



INFORMATION BOOKLET

VAGINOPLASTY WITH OR WITHOUT VAGINAL CAVITY

PART A

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1. GENERAL PRESENTATION

Thank you for choosing the Complexe chirurgical CMC for your surgical experience.

This booklet was designed to support you from beginning to end of the surgical process. It is divided into three parts:

PART A: This section will provide you with information about the surgical procedure and its risks and complications.

PART B: It contains information about the surgical procedure and how to prepare for it.

PART C: This part contains many tips on hygiene, mobility and pain relief. These recommendations will help you have a faster and easier recovery.

This booklet contains essential information for the smooth running of your preoperative care, surgical procedure, and postoperative care.

The GrS Montréal team is available to answer all your questions and any requests for additional information from you or health professionals involved in your surgical process. You will find all the contact details needed to get in touch with us below.

1.1 THE COMPLEXE CHIRURGICAL CMC

The Complexe chirurgical CMC (CC-CMC) comprises three entities:

- GrS Montréal
- Centre Métropolitain de Chirurgie
- Maison de convalescence Asclépiade

1.1.1 GrS Montréal

GrS Montréal is the entity dedicated to gender affirming surgeries. It includes an administrative team responsible for helping patients complete their medical file and organize their stay in Montreal. It also includes a specialized nursing team in pre-operative and post-operative care, who are members of the Ordre des infirmiers et infirmières du Québec, that evaluates documentation included in the medical file to ensure that it complies with WPATH standards of care and CC-CMC standards. This team works in close collaboration with the surgeons, anaesthesiologists and social worker of the organization. They perform post-operative follow-ups, liaise with healthcare professionals, and work with the management members of the operating room, care unit, and Maison de convalescence Asclépiade.

1.1.2 Centre Métropolitain de Chirurgie

The Centre Métropolitain de Chirurgie (CMC), accredited with honourable mention by Accreditation Canada, is the only private hospital centre in Québec. It includes four operating rooms, a day surgery unit and an inpatient unit for immediate postoperative care. This is where all surgeries take place.

1.1.3 Maison de convalescence Asclépiade

The Maison de convalescence Asclépiade, adjacent to the hospital, is a place designed to provide a post-operative stay for most patients who have undergone genital surgical procedure. This place helps our patients focus on their care and healing. They are accompanied by nursing staff who teach them how to carry out their post-operative care to prepare for their return home.

1.2 FOOD SERVICES

Depending on your stay with us, meals prepared onsite using fresh, quality ingredients will be provided. You will have access to a variety of beverages (juice, tea, coffee, etc.) as well as fresh fruit at all times. Food allergies, intolerances, and vegetarian or vegan diets must be mentioned in your pre-operative questionnaire so we can take them into account.

1.3 WHAT IS ACCREDITATION?

Accreditation is an ongoing process of assessing health care and social services organizations against standards of excellence to identify what is being done well and what needs to be improved.

Accreditation is important because it helps create better health care and social services for you, your family, and your community. It allows organizations to understand how to make better use of their resources, increase efficiency, enhance quality and safety, and reduce risk.

More than 15,000 locations in over 38 countries are experiencing the rewards of being accredited by Accreditation Canada.

Source : <https://accreditation.ca/info-for-public/?acref=self>



1.4 RESOURCES

Before and during your visit to the Complexe chirurgical CMC:

GrS Montréal – General Information	514 288-2097
GrS Montréal – The day before your surgery (admission or change in your state of health)	514-332-7091, ext. 232

While recovering at home:

You or your healthcare provider can contact the post-operative team and the Maison de convalescence Asclépiade for any questions regarding your surgical procedure and your post-operative care. Please note that response time may vary depending on the nature of your request and may take up to 48 hours. If you think it is an emergency, call 911 or go to the nearest hospital and notify us so that doctors can communicate with each other.

Maison de convalescence Asclépiade	514 333-1572 asclepiade@cmcmontreal.com
Health information service in your region	In Quebec: 811
Emergency service in your area	In Canada: 911
Your family doctor	
Your pharmacist	
Local community service centre (CLSC) in your region	

Community Resources

Action santé travesti(e)s et transsexuel(le)s du Québec (ASTT(e)Q)	www.astteq.org
Help for trans people in Québec	www.aideauxtrans.com info@aideauxtrans.com
24-hour crisis and helpline	1 855 909-9038, option 1
Emergence Foundation	www.fondationemergence.org
Coalition of LGBT Families	www.familleslgbt.org
Interligne in English or French Helpline (service offered in French and in English)	www.interligne.co 1 888 505-1010

1.5 DISCLAIMER OF LIABILITY

The information in the booklet (comprising Parts A, B and C) is provided for educational purposes and should not be considered medical advice. If you have any questions about your personal medical situation, please contact us or consult your healthcare professional.

2. WHAT IS A VAGINOPLASTY?

2.1 DEFINITIONS AND CONSIDERATIONS

Vaginoplasty is the surgical procedure performed to create female genitalia that look as natural as possible.

Genitalia look very different from one another. Some people have a more rounded mons pubis, a less prominent clitoris, fuller labia majora or labia minora of different sizes.

Genital appearance is not necessarily associated with sexual satisfaction or pleasure. Rather, they are linked to a range of non-physiological factors. Even with optimal functional results, it is very difficult to anticipate the orgasmic capacity that will be preserved after vaginoplasty. It is recommended to explore and massage the genital region to identify erogenous zones. Exploring and massaging the genital area enhances nerve recovery and stimulates the recovery of sensations.

Post-operative sensations vary according to the sensitivity of your organs to vibration, pressure, and touch.

This surgery involves a single surgical procedure, and the technique used is called penile inversion.

TWO OPTIONS ARE AVAILABLE:

Vaginoplasty with vaginal cavity;

Vaginoplasty without vaginal cavity.

The decision to undergo vaginoplasty, with or without a vaginal cavity, is a personal one for each patient. The choice is personal, and should be based on your needs, expectations and the impact on your daily life.

Vaginoplasty can be combined with one or more other feminizing surgeries, such as breast augmentation and/or Adam's apple shaving.

Here are a few factors that may influence your choice:

- Your sexual orientation, your physical and emotional attraction, or whether or not you want to have sexual intercourse with vaginal penetration.
- Your readiness to perform the care required after surgery. This includes dilations, douching, and sitz baths. They can take **up to two hours**, three to four times a day during the first few months.
- Dilation and douching will continue for the rest of your life, but less frequently.
- Your ability to purchase essential post-operative care supplies, such as personal lubricant for vaginal dilation, douching, etc.
- If only part of your prostate has been removed following a diagnosis of benign enlargement (prostate enlargement or BPH), you can choose vaginoplasty with or without a vaginal cavity.
- If the entire prostate has been removed, you will have to choose vaginoplasty without a vaginal cavity because of the high risk of permanent urinary problems.

Important considerations

If you choose vaginoplasty with a vaginal cavity, the surgeon will ensure that there is enough skin from the penis and scrotum to create a deep enough vaginal cavity.

If you have undergone an orchiectomy (surgical removal of the testicles), or if the total available skin from your current genitals is insufficient to line the inner wall of the vaginal cavity, the surgeon may have to take a thin layer of skin from another part of your body to create the vaginal cavity. Without this skin graft, the depth of the vaginal cavity would be reduced, which could make penetrative sex difficult or impossible.

The skin removal area will show variable discoloration once healed.

Why orchiectomy can lead to skin grafting:

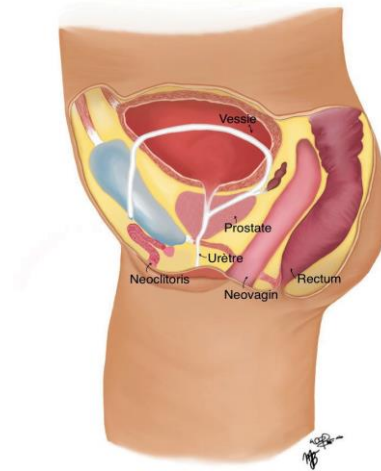
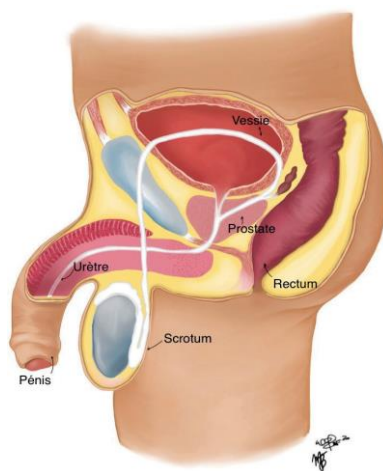
After removal of the testicles, the skin of the scrotum may contract over time. If you are considering a vaginoplasty with vaginal cavity after an orchiectomy, massaging the scrotal skin may help stretch the tissues enough to prevent shrinkage.

2.2 VAGINOPLASTY WITH VAGINAL CAVITY

- The skin of the penis is inverted and combined with the skin of the scrotum to create a deeper vaginal cavity.
- Blood vessels and nerve endings of the glans are removed to create a sensitive clitoris.
- Using your own tissues to recreate the delicate details of the vulva (labia minora, labia majora, clitoris, hood) takes the strain off the tissues forming the new genitalia.

Surgical technique

1. The scrotal skin is removed, thinned and freed of hair.
2. The testicles are removed.
3. The penis is incised, and the skin inverted to be grafted inside the vaginal cavity.
4. The internal structures of the penis and glans are exposed:
 - a) The urethra is dissected and the remaining tissue will be preserved to line the inside of the labia minora, achieving a more natural result than if a skin graft were used.
 - b) Some of the blood vessels and nerve endings are released to create the clitoris. A cone-shaped piece of skin is taken directly from the glans to create the clitoris. The clitoris is then positioned and fixed.
 - c) The corpora cavernosa (body of the penis) is removed.
5. The vaginal cavity is created by separating the tissue below the urinary meatus and along the Denonvilliers fascia (the space between the prostate and the rectum). The prostate is left in place: its removal would cause irreversible urinary incontinence.
6. The labia majora are created.

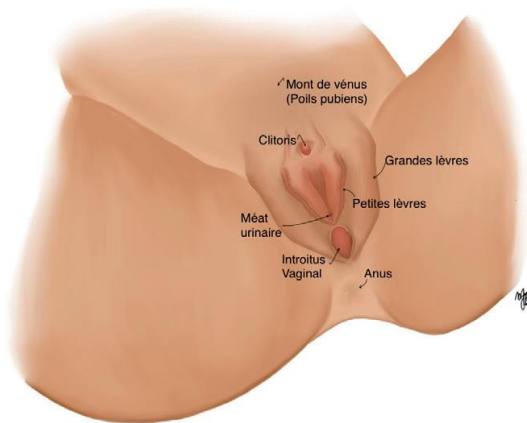


Holmberg, M., Arver, S. & Dhejne, C. Supporting sexuality and improving sexual function in transgender persons. Nat Rev Urol 16, 121–139 (2019) doi:10.1038/s41585-018-0108-8

Due to multiple factors specific to each individual (e.g., the quantity and quality of genital skin, body mass index, circumcision, scars, etc.), **results may vary from one person to another.**

Anticipated and Expected Results

The penile inversion technique produces highly satisfactory aesthetic and functional results. These results may vary according to the patient's age, weight, quality and elasticity of the skin and the overall health.



- A vaginal cavity deep enough to allow penetrative sex;
- a clitoris formed by the sensitive skin of the glans;
- a hood covering the upper part of the clitoris;
- a vulva with labia majora and labia minora in the central portion of the vulva (between the hood and the urinary meatus);
- erogenous zones (clitoral and vaginal) with the possibility of sexual pleasure.

Vaginoplasty with vaginal cavity requires care that you will need to incorporate into your daily activities for the rest of your life. This care involves a protocol of vaginal dilations and genital hygiene. Compliance with this protocol will have a major impact on the functional results of your procedure.

Failure to follow the protocol **could result in closure of the vaginal cavity, as well as several post-operative complications** (infection, sores and chronic discharge, abnormal communication between the vaginal and rectal cavities, etc.).

If you are considering closing the vaginal cavity post-operatively, you should be aware that this is a lengthy process, requiring frequent dilations to ensure that the vaginal cavity closes without complication. Stopping the dilations abruptly can also lead to serious complications.

2.3 VAGINOPLASTY WITHOUT VAGINAL CAVITY

- Blood vessels and nerve endings of the glans are removed to create a sensitive clitoris.
- Using your own tissues to recreate the delicate details of the vulva (labia minora, labia majora, clitoris, hood) takes the strain off the tissues forming the new genitalia.

Surgical technique

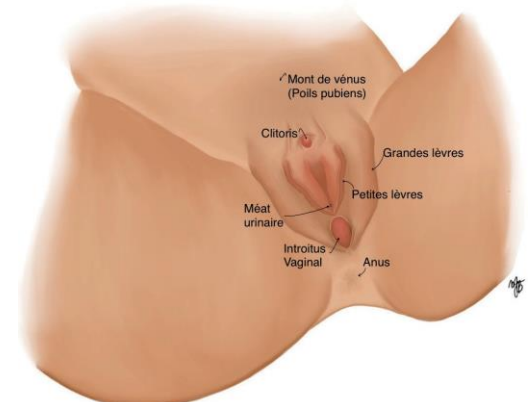
1. The scrotal skin is removed, thinned and freed of hair.
2. The testicles are removed.
3. The internal structures of the penis and glans are exposed:
 - a) The urethra is dissected, and the remaining tissue will be preserved to line the inside of the labia minora, achieving a more natural result than if a skin graft were used.
 - b) Some of the blood vessels and nerve endings are released to create the clitoris. A cone-shaped piece of skin is taken directly from the glans to create the clitoris. The clitoris is then positioned and fixed.
 - c) The corpora cavernosa (body of the penis) is removed.
4. The labia majora are created.

Due to multiple factors specific to each individual (e.g., the quantity and quality of genital skin, body mass index, circumcision, scars, etc.), **results may vary from one person to another.**

Anticipated and Expected Results

These results may vary according to the patient's age, weight, quality and elasticity of the skin and the overall health.

- A clitoris formed by the sensitive skin of the glans;
- a hood covering the upper part of the clitoris;
- a vulva with labia majora and labia minora;
- an erogenous zone (clitoral) with the possibility of sexual pleasure.



3. PREREQUISITES

3.1 BODY MASS INDEX (BMI)

To be eligible for vaginoplasty at CMC, your BMI must be less than 40.

A high BMI can have a significant impact on your health and quality of life, as well as reducing your healing potential and satisfaction with surgical results. Severe obesity (BMI ≥ 35) increases the risk of surgical complications and requires increased monitoring at every stage of your procedure.

Please note that if your BMI is over 40 on the morning of surgery, your surgeon may postpone the procedure.

3.2 HAIR REMOVAL OF THE GENITALS

Laser or electrolysis hair removal of the genitals is not mandatory before surgery.

However, if you decide to opt for these treatments, ideally, they should be finalized. If you decide to stop them, they must be discontinued at least three months before surgery, as any remaining hair must be visible in order to be cauterized during surgery.

3.3 TOBACCO

At least **6 weeks before and 8 weeks after** your surgery, stop smoking cigarettes and electronic cigarettes containing nicotine. Also, stop using nicotine products or nicotine substitutes (Nicorette® or others), as they have the same harmful effects as cigarettes. To increase your chances of success, we suggest you stop using nicotine now.

Nicotine and other toxic substances in tobacco can constrict small blood vessels (this is called vasoconstriction) and thus:

- slow down the wound healing,
- increase the risk of infection,
- increase the risk of respiratory problems and pneumonia after the procedure,
- provoke bouts of coughing when getting up, which increase the risk of post-operative bleeding.

3.4 CANNABIS

Please note that the use of non-prescription cannabis in any form is prohibited on all Complexe chirurgical CMC property. In addition, municipal laws prohibit the consumption of cannabis in any public place, indoor or outdoor. It is important to know that smoking cannabis, like smoking cigarettes, contributes to the deterioration of your respiratory system, can interfere with your post-operative recovery and cause complications during anaesthesia. No study confirms a safe threshold for cannabis consumption in the pre- and postoperative periods, so the safest approach is to avoid use altogether if possible.

If your cannabis, in any form, is not prescribed by a healthcare professional:

- Talk to your healthcare professionals as far in advance of your surgery as possible to give yourself time to find an alternative treatment that will meet your needs during your stay.
- Please let us know during your first contact with our team to plan your surgery.
- Cannabis should be gradually reduced in the months leading up to surgery, and completely stopped at least two weeks before surgery.

If you have a medical prescription for cannabis:

- Please let us know during your first contact with our team to plan your surgery and provide us with a copy of the prescription confirming the therapeutic indication, dosage and form used.
- Inhaled cannabis should be replaced by another form in the weeks in the weeks leading up to surgery, because of its impact on the airways during anaesthesia. Inhalation should be stopped at least 2 weeks before surgery. The forms we allow under prescription are capsules or drops. Gummies or other edible forms are not authorized.

We recommend that you discuss your consumption with our team as soon as possible, so that we can prepare your surgical stay and ensure that it runs as smoothly as possible.

Our team is not authorized to write these prescriptions or process your orders.

4. SURGICAL PROCEDURE

4.1 ANESTHESIA

During the procedure, in addition to the surgical team, you will be under the care of an anaesthesiologist and a respiratory therapist. Various anaesthetic (to numb and put you to sleep) and analgesic (to relieve pain) techniques may be used during surgery.

4.2 PROCEDURE

	Vaginoplasty with cavity	Vaginoplasty without cavity
Average duration of the procedure	2 hours	1.5 hours
Anesthesia	Regional and/or general	Regional and/or general
Hospitalization	2 post-operative nights	2 post-operative nights
Convalescence at Asclepiade	6 post-operative nights	4 post-operative nights
Convalescence and time off work	8 to 12 weeks	8 to 12 weeks
Resuming of physical and sports activities	8 weeks post-operatively	8 weeks post-operatively

5. ADDITIONAL INFORMATION ON THE SURGICAL PROCESS

5.1 HEALING

Full recovery can take 9 to 12 months following surgery.

5.2 FOOD HABITS

An unbalanced diet or dietary deficiencies can delay healing and therefore increase the risk of postoperative complications. If your diet is vegetarian or vegan or your body mass index is below optimal values (18.5), your surgeon may order additional blood tests. We also recommend you consult your doctor or a nutritionist to ensure that your diet contains all the necessary elements. They will be able to establish a nutritional plan to promote healing.

5.3 THE URINARY CATHETER

A urinary catheter will be temporarily inserted in your bladder during surgery. It will serve to empty your bladder until the swelling in your genitals subsides. You may leave Asclépiade with this catheter. In this case, you will be given a medical prescription to have it removed by a healthcare professional in your area.

5.4 THE VAGINAL MOULD AND THE GENITAL DRESSING

During surgery, a vaginal mould will be inserted into the vaginal cavity and fixed with stitches at the entrance of the vaginal cavity.

The genital dressing, using compresses, will be attached to the labia majora with stitches.

These dressings will exert pressure on your wound to prevent bleeding and will be removed during your stay at Asclépiade.

5.5 BRUISING AND EDEMA

The genitals contain many blood vessels. It is quite normal to develop bruises. The bruises will disappear in a few weeks.

Swelling is also a normal reaction after surgery. It will increase in the first few days of surgery and will then gradually decrease.

5.5 PELVIC FLOOR

The pelvic floor is a group of muscles located below the pelvis. These muscles support the prostate, the urinary tract (bladder, urethra), the digestive system, and control the orifices that hold urine and stool. They also play a role in sensory perception of the genitals.

After surgery, some people will have better sensitivity in the perineum. Others may find it more difficult to detect certain sensations.

Some physiotherapists have developed expertise in perineal and pelvic rehabilitation. These specialists can teach you various techniques for stretching and relaxing the pelvic floor muscles. A series of personalized exercises can be suggested to reduce genital pain during dilations, improve perineal sensitivity, enhance your orgasmic capacities, and thus improve your sexual satisfaction. These exercises can easily be integrated into your vaginal dilation protocol.

After surgery, perineal rehabilitation may be indicated for the treatment of certain urinary complications and improved sexual health.

5.6 PAIN RELIEF

It is normal to feel pain after undergoing a surgical procedure.

Effective pain relief is important to promote speedy recovery and the return to normal activities.

During your stay, team members will provide you with information on pain relief methods.

You will also find tips to manage your pain in Part C of this booklet.

5.8 REPRODUCTION AND FERTILITY

Vaginoplasty is a gender affirmation surgery that will permanently and irreversibly eliminate your reproductive capacity. Your treating physician, gynecologist, healthcare professionals, and fertility preservation specialists can explore your options with you. We advise you to discuss and reflect on these options before proceeding with vaginoplasty.

6. RISKS AND COMPLICATIONS

6.1 INFORMED CONSENT

The decision to undergo a surgical procedure must be made in an informed manner, that is, after having obtained all the information you need to understand, asked your questions, obtained answers to your satisfaction and had sufficient time to reflect before expressing your consent.

6.2 INFORMATION ON THE RISKS AND COMPLICATIONS RELATED TO VAGINOPLASTY

Any surgical procedure carries risks and may give rise to complications and side effects. Our surgical team and clinical staff are trained to minimize the risks associated with vaginoplasty and to follow proven and rigorous protocols in the event of a complication.

It is important for you to know and accept that although our experience demonstrates a high rate of success and satisfaction, we cannot, in any way, guarantee the aesthetic and functional results of this surgical procedure. Although we take all available means and apply the highest professional standards, it is possible that the result of the procedure may not be entirely satisfactory and that it may be necessary to resort to other procedures or treatments which may then be offered to you. Corrective surgical procedures not considered medically required are not funded by third-party payers. Therefore, corrective surgeries may be at your expense, if desired.

It is important to note that certain lifestyle habits, such as an unbalanced diet, smoking, alcohol or drug use, physical inactivity and health history, can increase the risk of complications.

Your cooperation at all stages is essential. Therefore, we expect you to inform us of any medical condition or problem so that we can assess its possible impact on the surgical procedure, anaesthesia or other care that may be required. You must read this section carefully and take the time to reflect on it.

Complications may occur during the procedure but also in the weeks that follow. Some complications are common to all surgical procedures, while others are more specific to vaginoplasty surgical procedure.

If you need further explanations of the content of this section, please discuss it with your surgeon.

6.3 SMOKING

Smoking increases the risks of complications. Smokers have increased risks of infectious, pulmonary, respiratory, and cardiovascular complications. Smoking can cause delayed healing of surgical wounds and cause complications such as those mentioned in this document.

6.4 BLOOD CLOTS AND PULMONARY EMBOLISMS

These complications can occur with any type of surgery. Immobilization during surgery can increase the risk of blood stagnation in the veins of the lower limbs and pelvis, leading to the formation of a blood clot that can cause a pulmonary embolism. They are more frequent in pelvic surgery and in patients taking hormone supplements. Stopping hormone therapy 3 weeks before surgery reduces these risks, and sequential pressure stockings will be worn during the surgery to facilitate blood circulation. Early mobilization of the legs and walking after the procedure help prevent these problems. These complications require in-hospital treatment and follow-up with a specialist physician.

6.5 BLEEDING

Bleeding risks are associated with all surgical procedures, especially when they take place in the perineal and genital area. Bleeding requiring transfusion of blood products is rare but can occur. To minimize the risk of bleeding, avoid Aspirin (ASA), anti-inflammatories, natural products and alcohol 10 days prior to the surgical procedure.

6.6 INFECTIONS

Infection is a common risk associated with many surgical procedures. Infection occurs when tissues are affected by microorganisms such as bacteria or other pathogens. An infection is treated with oral or intravenous antibiotics.

You may receive preventive antibiotics to reduce the risk of infection.

Local infection with pus buildup (abscess) often requires drainage. An untreated infection could lead to partial or total necrosis (cell death) of the surrounding tissues. Generalized infection (septicemia) is very rare but can occur following any surgical procedure and requires hospitalization with appropriate treatment.

6.7 HEMATOMAS AND SEROMAS

A hematoma is an accumulation of blood under the skin, while a seroma is an accumulation of clear body fluid. In both cases, it may be a mild accumulation, but these complications may also result from a more serious build-up requiring drainage to remove excess blood or fluid from under the skin.

6.8 ALLERGIES OR SENSITIVITY TO PRODUCTS/MATERIALS USED

In rare cases, an allergic reaction or sensitivity to soaps, ointments, adhesive tapes, or stitches may develop during or after surgery. Generally, this complication is easy to treat. Severe allergic reactions are extremely rare but may require hospitalization.

6.9 REOPENING (DEHISCENCE) OF WOUNDS AND/OR SLOW HEALING

The healing process is influenced by numerous factors: edema, infection, tension on wounds, poor blood circulation, alcohol, smoking, diet, etc. These factors can cause wounds to reopen, requiring a longer healing period. This does not usually affect the final appearance of the operated area.

6.10 INJURY TO OTHER PARTS OF THE BODY

In rare cases, blood vessels, nerves and muscles may be damaged during the surgical procedure.

6.11 LOSS OF SENSATION AND PAINFUL HYPERSENSITIVITY

Since the nerves of the glans are preserved, you should maintain good sensitivity. Following the surgery, you may experience numbness due to swelling and stretching of the tissue. The perineal area may not regain sensitivity or, on the contrary, some areas may remain hypersensitive and painful. This can affect sexual response and alter the ability to experience pleasure. This situation should return to normal after a few months. However, numbness in some areas may persist and the sensation may not return completely. As mentioned in section 5.5, you may benefit from a follow-up in physiotherapy for pelvic floor re-education. It is also possible to develop chronic pain at the surgical site. Various treatments may be recommended, including follow-up in a pain clinic in your area, if our team's recommendations do not improve the situation.

6.12 SKIN GRAFT AND DONOR SITE COLORING

If a skin grafting is required, the donor site is usually located on the inner thigh. The redness of the scars will diminish when you resume your activities. Scar discoloration will take about a year to fade but may persist permanently. The color of the donor site area may also be affected by variations in temperature (cold or hot).

6.13 SCARS

The healing process differs from one person to another, and scars may become hypertrophic or keloid. Your healing history and individual risk factors should give you a good indication of the likely outcome for you.

6.13.1 HYPERTROPHIC SCARS

Some people may be more prone to hypertrophic (large and thickened) scars. Although efforts are made to minimize scarring, there is a risk of scars becoming hypertrophic in some cases. Surgeons can provide advice on scar management techniques to help reduce this risk using silicone dressings or injections.

6.13.2 KELOID SCARS

Keloids are excess scar tissue corresponding to an exaggerated response of the connective tissue. Unlike hypertrophic scars, keloid scars extend outside the surgical area.

6.14 NARROWING AND/OR LOSS OF DEPTH OF THE VAGINAL CAVITY

To survive, the graft used to construct the vaginal cavity must be kept in contact with an area with sufficient blood circulation. In most cases, the graft takes very well. Occasionally, part of the graft may not adhere, contracting and causing the vaginal cavity to narrow or lose depth. This can also be due to a lack or cessation of dilation.

6.15 RECTO VAGINAL FISTULA

A fistula is an abnormal communication between two spaces. It can occur following vaginoplasty, resulting in abnormal communication between the vagina and the rectum. In this case, intestinal gas and feces may leak out through the vagina. Surgery is then required to close the fistula and create a new vaginal canal.

6.16 UROLOGICAL DISORDERS

Genital surgery can lead to complications in the urinary tract. When the urinary catheter is removed, the urinary stream may be erratic due to swelling and may take up to 6 months to recover. It may be weaker and less powerful.

You may also experience urinary retention and have difficulty controlling the urge to urinate. This should generally improve within a few months after your procedure.

6.17 HYPERGRANULATION

Hypergranulation is excess granulation tissue. Granulation tissue is the reddish tissue that may cover the bottom of the vaginal cavity during healing. When there is an excessive amount of this tissue inside the cavity, it will appear as small, dark red, shiny, granular-looking buds that bleed easily. It can sometimes be difficult to have sex or to dilate the vagina, especially if there is a lot of this tissue in the vaginal cavity or at the entrance to the vagina. This can cause a bloody and heavy vaginal discharge, pain, and discomfort.

Hypergranulation can be treated by burning the buds with silver nitrate (AgNO₃) sticks and applying a corticosteroid cream to reduce inflammation.

6.18 HAIR IN THE VAGINAL CAVITY

Although the hairs on the graft were cauterized during surgery, it is possible to notice hair regrowth inside the vaginal cavity. This may occur due to many factors, including age, hormonal changes, and certain health problems. The presence of hair can cause hygiene problems and increase the risk of infection. Some hairs can come off and form a ball that can end up at the bottom of the vaginal cavity. There are various options for removing hair if it causes adverse effects. Please contact us.

6.19 UNSATISFACTORY RESULTS AND/OR NEED FOR CORRECTIVE SURGERY

The surgeon may propose secondary corrective surgery to restore physical integrity by correcting acquired malformations if they deem it medically necessary.

The decision whether to fund corrective surgery rests with the third-party payer (most often the Ministry of Health in your province or territory).

The following procedures are not eligible for funding by your province or territory:

- revision of a scar that does not cause functional issues;
- removal of asymptomatic excess fatty tissue;
- surgeries to correct results considered unsatisfactory by patients and not causing functional interference. Disappointment with the results is not considered a valid medical reason;

Corrective surgeries for aesthetic purposes are at your expense.

6.20 PSYCHOSOCIAL SUPPORT

Gender-affirmation surgeries lead to multiple changes in patients' lives. To successfully adapt to all these changes, it may be essential to receive help from health professionals and from those around you.

You might sometimes experience feelings such as:

- discouragement about post-operative care,
- boredom or isolation during recovery,
- sadness at the reaction of certain people close to you,
- exhaustion due to pain and the desire to stop the care important to your recovery,
- regrets or doubts about your decision to have surgery,
- etc.

If this is the case, do not hesitate to ask for help from local psychosocial or psychological support resources or contact a professional you trust.

7. INFORMED CONSENT

7.1 TYPE OF SURGICAL PROCEDURE

I have expressed, to the Complexe chirurgical CMC and the doctors who practise there as well as their agents and delegates (collectively the “CC-CMC”), the decision to have a gender affirming vaginoplasty.

Specifically:

☐ **Vaginoplasty with vaginal cavity**

or

☐ **Vaginoplasty without vaginal cavity**

Dr. _____ agreed to proceed with this procedure.

7.2 NATURE OF THE PROPOSED SURGICAL PROCEDURE, PURPOSE AND EXPECTED OUTCOMES

The surgical intervention I am consenting to is a vaginoplasty using a one-step penile inversion technique (creation of a vulva in all cases and a vagina if you have opted for a vaginoplasty with vaginal cavity) and is intended to relieve my gender dysphoria.

I understand that the intervention will include:

- amputating the penis;
- removing both testicles;
- using the skin of the penis to construct a vulva in all cases, and the skin of the scrotum to construct the vaginal cavity if you have opted for vaginoplasty with vaginal cavity; and
- repositioning of the urethra.

I understand that surgical results and the aesthetic appearance of the vulva may vary from person to person. I understand that the parts that will make up my new female anatomy may be visibly different from those of a cisgender woman.

If I have opted for vaginoplasty surgery with a vaginal cavity, I understand that the new vaginal cavity that will be built during this procedure will have to be kept open with dilations whose frequency has been explained to me in Part C of the *Vaginoplasty* booklet.

7.3 ALTERNATIVES

I understand that other surgical techniques exist, but that the only technique offered by the surgeons at the Complexe chirurgical CMC is the one described above and that it has been chosen in an informed manner in collaboration with my surgeon at the Complexe chirurgical CMC and is the one described above.

7.4 POTENTIAL RISKS AND COMPLICATIONS

I acknowledge that all surgical procedures involve risks and may lead to complications. By giving my informed consent to the surgery, I consent to the risks and complications that may result.

Before signing this consent, I have read section 6, *Risks and complications* in part A of the *Vaginoplasty* booklet.

I have been informed that unforeseeable circumstances may arise during the surgical procedure, requiring a change in the surgical approach. I consent to any changes that may be necessary during surgery and for which I would not be able to express specific consent because of the anaesthesia.

In addition to the above, I fully understand the meaning and scope of the following statements, which are fundamentally linked to the procedure to which I consent:

- This is a reconstruction of the visibly apparent genitalia so that after the procedure I will not have female genitalia that would allow menstruation or pregnancy.
- The procedure is irreversible. Once the penis and testicles are removed, it will be impossible to build new ones or to re-implant them.
- The surgical procedure will make me infertile, so I will not be able to conceive a child naturally.

I freely assume and without any external constraint the choice I make to consent to the surgical procedure, and I confirm that neither the Complexe chirurgical CMC and its staff nor the physicians practicing therein can guarantee the aesthetic and functional results of this procedure and that they have made no representation to me of any such guarantee.

7.5 INFORMED CONSENT TO SURGICAL PROCEDURE

I certify that I have read booklets A, B and C, *-Vaginoplasty-* I have received all the information necessary for my understanding, I have asked my questions, obtained answers to my satisfaction, and had enough time to think before expressing my consent, and I have no more questions. With my signature, I certify that I voluntarily consent to the surgical procedure.

I confirm that I am of legal age and able to consent hereto.

7.6 Right of revocation

I understand that I may revoke this consent unless the CC-CMC has already performed the surgical procedure based on this consent.

PATIENT • E

Full name: _____

Full address: _____

Date of birth: _____

Signature: _____ Date: _____

GUARDIAN/LEGAL REPRESENTATIVE (IF APPLICABLE)

Full name: _____

Date: _____

Signature: _____

WITNESS

Full name: _____

Date: _____

Signature: _____