

TRANSGENDER HEALTH

Patient-Reported Esthetic and Functional Outcomes of Primary Total Laparoscopic Intestinal Vaginoplasty in Transgender Women With Penoscrotal Hypoplasia



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ABSTRACT

Introduction: Puberty-suppressing hormonal treatment may result in penoscrotal hypoplasia in transgender women, making standard penile inversion vaginoplasty not feasible. For these patients, intestinal vaginoplasty is a surgical alternative, but knowledge on patient-reported postoperative outcomes and quality of life is lacking.

Aims: To assess patient-reported functional and esthetic outcomes, quality of life, satisfaction, and sexual well-being after primary total laparoscopic intestinal vaginoplasty in transgender women.

Methods: A survey study was performed on transgender women who underwent primary total laparoscopic intestinal vaginoplasty with at least 1 year of clinical follow-up. Thirty-one transgender women completed the questionnaires (median age at time of surgery = 19.1 years, range = 18.3–45.0) after a median clinical follow-up of 2.2 years (range = 0.8–7.5). Consenting women were asked to complete a combined questionnaire of the Subjective Happiness Scale, the Satisfaction With Life Scale, Cantril's Ladder of Life Scale, the Female Sexual Function Index, the Female Genital Self-Imaging Scale, the Amsterdam Hyperactive Pelvic Floor Scale—Women, and a questionnaire addressing postoperative satisfaction.

Main Outcome Measures: Patient-reported functional and esthetic outcomes and postoperative quality of life.

Results: Patients graded their life satisfaction a median of 8.0 (range = 4.0–10.0) on Cantril's Ladder of Life Scale. Patients scored a mean total score of 27.7 ± 5.8 on the Satisfaction With Life Scale, which indicated high satisfaction with life, and a mean total score of 5.6 ± 1.4 on the Subjective Happiness Scale. Functionality was graded a median score of 8.0 of 10 (range = 1.0–10.0) and esthetics a score of 8.0 out of 10 (range = 3.0–10.0). The mean Female Sexual Function Index total score of sexually active transgender women was 26.0 ± 6.8 .

Conclusion: This group of relatively young transgender women reported satisfactory functional and esthetic results of the neovagina and a good quality of life, despite low Female Sexual Function Index scores.

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Key Words: Vaginoplasty; Sex Reassignment Procedures; Gender Dysphoria; Intestinal Vaginoplasty; Sexual Function; Patient-Reported Outcome

INTRODUCTION

Some children show signs of gender dysphoria (GD) from an early age on. When feelings of GD persist into adolescence,

puberty-suppressing hormonal treatment is given at the Centre of Expertise on Gender Dysphoria at VU University Medical Centre (Amsterdam, Netherlands). Development of natal

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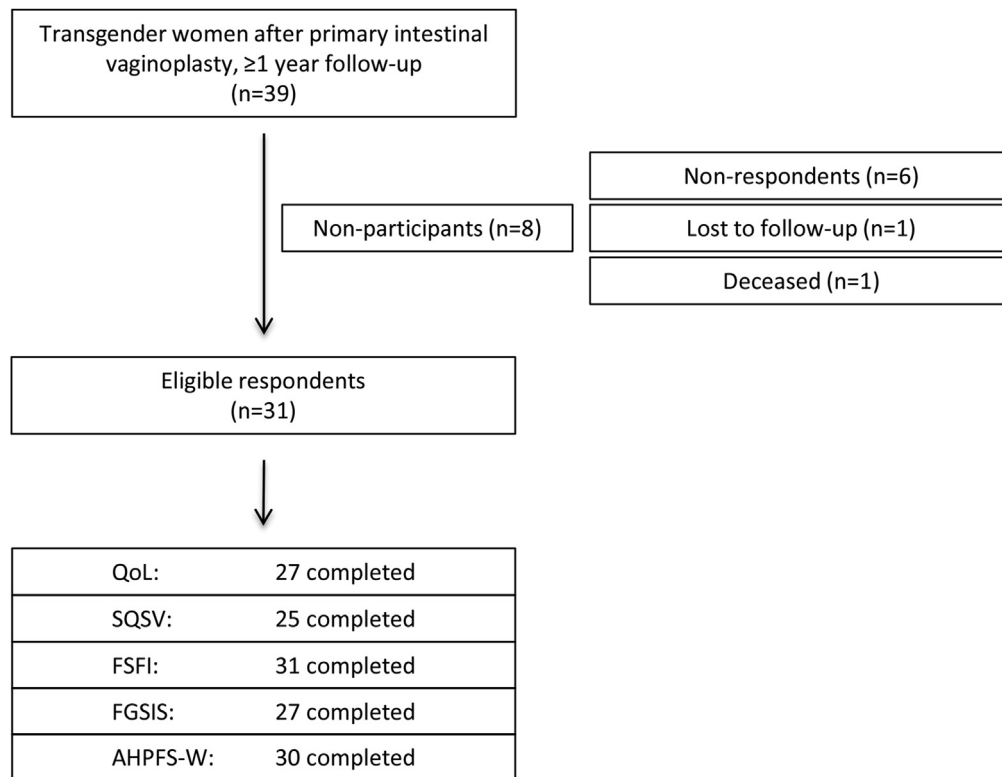


Figure 1. Flow diagram of study participation. AHPFS-W = Amsterdam Hyperactive Pelvic Floor Scale—Women; FGSIS = Female Genital Self-Imaging Scale; FSFI = Female Sexual Function Index; QoL = quality of life; SQSV = Self-Evaluation of Vaginoplasty.

secondary sex characteristics can be suppressed using gonadotropin-releasing hormone agonists.¹ Gonadotropin-releasing hormone agonists are prescribed to patients when GD is present from early childhood, when GD is increased after initiation of pubertal changes, when there are no comorbidities that could interfere with diagnostic work or treatment, when patients demonstrate a knowledge and understanding of its effects, and when adequate psychological support is present.² The effects of treatment are reversible and provide time to make a thought-through decision about the definite and irreversible choice to use cross-sex hormones and change the physical sex.^{2,3} Penoscrotal hypoplasia can develop as a consequence of gonadotropin-releasing hormone agonist treatment in adolescent transgender women. Over the years, a general increase in the number of referred and hormonally treated adolescents has been observed.⁴ As a result, surgeons who perform sex-change surgery are confronted more frequently with young transgender women seeking genital gender-confirming surgery because they have too little penoscrotal skin to enable a standard penile inversion vaginoplasty. The VU University Medical Centre is the only center worldwide where total laparoscopic intestinal vaginoplasty is performed as a primary vaginoplasty procedure in transgender women with penoscrotal hypoplasia. To date, there are few publications on patient-reported quality of life or sexual function after intestinal vaginoplasty and there is a need to assess these outcomes after surgery.⁵

AIMS

This study aimed to assess patient-reported functional and esthetic outcomes, postoperative quality of life, and sexual well-being after primary laparoscopic intestinal vaginoplasty in transgender women.

METHODS

Patients

This is a survey study of transgender women with penoscrotal hypoplasia who underwent total laparoscopic intestinal vaginoplasty as a primary vaginal constructive procedure at the VU University Medical Centre. All patients who underwent this procedure from November 2007 with at least 1 year of clinical follow-up were asked to participate. Thirty-nine transgender women underwent total laparoscopic intestinal vaginoplasty as a primary reconstructive procedure after November 2007. Thirty-one (79%) were included in this study (Figure 1 shows the study participation flowchart). Their median age at surgery was 19 years (range = 18–45). All were healthy transgender women with a mean body mass index of 22.3 ± 3.6 kg/m² and without concomitant psychiatric comorbidity. Median penile skin length was 7.0 cm (3.0–10.0). Twenty-six patients (84%) used puberty-suppressing medication and started cross-sex hormones before 18 years of age. In 30 of 31 patients, a sigmoid segment was used as a graft type during intestinal vaginoplasty. In one patient a total laparoscopic ileal vaginoplasty was performed,

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