Thank you for your interest in gender-affirming surgery at OHSU. We've included a document written by Dr. Daniel Dugi to cover important information about vaginoplasty surgery and how to prepare.

Before your visit, please watch this presentation by Dr. Dugi. Then you and Dr. Dugi can use your time for a more in-depth discussion of your questions.

During your visit, Dr. Dugi will ask about:

- Your transition
- What's important to you about having gender-affirming surgery
- Your support system for recovering from surgery

You will have plenty of time to ask questions. **Please come with all your questions ready and written down!** There will also be a brief and painless genital exam.

**Hair removal:** Dr. Dugi asks that anyone planning gender-affirming vaginoplasty have permanent hair removal of the skin that will be used to make the vagina. This document includes a diagram that shows the areas to be treated. You may start as soon as you like; it takes several months with either laser or electrolysis, and typically takes 25-50 hours of electrolysis.

You will be able to discuss this with Dr. Dugi at your appointment. Electrolysis is an option for everyone, while laser hair removal is best for people with dark hair and fair skin. OHSU has providers for both, though you may choose your provider.

**Two letters of support:** We follow World Professional Association for Transgender Health (WPATH) Standards of Care. This means we will need two letters in support of your gender-affirming surgery from mental health providers before scheduling your surgery (vaginoplasty; or orchiectomy, if you choose to do only that). **PLEASE BRING COPIES OF THESE LETTERS TO YOUR CONSULTATION.** This allows us to schedule your surgery sooner. We have included information here for you to give to your letter writers so the letters include the necessary information.

Please check our website for more information on getting surgery scheduled and completed.

Please know that, under WPATH guidelines, we do surgery only after a person has been socially transitioned and taking hormone therapy for at least 1 year, although we make exceptions in limited circumstances. Please be aware that current wait times are more than 1 year. We are doing our best to improve this.
Gender-affirming Vaginoplasty and Vulvoplasty

Daniel Dugi, M.D., FACS
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Who I am and why I do this

I am a board-certified urologist, and a specialist surgeon of the genitals and urinary system. After finishing medical school and then five years of training to specialize in urology, I completed an additional year of fellowship training in Reconstructive Urology. This is a subspecialty of Urology that focuses on surgery for complex issues of the genitals and urinary tract, such as urethral narrowing or strictures, genital trauma or birth defects of the genitals. I do complex genital surgery every week, and my colleagues and consulting physicians refer to me the most difficult reconstructive genital and urinary problems.

I feel strongly about providing access to gender-affirming surgical procedures in Oregon and feel it is an honor to be trusted by my patients during such an important part of transition. I began treating trans patients when I joined OHSU in 2009. These were generally people who had had complications after gender-affirming surgery performed elsewhere. I learned a lot from my early patients, and this prompted me to co-found the OHSU Transgender Health Program in 2012.

After this, I responded to a challenge from one of my patients to begin offering these surgeries in Oregon. In preparation to start offering gender-affirming genital surgery at OHSU, I spent nearly two years studying and learning techniques, including visiting several world-renowned transgender surgery centers. I began performing these surgeries in May 2016.

You may notice as you read below the word “we” a lot. This refers to me operating with my surgical team and our team in the office, but even more importantly, you and us. For success, this will be a partnership.

Our team

Everyone — from the person at the office front desk to our medical assistants and myself — have undergone training to provide thoughtful and affirming care. We genuinely care about your well-being. But we are human and will make mistakes. Help us to improve our care if we make a mistake.

Kat Campos is a nurse practitioner and a critical part of our team. You will likely see her at every office visit. She will see you in the hospital after surgery, will help take out the dressing from the vagina after surgery, and she will help you learn dilation after surgery.

Resident physicians are doctors who have completed medical school and are in training to become a specialist — urologists in this case. We have an excellent team of physicians who work with us in the operating room and in the hospital who will help provide your care. Each person will be caring and respectful. We work in teams with limited numbers of people available to help, and thus we are unable to accommodate requests for only male or only female providers.

Beginning in August 2020, we will have Fellows in gender-affirming surgery. These are urologists or plastic surgeons who have completed their specialty surgical training and are joining us for a year of additional training to learn and focus on gender-affirming surgery. They will be part of the surgical team and will be learning these surgeries under our supervision.

OHSU Transgender Health Program (THP)

The THP office is led by Amy Penkin (Program Supervisor) and Jess Guerriero (Social Worker) who are here to support patients as they enter and move through care. They can provide information, education, support and advocacy if at any point during your care anywhere at OHSU you could use their help.
The THP also offers free classes every month about vaginoplasty surgery. They welcome you to attend class on your own or with someone who will be supporting you as you prepare for and recover from surgery. **WE HIGHLY RECOMMEND THAT YOU ATTEND THIS CLASS,** and bring the person you have chosen as a support person. Registration for class is required and can be done through the THP website at ohsu.edu/transgender-health. The THP has also launched a peer-to-peer program called Here4You to offer support and perspectives from people who have been through the surgical process. Once you have completed your consultation and are scheduled for your surgery, you will receive information in the mail about the Here4You program. In the meantime, feel free to get in touch with the THP staff by phone at 503-494-7970 or email at transhealth@ohsu.edu.

**Overview**

**Expectations**

We know this surgery is extremely important. It takes incredible trust to allow a surgeon to perform this operation. I want you to know that I am humbled by that trust and take it very seriously. You may have been waiting your entire life for this, and you may have an image in mind of what you want your results to look like. Some people have brought in pictures from the internet of what they think their results should look like. Other people have told us they felt their results didn’t look like a “normal woman” or “natural.”

Our goal is to create natural-appearing and functional female genitalia — the vagina and external parts (vulva). I use techniques that I believe to be as safe as possible for you to protect sexual, urinary and bowel function, as well as to look natural. This is a complex surgery, and every person has different anatomy; your results will be different from every other person’s results. No two vulvas are alike, and no one is perfectly symmetric. In my experience, the aesthetic results are highly related to a person’s individual anatomy before surgery. As much as I would like to be able to match results to what you might expect in your mind’s eye, what we can realistically deliver is limited by a person’s anatomy and safe surgical techniques.

**What is vaginoplasty?**

Vaginoplasty is a surgery to create the external female genitalia (vulva) and an internal space (vagina). This includes a sensitive clitoris and female-positioned urethra. We use skin to create the vagina using a version of the “penile inversion” technique.

**What is vulvoplasty?**

Since the “vulva” refers to the external female genitals, we call surgery that makes external female genitals without a vagina “vulvoplasty.” The clitoris, urethra and overall outward appearance is almost identical to the appearance after vaginoplasty. Some people choose this option instead of vaginoplasty if they do not want to have a vagina for sexual activity. This is also the option we provide if someone has had previous prostate or rectal cancer surgery or radiation therapy. If this option interests you, we can discuss it at your consultation.

**Risks and complications**

Fortunately, serious complications are uncommon, but to choose to have surgery is to choose to accept that risk. We do everything within our ability to minimize the risk of complications during and after surgery.

**Surgical technique**

Initially, as a baby develops before birth, all the genital parts are the same. Through the influence of hormones, the genitalia then develop differently. Wherever possible, we will use the tissue that would have been the female part to make the new female part. For instance, the basic structures of the penis and clitoris are the same. The glans, or head, of the penis with its nerves and blood supply is used to make the clitoris.

Likewise, the scrotal skin is used to make the larger, outer labia. Skin from the penis and the urethra will be used to make the area around the clitoris, the smaller or inner labia, and vagina. Some skin from the scrotum is also used for the vagina. Occasionally, some people may need to have additional skin used from the lower belly to help in creating the
vagina. Sometimes we use an alternative technique to make the clitoral hood and inner labia if there isn’t enough skin from the penis to do that.

I offer a “one stage” operation, meaning we aim to create all the important structures at the main operation: vagina, outer and inner labia, clitoris and hood, and new urethral position. Due to swelling of tissue during surgery and the unpredictable nature of healing, whether you will need a second surgery cannot be known ahead of time. Some well-known vaginoplasty surgeons report nearly half of patients need a second surgery to fix complications or for aesthetics; some surgeons tell everyone that two surgeries are always necessary. We will submit to insurance that we plan a 2-stage operation so that if you choose a second operation, this should hopefully not be difficult to get insurance to cover.

**Preparation for surgery**

**Letters of support**

We follow The World Professional Association for Transgender Health (WPATH) Standards of Care guidelines. This requires that you have two letters in support of your transition surgery written by mental health providers before scheduling the surgery (insurance providers also require this). One of these letters should be written by a mental health professional who knows you well. Letters should include specifically that you are being recommended for bottom surgery (see additional form describing what should be included in a letter of support).

We schedule surgery only after we have TWO letters of support from mental health providers. For fastest scheduling, **PLEASE BRING COPIES OF THESE LETTERS TO YOUR CONSULTATION** as they frequently aren’t received in our system in time for the consultation. Due to current waiting times for surgery, you may have to have one or both of these letters updated about 3 months before surgery to satisfy insurance companies. We apologize for the extra hassle and inconvenience — we are always working to improve this process and decrease waiting times.

**Getting your life ready for recovery**

Surgery is a big deal and a stressful event, even if everything goes perfectly. You will not be able to do your normal everyday activities for several weeks, like grocery shopping, walking the dog, etc. It will be more difficult for you to get out to get prescriptions filled and to get to your follow-up appointments. You will need help, and we want you to identify a support person who can help you when you need it. They don’t need to be with you 24/7 or help with wound care, but they should be able to help you get to/from the hospital, help with getting groceries, supplies, etc.

You will also need a safe, clean and stable place to recover with clean water to shower, and privacy for dilation. Also, the time needed for recovery (typically 6-8 weeks) is time when you probably don’t have money coming in, so that can be very difficult. Keep that in mind and plan ahead.

These things are very important for a successful recovery, and we want you to have a successful surgery. If you are having problems setting up your support network ahead of time, let us or the Transgender Health Program know as far in advance as you can so that we can help you. We have had to reschedule surgeries at the last minute when people didn’t have a safe recovery plan. Let us work with you early so that there are no last-minute problems.

**Permanent hair removal**

As the skin of the penis and scrotum is used to make the new vagina, it is important to permanently remove hair from this area before surgery. This is to avoid having hair within the vagina, which can be a hygiene and comfort problem in addition to a less-desirable appearance. Having a few hairs is not a major problem, but there are not good options for removing hair from the inside after surgery if hair is bothersome to you.

Options for hair removal include electrolysis and laser hair removal. Electrolysis is the most permanent form of hair removal. Laser hair removal may not be as effective for individuals with gray or lighter hair color or darker skin. I generally recommend electrolysis, though some people may be good candidates for laser treatment. Laser hair removal works best for people with dark hair and light skin. We will provide you with a letter of medical necessity and a diagram (included at the end of this document) showing the pattern for hair removal.
Hair removal takes several months! Not all hair grows at the same time, and it takes removing all visible hair during 4-5 cycles of hair growth to achieve adequate hair removal. This may take anywhere between 25-50 hours of electrolysis (which can be 6-12 months or more), depending on how stubborn your hair is. Laser treatment is faster, but you should factor in enough time to see if you have hair regrowth after treatment. The earlier you can start with this process, the better. (See additional form showing the areas to be cleared of hair before surgery.)

It is impossible for me to determine at any one point in time if your hair removal will be permanent. The best approach for a good result is to discuss with your electrolysis/laser provider and go through several cycles of complete clearance of the area separated by 4-6 weeks, then a period of time without treatment to see if you have significant regrowth of hair. However, there may be hair follicles that are not active at the time of your treatment that can become active later in response to changes in your health or hormone levels.

It is ultimately your decision and responsibility to decide if it is OK to proceed with surgery with the level of hair removal that you have completed. Once the skin is on the inside, there is no effective way of removing hair!

If you are concerned about being ready for surgery with hair removal, let us know as far in advance as you can.

I frequently get questions about hair removal at the time of surgery by “follicle scraping,” burning hair follicles, or cutting out the hair follicles. I do not consider these techniques optimal because they may increase the risk of skin graft failure after surgery or may lead to greater contraction/shrinking of the skin used to make the vagina as you heal from surgery.

Health before surgery

Any surgery is a challenge to your body, and you will want to be as healthy before surgery as possible. For a successful surgery, our first chance will be our best chance! Be as healthy as possible at the time of surgery.

Smoking/nicotine

I require that people not smoke or use any nicotine or tobacco products for at least 6 weeks before surgery and at least 6 weeks after surgery — and it is best for your overall health to never start again! This includes e-cigarettes, nicotine gum and nicotine patches. Nicotine is a very powerful drug that decreases blood flow to the tissues that need this nutrition after surgery. Research shows that people who smoke even 1 cigarette a day have 10 times the risk of surgery failure.

Secondhand smoke exposure should be avoided as well for all of the above reasons. Your primary care provider and tobacco cessation groups can be very helpful in this process. We do not want you to have wound healing complications that lead to a less than desired result.

This is so important, that as a policy for all my patients, a nicotine test will be performed as part of your pre-surgery lab tests, and we will reschedule if you have not been able to quit. It does not matter if you are only getting secondhand smoke — if the nicotine test is positive, we will cancel surgery.

For people who use cannabis, please do not SMOKE for at least 4 weeks before surgery — use edibles, etc., to avoid the carbon monoxide poisoning that comes from inhaling any type of smoke. I am much more concerned about nicotine than cannabis, however.

Weight

You will have the best result if you are as close as possible to your ideal body weight. Structures like the clitoris, urethra and vagina have to be placed near the pelvic bones, and if you are obese, they will be more buried by the extra tissue, just like in cisgender women. But more importantly, it will be much more difficult to make the vagina. The heavier a person is, the further skin is away from the opening of the new vagina, and it can be very difficult to have enough skin to cover the new space.

Also, being severely overweight increases your chances of having problems after surgery, such as problems with breathing, infections at the surgery area, and blood clots to the legs and lungs. We may discuss losing weight before surgery. Some surgeons use a strict number cutoff for who can have surgery using Body Mass Index (BMI). I believe that individual variations in how body fat is distributed are more important than the BMI number. I do not use a strict cutoff,
but I think people have the best results when the BMI is less than 35, and I have performed only a few vaginoplasties for people with BMI over 40.

**Diabetes**

People with diabetes may have greater risk of poor healing and infections. If you have diabetes, you should work with your primary care provider to make sure your diabetes is under good control before surgery. A lab called Hemoglobin A1c (HgA1c) can help show what your blood sugar control is like over a 3-month period. At the time of surgery, your HgA1c should be 6.5 or less.

**Other surgeries**

Most nongenital surgeries will not have an impact on your surgery. However, please let us know if you are planning any surgery like an abdominoplasty (“tummy tuck”), which might make our surgery extremely difficult, or any bladder or prostate surgery.

**Physical therapy**

Creating the vagina requires making a space between the pelvic floor muscles. These muscles are part of a very important system that normally works to support your organs and help with control of urination and bowel movements. Before surgery, you may not have thought much about these muscles, but the pelvic muscles are very important as you recover from vaginoplasty. You will need to learn what it feels like to contract and relax these muscles, as being good at relaxing these muscles will make dilation of the vagina later on much more comfortable. You will meet with a physical therapist who specializes in pelvic muscle function before and after surgery to help teach you these techniques.

This is information provided by our physical therapy colleagues:

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**OHSU Rehabilitation**

503-494-3151

**Physical therapy (PT) for vaginoplasty rehabilitation**

We are here to work with you before and after your vaginoplasty surgery to help improve the outcome of your surgery. Our main focus is to maximize the benefit you will get from vaginal dilation. Pelvic floor muscle relaxation training can make using the dilators easier.

**Before surgery**

On your first PT visit, your physical therapist will:

- Talk with you about your general health and pelvic muscle health. This includes questions about bowel and bladder function, any pain issues or history of trauma.
- If you are comfortable with it, the therapist will do a pelvic muscle exam. The exam is optional. It can give important information about how your pelvic muscles function, and what can be improved with pelvic physical therapy to make dilation easier. The therapist will discuss different exam options with you, including only looking at the muscle contractions and relaxation, touching the muscles on the outside, EMG biofeedback, and rectal exam of the muscles. You will be able to choose which, if any, of the exam methods are used. You can also choose to decline that part of the evaluation.
On this first visit, you will work on general pelvic floor muscle stretching, as needed. The therapist will teach exercises similar to yoga poses (child’s pose), knees to chest, and supported squatting and breathing exercises to relax the pelvic floor muscles. Together, we will also discuss good positioning for dilation that allows muscle relaxation.

**After surgery**

Following surgery, you will have follow-up visits with your physical therapist that will focus on perfecting your use of the dilators. Your body positioning, pelvic muscle relaxation and mental attitude can affect the ease of placement. The breathing exercises and exercises practiced before surgery can also help with relaxation. The therapist will work with you to find the positions that work best for staying relaxed during dilation, such as lying on your back with support for your legs, head and neck; or lying on your side with the top leg supported.

We look forward to working with you and helping your vaginoplasty be successful!

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**Before surgery**

About a month before surgery, you will have a preoperative appointment for lab work (including a nicotine test) and a general check on your health for surgery. You will also meet with our nurse practitioner, Kat Campos, at your pre-surgery visit again as a chance to ask last-minute questions about surgery. Our pre-surgery team will give you instructions on what medications you should take or not take leading up to surgery.

We will ask you to drink a liquid to flush your bowels before surgery. I ask people to get 2 10-ounce bottles of magnesium citrate from the pharmacy, grocery store, etc. These are inexpensive and available without a prescription. You should drink both bottles first thing in the morning two days before your surgery, then plan to spend the day near the bathroom as it clears out your bowels. So if your surgery is on Thursday, for instance, you would drink both bottles at, say, 7 a.m. on Tuesday. Drink only clear liquids (such as Gatorade, Jell-O, broth, etc.) after surgery, **but be sure to stay well hydrated**. Often people come in for surgery dehydrated after this process. Drink enough fluid to keep your urine very light in color.

You will be instructed to **stop taking estrogen for two weeks before surgery**. This can be stressful and unpleasant, but it is important to reduce your risk of having dangerous blood clots after surgery. You will be able to restart about 1 week after surgery, when you leave the hospital. You **do NOT need to stop taking spironolactone or progesterone** before surgery.

**Day of surgery**

You will be given instructions on when to arrive for surgery. This will be very early in the morning. You may not be a “morning person,” but the operating room runs like a British train schedule — on time! Make sure to arrange a ride to the hospital well in advance, and be there when instructed. Surgeries are often canceled if people are late for their surgeries. Some people may have a party or celebration the night before surgery — make it an early night, and do not drink alcohol or use recreational drugs. You want to be in good shape for surgery.

Please do not wear make-up, jewelry or nail polish the day of surgery. Nail polish can get in the way of equipment used to monitor your oxygen level during and after surgery.

Do not eat or drink anything after midnight the night before surgery!!! This is for your safety, and the anesthesiologist will cancel surgery if this rule is not followed! Exceptions are only for medications that you have been given instructions to take with a small sip of water.

We will meet on the morning of your surgery, but this is not the time to have critical questions answered — let’s do that ahead of time! I will have an assistant during surgery who will likely have you sign some paperwork before surgery. I
need an assistant for surgery, but I am in charge of your surgery, I will be performing your surgery, and I will be there the entire time.

Your surgery will last several hours. Family or friends do not need to wait all day in the surgery waiting room. Our staff will give updates by phone during the surgery. I will call them by phone after surgery.

**After surgery**

You will be in the hospital for 5-6 days after surgery. You will have a dressing on the surgical area that will stay in place until the 5th day after surgery. You will have a tube or a catheter in the bladder to drain your urine, and a stent to keep the new vaginal skin pressed against the surrounding tissue while it starts to “take” or heal. There will also be two tubes, called drains, that helps prevent blood and fluid from collecting.

During this time, you will be on **strict bed rest**. This is critical for proper healing of the vaginal. Getting up and moving around early after surgery can cause the skin graft to fail. You will have pain medication available, but this will still be uncomfortable. Bring books, movies or other entertaining things to help you during this boring time. Being stuck in bed for 5 days may sound fun, but it is challenging mentally, boring, and it can be difficult to get comfortable. But it is an investment in a good result, so hang in there!

Because the vaginal stent/packing is pressing on both the bladder and the rectum, you may feel like you need to have a bowel movement even if you really don’t. Sometimes the vaginal pack prevents people from passing gas, and then can lead to feeling constipated, nauseated or even vomiting. This doesn’t mean something went wrong with your surgery, and this will go away once the vaginal pack is removed.

People often feel as though they need to urinate when the bladder catheter is in place. This catheter will be removed after your surgical dressing and the vaginal stent is removed. About 1 in 5 people are temporarily unable to urinate on their own after the catheter comes out or do not empty the bladder well enough. In that case, we will need to put a catheter back in for another week, and we will remove it at your first follow-up appointment in the office.

At your first visit in the clinic after surgery, we will provide a set of dilators to use for the vagina. You will need a lot of water-based, medical-style lubrication. K-Y Jelly and Surgilube are well-known brands, but you do not need to purchase a specific brand. Avoid silicone-based lubrication or oils. Also avoid thinner water-based lubrication like Astroglide, at least for the first 3 months after surgery. Please have plenty of this lube ready for when you return from the hospital.

**After you leave the hospital**

You should **shower and use a mild soap externally TWICE every day**. This is important to prevent infections after surgery. You will have some drainage/discharge from the vagina and the skin edges. You should prepare before surgery by having some maxi pads as well as some surgical roll gauze (you can buy the gauze on Amazon for about $1/roll; search for fluff gauze roll. Ten is a good number to have before surgery).
You will have a lot of swelling and bruising after surgery. It will take weeks, even up to 3 months, for all the swelling to go away. Be patient — you won’t know what the final appearance will be for even 6-12 months after surgery. You will have some drainage or small amount of old blood that drains for a while after surgery. You may have to use large maxi pads as needed at first after surgery, and having this snug against you with underwear that puts a little pressure on the skin is a good thing, but things should not be too tight. You can change to small pads as the drainage slows down.

You have just had a major operation. Don’t make any big plans for when you get home. You should plan on mostly resting and recovering your strength for the first couple of weeks. We recommend limited walking for the first 4 weeks after surgery, approximately 2,000 steps/day. You may gradually increase your activity level, but take it easy. It can be uncomfortable to sit since most of the surgery was in this area. You might find that sitting on a foam donut, hemorrhoid pillow, U-shaped neck pillow or “portable gel seat” may be more comfortable. Kieba hemorrhoid pillow is one popular brand. You may find these at a pharmacy, Amazon.com, or other sites on the internet.

At your first follow-up visit, you will be given your set of vaginal dilators and a hand mirror to help you see the area of surgery. You should have LOTS of surgical-style water-based lubrication ready at home. “Too much is almost enough,” meaning you need lots of lubrication! We will show you how to dilate the vagina, and we will help you begin to do this. You will need to do this 3 times per day for the first 6 months after surgery, at least.

I would like to be able to give a recipe or detailed written instructions about the frequency of dilation, but everyone’s healing process is different. I typically say that you should dilate 3 times per day for 30 minutes each until you reach your goal size of dilator. We can discuss this and how to progress in dilation at your appointment and after surgery. People often change from 3 times per day to 2 times per day when they go back to work/school, but still dilate for the same total amount of time.

Each time you dilate, you are getting water-based lubrication into the vagina. This will then drain as it becomes thinner as it warms to body temperature. This is part of the cleaning of the vagina. The inside is made of skin, and like all skin, the cells grow, die and are replaced. The old skin cells will come out as a skin-colored discharge. Some people prefer to douche (wash the vagina) to help with cleaning. If you choose to do this, we recommend homemade saline (a salt and water solution like the fluid in your body: ½ teaspoon table salt for each 8 ounce cup of water) for the first 6 weeks to 3 months after surgery. After that, you can use tap water. A reusable douche bottle is an inexpensive choice. You do not need to boil the water to sterilize it.

No working out, running, bicycling, strenuous yardwork, heavy lifting, etc., for 6 weeks after surgery. You should avoid extensive walking for the first 4 weeks after surgery. Then start slowly and let your body be your guide. You are still healing, but in different ways, for months after surgery, even up to a year after surgery. Also, the area of surgery tends to be pulled on during normal walking. This can be sore when walking, especially as you become more active, even for several months after surgery.
There may be areas of the skin that feel numb at first — this will likely improve over several months. Some areas, especially the clitoris, may be overly sensitive. The nerves are healing. Repetitive touch to sensitive areas can help signal your brain and body to be less sensitive.

**After surgery results**

**Vaginal depth**

Vaginal depth and width depends on your anatomy, your healing, and your dedication to dilation. Two factors that are very important for depth is how much space in the pelvic area is available, and how much skin you have available (penis, scrotum, or possibly also from the lower belly) to make the vagina. I have read that some surgeons will say they can provide over 7 inches of depth. I do not think this is a realistic expectation or safe from an anatomy standpoint. Typical depth of the vagina at the time of surgery in my experience is 14 cm, or about 5.5 inches.

How much depth you will have after your recovery depends on your body’s anatomy and how successful you are with dilation. One large study of people who had vaginoplasty surgery in Europe showed the depth at time of surgery of about 14 centimeters (5.5 inches) healed to about 11 cm (4.3 inches) a year after surgery. Studies of women born with vaginas show normal depth of about 3.5-4 inches.

**Aesthetic results**

Some slight difference in size of the labia is normal. No one is perfectly symmetrical. If these things are extremely bothersome, or if you desire cosmetic “touchup” after surgery, this is best done no less than 6 months after surgery when things settle down. Remember, everyone’s vulva is different!

We intentionally make the clitoris larger at the time of surgery because this is where the important nerves for sensation are. We make the clitoris larger than that of a woman born with a clitoris due to the tissue in the penis not having as many nerves — one study showed the head the clitoris has four times as many nerves in the same area as the head of the penis.

There is no surgery without scars, but we will try to keep them small. You can help with this by taking good care of your body after surgery — keeping the incisions and surgery area clean and dry, showering daily as you recover from surgery, NOT SMOKING, etc. Using medical silicone sheeting on top of your incisions after surgery can help the scars be less visible sooner, although we don’t know exactly why this works. It can be hard to keep silicone sheeting on the incisions in this part of the body, however.

There is extremely wide variation in the appearance of female genitalia. Your anatomy before surgery is the most important factor in how things appear afterward. We strive to create an appearance that is natural-appearing using safe and effective techniques.

**Sexual function**

If you can reach orgasm before surgery, you should be able to reach orgasm after surgery, although it can take months for nerves to heal after surgery. Also, you will have to learn for yourself what feels good and works for you after surgery. Most people say its takes longer to reach orgasm after surgery, but your experience may be different. Some people reach orgasm by stimulating the area above the clitoris after they heal, where the nerves to the new clitoris are folded at surgery.

If you find the use of a vibrator pleasurable, you can use a vibrator at any time you like after surgery. In the first 6-8 weeks, you should not do much stimulation of the clitoris with your (or someone else’s) hand, etc., as the tissue is still regaining strength. My general advice is to wait until at least 3 months after surgery to use the vagina for sexual activity, although again, if you find a vibrator pleasurable, you can use that inside the vagina early after surgery as well, but use it like you would a dilator — place it and hold it in place in order not to traumatize your still-healing tissues. After 3 months, you should have an idea of how ready you are for sexual activity with the vagina based on how dilation is progressing.
The opening to the vagina and the space around the urethra and clitoris will be moist, but you should expect to need to use additional lubrication for sexual intercourse. I believe this is important to prevent trauma to the vagina by pulling it outward too much during sex without enough lubrication. People born with a vagina frequently need additional lubrication, too — the personal lubrication industry in the United States alone is over half a BILLION dollars a year — a lot of people buy and use lube!

**Complications**

Complications are unfortunately a risk of surgery. I tend to be a conservative surgeon, meaning I tend to avoid things that are risky for you. You may do everything right, I may do everything right, but nevertheless, sometimes things do not go as planned. You must be prepared mentally for the possibility of a complication, including serious complications (although these are very rare). **If you do not think that you would be able to cope with a complication, then surgery is not a good choice for you.**

Things like hematomas (blood clots that form in the surgery area) and infections of wound are not extremely common but do happen. Rarely, small areas of skin may fail after surgery, or a part of the skin graft may not survive, or the sutures may separate in a small area. Although troubling and scary, these are rarely major problems. Because we are creating a space on top of the rectum, injury to the rectum is a rare possibility. Most of these heal on their own after we repair them. Very rarely, a “fistula” — an abnormal connection between the vagina and the rectum — may form. This would likely require major surgery to fix. Other problems like severe narrowing of the vagina or failure of the skin graft used to make the vagina are also rare but do occur, and these things usually need additional surgery.

Because the space for the vagina is made between the rectum and the bladder, as well as the urethra and the muscles that control urination, there is a small chance of a change in bladder and urinary function after surgery. What we call “urinary urgency,” or a feeling of needing to go to the bathroom suddenly, is common soon after surgery due to bladder irritation. Some people have difficulty emptying their bladders right after surgery and may need a bladder catheter longer than originally planned. Sometimes people notice that it can be harder to prevent urine leakage after surgery.

If this is a problem, exercises for the pelvic muscles can help quite a bit — another reason to see the physical therapist after surgery! A urine stream that sprays, even on your legs, or does not go directly down into the toilet after surgery, are common concerns in months after surgery. These usually improve, and using a hand to spread the labia can help. But about 1/3 of people in published studies report problems with urine spraying, etc.

Infections after surgery are not common, but they can be very dangerous. This is a surgery with a big area of operation in a part of the body where there tends to be more bacteria, which increases the risk of infection. This is a higher risk for those who are overweight or have diabetes. To help prevent infection, we want you to shower twice a day after surgery and keep things clean and dry. People with diabetes must take extra care after surgery, as the stress of the surgery on the body can make it harder to control blood sugar.

**Follow-up**

We want to see you in follow-up to see how you are feeling, how you are healing, and how you feel about your surgery. We will ask you to allow me to take pictures, both for my own learning about how you heal (I have done this since I started my career for most surgeries) but also, with your permission, to potentially share privately in the office with other people thinking about surgery to show how I do this surgery. If you allow this, there will be nothing that identifies who you are.

It is important to know that the prostate is not removed during surgery. It is thought that the risk of prostate cancer after vaginoplasty and for people who have estrogen is low, but the risk is not zero. There are no accepted guidelines for how to continue to check the prostate in follow-up.

**Regret?**

People regretting having vaginoplasty is extremely rare, but it has happened. The best scientific study is from Amsterdam over more than 30 years, and reports that regret is reported by people about 0.6% of the time, or about 1 in 200 people. It is 100% natural to be nervous leading up to your surgery. But if you have doubts about whether or not this is the right
thing for you, let us know. It is better to delay surgery and spend some time thinking and talking with family/friends/counselors to get a different perspective. There are wonderful volunteers in our program who would be happy to talk to you. This is, of course, your body and your decision as an adult.

Final thoughts

Questions about scheduling, appointments, letters of support, etc., should be directed to our office at 503-346-1500. If you have questions about surgery, you may send us a message through MyChart.

This is obviously an extremely important event in your life. It is natural to have intense emotions before and after surgery, and these emotions may change quickly! It is scary to have surgery, and then afterward it hurts, and then it is frustrating as you wait for healing. You may feel extremely excited, nervous, happy, exhausted or even disappointed. Complications happen. We talk about complications, saying things like, “This complication happens in 15% of cases,” but if it is you, it is 100% and it is scary. People have talked about feeling after surgery something like post-partum depression, even if everything goes well. These are real and natural feelings. Share your feelings with the people who are good for you in your life.
Letters of Support for Gender-Affirming Genital Surgery

We follow the World Professional Association for Transgender Health (WPATH) Standards of Care. These guidelines, as well as most insurance companies, require that a person have two letters in support of gender-affirming genital surgery (orchiectomy, vaginoplasty, metoidioplasty or phalloplasty).

These letters should come from mental health professionals with experience with transgender care. The mental health professional’s documentation letter for surgery should succinctly specify:

1. The patient's general identifying characteristics;
2. The initial and evolving gender, sexual and other psychiatric diagnoses;
3. The duration of their professional relationship including the type of psychotherapy or evaluation that the patient underwent;
4. The eligibility criteria that have been met (persistent well-documented gender dysphoria, a capacity to make a fully informed decision and to consent to treatment, age of majority in a given country, and if significant medical or mental health concerns are present, that they must be reasonably well-controlled) and the mental health professional’s rationale for surgery. The letter must clearly state that the patient is a candidate for gender-affirming genital surgery.
5. The degree to which the patient has followed the Standards of Care to date and the likelihood of future compliance;
6. Whether the author of the report is part of a gender team;
7. That the sender welcomes a phone call to verify the fact that the mental health professional actually wrote the letter as described in this document.

The organization and completeness of these letters provide the surgeon an important degree of assurance that the mental health professional is knowledgeable and competent concerning gender identity disorders.
Permanent Hair Removal
Prior to Vaginoplasty

- Remove all hair from shaft of penis
- Remove all hair from the scrotum below 2cm beneath base of penis, between thigh creases
- Remove all hair from the perineum (space between scrotum and 1 inch above anus) between thigh creases

Skin of the scrotum and the space behind the scrotum could be used to make the vagina. Remove all hair between the thigh creases.

If you wish to keep hair on the outer labia, discuss this with Dr. Dugi for more information during your consultation.