to red or brown, depending on your skin colour. This is normal and is part of cleaning the vagina.

I am more swollen than I think I should be. How much swelling is normal and for how long?

- It is normal to have significant swelling and to look puffy. The appearance of the vagina can be quite startling at first. It can take many months for the swelling to go down. By three months, the swelling should calm down. It may come and go with activity. By six months, you should have no routine swelling and less swelling with activity.
- You'll also begin to see what your vagina's final appearance will be. It may also continue to change with time. By one year, swelling should be resolved. You will know what your vagina will look like long term.

What if I decide I don't want my vaginal cavity anymore, can I just stop dilating?

- If closure of the vaginal cavity is desired postoperatively, you should be aware that this is a long process that requires frequent dilations to ensure that the vaginal cavity closes without complications. Abruptly stopping the dilations can lead to significant complications.

I am spraying all over when I pee. Is this normal? Will it get better?

- This is common after vaginoplasty, both minimal depth and with a vaginal canal. It will often resolve on its own after the swelling goes down. Sometimes it persists because of asymmetry or excess tissue. If it persists after six to 12 months, we may be able to improve this with a small revision surgery.

How soon after surgery can I begin to simulate my clitoris?

- You can begin to explore the clitoral area with your fingers about eight weeks after surgery. The nerve endings will have been affected during surgery and sensations may feel different or diminished. Take time to

explore your new genitals to discover these new sensations. Nerve stimulation through touch and massage contribute to the reconnection of nerve endings, allowing you to rediscover sensations.

How soon after surgery can I have sexual relations with penetration?

- You should normally wait approximately 12 weeks after surgery before engaging in oral sex or sex with vaginal or anal penetration. This will protect you from infection and let your body heal.

Note: Any physical effort involving the muscles that were affected by surgery may cause pain.

Can I substitute sexual activity for dilation?

- Some people can use vaginal penetration with a toy or penis to keep the depth and width of their vagina without needing dilators. Even with regular sexual activity, keep checking that you can use your goal size dilator comfortably for 30 minutes. After one year, we typically recommend using a dilator once a week.

When will feeling come back?

- It can take six to nine (or more) months for the nerves to heal after surgery. Nerves don't regrow for the first three to four weeks. Then they grow at one millimetre a day (about one inch a month). The speed and amount of nerve regrowth is different for everyone. Younger people usually get more nerve regrowth. You might feel numb in some areas of the surgical site. Nerves regrowing or "waking up" can feel like pins and needles, tingling or a quick electric shock. It might take a while to get feeling in your clitoris — or it might be annoyingly oversensitive. Reaching orgasm is different for each person. Take time to explore and feel your genitals to rediscover your erogenous zones.

What if touching my vagina or clitoris is too sensitive or painful?

- This could be a sign that your nerves are healing, inflamed or oversensitive. Sometimes gently touching or massaging the vulva (area outside the vagina) can send a signal to your brain that touch is "safe" and "not harmful." This can help if it is too sensitive. A good time to do it is during dilation. Do only what massaging you can tolerate.

After surgery, is it possible for the vaginal cavity to tear during sexual relations with vaginal penetration?

- No, the vaginal cavity cannot tear.

Which type of lubricant should I use after my vaginoplasty?

- We strongly recommend using an unscented, alcohol-free, water-based lubricant

Following surgery, is it possible to remove hair from the genital region by shaving, laser, electrolysis, and/or hair removal cream?

- About eight weeks after surgery, and if your wounds are completely healed, you can begin using a razor. As for laser hair removal treatments, or hair removal cream, you must wait at least 12 weeks after surgery and ensure that your wounds have completely healed.

Do I need to have gynaecological examinations after vaginoplasty?

- It is recommended to have a first gynaecological examination one year after surgery, and annually thereafter, unless your surgeon or doctor prescribes a different frequency. A speculum examination of your vaginal cavity allows for an examination of the inner wall and to verify its integrity.
- If an examination reveals an abnormality, your doctor can communicate at all times with the GAgS service surgical team via email.

Note: It is not recommended to use a speculum for a vaginal examination before at least one year after surgery, unless otherwise directed by your surgeon.

Should I ask my doctor to examine my prostate after vaginoplasty?

- Since the prostate is not removed during surgery, it is important to continue your prostate examinations according to your history and the recommendations of public health and your doctor. This can be done by a PSA blood test.

Is it possible to get vaginitis after a vaginoplasty?

- Yes, it is possible to get vaginitis after surgery because the condition is an inflammation caused by an infection in the vaginal cavity. The nursing staff will inform you how to prevent vaginitis as well as of its signs and symptoms so that you may be able to recognize it.

Note: Good vaginal hygiene contributes significantly to preventing this infection. A proper hygiene routine will be explained during your postoperative care.

Should I do pap tests after vaginoplasty?

- Since the vaginal cavity is covered with skin, the type of cancer that could theoretically develop there is skin cancer. The diagnostic test for this type of cancer is the skin biopsy, not the pap test.

How long will my recovery take after my surgery and when can I return to work?

- In your pre-surgery consultation, the impact on your occupation due to surgery and recovery will be discussed with you, so that a plan for time taken off from work and gradual return to work is made.
- Once your surgery date is booked in with our surgeon's practice, we can provide you with a work certificate prior to your journey to Wellington.
- Anticipate having at least six weeks off work and to avoid heavy lifting and exercise during this recovery period.

When do I resume my normal activity?

- **Walking:** We ask that you limit your walking to 2,000 steps a day for the first four weeks. This is about one to one and a half kilometres or 20 minutes of walking for the whole day. After four weeks, you can begin to gradually increase the number of steps. You may notice that the more active you are, the more swelling, pain and fatigue you have. This is your body telling you to slow down. Listen to your body and don't overdo things. You will get tired easily as your body recovers. Take time to rest and limit activities.
- **Showering and bathing:** We ask that you shower twice a day for the first six weeks. Then you can resume your normal shower schedule. No baths, hot tubs, or swimming for the first three months.
- **Lifting:** Don't lift anything over five kilograms (kg) for the first six weeks. Then you can slowly increase the amount of weight you lift.
- **Workouts:** No working out, running, or strenuous activities including gardening for six weeks after surgery. Then you can slowly reintroduce these activities to your routine. No bicycling for three months.

Note: that the recovery time depends on the progress of your recovery and the type of work you do. The estimated duration is given for informational purposes only.