Outpatient Male-to-Female Vaginoplasty Is a Safe Procedure

Jenny Lee Nguyen, MD; Jesse T. Nguyen, MD; Thanh A. Nguyen, MD; Michael J. Wheatley, MD; Tuan A. Nguyen, MD, DDS

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INTRODUCTION: Male-to-female vaginoplasty using penile skin inversion has traditionally been performed as an inpatient procedure.[1] There have been no reported series of outpatient vaginoplasty,[2,3] the closest being an office-based vaginoplasty after which the patient is monitored overnight by a doctor and nurse.[4] This study reviews our 15-year experience with strictly outpatient vaginoplasty.

MATERIALS AND METHODS: A retrospective chart review was conducted of all outpatient penile skin inversion vaginoplasties performed in our practice from 2001 to 2016. Data collection included patient demographics and comorbidities. Operative time, combined procedures, pre- and post-operative antibiotic use, and estimated blood loss were recorded. Immediate and early postoperative complications were identified, including infection, dehiscence, graft loss, fistula, and vaginal stenosis, along with treatment to address such complications.

EXPERIENCE: Forty-four patients who underwent outpatient vaginoplasty were included in the study. Hormones were stopped 4 weeks prior to surgery. Preoperative and 5 days of postoperative antibiotics were given. Sequential compression devices were used during surgery. Ambulation was started the day of surgery. The senior author called patients the evening of surgery and visited them the next morning. Patients were then followed on an every other day basis, visited on postoperative days 3, 5, and 7. Out-of-town patients were allowed to return home after postoperative day 7. Patients were seen in clinic 2 weeks after surgery or followed up via phone call.

RESULTS: Patient ages ranged from 18 to 70 years. All were ASA Class III or less. Average BMI was 24.3. Relevant comorbidities included smoking, hypertension, coronary artery disease, diabetes mellitus, psychiatric disorders, and use of blood thinners. Most patients underwent combined vaginoplasty with clitoroplasty. 3 patients underwent clitoroplasty without vaginoplasty. 6 patients' vaginoplasties were combined with other procedures. Postoperative complications included infection, rectal fistula, vaginal stenosis, vaginal prolapse, urinary retention, partial skin graft loss, and partial incisional dehiscence. All complications were within previously reported inpatient vaginoplasty complication ranges. 16 patients underwent secondary cosmetic revisionary surgery.

CONCLUSION: With proper patient selection, outpatient male-to-female penile skin inversion vaginoplasty has similar complication rates compared to those performed inpatient. Outpatient vaginoplasty is safe and can help reduce the cost of surgery by eliminating hospital admission.

REFERENCES:

1. Selvaggi G, Bellring J. Gender reassignment surgery: an overview. *Nat Rev Urol*. 2011; 8: 274-82.

2. Amend B, Seibold J, Toomey P, Stenzl A, Sievert KD. Surgical reconstruction for male-to-female sex reassignment. *Eur Urol*. 2013; 64(1): 141-9.

3. Raigosa M, Avvedimento S, Yoon TS, Cruz-Gimeno J, Rodriguez G, Fontdevila J. Male-to-female genital reassignment surgery: a retrospective review of surgical technique and complications in 60 patients. *J Sex Med*. 2015; 12: 1837-45.

4. Reed H. Aesthetic and functional male to female genital and perineal surgery: feminizing vaginoplasty. *Semin Plast Surg*. 2011; 25: 163-74.