Vaginoplasty: Surgery and After Care

During a vaginoplasty, a vaginal canal and a vulva are created. Learn more about this procedure and the recovery.

Getting ready for your surgery

There are certain things you may need to do before a vaginoplasty:

- You may need to decrease certain hormones you are taking, such as estrogen, before and after this surgery. Talk with your healthcare provider who prescribes your hormones.
- You may need to have hair permanently removed from your penis and scrotum a few months before the surgery. This is to stop hair from growing in your new vagina. Your surgeon will advise you on this.

In addition, before your surgery:

- Stop smoking or using any tobacco products, including vaping products.
- Tell your provider about any medicines you are taking. This includes prescription and over-the-counter medicines, vitamins, herbs, and other supplements. You may need to stop taking some or all of these before the surgery.
- Follow any directions you are given for not eating or drinking before the procedure.
- Follow any directions you are given for bowel prep to clean out your bowels before the procedure.
- Your surgical team may advise you to wash your body using chlorhexidine gluconate (CHG) skin cleanser. This is a cleanser that helps reduce your risk for a surgical site infection.
- Read any consent form carefully. This is a form that gives your permission to do the procedure. Ask questions before you sign it if something is not clear.
- Follow all other directions from your healthcare provider before surgery.

How is vaginoplasty done?

Vaginoplasty is a complex procedure. The most common method used is penile inversion vaginoplasty. This surgery takes about 5 to 7 hours.

In general, this is what you can expect during the procedure:

- You will be given general anesthesia. This medicine prevents pain and puts you to sleep during the procedure.
- You will be given antibiotics through an IV (intravenous) line.
- You will be placed on your back on an exam table. Your feet will be propped up in stirrups.

- You will have a thin, flexible tube (catheter) put in your bladder. This is to drain urine during the procedure if needed.

To remove the existing genitals:

- The surgeon removes the skin of the scrotum. Any hair on it is removed.
- The surgeon removes the testes.
- The surgeon makes a cut (incision) on the penis. Skin from the penis is turned inside out (inverted). The inside of the penis and the sensitive head (glans) of the penis are exposed.
- The surgeon removes the body of the penis.

To create the vagina:

- The surgeon makes an incision through the tissue that covers the muscles in the perineum. This is the area that is between the anus and the genitals.
- The surgeon separates tissue to make a space for the vaginal canal. This will be located between the rectum and the prostate.
- The surgeon uses the inverted skin of the penis to line the vaginal walls. If extra skin is needed, it may be taken from the lower belly, scrotum, or intestine.

To create the vulva:

- The surgeon creates the vulva. This includes the clitoris and the inner and outer labia.
- The clitoris is made using the sensitive head (glans) of the penis. Blood vessels and nerve endings from the glans are used so that the clitoris has sensation.
- The inner and outer labia are made using tissue from the scrotum and urethra.
- The surgeon shortens your urethra. They place it in the correct spot in the vulva.

To finish the procedure:

- Tubes (surgical drains) may be placed in the new vagina or near the incision site. They are used to remove any excess fluids after surgery.
- Vaginal packing (a stenting device) may be placed in the vagina. This is to help healing and prevent the vaginal canal from narrowing.
- A dressing is placed over the vulva.

After the surgery

Healing from a vaginoplasty can take a long time. Here's what you can expect.

In the hospital

You will stay in the hospital for about 1 week after your procedure.

- Take medicine for pain as advised by your provider.

- Your surgeon will advise when you can go back to taking your other regular medicines.
- Follow up with your healthcare provider to see what hormones you need to take.
- The surgeon may remove the vaginal packing, urinary catheter, and surgical drains before discharge. If not, they will be removed at a follow-up visit.

Recovering at home

- If you go home with a urinary catheter, surgical drains, and vaginal packing, follow the instructions carefully. They will be removed at a follow-up visit.
- Follow your provider's advice for showering and taking a sitz bath (warm, shallow bath).
- You will have regular follow-up visits with your surgeon to check how you are healing.
- Follow any advice from your surgeon about resting after surgery. You will likely need to rest for 4 to 6 weeks or more.
- Don't do any strenuous activity for 8 to 12 weeks. Ask your provider about taking some short walks each day. Don't lift anything heavy.
- Ask your provider when it's OK for you to drive and when you can go back to work.
- Your provider will tell you when you can have sex. You will likely need to wait about 3 months.

Vaginal dilation and douching

Dilation and douching will be part of your lifelong vaginal care after this surgery.

- **Vaginal dilation.** Your surgeon will show you how to use a vaginal dilator at a follow-up visit. This is a small, plastic, tube-shaped device. It is used to stretch your vagina. Using a dilator is key to keeping the shape and size of your new vaginal canal. Your surgeon will advise you on how often to use a dilator.
- **Douche.** To keep your vaginal canal clean, you will also need to rinse (douche) your vagina regularly. This is done using mostly water and some gentle soap. This flushes away any vaginal discharge. Your provider will advise you on how often to douche.

Risks and possible complications

Possible risks and complications of this surgery include:

- Infection
- Blood collecting at the surgical site (hematoma)
- Incisions don't heal well
- Risks from anesthesia
- Nerve injury

- Pain during sex
- Narrowing of the vagina (vaginal stenosis)
- Vagina may be too small or too short to have sex
- Inability to have an orgasm
- Pain and scarring
- Urinary tract infection
- An abnormal path (fistula) may form between 2 areas, such as from the rectum to the vagina
- Need for another surgery if you are not happy with the results or if there is a problem like vaginal stenosis
- Body tissue dies (tissue necrosis) in the vagina or labia

When to call your healthcare provider

Call your provider right away if you have any of these:

- Chills
- Fever of 100.4°F (38°C) or higher, or as advised by your provider
- Fluid leaking from your incision
- New or increased redness, swelling, or pain at the incision site
- Your incision opens
- Nausea or vomiting
- New swelling in your groin or leg
- Pain that's not controlled or is getting worse
- Swelling, warmth, redness, or pain in your leg
- Trouble moving your bowels
- Shortness of breath
- Urine not draining from the catheter
- Trouble peeing after the catheter has been removed

Be sure you know what other problems you should watch for. Also know how to get help any time, including after office hours, on weekends, and on holidays.