

Vulvovaginoplasty/Vaginoplasty Surgery

Vulvovaginoplasty is a surgery to remove portions of your current genitals and reposition them to create a vulva (external vagina) and a vagina (internal genitalia, canal). Depending on your desired surgical outcome, in some cases no vaginal canal is made (**limited depth vulvovaginoplasty**), giving the exterior look of a vagina without the inner canal, while in other cases the full vaginal lining/canal is created (**full depth vulvovaginoplasty**). This surgery is a joint surgery performed by a Plastic Surgeon and a Urology Surgeon together. You may have your consultation appointment and post-operative follow up appointments with either surgeon throughout the process.

The goals of surgery, depending on the outcomes you desire, are to give you an aesthetically pleasing vulva, clitoris sensation, urethra position that allows for urination while sitting, and a vaginal canal that can engage in receptive intercourse (should you want a vaginal canal).

Full Depth Vulvovaginoplasty

- Full depth vulvovaginoplasty can include taking tissue or grafts from the shaft skin, part of the scrotal skin, and tissue from the abdomen or groin to create the internal vaginal canal lining. The gonads (testicles) are typically removed (orchiectomy), the urethra is shortened, and the glans used to create the clitoris. Currently, we are not able to offer penile preserving or peritoneal pull through methods of vulvovaginoplasty.
- Prior to this surgery, complete hair removal from the genital area is required to prevent post-operative hair growth within the vaginal lining.
- To maintain the newly created vaginal canal, daily vaginal dilation will be required post-operatively to prevent the canal from closing or reducing in depth.
- For full depth vaginoplasty, you will be admitted to the hospital for 5-7 days.
- Out of town patients (patients traveling over 100 miles) should plan to stay in the area (within 1 hour of the hospital) for up to 6 weeks after surgery.

Minimal Depth Vulvovaginoplasty

- Minimal or “zero depth” vulvovaginoplasty, is the creation of exterior vulva structures using the same methods as the above full depth vulvovaginoplasty but does not create an inner vaginal canal. This gives patients the full exterior look and feel of an external vagina/vulva without the inner canal.
- Minimal depth vulvovaginoplasty has a lower risk of certain complications than full depth vulvovaginoplasty.
- Hair removal is not needed prior to minimal depth vaginoplasty.
- Minimal depth vulvovaginoplasty does not require dilation after surgery.
- For minimal depth vulvovaginoplasty you will be admitted to the hospital for 4-5 days.
- Out of town patients (patients traveling over 100 miles) should plan to stay in the area (within 1 hour of the hospital) for up to 6 weeks after surgery.

Orchiectomy

Orchiectomy is the removal of the gonads (testicles). The procedure is performed by opening the scrotal skin at the front of the scrotal sac, removing the gonads, and clamping the spermatic cords with sutures.

Outcome Considerations

When considering vulvovaginoplasty, here are some things to discuss with your surgeons:

1. Each person's story and goals are unique, and we take that into account when finding the right treatment for you. Occasionally, a full depth vaginoplasty is not safe due to specific medical conditions or treatments you have needed in the past. If there is a medical reason that you should not have a full depth vaginoplasty, we will discuss this more at your individual consultation.
2. Sometimes your goals might not fit with one of these approaches. Each surgery has its own benefits and drawbacks, and there are some unique risks to think about with each approach.
3. Vaginal depth can depend on the structure of your pelvis, varying the depth of the vaginal canal that can be created.
4. Vaginoplasty uses genital skin, so the size of the genitals prior to surgery determines the amount of tissue available to use and can be reduced if an orchiectomy was performed prior to vulvovaginoplasty, or if puberty blockers reduced genital size. Patients with minimized genital tissue may require additional grafts (abdomen, groin) to create the vaginal depth desired.
5. With a **full depth vulvovaginoplasty**, there are two important surgical risks to know about. During the surgery, we create a space for the vaginal canal between the urinary tract (the bladder and urethra) and the GI tract (the rectum and anus). During this process, there is a small but important risk of injuring the urinary tract, the GI tract, or even both. These might require additional work at the time of your surgery and might also require additional treatments or surgeries at a later date. There is also a risk of developing a **fistula** (a path between the GI tract and the vagina, or between the urinary tract and the vagina) after this operation, which would need additional treatments and possibly another 1-2 surgeries.
6. The benefits to a **full depth vulvovaginoplasty** include an ability to have vaginal receptive intercourse (be the receiving partner for vaginal sex) in addition to anal

receptive intercourse and nonpenetrative intercourse. The drawbacks include the need for lifelong vaginal dilation (putting a dilator into the **vaginal canal** for 20-30 minutes at a time) to help maintain the canal space.

7. The benefits to a **minimal depth vulvovaginoplasty** include an ability to have anal receptive intercourse and nonpenetrative intercourse, no need for complete hair removal or daily vaginal dilation, and minimal risk of injury or fistula involving the urinary/GI tracts. The drawbacks include no ability to have vaginal receptive intercourse.
8. Pursuing a **minimal depth vulvovaginoplasty** does not absolutely exclude the possibility of creating an inner vaginal canal (full depth) in the future should it be desired, but as genital tissue has been greatly reduced and creating the canal afterward becomes more challenging, options are diminished and may not always be possible. For these reasons if you know a full depth fits with your goals, we generally recommend working towards a single stage surgery as opposed to a minimal depth with a second stage.
9. While our surgeons are committed to creating excellent functional and aesthetic outcomes, every individual's anatomy is different, and no two vulvas are exactly alike. Post-operative results and surgical complications will also vary by individual, and some may need a secondary surgery or revision to address surgical complications that could arise.

Medical Requirements Prior to surgery

Hair removal

Hair Removal is required for **full depth vulvovaginoplasty**. The skin of the penis and the scrotum are used to create the new vagina, so hair must be permanently removed from these areas prior to surgery to avoid internal hair growth in the new vaginal canal. This reduces hygiene problems, discomfort during dilation and intercourse, and a less desirable appearance after surgery. There are no good options to remove hair from the vaginal canal post-operatively, and unreliable techniques to remove hair during the surgical procedure. Hair removal takes multiple treatment sessions and can take 6-12 months or longer to complete, varying by person and dependent on hair coarseness, color, and skin. Knowledgeable hair removal providers with appointment availability can be difficult to locate depending on your location and coverage, so we recommend locating a provider early.

Cessation of smoking and nicotine

If you use **tobacco products**, we will have you **stop all tobacco products (including vape pens) for at least 8 weeks before the date of your surgery and 6 weeks after your surgery**. Tobacco products cause constriction (squeezing) of delicate blood vessels and can have a negative

impact on healing around the time of major surgeries. We know that quitting is much easier said than done, but this is a critically important piece of your successful course. Please let your surgical team know if we can provide any resources to help support you in your efforts to quit. Nicotine gum and patches are safe and effective to use during this window. **We will have you complete a urine test to double check you are tobacco free 2 weeks before your surgery date;** this urine test is asked of all patients undergoing a major reconstructive surgery and is performed to ensure your safety and readiness to heal after this large surgery. Second-hand smoke exposure should also be avoided.

If you use **marijuana products**, we will have you stop any smoking of marijuana (including vape pens) for at least 6 weeks before the date of your surgery. This is to make sure your airway is in the best condition for a long procedure under anesthesia, so that we can minimize the risk that you have any lung issues when going to sleep or waking up. Edibles and other forms of marijuana administration can be used during this 6 week preoperative period (but not within 24 hours before surgery).

Please consult your primary care or medical provider for cessation support, or visit the [Washington Department of Health's Quit Tobacco Help](#) website or call **1-800-QUIT-NOW** (1-800-784-8669).

Estrogen hormone therapy

Surgery may require you to stop estrogen for **3 weeks before surgery and 2 weeks after**, your doctor will discuss this with you and let you know when you can resume taking estrogen post-operatively. Research indicates that estrogen hormone therapy increases the risk of complications related to blood clots, also called venous thrombo-embolism, or VTE. Because of the length of surgery, immobility concerns immediately after surgery, and other factors, the UNC THP follows a set of guidelines created in collaboration with current research and clinical recommendations from the UNC Departments of Endocrinology and Surgery. These guidelines are designed to both maximize patient safety and combat the real effects of minimizing, changing, or stopping hormone therapy in the lead up to surgery.

Controlled Medical and Mental Health

Any surgery is a challenge to your body, and you should be in the best physical condition you can be before surgery. This includes physical fitness, management of blood pressure and diabetes if those are concerns. We do not have a specific exclusionary BMI limitation (BMI cutoff) – we will discuss surgical options, medical risk, and anticipated outcomes with each patient on a case-by-case basis. As healing and risk of infection can be impacted by diabetes, we recommend seeing your primary care provider within one year of surgery to monitor and manage any additional medical concerns. Mental health and wellness are essential to surgical planning and post-op recovery. All mental health conditions need to be reasonably controlled to meet surgical readiness requirements, we recommend seeing your mental health provider within one year of surgery to monitor and manage any additional mental health concerns.

Fertility Preservation

Maintaining your ability to have children in the future may be important to you. You should think about your goals and desires for future fertility before surgery. Should you decide to move forward with fertility preservation, this may entail banking/storing gametes (such as sperm). Fertility preservation/seminal storage is offered by [Reproductive Care at UW Medical Center Roosevelt](#).

Medical and Legal Prerequisites for Surgery

[Washington state law](#) prevents insurance discrimination based on gender identity and in 2021 Washington State passed [Senate Bill 5313](#), prohibiting health insurers from denying or limiting coverage for [gender-affirming treatment](#) when that care is prescribed to an individual on the basis of a protected gender expression or identity, is medically necessary, and is prescribed in accordance with *WPATH accepted standards of care*.

UW Medicine adheres to the standards of care determined by the [World Professional Association of Transgender Health \(WPATH\)](#) and required for coverage through Washington State based insurance plans. All gender-affirming surgeries must meet the below standards of care and have this documented by both a primary care provider and mental health provider(s), regardless of insurance coverage and payment. All gender-affirming health providers are required to follow WPATH standards of care that include provider letters, without exception.

All Gender-Affirming Surgeries require the following WPATH guidelines to be met, regardless of insurance coverage or payment. While insurance coverage for gender-affirming care generally mirrors the WPATH requirements, individual insurance companies may have their own requirements and they can vary across states and coverage plans.

Before beginning the process of [scheduling](#) a consult appointment with a surgeon, UW Medicine will require:

1. You have a diagnosis of Gender Dysphoria, Gender Incongruence (ICD 10 code - F64.9, F64.0) by a mental health or medical provider. Without the above diagnosis, gender-affirming surgical care cannot be provided by any medical provider.
2. A referral for gender-affirming surgery from your primary care provider or medical provider managing your hormone replacement therapy (HRT), if applicable. One referral is needed for each surgery requested and cannot be for multiple surgeries. A gender-affirming surgery referral can be faxed to 206-520-3104.
 - A referral for surgery must include:

- Confirmation of a Gender Dysphoria, Gender Incongruence (ICD 10 code - F64.0) diagnosis.
- Clear description of the surgery you need (e.g. “mastectomy” or “masculinizing top surgery”). Referral for “gender-affirming surgery” is not descriptive enough.
- Supporting medical documentation if appropriate
- A letter of surgical support from your **primary care provider or medical provider managing your hormone replacement therapy (HRT)** if applicable. [Primary care provider letter requirements and template](#)

Before your consult appointment we will need:

3. **One** Letter from a **licensed mental health provider** affirming readiness for surgery. This can be written by any licensed Psychiatrist, Psychologist, therapist (MFT), counselor (LPC, LMHCA, LMHC), social worker (LICSW, LCSW, LSWAIC), etc. Please fax signed letters to 206-520-3104.
 - Mental Health assessment letters are often only valid for 12 months. Establishing care with a MH provider early is recommended, so that a request for them to write and sign a letter closer to your consult won't delay your appointment or require you get the letters re-dated and signed further into the process.
 - Mental health letters **must specify the surgical procedure** being requested (one procedure per letter, cannot specify multiple surgeries), and **be dated and hand signed by the provider**. [Licensed mental health provider letter requirements and template](#)

Wait Times

We have received an overwhelming number of referrals for gender-affirming surgical care and are working to reduce these wait times, but like many other gender-affirming programs throughout the country, **most procedures have a minimum wait of 1 year before the first consult appointment.**

How To Best Stay Connected for Updates and Scheduling

The best way to contact and send us messages or questions is to sign up for UW Medicine's MyChart, which starts an electronic health record for you. After starting a MyChart account, you will be able to enter your personal and medical information, send questions to staff, approve medical records be sent from outside providers to UW Medicine, upload letters and medical documents, view referral updates, etc.

UW Medicine

- Please [sign up for MyChart here](#) so we can share information and respond to your questions quickly.
- If your insurance changes during this process, please let us know as soon as possible to avoid any delays.

Surgical and Clinic Sites

Vulvovaginoplasties can be performed at [Harborview Medical Center](#) or the [UW Medical Center - Northwest](#) depending on the soonest availability.

New patient consultations and follow-up appointments will be scheduled in the Urology or Plastic Surgery clinic, depending on the next available appointment:

- [Burn and Plastic Surgery Clinic at Harborview](#)
- [Urology Clinic at UW Medical Center – Northwest](#)
- [Urology Clinic at Harborview](#)

Questions? Contact Us at

UW Medicine's Transgender and Gender Non-Binary Health Program

Phone: 206-597-0700

Fax: 206-520-3104

E-mail: tgnbhealthprogram@uw.edu

Office Hours: 8:00 am – 4:00 pm, Monday thru Friday (excluding Holidays)