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# Vulvoplasty: Surgery and After Care

During a vulvoplasty, the outer female genitals are created. This includes the clitoris and inner and outer labia. Learn more about this procedure and the recovery.

## Getting ready for your surgery

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

- 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. Your surgeon will advise you on this.

In addition, before your surgery:

- Stop smoking or using any tobacco products, including vaping products. These can delay healing.
- 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 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.

## How is vulvoplasty done?

This surgery takes about 2 to 3 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 antibiotic medicine 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.

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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 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 near the incision site. They are used to remove any excess fluids after surgery.
- A dressing is placed over the vulva.

## **After your surgery**

### **In the hospital**

You will stay in the hospital for about 2 to 3 days 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 urinary catheter and any 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 and surgical drains, 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 6 to 8 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.

## **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
- Need for another surgery if you are not happy with the results

## **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