

Surgical readiness assessment – vaginoplasty

This document is intended to assist surgical assessors in discussing gender-affirming surgery with patients and to ensure patients receive adequate information about the specific surgery they are seeking.

The role of the surgical assessor includes:

- Confirming the patient meets WPATH criteria for this procedure
- Confirming the patient is ready for surgery from a psychosocial perspective
- Confirming the patient can consent to this procedure

This discussion and the recommendation for surgery do not replace the surgeon's informed consent process.

Two assessments (ideally done in one visit by two assessors) are recommended for most patients undergoing vaginoplasty, although additional assessments may be requested at the discretion of the surgeon.

The vaginoplasty procedure

Some trans people have vaginoplasty as a gender-affirmation treatment. Some benefits of this procedure may include the ability to have receptive vaginal sex, elimination of the need for genital tucking and decreased gender dysphoria.

This procedure involves removal of the penis, scrotum and testes (unless previously removed), and creation of a vagina, labia and clitoris using skin from the original genital tissues as well as the inner thighs if needed. The urethra is shortened. The prostate remains in place. This procedure results in permanent infertility.

Additional information about vaginoplasty and orchiectomy can be found on the Transgender Health Information Program website: <http://transhealth.phsa.ca> and on the GRS Montreal website: <http://grsmontreal.com>.

Location of surgery

Vaginoplasty is usually performed at GRS Montreal. Primary care providers will make the referral to GRS Montreal and include the assessment documents and any other relevant clinical information. Patients will telephone consults directly with the surgical centre. Patients usually spend two days at the surgical centre and six days in the post-operative recovery centre. Patients with complex medical conditions may require a higher level of care than is available at GRS Montreal. If surgery at GRS Montreal is not possible an "Out of Country Health Services Funding Application" can be completed for consideration of surgery in the US. Primary care providers should refer patients to Trans Care BC for further discussion and to arrange out of country applications. Please contact Trans Care BC if you have questions about this process.

Funding

Vaginoplasty is fully funded by MSP for treatment of gender dysphoria.

Costs related to the required stay in the post-operative recovery centre (including accommodation, nursing support, meals and medications) are funded by Trans Care BC.

Preparation for surgery

Smoking cessation is strongly recommended six months prior to surgery, and is required by some surgeons.

The surgeons in Montreal recommend against genital hair removal but if patients choose to do it hair removal should be completed at least six months prior to surgery.

Surgeons generally recommend that hormone therapy is discontinued three weeks prior to surgery.

Travel costs

Hope Air is a charity that may be able to assist with travel costs, depending on income.

Risks of surgery

Patients should check with their surgeon for more specifics, such as rates of each complication.

- Risk related to general anesthetic (including death)
- Excessive blood loss and need for transfusion
- Blood clots
- Damage to surrounding structures (for example: nerves, blood vessels, bladder, intestine)
- Nerve damage and loss of sensation
- Decreased sexual satisfaction, inability to orgasm
- Hematomas, seromas
- Infection or abscess
- Urinary complications such as fistula, stricture, stenosis
- Rectovaginal fistula
- Wound dehiscence with delayed healing
- Hypertrophic or keloid scarring
- Asymmetry
- Hypergranulation tissue
- Hair growth within the vagina
- Dissatisfaction with appearance and or function of the genitals
- Need for revisions
- Post-op regret

What to expect during healing

- Pain, bruising, swelling, bleeding and vaginal discharge, numbness and or shooting/burning pains, urinary catheter, constipation (from pain meds)
- Need to strictly adhere to post-operative schedule of vaginal dilations, sitz baths and douching
- Need to reduce activities & take time off from work for six to eight weeks, or longer
- Need for a support person in the post-operative period to assist with daily activities such as self-care & grooming, meal preparation, laundry, etc.
- Need for regular follow-up with care providers every one to two weeks during post-operative period.

Next steps for assessors

The primary care provider (GP, NP, or in some cases endocrinologist) is the person responsible for making the referral to the surgeon. In some cases the person doing the assessment is also the primary care provider, but if not, assessment documentation should be sent to the primary care provider (not to Trans Care BC).

Assessors can better ensure a smooth pathway for the patient by:

- Completing and forwarding your assessment documentation to the primary care provider
- If applicable: reviewing and asking the patient to sign the consent to exchange information between: a) GRS Montreal and Trans Care BC; and b) GRS Montreal and the primary care provider and forwarding these to the primary care provider (for inclusion with the referral)
- Sending “Referring a Patient for Gender Affirming Surgery” document to the primary care provider along with your assessment
- Encouraging the patient to follow up with their primary care provider to ensure the referral has been made