

So, You Want
**Vaginoplasty,
Orchiectomy, or
Genital Remodeling
Surgery.** What's Next?

A guide for choosing a surgeon, preparing for surgery, and recovery.



Congratulations!

You can prepare for accessing vaginoplasty, orchectomy or genital reconstruction surgery and feel confident by using this document for personal reflection, notes, or during your appointments.

This document addresses bottom surgery that may involve removal of testes with or without creation of a vulva or vagina. This guide will use anatomical language, and we recognize and celebrate the language you use for your body. Some people may wish to only have an orchectomy, or removal of testes. Other people may also be interested in vaginoplasty or vulvoplasty as types of genital reconstruction.



Photo credit: The Gender Spectrum Collection

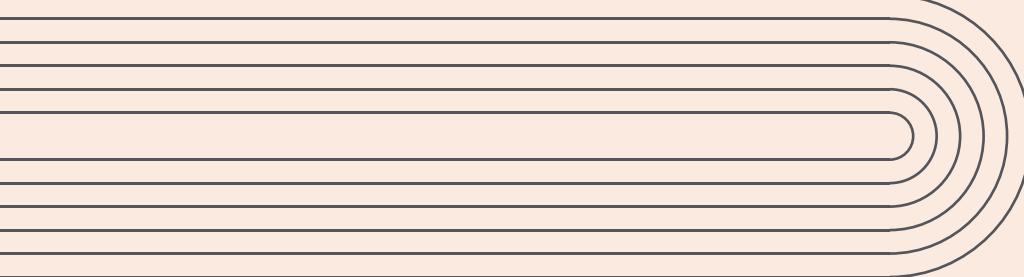
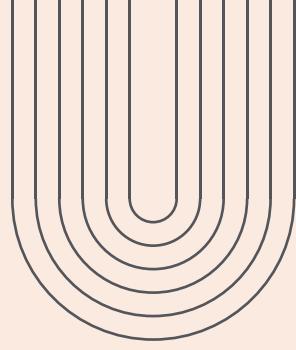


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Definitions & Considerations:

Orchiectomy: Removal of testicles. This procedure can be performed alone or in combination with vaginoplasty and/or vulvoplasty. This is a sterilizing surgery. It also stops most testosterone production, which may allow people to stop taking medications like spironolactone.

Vaginoplasty: Creation of a new, internal canal from penis, colon, peritoneum (lining of the intestinal cavity), or other tissue.

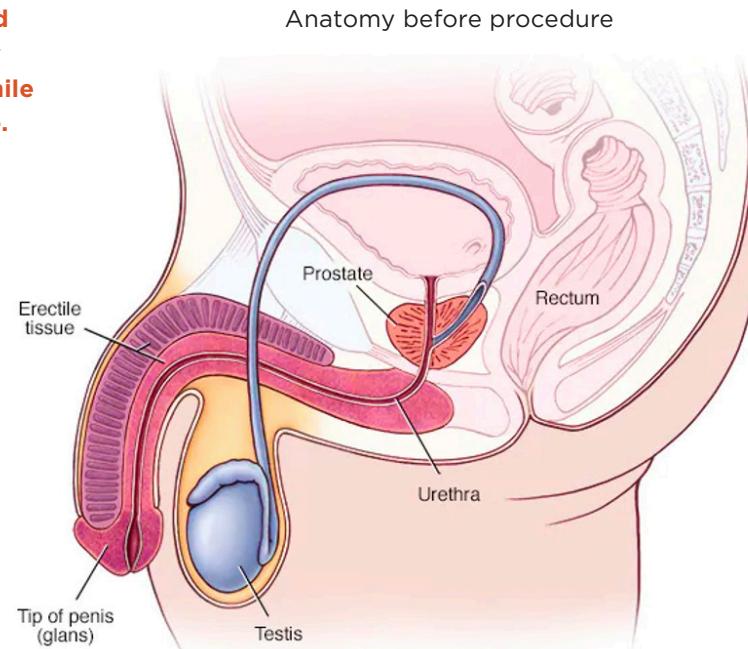
Vulvoplasty: Creation of a new vulva (external genitalia- labia majora and minora) from scrotal tissue and clitoris from a portion of the glans penis (the rounded, gland-like head of the penis). This is also known as genital remodeling or zero depth vaginoplasty.

Genital reconstruction: A general term sometimes used for bottom surgery. Can describe vaginoplasty or vulvoplasty.

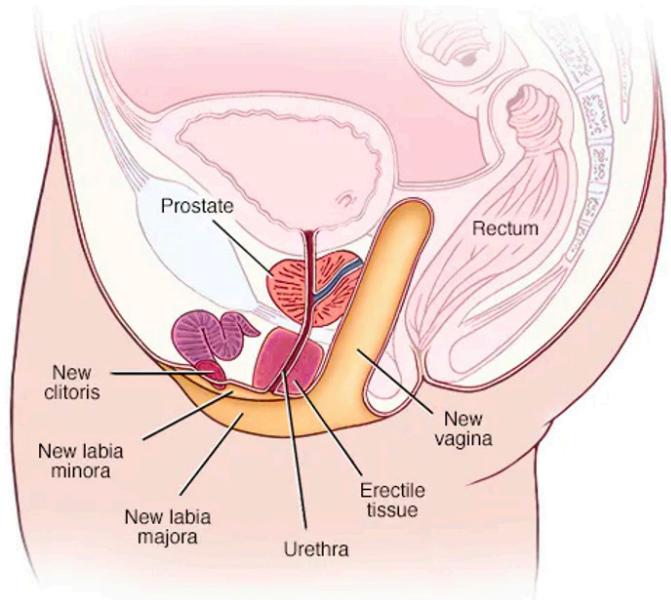
Dilation: The process of inserting a dilator (rounded cylinder) into the neovagina in order to keep it open. All types of vaginoplasty require dilation, but different surgeons have different dilation protocols. You will need to dilate for the remainder of your life to keep the vagina open, although if you are having penetrative, vaginal sex as often as you need to dilate, that may serve the same function. Your surgeon will have individualized recommendations for you.

Hair removal: Individuals who are undergoing penile inversion vaginoplasty need to have permanent hair removal on their penis and scrotum as this tissue will be used to line the vaginal canal. Hair that isn't removed prior to surgery can cause problems in the future. Permanent hair removal is done using electrolysis and/or laser hair removal and can take a year or more before you will be ready for surgery.

Anatomy before and after a vaginoplasty and vulvoplasty penile inversion procedure.

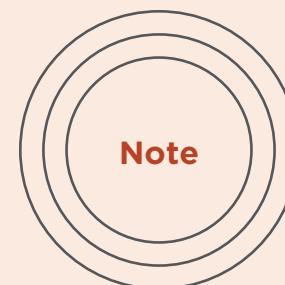


Anatomy after penile inversion procedure



Initial Steps:

1. Think about your goals for surgery and what types of procedures may help you accomplish this. If you are able to afford the cost of hair removal, starting this process may decrease the time you wait to access surgery. Reach out to transhealth@fenwayhealth.org for a list of hair removal providers in the Boston area.
2. Choose a surgeon by doing your own research or email transhealth@fenwayhealth.org for a list of affirming providers.
3. Request a referral from your primary care provider if required by your insurance plan.
4. If you are interested in fertility preservation or hair removal covered by your insurance, ask about the process for coverage for these services as well.
5. Call the surgeon's office to schedule a consultation. Be clear about the reason: "I would like to request a consultation for vaginoplasty, vulvoplasty, or genital reconstruction surgery." Confirm if letters are required prior to the consultation or after the consultation is scheduled.
6. Coordinate with your surgeon's office on costs, insurance coverage, scheduling, hair removal (as needed), etc. See the end of this document for funding resources.
7. Tell your primary care provider the dates of your consult(s) and surgery.



This process can take some time to navigate
depending on wait times for insurance and scheduling consultation and surgery.
Timelines vary but you can expect this process to take up to a few years.

My surgeon's name is: _____

My surgeon's phone # is: _____

My surgeon's fax # is: _____

My insurance phone # is: _____

My estimated out-of-pocket costs will be: _____

Considerations and questions to ask your surgeon:

Think Ahead:

- What do I want my body to look like?
- What are my goals for now and later in life?
- How do I hope to feel after surgery?
- Am I ready for the aftercare required by surgery? Specifically: do I think I will be able to dilate after vaginoplasty, if that is the surgery I want?
- Think about your goals for surgery. Are you interested in experiencing vaginal penetrative intercourse? Do you care mostly about sensation? External appearance? Stopping your androgen blocker?

Get to Know Your Surgical Team:

- Who (surgeons, other providers, support) will be involved in my surgery?
- How long have you been practicing surgery?
- How long have you been providing gender affirming bottom surgery?
- Why did you decide to provide bottom surgery to patients like me?
- What training do you have in providing [type of surgery you are interested in]?
- How many of [type of surgery you are interested in] have you performed?
- Do you have a BMI cutoff, what is it? Why does BMI matter?
- What resources do you have to assist with healthy weight reduction?
- What are your requirements around smoking cessation? What resources do you have available to help me?

Learn About Surgery:

- What are my options for vaginoplasty, vulvoplasty, and genital remodeling?
- What techniques do you offer and prefer?
- What are the pros and cons of each technique?
- When and how should I get hair removal?
- How will surgery affect sensation in my genitals?
- Can I see before and after photos of previous surgeries on similar body shapes and types?
- How should I prepare for surgery?
- What kinds of complications can occur and how common are they?
- Are there other health issues I should be aware of in preparing for my surgery?

Planning for the Future:

- What screenings, health issues, and long-term care should I be aware of in the future?
- [If getting vaginoplasty] How often will I have to dilate after surgery?

Considerations and questions to ask your surgeon (continued):

Discussing Recovery:

- How long will I need to stay in the hospital after surgery?
- How long should I take off work or school after the surgery?
- What movement limitations and pain will I experience in recovery?
- How many follow-up appointments will take place?
- Who should I call with questions or concerns after my surgery?
- Why and how do we decide if a revision is necessary?
- Will I need someone with me while I recover?
- Will I be prescribed pain medication for recovery?
- When will I be able to see the results of surgery? What if I am not satisfied?
- Are there any aftercare regimens I should follow?
- How do I prepare for recovery in terms of comfort?

Considering Insurance and Billing:

- Will I need a referral?
- Are financing plans or discounts available if I pay out of pocket?
- What does the cost of surgery include?
- May I see an itemized cost estimate?
- Who is the billing contact and when should I expect out of pocket costs to be billed?
- Will I need letters of support from my medical and/or behavioral health provider? If so, when are they needed? Where should they be sent?

Important Considerations:

- Consider different **surgical options and techniques**. Some people may wish to only have an orchiectomy to reduce the amount of naturally produced testosterone in their body, comfort, or ease of tucking. Others will pursue an orchiectomy, vaginoplasty, and/or vulvoplasty to create the function and appearance of a vulva and vagina. Consult with your surgeon on surgical techniques that would be best for your body.
- If you were given **puberty blockers** early during puberty you may not have enough tissue for a penile inversion vaginoplasty to give you sufficient vaginal depth. This can be augmented with a tissue graft from another source.
- **Hair removal** for penile inversion vaginoplasty takes at least a year, and sometimes longer. This can be a determining factor for when you are ready for surgery. Hair removal can also have significant out of pocket costs which may or may not be fully reimbursed by your insurer.

- Surgeries that include orchiectomy are sterilizing. If you want to **preserve sperm**, you must do it before your testes are removed or at that time.
- A **physical exam** may or may not be needed in the original consultation, depending on whether you have started hair removal and/or had exposure to puberty blockers. An exam is only needed to check the amount of hair removal and/or to see if you have sufficient tissue for a penile inversion vaginoplasty.
- Give yourself time or space to **prepare** mentally and emotionally for the consultation. You may wish to talk about it with others in a support group setting, engage in self-care, or reward yourself after the appointment!
- **Bring a family member, friend, partner, or advocate** with you to the consultation, ideally someone who you are comfortable discussing your surgery goals in front of.



Photo credit: The Gender Spectrum Collection

Notes:

Preparing for Surgery and Recovery

HEALTH

- You will likely be asked to stop smoking to prepare for your surgery to help with healing.
- Consult with your surgeon on which medications should be paused (if any) leading up to the surgery.
- Fill any antibiotics or pain medications in the week leading up to surgery.
- If you are pursuing vaginoplasty, hair removal is typically required prior to the procedure. Coordinate with your surgeon's office for hair removal.

YOUR HOME

Start to prepare your home for your recovery.

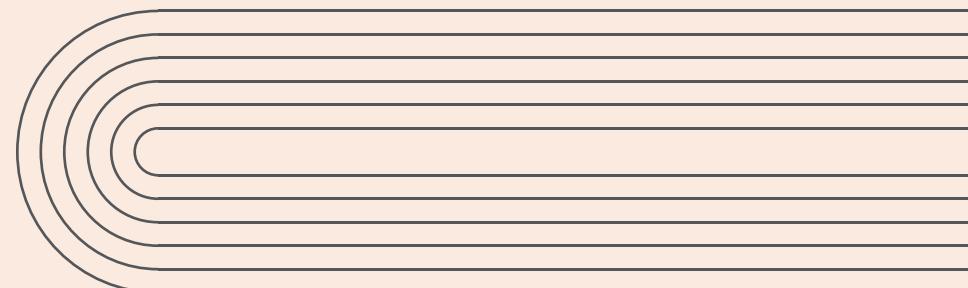
- Keep essential items close by the areas you plan to spend most of your time (near a couch or your bed).
- Your bathroom should have necessary items moved to lower levels so that you can reach them.
- Precook meals that are easy to reheat.

RECOVERY

- *Note:* As vulvoplasty does not involve creation of an internal vaginal canal, it does not require dilation in the future nor pre-operative hair removal.
- Gauze packing or a stenting device is placed in the vagina intraoperatively and remains in place for 5–7 days. Once removed, you will be instructed in vaginal dilation, with dilators generally provided by the surgeon; dilation schedules vary between surgeons. You may or may not also have a catheter in place through which you will urinate.
- Pelvic floor physical therapy may be helpful before and especially after surgery. The muscles at the base of the pelvis, also called the pelvic floor muscles, will be affected by surgery. These muscles are important because they are used for bowel, bladder and sexual function.

SUPPORT

- You should anticipate a **hospital stay** after your surgery. The length of stay will vary depending on your surgeon. You may or may not be sent home with packing in your vagina and a catheter.
- You will not be able to **drive** home after your hospital stay. Arrange for someone to drive you home or reserve a ride share.
- Coordinate with friends, family, or partner(s) to support you with **tasks around the home** in the days following surgery. Limitations will be significant in the first few days of recovery, and help may be needed up to, or more than, 6–8 weeks post-surgery.
- Seek and attend peer **support** groups at Fenway Health, or speak to your therapist, to access support before and after surgery.
- Contact your primary care team if you are a Fenway Health patient and are experiencing unsafe **housing** situations.
- If you are worried about **dilation**, make a plan. Find a YouTube series or TV show that you are excited about and make it your dilation show that you only watch when dilating. Set up your bedroom to make dilation relaxing and easy.



Preparing for Surgery and Recovery *continued*

WHAT TO BRING TO YOUR SURGERY APPOINTMENT

Clothing:

- Slip-on shoes or slippers
- Sweatpants and other comfortable clothes
- Zip up hoodie

Personal Items:

- Lip balm
- Water bottle
- Hand mirror
- Coconut oil or another natural moisturizer
- Eye drops (*pain killers can make your eyes dry*)

Entertainment:

- Long phone charger
- Headphones
- Books, magazines, coloring books

SHOPPING/WISHLIST

Comfort, Sanitation Items

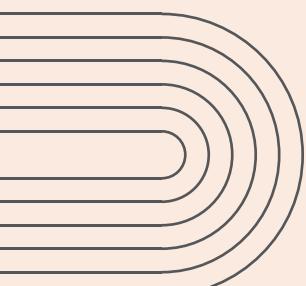
- Donut pillow
- Ice packs (if advised by your surgeon)
- Loose fitting clothes
- Panty liners and pads
- Bed pads
- Disposable underwear
- Douche supplies (*check with your surgeon for preferred tools/recipe*)
- Water soluble lubricant

Showering & Bathroom

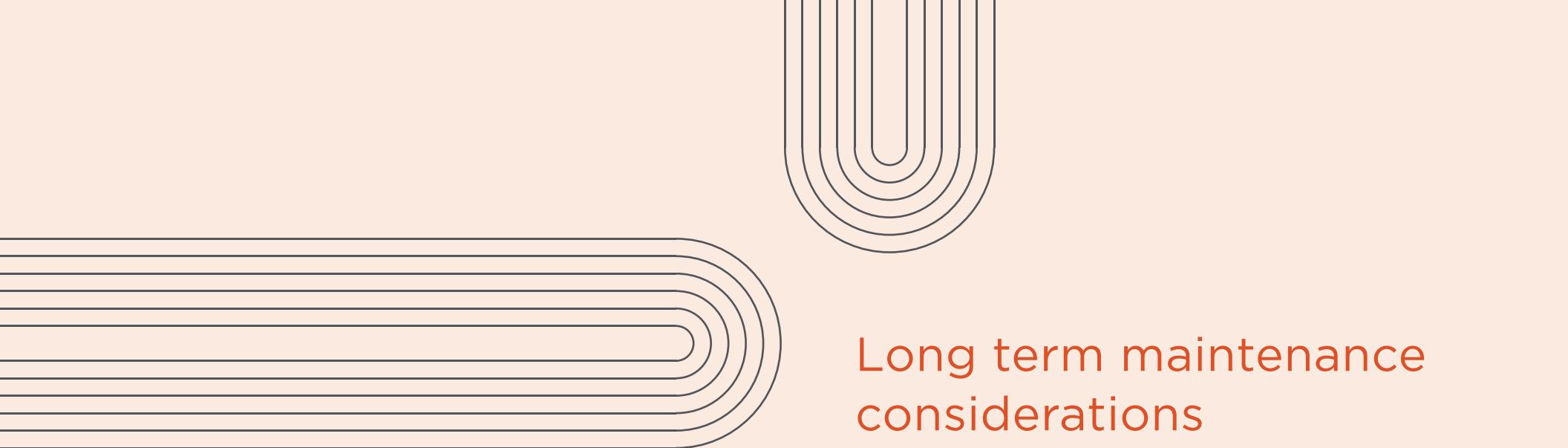
- Bathing wipes, body wipes, flushable wipes
- Dry shampoo
- Shower hose and head
- Long-handled bathing sponge

Other Useful Items

- Back scratcher
- Long phone charger
- Handheld mirror
- Extender arm (aka grabber)
- Bending straws (silicone or stainless steel)
- Cough drops, ginger chews, ginger tea, and popsicles for sore throat from intubation
- Compression socks, especially if you are flying after your recovery
- Step stool for getting in and out of bed or reaching high shelves



FOCUS AREA	INSTRUCTIONS
Activity	Avoid strenuous activity for 6 weeks. Avoid swimming or bike riding for 3 months.
Sitting	For the first month post-op, sitting may be uncomfortable, but not unsafe. Recommendation to use donut ring to relieve pressure at surgical site.
Bathing	Resume showering following first postoperative visit, patting incisional areas dry. Do not take baths or submerge in water for 8 weeks post-op.
Swelling	Labial swelling is normal and will gradually resolve 6-8 weeks postoperatively. Swelling may be aggravated with long-term sitting or standing. For the first week post-op, applying ice on the perineum for 20 minutes every hour can assist in relieving some swelling. It may take 6 months or longer for all swelling to go away and for you to see the final appearance of your vulva.
Sexual intercourse	You may resume sexual intercourse 3 months after surgery, unless you have been instructed otherwise.
Hygiene	Wash hands before and after any contact with the genital area. Shower or wash daily. When washing, wipe from front to back to avoid contamination by bacteria from the anal region. Your surgeon will likely provide postoperative instructions for douching. Avoid tight clothing; friction may facilitate bacteria transfer.
Vaginal discharge	Vaginal discharge that is brownish yellow should be expected in the first 4-6 weeks postoperatively. Bleeding and spotting should be expected in the first 8 weeks postoperatively. Soap and water douche should help reduce this. Chamomile or lavender liquid soap can help cleanse the vagina as well. Consult your surgical team for concerns involving discharge.
Tobacco/smoking	Avoid tobacco use or smoking 1 month postoperatively, as this can interfere with the healing process.
Diet/nausea/ constipation	Begin with a liquid diet and increase to your usual diet as tolerated. Anti-nausea medication may be prescribed. Narcotic pain medication may cause constipation; a stool softener such as Colace can help prevent constipation.
Pain medication	Postoperative pain is normal, and pain medication may be prescribed. Pain medication is to be taken as prescribed and can be switched to over the counter pain medicine at any time. For more information about preferred over the counter medication consult your doctor.
Dilation	Dilation is an important part of recovery after vaginoplasty. Dilators may be provided to patients with instructions regarding dilation in the post-op period. Dilation must continue lifelong to maintain the vaginal canal, although at decreasing frequency. Patients may develop a sensitivity to the preservative in the water-based lubricant; simply changing the brand of lubricant is often an effective solution.



Long term maintenance considerations

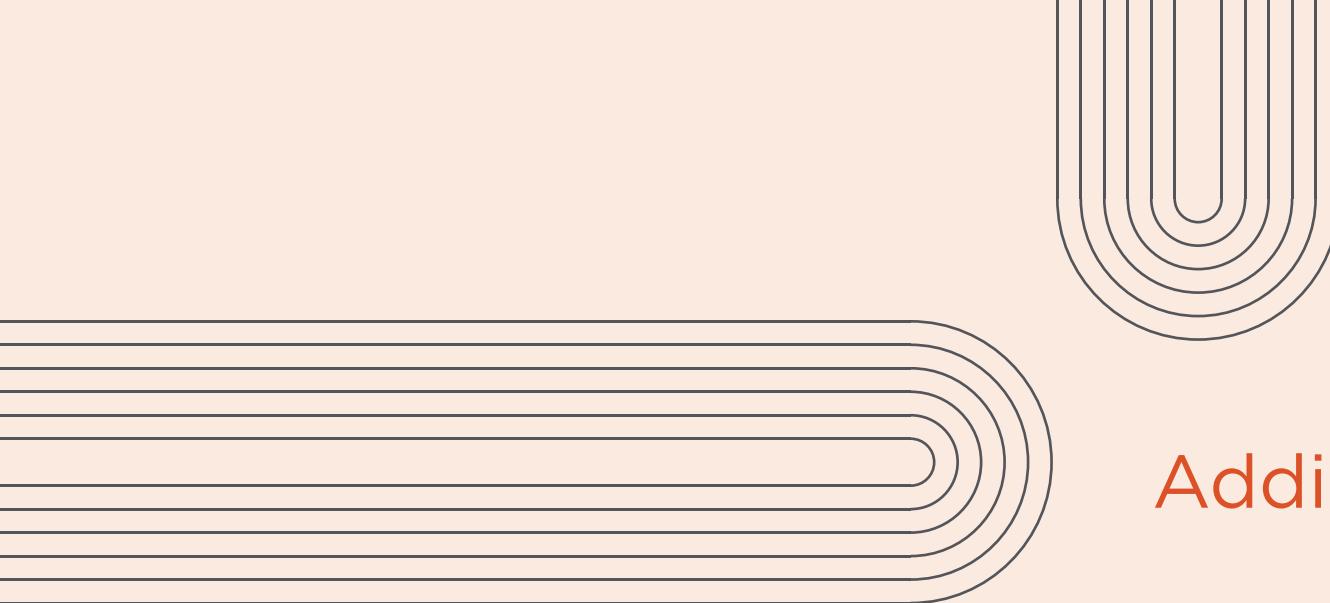
Though evidence-based guidelines on **screenings** do not exist, your doctor may recommend ongoing care/testing for acute issues that may arise.

Granulation tissue in the vagina is the result of delayed healing and is common. The typical complaint is of mildly blood-streaked yellowish discharge. In most cases this will heal as the need for frequent dilations diminishes over time.

Urinary tract infections are not uncommon, since the urethra is shortened during a vaginoplasty. Proper hygiene and hydration are generally adequate preventive measures. A patient who has recurrent urinary symptoms should be evaluated for a urethral stricture.



Photo credit: The Gender Spectrum Collection



Additional Information

Studies on satisfaction and outcomes of Vaginoplasty, Orchietomy, or Genital Remodeling Surgery:

Massie JP, Morrison SD, Van Maasdam J, Satterwhite T. [Predictors of Patient Satisfaction and Postoperative Complications in Penile Inversion Vaginoplasty](#). Plast Reconstr Surg. 2018 Jun;141(6):911e-921e. doi: 10.1097/PRS.0000000000004427. PMID: 29794711.

Bustos, Samyd S. MD*; Bustos, Valeria P. MD†; Mascaro, Andres MD†; Ciudad, Pedro MD, PhD§; Forte, Antonio J. MD, PhD†, ¶; Del Corral, Gabriel MD, FACS**; Manrique, Oscar Javier MD, FACS**. [Complications and Patient-reported Outcomes in Transfemale Vaginoplasty: An Updated Systematic Review and Meta-analysis](#). Plastic and Reconstructive Surgery - Global Open 9(3):p e3510, March 2021. | DOI: 10.1097/GOX.0000000000003510

LeBreton M, Courtois F, Journel NM, Beaulieu-Prévost D, Bélanger M, Ruffion A, Terrier JÉ. [Genital Sensory Detection Thresholds and Patient Satisfaction With Vaginoplasty in Male-to-Female Transgender Women](#). J Sex Med. 2017 Feb;14(2):274-281. doi: 10.1016/j.jsxm.2016.12.005. PMID: 28161082.

See below for bottom surgery funding resources:

[Point of Pride Annual Trans Surgery Fund](#)

[The Jim Collins Foundation](#)

This guide was informed by resources from [UCSF](#) and [OHSU](#), and by Boston areas surgeons, nurses, and community health workers at Beth Israel Deaconess Medical Center, Mass General, Boston Medical Center, and Fenway Health.

Your surgeon may have different guidance than what is described in this guide. Please consult with and defer to your surgeon for care questions or concerns.
