Feminising Genital Surgery

Feminising genital surgery aims to reduce gender dysphoria by aligning your anatomy with your gender identity and identity expression goals.

Some transwomen decide that they want to have surgery to permanently alter their anatomy, however not all transwomen choose to have surgery.

It is important to be aware that feminising genital surgery is not reversible, therefore you need to consider all the options available before you make this important decision.

The surgical technique used will depend on the size and shape of your body, your personal preference and your goals.

Referral for surgery

Feminising genital surgery is provided as a core component of the NHS gender identity care pathway for transfeminine individuals.

You will require two recommendations for surgery to be undertaken by two responsible clinicians from a specialist Gender Identity Clinic (GIC) that is commissioned by NHS England.

The two recommendations for genital surgery must confirm that you have had the relevant assessments and meet the criteria for surgery, including:

- A documented persistent diagnosis of gender dysphoria
- The ability to make a fully informed decision and to consent for treatment
- Be at the legal age of majority; the referral can be made at the age of 17 but for a surgery to take place in the UK you must to be 18 or above
- If you have significant medical or mental health concerns, they must be well controlled
- 12 continuous months of living in a gender role that is in-keeping with your gender identity
- 12 continuous months of hormone therapy as appropriate to your gender goals (unless you have a medical contraindication or are otherwise unable or have concerns in relation to taking the hormones)

The NHS funded feminising genital surgery is available for people aged 18 and above and could include some or all the following:

- Vaginoplasty – creation of a vagina
- Clitoroplasty – creation of a clitoris
- Vulvoplasty – creation of a vulva (please refer to **Vulvoplasty patient leaflet**)
- Labiaplasty – creation of inner and outer labia
- Penectomy – removal of all or part of the penis only available when performed as part of vaginoplasty or vulvoplasty
- Bilateral Orchidectomy – removal of one or both testes, important to acknowledge this is only performed as part of vaginoplasty or vulvoplasty

Pre-Surgery discussions

Based on the recommendations of doctors at the Gender Identity Clinic (GIC), you will be referred to a surgeon outside the clinic who is an expert in this type of surgery.

Your responsible clinician at your GIC will discuss pre-surgical considerations such as fertility and healthy lifestyle options:

Fertility

Before you have your surgery, you should think carefully about whether you may wish to have children in the future.

This is because your reproductive system will change during medical and surgical treatments, such as with hormonal therapy and surgery which can cause permanent infertility.

You should discuss whether you wish to preserve your fertility with your responsible clinician at your GIC before you are referred to a surgeon.

Your clinical team at your GIC can talk to you about banking sperm and at what point this should be arranged.

You will be required to stop all hormonal treatments for a period to enable your testes to function again and allow your testosterone to rise to the necessary level.

Healthy lifestyle

Your clinical team will additionally discuss pre-surgical requirements such as weight loss, smoking cessation (stopping smoking) and your general health.

We advise that you tell your surgeon of any specific physical work you regularly undertake so that they can give you the best advice possible about recovery times.

If you have a healthy lifestyle you are more likely to recover better from surgery and are more likely to have fewer complications, you should aim to be as healthy as you can by doing the following:

- Stop smoking: Smoking reduces blood supply and can reduce your ability to heal, it can also lead to chest infections.
- Cannabis use: Should also be avoided due to its estrogenic effect.
- Weight loss: Most surgeons will require your BMI to be less than 30 but this may vary according to which surgeon is performing the surgery, if you are overweight this can make the surgery more complicated and may lead to a higher risk of complications like delayed wound healing You can speak to your GP about a weight loss programme that is safe for you.
- Medications: Follow the advice given to you about what medications you should take or stop. Most surgeons will ask you to stop your oestradiol for six weeks before surgery and three weeks after surgery, however you will continue taking your testosterone blocker.
- Alcohol: Be honest with your doctor about how much you drink, as alcohol can affect your liver and have an impact on bleeding and wound healing. It is also an important factor for Anaesthetists to consider when deciding on which General Anaesthesia (GA) medications to use.
- Over the counter medication (OTC): Tell your surgeon if you are taking any additional over the counter tablets, vitamins or supplements as these may influence your ability to heal and may affect bleeding.

Pre-Surgery Assessment

Once you have decided where you would like your surgery to take place, you will meet with the surgical and nursing team.

You will be given information about what to take with you for both your assessment appointments and hospital admission.

The surgeon will carry out a physical examination of your genital area and will also discuss:

- **Various types of surgical options available**
- **Advantages and disadvantages of each surgery**
- **Potential risks or complications related to the surgery**
- **Follow up care you may require after your surgery**

As part of your assessment, you may be required to undergo some or all the following investigations:

- **Chest X-ray (CXR)**
- **Blood tests**
- **ECG (a tracing of your heart rhythm)**
- **Urine sample**
- **Routine observations such as: blood pressure (BP), heart rate (pulse) and your temperature recording**
- **COVID-19 screening may be required**
- **MRSA screening (nose and groin) may be required: This will involve taking some swabs from your nose and skin to see if you need to have any treatment before you have your operation. MRSA is a type of bacteria that is resistant to many antibiotics and lives on your skin. It is normally harmless, but it can affect your ability to heal if you have an operation**

Preparing for surgery

Once you have the date for your surgery, you may want to start thinking about hair removal and optional pre-surgical preparations which are advised you consider:

Hair removal

Some, but not all people having genital surgery will require hair removal from the genital area, however this will depend on the type of surgery.

Your surgical team will assess your skin and discuss what is required with you.

Both laser and electrolysis are permanent methods of hair reduction for surgical sites:

- Electrolysis: Involves insertion of a small needle into the hair follicles which are treated with an electrical current to prevent the hair from growing back.
- Laser hair removal: Involves using a laser light energy which is absorbed by the hair follicle, which is then destroyed. This technique is hair colour and skin colour dependent.

You may be referred by your GIC or your surgeon to an approved hair removal clinic.

You will require several treatments to effectively treat the site in preparation for surgery, this may take up to a year or more to complete.

Your surgeon will check the site before you have surgery to make sure that the treatment has been effective or decide whether you require further treatments.

Optional pre-surgical preparations which you are advised to consider in advance:

- If you are employed, you should speak to your employer to arrange the time you will need to be off work.
- You will need time to recover and this will vary depending on the type of operation you have; you may want to arrange to have someone with you for a period after you are discharged from hospital.
- Stock up your fridge, freezer and cupboards.
- Organise for someone to be available to help (e.g. with shopping and cooking) for at least the first two weeks you are home after your operation.
- It is advisable to discuss in advance with your GP or pharmacist regarding pain relief medication options, in preparation for when you return home after your surgery.
- If you have pets, ask someone to take care of them while you are in hospital and once you are at home.
- Make sure you have enough toiletries (including sanitary towels, panty liners and baby wipes) and clean underwear at home.
- You will also need to arrange for someone to collect you from the hospital after your surgery or arrange transport home.
- Make sure you have some loose-fitting clothing to take to hospital with you as tight clothing will be uncomfortable in the first few weeks after your surgery.

After your surgery you will be advised about activities that you should avoid such as certain types of exercise, driving and intimacy. It is generally advised that you avoid these activities for about six weeks after your operation.

It is important to follow the specific advice your surgeon has given you to avoid complications.

Vaginoplasty Surgery

Vaginoplasty is a surgical procedure to create a vagina and vulva - including labia, clitoris and shorten the urethra (the tube you urinate from) and remove the penis **(Penectomy)** and testes **(Orchidectomy)**.

The surgery will be done whilst you are asleep under general anaesthetic and this surgery is irreversible.

Summary of stages involved in vaginoplasty surgery are:

- Removal of testes **(Orchidectomy)**
- Removal of penis **(Penectomy)**
- Creation of a vaginal cavity/neovagina **(Vaginoplasty)**
- Creation of a clitoris **(Clitoroplasty)**
- Creation of labia **(Labiaplasty)**

When forming the vagina there are different approaches depending on how much skin is available from the penis and scrotal areas. In order to form a vagina of suitable length and width and prevent scar tissue formation the surgeon will examine your genital area to decide on which type of surgery to perform.

Rarely, there may not be enough skin for a vagina, in such cases an operation using a segment of bowel may be suggested.

During the removal of the penis and testicles, flaps of tissue and skin from the penis and are used to create the entrance and lining of the vagina **(Vaginoplasty).**

This skin or tissue flaps may remain attached to the body at one end and are referred to as a 'pedicle flap' or completely separated and called a 'free flap'.

A pocket is created in your pelvis between your urethra and back passage (anus) and the newly formed vagina is then inserted and held in place with packing.

A clitoris will be formed using the head of the penis **(Clitoroplasty)**. This should provide sexual sensation and may enable you to reach orgasm. In order to form a clitoris, the head of the penis (glans) is separated from the erectile tissue and remains connected to its original blood and nerve supply. Most of your erectile tissue will be removed. The glans is made smaller and then placed under a small hood just below the pubic bone and above the urethra.

Inner labia (labia minora) and outer labia (labia majora) will be made using the tissue from your scrotum and penis **(Labiaplasty)**.

During your operation, the urethra is shorted and repositioned to allow you to urinate sitting down and to resemble female anatomy.

During your surgery you will have a tube inserted into your bladder called a catheter, this will drain the urine from your bladder into a small bag. This will be in place for a few days to allow your body to heal. You will also have packing inside the vagina to hold it in place and prevent bleeding.

You will have dressings and wound coverings in place to prevent the risk of bleeding and infection. These will be checked regularly while you are in hospital and you will be advised on what care is required after your discharge.

Dilating after vaginoplasty

Transwomen will need to use dilators after surgery to prevent shrinking to the length and width of the vagina. This normally starts about five days after you have had your surgery and will be necessary long term.

Dilation helps prevent contraction of the skin graft inside the vagina and improves the elasticity of the vaginal wall in order to comfortably accommodate penetrative intercourse.

Dilation involves inserting a lubricated dilator into the neo-vagina and keeping it in there for a specified amount of time. The size of dilator and the length of dilation time varies depending on the surgeon's protocol and patient's needs.

Your surgeon will advise about the proper use and frequency of post-surgery dilation and it's important to follow their advice as it may be specific to your recovery.

You will normally be provided with two dilators of different diameter. Most patients are able to use these (usually needing to use the smaller dilator first, then the larger one), but some need different sizes. A few patients buy larger dilators some months after surgery to increase the width of the vagina.

The average canal can be anywhere between four and six and a half inches.

Most patients are advised initially to dilate three times daily (each "session" takes around 45 minutes, so up to 2.5 hours per day), with the time and frequency decreasing after you reach 18-24 months post-surgery.

It will be an uncomfortable process, especially in the first two weeks, but it is important that you follow the advice that you have been given to prevent complications. Most patients report that dilation becomes significantly more comfortable about two weeks after surgery.

Douching after vaginoplasty

Douching is a method of washing the inside of the vaginal cavity using water. You may be required to douche after your operation and your clinical team will give you advice, guidance and a regime to follow.

Follow up care

Following your surgery, you will be regularly reviewed by your surgical team.

You can expect to be in hospital between 5 and 7 days after your surgery depending on your surgeon's advice and the type of surgery.

These regular reviews will give your surgeon the opportunity to assess how well your wounds have healed and check for any post-surgical complications.

You would have been advised to stop taking oestrogen 6 weeks before your surgery, this may subsequently cause you to experience menopausal symptoms such as hot flushes and mood disturbances. It is important to discuss when to re-start your hormone therapy with your surgeon.

Regardless of where you choose to have your surgery, your surgical team will provide you with:

- A discharge plan
- What you should or should not do following surgery
- Wound care
- Pain management
- Expected recovery times
- Clear instructions on what to do should you have any concerns

You may be referred to the district nursing team or GP if you require wound care or treatment in the first few days after your discharge.

You will remain under your surgical team for one year, after which you will be discharged back to the care of your GP for ongoing continuing care.

Risks from surgery

As with all surgery that involves general anaesthetic there is risk of complications including deep vein thrombosis (DVT), infection, nerve damage, acute or chronic pain, and the need for surgical revision.

Common general surgical complications:

- Pain
- Blood clots
- Infection
- Bleeding
- Wound dehiscence (breakdown)
- Urinary tract infections (UTIs)
- Urinary retention (unable to pass urine)
- Poor scarring

Common vaginoplasty surgery related complications:

- Loss of sensation
- Loss of sexual function
- Dissatisfaction with visual appearance of the vagina, clitoris and/or labia
- Inability to orgasm
- Urinary incontinence (unable to control the need to urinate)
- Necrosis to skin or clitoris (tissue dying resulting in blackening of the skin or clitoris)
- Vaginal prolapse
- Fistula: (an unwanted connection between the vagina and urethra or bowel)
- Urethral stenosis (narrowing of the urethra, making it difficult to urinate)

Sexual Practice

If you have had a vaginoplasty you may be able to have penetrative vaginal sexual intercourse. Like many women, naturally occurring lubrication may not be sufficient and you may need to use a lubricant.

It is worthwhile taking time to explore your new anatomy, to locate the clitoris and any other areas which are erogenous and pleasurable, before becoming intimate with a partner.

Usually patients prefer to wait 4 weeks post-surgery prior to engaging with penetrative vaginal intercourse to allow time for the healing process. However; there is no "right" time to commence sexual intercourse, if you feel comfortable to be intimate with someone, it's almost certainly safe to start. If in doubt, ask your surgeon or specialist nurse.

We would encourage you to practice safe sex, especially with, for example, a new partner,

Who can I contact if I have a question?

If you have any queries or require advice you can contact your:

- Surgical team
- GP
- GIC

The NHS Gender Dysphoria National Referral Support Service (GDNRSS) have a support line available for questions and queries regarding specialist gender surgery in England, Wales, Scotland and Northern Ireland.

We can answer questions relating to:

- General enquiries
- Clinical or non-clinical information
- Your referral
- The status of your chosen hospital
- Information relating to travel and any other practicalities

We are available from:
Monday – Friday
9am – 4:30pm

You can contact us via telephone:
Telephone Number –
01522 857799

Contacting you

- Your GIC will ask you if you prefer to be contacted by the GDNRSS team via email or letter and this will be recorded on your file.
- We will email or write to you to let you know your referral has been received and how this has been processed using your preferred contact method.
- We will not be aware of any changes in your personal circumstances, therefore any correspondence from us will be sent to the address or email provided by you to your GIC.
- Please ensure that your contact details are up to date with us and your GIC and contact us if you have a different way you would prefer us to make contact.
- We value your views to help improve services and we may on occasion contact you to gather information about your experience and outcomes after surgery, this is known as patient reported outcome measures (PROMS).

Please let us know if you do not want us to contact you to complete patient surveys.

How we use your information

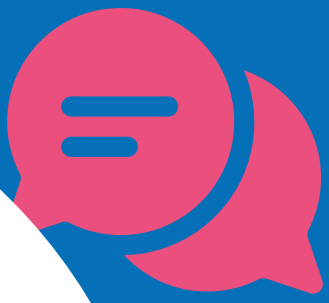
- **Referrals are sent to us using a confidential electronic referral system**
- **Once received, referrals are securely stored, and our referral system is governed by the General Data Protection Regulation (GDPR)**
- **We take our responsibility to protect your data and confidentiality extremely seriously and the information we receive can only be used by trained staff who work under close supervision**

We do not share your information with anyone other than those involved in your care and treatment.

Feedback

If you would like to provide feedback, please email us at: **agem.gdnrss@nhs.net**

If you require information in another language or format, please contact the team at: **agem.gdnrss@nhs.net**



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