

ORIGINAL RESEARCH

Aesthetic and Functional Outcomes of Neovaginoplasty Using Penile Skin in Male-to-Female Transsexuals

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ABSTRACT

Introduction. In the treatment of transgender women, the surgical construction of a neo-vagina, or vaginoplasty, is the final stage in the transition to the desired gender. Surgeons aim to create a neovagina that is in function and appearance as close to a biological vagina as possible. However, to date, it is insufficiently clear whether transgender women are satisfied with the functional and cosmetic outcomes of vaginoplasty.

Aims. Our aim was to assess if penile skin inversion neovaginoplasty performed in transgender women meet the objectives strived for, by determining functional and aesthetic outcomes, as well as the physical and sexual well-being and satisfaction.

Methods. We performed a retrospective survey study on 49 transgender women who underwent vaginoplasty using the penile skin inversion technique. Participants were asked to fill out the Female Sexual Function Index (FSFI), a combination of the Amsterdam Hyperactive Pelvic Floor Scale—Women (AHPFS-W) and the Female Genital Self-Imaging Scale, and a short questionnaire for self-evaluation of vaginoplasty. Photographs of the genitalia were taken for objective assessment by an independent panel.

Main Outcome Measures. Primary outcomes were the functional and aesthetic evaluation as perceived by the transgender women themselves. Secondary outcomes were the aesthetic evaluation of the vaginoplasty by an independent panel.

Results. Functionality and appearance were both given an average score of 8 out of 10. Despite this high score, 56% is sexually dysfunctional according to the FSFI, mainly because of not being sexually active, or due to problems with lubrication and discomfort. In 75%, the result met the expectation and 70% thinks their genital is feminine enough.

Conclusion. This study demonstrates that, despite relatively low FSFI scores, this group of transgender women is very satisfied with both the functional and aesthetic results of neovaginoplasty using penile skin inversion. **Buncamper ME, Honselaar JS, Bouman M-B, Özer M, Kreukels BPC, and Mullender MG. Aesthetic and functional outcomes of neovaginoplasty using penile skin in male-to-female transsexuals. J Sex Med 2015;12:1626–1634.**

Key Words. Surgery; Vaginoplasty; Penile Inversion; Male-to-Female Transgender; Sexual Function; Patient-Reported Outcome

Introduction

Gender incongruence (GI) is a discrepancy between the experienced gender and the physical sex of an individual. Prevalence of GI is difficult to establish, as data are influenced by accessibility of care, differences in definition of the condition, and social climate. In the Netherlands, about 1% of people were found to have gender dysphoric feelings, where around 10% of these individuals wishes medical treatment for GI [1]. However, only part of this latter group actually comes to the clinic. Once GI has been diagnosed, transgender women (MtF) undergo a comprehensive treatment program including lengthy hormone and psychological treatment, optional breast augmentation, and finally, if desired, gender confirming surgery (GCS) [2].

For MtF women, GCS entails a neovaginoplasty, i.e., the surgical procedure of creating a vagina. The procedure aims to create a perineogenital complex as feminine in appearance and function as possible. The natural female vagina is taken as the standard: a cavity of at least 11 cm in depth and 3 cm in width, hairless, and lined with ideally moist, robust, elastic epithelium. A sensate clitoris, and both labia minora and majora should be present. The urethral meatus must be shortened, so that urinating in a sitting position is possible without problems. While in the upright position, the introits should be covered. All this should be achieved with the least possible complications [3].

There are many techniques available for neovaginoplasty. In MtF, the most frequently used, and considered the gold standard, is the construction of a neovagina using inverting penile skin [4,5]. As in all techniques, a cavity is created between the rectum and bladder. In this technique, the penile skin is dissected from the shaft of the penis, but remains attached to the pubic area in order to retain blood perfusion and sensitivity. After shortening of the urethra, removal of the swelling corpora, testicles and scrotum, and creating a female genital, the penile skin is inverted into the cavity created, to form the inner lining of the new vagina [6].

Suggested advantages of this technique are that penile skin is mostly hairless and is less likely to contract compared with split thickness skin grafts and full thickness skin grafts, and that it leaves local nerves intact. A disadvantage is that widening of the anterior commissure results in a more exposed clitoris [7]. Several complications have been reported, which also apply to other surgical

techniques, such as bleeding, infection, vaginal prolapse, meatal and vaginal stenosis, necrosis of the clitoris, and recto-neovaginal fisteling [8–10].

In the Netherlands, the Center of Expertise on Gender Dysphoria at the VU University Medical Center (VUmc) is the only multidisciplinary center for treatment of GI in adolescents and adults. Most vaginoplasty surgeries in the Netherlands are performed here, and the penile inversion vaginoplasty is the technique of choice. Despite the fact that the penile skin inversion vaginoplasty is the most frequently used method for neovaginoplasty, it has never been examined whether the transgender women are satisfied with the functional and cosmetic outcomes of vaginoplasty. A few retrospective studies deal with the psychological and clinical results in transgender women, but studies on aesthetic and functional outcomes are lacking [8,11]. Hence, knowledge about functional and aesthetic results of neovaginoplasty using penile skin inversion is insufficient.

Aims

With this study we aimed to determine the functional and aesthetic results of neovaginoplasty in MtF transgender women, who underwent penile skin inversion vaginoplasty at least 2 years previously.

Methods

Subjects

This is a retrospective survey study of MtF transgender women, who underwent neovaginoplasty using the penile skin inversion technique between July 1, 2007 and June 30, 2010 at the VUmc in Amsterdam. The Medical Ethical Committee at the VUmc approved the study. All eligible women ($n = 80$) were identified and approached by letter and by phone to participate in the study. MtF transgender women who gave informed consent were included in the study. Of the 80 eligible women, two were deceased and 10 could not be traced. The remaining 68 women were contacted and asked to partake in the study. Eleven women declined to participate and eight women consented, but failed to return the questionnaires. Ultimately, we included 49 women (response rate of 61.3%) of which 16 women only completed questionnaires and 33 women completed questionnaires and had photographs taken (Figure 1).

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