

Date _____

name _____

DOB _____

Patient education for vaginoplasty

- Some transsexual, transgender, and gender non-conforming people choose to have surgery to treat severe gender dysphoria and others do not. This is a choice based on personal preferences and medical need.
- Surgery is not required to make complete legal transition.
- Effects of surgery are permanent and irreversible
- Vaginoplasty includes removal of both testes (orchiectomy)
- Orchiectomy reduces testosterone to typically female levels
- Orchiectomy causes irreversible decrease in testosterone and therefore hormone therapy with estrogen or testosterone will be necessary to prevent osteoporosis
- Low testosterone usually results in decreased libido although this is variable from individual to individual
- Orchiectomy causes irreversible loss of fertility. This will cause permanent sterility.
- It is possible to store sperm to preserve the possibility of having biological children after orchiectomy. This is usually not covered by health insurance and is not guaranteed to work.
- Vaginoplasty does not create uterus or ovaries and menstruation and pregnancy are not possible
- There are several techniques for vaginoplasty and the technique used will depend on the patient and the surgeon
- The intended results of vaginoplasty are to relieve severe gender dysphoria by creation of a natural appearing vagina with normal sensation and capability of satisfying sexual sensation and functioning
- Vaginoplasty is not minor surgery
- Vaginoplasty may use tissue from the scrotum and penis to create a vagina. After the surgery there will be no more scrotum or penis.
- For best post-surgical results, electrolysis or laser hair removal is recommended starting several months before surgery
- Vaginoplasty surgery usually takes 3-5 hours in the operating room
- Vaginoplasty usually requires 2-3 days hospitalization after surgery
- Vaginoplasty usually requires 2 ½ to 3 weeks of recuperation before being able to go back to desk work and no strenuous activities for 4-6 wks
- Vaginoplasty requires following a dilating protocol. At first 10 – 20 minutes 2-3 times per day and then gradually decreasing to once a day and then at least weekly (if not sexually active with insertive vaginal sex) for life
- Sexual feelings and orgasm are usually described as different after vaginoplasty. Most patients are able to experience orgasm
- Insertive vaginal intercourse is not recommended for 6 weeks after surgery but other sex can be started based on personal preference
- Most patients require lubrication for sex

- It is recommended that before undergoing vaginoplasty patients look at photos of a variety of women's genital areas and photos of the results for the surgeon they chose and other surgeons
- Vaginoplasty does not remove the prostate gland and a risk for prostate cancer is still present
- Estrogen hormone therapy should be stopped 2 - 4 weeks or more before surgery to reduce the risk of blood clots. It may be advisable to taper off hormones for a longer period of time to avoid adverse effects on mood.
- Cigarette smoking may interfere with wound healing and stopping smoking is highly recommended before surgery. Some surgeons require smoking cessation 1 month before surgery and 6 months after
- Obesity may create complications and interfere with wound healing. Some surgeons have maximum BMI that they perform surgery on.

All of the information on this form has been reviewed with me and I understand it and have had any questions answered

patient / client signature

I have reviewed all of the information on this form with my patient / client and I am confident that my patient / client understands this information

Clinician name and signature