



MAY 2020

VAGINOPLASTY WITH OR WITHOUT VAGINAL CAVITY

INFORMATION BOOKLET

PART A

VAGINOPLASTY WITH OR WITHOUT VAGINAL CAVITY INFORMATION BOOKLET

PART A

TABLE OF CONTENTS

1. GENERAL INFORMATION	3
1.1 THE COMPLEXE CHIRURGICAL CMC	4
1.2 FOOD SERVICES	5
1.3 WHO IS ACCREDITATION CANADA?	6
1.4 PHONE RESOURCES	6
1.5 DISCLAIMER	7
2. WHAT IS VAGINOPLASTY?	8
3. SURGICAL TECHNIQUES FOR VAGINOPLASTY WITH OR WITHOUT VAGINAL CAVITY	10
3.1 SURGICAL TECHNIQUE FOR VAGINOPLASTY WITH VAGINAL CAVITY	10
3.2 SURGICAL TECHNIQUE FOR VAGINOPLASTY WITHOUT VAGINAL CAVITY	12
4. ADDITIONAL INFORMATION ABOUT THE SURGICAL PROCEDURE	14
4.1 BODY MASS INDEX (BMI)	14
4.2 ANAESTHESIA	14
4.3 REMOVAL OF GENITAL HAIR	14
4.4 URINARY CATHETER	15
4.5 VAGINAL MOULD AND THE GENITAL DRESSING	15
4.6 BRUISES AND EDEMA	15
4.7 PELVIC FLOOR	15
4.8 PAIN RELIEF	16
4.9 HEALING	16
4.10 REPRODUCTION AND FERTILITY	16
5. RISKS AND COMPLICATIONS	17
5.1 INFORMED CONSENT	17
5.2 INFORMATION ABOUT RISKS AND COMPLICATIONS INVOLVED FOR VAGINOPLASTY	17
5.3 BLOOD CLOTS AND PULMONARY EMBOLISM	18
5.4 BLEEDING	18
5.5 HEMATOMAS AND SEROMAS	18
5.6 INFECTIONS	18
5.7 ALLERGIES OR INTOLERANCE TO PRODUCTS/MATERIAL USED	19
5.8 REOPENING (DEHISCENCE) OF WOUNDS AND/OR POOR HEALING	19
5.9 WOUND ON OTHER PART OF THE BODY	19
5.10 TOBACCO	19
5.11 LOSS OF SENSATION AND PAIN HYPERSENSITIVITY	20
5.12 ENLARGED AND THICK SCARS (KELOID)	20
5.13 UNSATISFACTORY RESULTS AND/OR NEED FOR SCAR REVISION	20
5.14 SKIN GRAFT AND COLORATION OF THE DONOR SITE	20
5.15 LOSS OF VAGINAL GIRTH AND/OR LOSS OF VAGINAL DEPTH	21
5.16 RECTO-VAGINAL FISTULA	21
5.17 UROLOGICAL DISORDERS	21
5.18 HYPERGRANULATION	21
5.19 HAIR IN THE VAGINAL CAVITY	22
5.20 PSYCHOSOCIAL SUPPORT	23

1

GENERAL INTRODUCTION

Thank you for choosing the Complexe chirurgical CMC for your surgical experience. This booklet has been designed to support you from the beginning to the end of your surgical experience. It is divided into three parts:

- PART A. This part provides you with information about your surgical procedure including its risks and possible complications.
- PART B. This part will be sent to you attached to the email confirming your surgery date; it will give you information about your surgical procedure and how to prepare for it.
- PART C. This part, which will be sent at the same time as Part B, contains important postoperative tips on hygiene, mobility and pain relief. These recommendations will help you recover faster and make your convalescence easier.

This booklet (comprising of Parts A, B et C) contains essential information for your preoperative care, your surgery, and your postoperative care. Please bring it with you on the day of your surgery.

The GRS Montréal team is always available to answer any questions and any additional information requests from you or from any other healthcare professionals involved in your surgical process. All our contact information can be found further along in this booklet.

1.1 COMPLEXE CHIRURGICAL CMC

THE COMPLEXE CHIRURGICAL CMC COMPRISES THREE ENTITIES:

- GRS Montréal
- Centre Métropolitain de Chirurgie (CMC)
- Maison de convalescence Asclépiade

The Complexe chirurgical CMC has more than 110 employees who are distributed across its three entities. The surgical team is composed of Dr. Pierre Brassard, Dr. Maud Bélanger, Dr. Alex Laungani, Dr. Chen Lee and Dr. Valérie Brousseau as well as their authorized representatives and delegates, their administrative staff, their healthcare staff and their attendants. In addition, the Complexe chirurgical CMC team also includes other independent doctors and healthcare professionals who provide medical care and other types of care and health treatments within the Centre Métropolitain de Chirurgie, or in collaboration with the surgical team.

GRS MONTRÉAL

GRS Montréal is comprised of three teams:

- **Administrative services**, which oversee the progress of your personal file and of the receipt of the documents until the day of your surgery;
- **Preoperative clinical nurses**, who assess your medical file along with the surgeon and/or the anesthesiologist;
- **Postoperative clinical nurses**, who provide postoperative care and answer all questions following your surgery and your return home.

GRS Montréal also offers coordination services for your stay. Contact us to find out about your eligibility for the various options offered.

CENTRE MÉTROPOLITAIN DE CHIRURGIE

The Centre Métropolitain de Chirurgie, accredited with Exemplary Standing by Accreditation Canada (section 1.3), is the only private hospital center in Québec. All surgeries are performed at the CMC, which includes four operating rooms, one day surgery unit and one hospitalization unit. Its priority is ensuring a high standard of healthcare and surgical services while meeting the highest standards of continuous health and safety services.

MAISON DE CONVALESCENCE ASCLÉPIADE

The Maison de convalescence Asclépiade is a postsurgical recovery center for patients who underwent a genital surgery. This warm and nurturing environment helps our patients to focus on their postoperative care and recovery. Our patients are accompanied by competent staff from whom they learn how to perform their postoperative care and are taught the self-care procedures needed for their return home.

1.2 FOOD SERVICES

During your stay at the Complexe Chirurgical CMC, you will be served three meals a day. They are prepared on site and are made from fresh, quality ingredients. You will have access to a variety of beverages (juice, tea, coffee, etc.) as well as fresh fruits at all times. Only serious food allergies will be taken into consideration and must be mentioned in advance in your preoperative questionnaire.

For example:

- nuts and peanuts
- shellfish
- gluten
- lactose intolerance
- etc.

If you are on a vegetarian or vegan diet, meals may be made available, but please let us know in advance.

Please note that it will not be possible for us to accommodate individual dietary preferences that are not related to a health problem. A common refrigerator is available to patients at Asclépiade for storing personal food.

1.3 WHAT IS ACCREDITATION CANADA

“Accreditation Canada is a not-for-profit organization that is dedicated to working with patients, policy makers and the public to improve the quality of health and social services for all.

We work to bring the best of health care from around the world home, and vice versa. We work closely with health and social services organizations in Canada and abroad to develop a sustainable culture of improvement that betters safety and efficiency, working to save and improve lives. From the standards we use to the frontline assessments we conduct and everything in between, patients and families are full partners in what we do.”

Source : <https://accreditation.ca/about/>



1.4 PHONE RESOURCES

BEFORE AND DURING YOUR VISIT TO THE COMPLEXE CHIRURGICAL CMC

GENERAL INFORMATION	514 288-2097
ADMISSION OR CHANGE OF HEALTH STATUS THE DAY BEFORE SURGERY	514 332-7091 EXT. 232
HOLIDAY INN LAVAL	1 888 333-3140 (TOLL-FREE)

DURING YOUR RECOVERY AT HOME

You may reach the Maison de convalescence Asclépiade for any questions about postoperative care or if your family doctor has any questions about your surgical procedure. Please note that there is a 24 to 48-hour response delay. For an emergency, dial 911 or go to the Emergency Room of the hospital nearest you.

LA MAISON DE CONVALESCENCE ASCLÉPIADE	514 333-1572
.....	ASCLEPIADE@CMCMONTREAL.COM
INFO-SANTÉ: QUÉBEC	811
EMERGENCY SERVICES IN YOUR AREA: CANADA	911
YOUR FAMILY DOCTOR	_____
YOUR PHARMACIST	_____
COMMUNITY HEALTH SERVICES CENTER IN YOUR REGION (QUEBEC: CLSC):	_____

COMMUNITY SERVICES

ACTION SANTÉ TRAVESTI(E)S ET TRANSSEXUEL(LE)S DU QUÉBEC (ASTT(E) Q).....	WWW.ASTTEQ.ORG
AIDE AUX TRANS DU QC	WWW.ATQ1980.ORG
HELPLINE AND 24H INTERVENTION	ECOUTE@ATQ1980.ORG
.....	TOLL-FREE : 855 909-9038 #1
FONDATION ÉMERGENCE	WWW.FONDATIONEMERGENCE.ORG
COALITION DES FAMILLES LGBT	WWW.FAMILLELGBT.ORG
INTERLIGNE – PROFESSIONAL HELPLINE 24 H/24	WWW.WINTERLIGNE.CO
IN ENGLISH OR FRENCH	TOLL-FREE : 1 888 505-1010

1.5 DISCLAIMER

The information in the booklet (including Parts A, B, and C) should not be considered as medical advice. This information is provided for educational purposes. It is not a substitute for a consultation with a doctor, nurse or other healthcare professional. If you have any questions about your personal medical situation, please consult your healthcare professional.

2

WHAT IS VAGINOPLASTY?

VAGINOPLASTY IS THE SURGICAL PROCEDURE USED TO BUILD THE MOST NATURAL FEMALE GENITALIA POSSIBLE.

The appearance of the genitals will be very different from one woman to another. Some people have a more rounded mons pubis, a less prominent clitoris, fuller labia majora or labia minora of different sizes.

The appearance of the genitals is not necessarily associated with sexual satisfaction or pleasure. Rather, they are related to a combination of non-physiological factors. Even with optimal functional results, it is very difficult to predict the orgasmic capacity that will be preserved after vaginoplasty. It is recommended to explore and massage the genital area in order to identify erogenous zones. Exploring and massaging the genital area improves nerve recovery and stimulates the recovery of sensations.

Postoperative 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.

CHOICES ARE AVAILABLE TO YOU:

VAGINOPLASTY WITH VAGINAL CAVITY

- The skin of the penis is inverted and grafted with the skin of the scrotum to create a deeper vaginal cavity.
- Blood vessels and nerve endings from the glans are preserved to create a sensitive clitoris.
- Using your own tissues to recreate the delicate details of the vulva (labia minora and labia majora, clitoris, hood) helps eliminate tension on the tissues forming the new genitalia.

VAGINOPLASTY WITHOUT VAGINAL CAVITY

- Blood vessels and nerve endings from the glans are preserved to create a sensitive clitoris.
- Using your own tissues to recreate the delicate details of the vulva (labia minora and labia majora, clitoris, hood) helps eliminate tension on the tissues forming the new genitalia.

Each patient will have to decide whether to have a vaginoplasty, with or without a vaginal cavity. This choice remains personal and must be made according to your needs, your expectations, and the impact on your daily life.

HERE ARE SOME FACTORS THAT MAY INFLUENCE YOUR CHOICE:

- Your sexual orientation, your physical and emotional attraction, or the desire to have sex with vaginal penetration;
- Your willingness to perform the care required after surgery. These include dilations, douching, and sitz baths. It may take more than an hour, up to four times a day for the first few months. Dilation and douching will continue for the rest of your life, but at a lower frequency;
- Your ability to access essential postoperative care supplies such as personal lubricant for vaginal dilation, douching, etc.;
- If your prostate has been only partially removed following a diagnosis of benign enlargement (prostate enlargement or BPH), you will be able to choose vaginoplasty with or without a vaginal cavity; and
- If your prostate has been completely removed, you will have to opt for vaginoplasty without a vaginal cavity because of the high risk of permanent urinary problems.

IMPORTANT CONSIDERATIONS

If you opt for vaginoplasty with a vaginal cavity, the surgeon will make sure there is enough skin on the penis and scrotum to create a vaginal cavity deep enough.

If you have had an orchiectomy (surgical removal of the testicles) or if the total amount of skin from the existing genitals is not enough to line the inner wall of the vaginal cavity, the surgeon may have to remove a thin layer of skin from another part of your body to build the vaginal cavity. Without this skin graft, the depth of the vaginal cavity would be smaller and may cause difficulty during penetration or even prevent penetrative sex.

The area where the skin will be removed will show variable discoloration once healed.

WHY ORCHIECTOMY CAN LEAD TO SKIN GRAFTING:

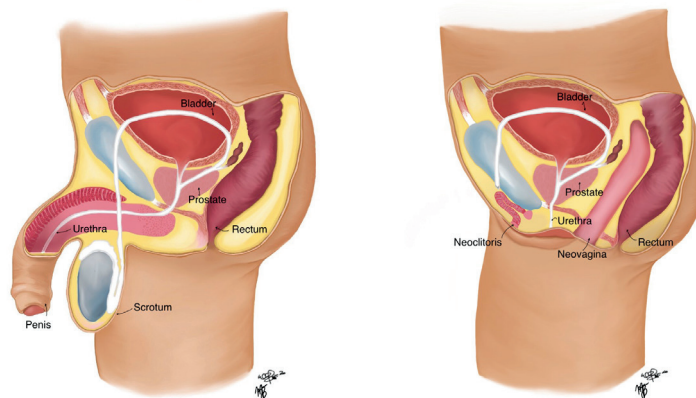
Once the testicles are removed, the skin of the scrotum can contract over time. If you are considering a vaginoplasty with vaginal cavity after an orchiectomy, massaging the skin of the scrotum may stretch the tissue enough to prevent it from shrinking.

3 SURGICAL TECHNIQUES FOR VAGINOPLASTY WITH OR WITHOUT VAGINAL CAVITY

Dr. Pierre Brassard has redefined the standards of vaginoplasty by making improvements to his surgical technique, which has earned GRS Montréal a reputation as a leader in the field of gender affirmative surgery.

3.1 SURGICAL TECHNIQUE FOR VAGINOPLASTY WITH VAGINAL CAVITY

1. The skin of the scrotum is removed and will be thinned and freed of hair.
2. The testicles are removed.
3. The penis is incised, and the skin inverted for grafting into the vaginal cavity.
4. The internal structures of the penis and the glans are exposed:
 - a. The urethra is dissected, and the remaining tissue will be preserved to line the inside of the labia minora, giving a more natural result than using a skin graft;
 - b. Part of the blood vessels and nerve endings are preserved to create the clitoris. A cone-shaped piece of skin is removed directly from the glans to form the clitoris. The clitoris will be positioned and fixed;
 - c. The corpus cavernosum (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: removing it would cause irreversible urinary incontinence.
6. The labia majora are created.

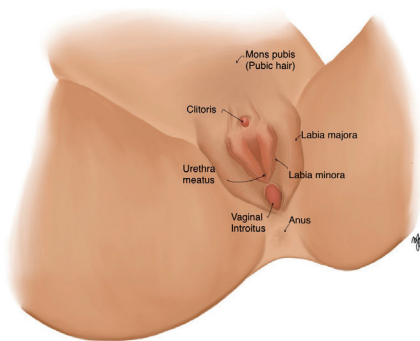


Holmberg, M., Arver, S. & Dhejne, C. Supporting sexuality and improving sexual function in transgender persons. *Nat Rev Urol* 16, 121–139 (2019) doi:10.1038/s41585-018-0108-8

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

EXPECTED RESULTS

The penile inversion technique produces very satisfactory aesthetic and functional results. These results may vary depending on the age, weight, quality and elasticity of the skin, and the overall health of the patient.



- A vaginal cavity of a depth that allows for penetrative sex;
- a clitoris constructed from the sensitive skin of the glans;
- a hood covering the upper part of the clitoris;
- a vulva with labia majora and labia minora located in the central portion of the vulva (between the hood and the urinary meatus); and
- erogenous zones (clitoral and vaginal) with the possibility of sexual pleasure.

Vaginoplasty with a vaginal cavity requires care that you will have to integrate into your daily routine for the rest of your life. This care involves a protocol of vaginal dilations and genital hygiene.

The compliance with this protocol will have a significant impact on the functional results of your intervention.

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

If closure of the vaginal cavity is desired postoperatively, you should be aware that this is a long process that requires frequent dilations to ensure that the vaginal cavity closes without complications. Abruptly stopping the dilations can also lead to significant complications.

It is possible to combine vaginoplasty with one or more other feminizing surgeries such as breast augmentation and/or shaving of the Adam's apple.

INFORMATION ABOUT THE SURGICAL PROCEDURE

AVERAGE LENGTH OF THE SURGERY	ANAESTHESIA	HOSPITALIZATION AT CMC	CONVALESCENCE AT L'ASCLÉPIADE	CONVALESCENCE AT HOME	RESUMPTION OF PHYSICAL ACTIVITIES AND SPORTS	LEAVE OF ABSENCE
2 hours	Regional and/or general	2 nights postoperatively	6 nights postoperatively	6 to 8 weeks on average	8 weeks	8 to 12 weeks

3.2 SURGICAL TECHNIQUE FOR VAGINOPLASTY WITHOUT VAGINAL CAVITY

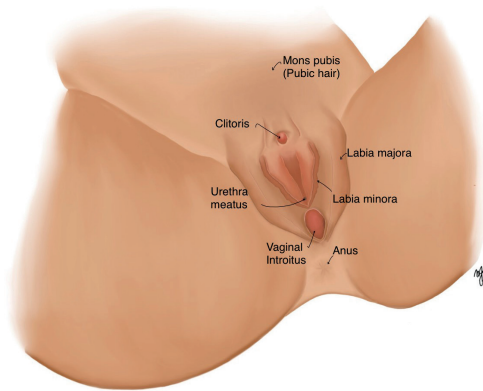
1. The skin of the scrotum is removed.
2. The testicles are removed.
3. The internal structures of the penis and the glans are exposed:
 - a. The urethra is dissected, and the remaining tissue will be preserved to line the inside of the labia minora, giving a more natural result than using a skin graft;
 - b. Part of the blood vessels and nerve endings are preserved to create the clitoris. A cone-shaped piece of skin is removed directly from the glans to form the clitoris. The flap and clitoris will be positioned and fixed;
 - c. The corpora cavernosa (body of the penis) is removed.
4. The labia majora are created.

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

EXPECTED RESULTS

These results may vary depending on the age, weight, skin quality and elasticity, and overall health of the patient.

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



It is possible to combine vaginoplasty without cavity with one or more other feminizing surgeries such as breast augmentation and/or shaving of the Adam's apple.

AVERAGE LENGTH OF THE SURGERY	ANAESTHESIA	HOSPITALIZATION AT CMC	CONVALESCENCE AT L'ASCLÉPIADE	CONVALESCENCE AT HOME	RESUMPTION OF PHYSICAL ACTIVITIES AND SPORTS	LEAVE OF ABSENCE
1.5 hours	Regional and/or general	2 nights postoperatively	4 nights postoperatively	6 to 8 weeks on average	8 weeks	8 to 12 weeks

4

ADDITIONAL INFORMATION ABOUT THE SURGICAL PROCEDURE

4.1 BODY MASS INDEX (BMI)

If you suffer from severe obesity (BMI ≥ 35) increased monitoring will be required at all stages of your surgical procedure. In patients with a high BMI, there is a decrease in healing potential as well as in satisfaction with surgical results. Furthermore, a BMI over 35 increases the risk of surgical complications. Your involvement is essential to the overall success of your surgery. If this is your case, additional test results will be required in order to ensure a safe surgical procedure. The surgical risks will be evaluated by the medical team and recommendations will be provided to you.

For medical reasons, if your BMI is 40 and over, it will not be possible to undergo your surgery.

If your diet is vegetarian or vegan or if your body mass index is below the optimal values (18.5), your surgeon may prescribe additional blood tests. We also advise you to consult your treating physician or a nutritionist to ensure that your diet contains all the necessary elements. They will be able to establish a nutritional plan that will allow you to adopt a diet that promotes healing.

4.2 ANESTHESIA

Different anesthetic (to numb and sedate) and analgesic (to relieve pain) techniques can be used during surgery. These techniques can be used alone or in combination.

For vaginoplasty, spinal (regional) anesthesia is the preferred technique, unless there are medical contraindications. General anesthesia may also be used if other surgical procedures are combined with vaginoplasty.

4.3 DEPILATION OF THE GENITALS

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

However, if you decide to opt for these treatments, they must be stopped at least three months before surgery because the remaining hair must be visible in order to be cauterized during surgery.

4.4 URINARY CATHETER

A urinary catheter will be temporarily inserted in your bladder during surgery. It is used to empty your bladder until the swelling in your genital area decreases. It is possible that 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.

4.5 VAGINAL MOULD AND GENITAL DRESSING

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

The genital bandage, made of gauzes, will be attached with sutures to the labia majora.

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

4.6 BRUISES 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 then gradually decrease.

4.7 PELVIC FLOOR

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

After surgery, some people will have better sensitivity in the perineum. Others will have more difficulty perceiving 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 offered to you in order to reduce genital pain during dilations, improve perineal sensitivity, improve your orgasmic abilities, and, thus, enhance 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 urinary complications and improved sexual health.

4.8 PAIN RELIEF

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

Effective pain relief is important in order to promote quick recovery and for resuming your activities.

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

Furthermore, you will find useful tips to help you relieve pain in Part C of this booklet.

4.9 HEALING

Full recovery can take 9 to 12 months following surgery.

4.10 REPRODUCTION AND FERTILITY

Vaginoplasty is a gender affirmation surgery that will permanently and irreversibly eliminate your reproductive capacity. Your treating physician, healthcare professionals, and fertility preservation specialists can explore your options with you. We recommend that you have a discussion and reflection on this subject before proceeding with vaginoplasty.

5

RISKS AND COMPLICATIONS

5.1 INFORMED CONSENT

The decision to undergo surgery must be made in an informed manner and after obtaining all the necessary information and all answers to your questions. Complications may occur during the procedure but also in the following weeks. Certain complications are common to all surgical procedures and others are more specific to vaginoplasty.

5.2 INFORMATION ABOUT RISKS AND COMPLICATIONS INVOLVED FOR VAGINOPLASTY

This section will provide you with the information you need to freely and knowledgeably consent to the surgery you wish to undergo.

Any surgical procedure involves risks and may involve complications and side effects. Our surgical team and clinical staff are trained to minimize the risks associated with vaginoplasty and to intervene according to proven and rigorous protocols in case of complications.

It is important for you to know and accept that although our experience shows a high rate of success and satisfaction, we cannot in any way guarantee the esthetic and functional results of this surgery. Although we take all available means and apply the highest professional standards, it is possible that the result of the operation may not be entirely satisfactory and that it may be necessary to resort to other procedures or treatments that may then be offered to you.

Your cooperation at all stages is essential. For instance, we expect you to inform us of any medical conditions or problems so that we can assess their possible impact on the surgery, anesthesia or other care that may be required. It is essential that you read this section carefully and take the time to think about it.

If you feel a need for additional explanation about the content of this section, we invite you to contact us so a member of our team can discuss it with you in complete confidence.

5.3 BLOOD CLOTS AND PULMONARY EMBOLISM

These complications can occur with any type of surgery. They are more common during pelvic surgery and for patients taking hormone supplements. Stopping hormone therapy 3 weeks before surgery reduces these risks. Moving your legs and walking as soon as possible after surgery helps prevent these problems. These complications require treatment in the hospital with follow-up with a medical specialist.

5.4 BLEEDING

The risk of bleeding is associated with all surgeries, especially when they take place in the perineal and genital area. Bleeding requiring a transfusion of blood products is rare but can occur. To minimize the risk of bleeding, you should abstain from taking Aspirin (AAS) or anti-inflammatory drugs 10 days before surgery.

5.5. HEMATOMAS AND SEROMAS

A hematoma is an accumulation of blood beneath the skin while a seroma is related to the accumulation of clear bodily fluid. In both cases, this accumulation may be mild or severe and may require drainage to remove the excess blood or fluid.

5.6 INFECTIONS

Infections are frequent and common risks to many surgeries. An infection occurs when tissues are affected by microorganisms such as bacteria and/or other pathogens. An infection is treated with antibiotic ointment or with antibiotics taken orally or intravenously.

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

A local infection with an accumulation of pus (abscess) requires drainage. Untreated infection could lead to partial or total necrosis (cell death) of the genitals.

5.7 ALLERGIES OR SENSITIVITY TO PRODUCTS/MATERIAL USED

In rare cases, an allergic reaction or sensitivity to soaps, ointments, adhesive tape, or stitches may occur during or after the surgical procedure. Generally, this complication is fairly easy to treat. Serious allergic reactions are extremely rare and may require hospitalization.

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

The healing process is influenced by a series of factors: edema, infection, strain on wounds, deficient blood circulation, alcohol use, smoking, poor nutrition, etc. These factors can slow healing and cause the reopening of wounds that require a longer healing period. Generally, this does not affect the final appearance of the operated area.

5.9 INJURIES TO OTHER PARTS OF THE BODY

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

5.10 TOBACCO

Smoking increases the risk of complications. Smokers have an increased risk of infectious, pulmonary, respiratory, and cardiovascular complications. Smoking can cause delayed healing of surgical wounds and increase the risk of losing part of their graft.

5.11 LOSS OF SENSATION AND PAIN HYPERSENSITIVITY

Since the nerves of the glans are preserved, you should maintain good sensitivity. Following surgery, there may be areas of 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 4.7, you may benefit from a follow-up in physiotherapy for pelvic floor re-education.

5.12 LARGE AND THICK SCARS (KELOIDS)

The scarring process differs from one person to another and scars may become larger and/or thicker. Your own scarring history should be a good indication of what you can expect. If your scars are large and/or thick, it is possible to correct them with medications such as injectable steroids and silicone dressings.

5.13 UNSATISFACTORY RESULTS AND/OR NEED FOR SCAR REVISION

The surgeon may propose secondary corrective surgery if he deems it necessary to restore physical integrity by correcting acquired and medically required malformations.

Corrective surgeries performed for cosmetic purposes are at the patient's expense.

5.14 SKIN GRAFT AND COLORATION OF THE DONOR SITE

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

5.15 LOSS OF VAGINAL GIRTH AND/OR LOSS OF VAGINAL DEPTH

To survive, the graft used to construct the vaginal cavity must be kept in contact with an area with sufficient blood flow. In most cases, the graft takes very well. Sometimes, part of the graft may not cohere, may contract and cause the vaginal cavity to lose girth or depth. The lack of or absence of vaginal dilation may also be a cause.

5.16 RECTO-VAGINAL FISTULA

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

5.17 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.

5.18 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.

5.19 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. Most of the time, 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. If the presence of hair causes side effects, there are different options available to remove it. Please contact us.

5.20 PSYCHOSOCIAL SUPPORT

Gender affirmation surgeries generate multiple changes in the life of the patient. To successfully adapt to all these changes, it may be necessary to seek the help of healthcare professionals in addition to that of your loved ones.

You may sometimes experience feelings such as:

- discouragement with postoperative care;
- boredom or isolation during your recovery period;
- sadness over the negative reaction of certain people close to you;
- exhaustion due to pain and the urge to cease important care for your recovery;
- regrets or doubts about your decision to seek surgery;
- etc.

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

INFORMED CONSENT

INFORMED CONSENT TO SURGERY

Dr. _____ has agreed to perform this procedure and I have been given the opportunity to ask questions before signing this form.

NATURE OF THE PROPOSED SURGICAL PROCEDURE, PURPOSE AND EXPECTED RESULTS

The surgery 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 this booklet.

ALTERNATIVES

I understand that other surgical techniques exist, but that the only technique offered by the Complexe chirurgical CMC surgeons is the one described above.

POSSIBLE RISKS AND COMPLICATIONS

I acknowledge that all surgery carries risks and may result in complications, and, that by expressing my informed consent to surgery, I consent to the risks and complications that may result.

Before signing this consent, I have read Section 5, “Risks and Complications,” in Part A of this booklet.

It has been explained to me that during surgery, unpredictable circumstances may arise that require a change in the surgical approach, such as the use of tissue transplants other than those intended. I consent to any changes that may be required during surgery and for which I would not be able to give specific consent because of the anesthesia.

In addition to the above, I fully understand the meaning and scope of the following statements that are fundamentally related to the procedure to which I am consenting:

- 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, 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 doctors who practice there can guarantee me the aesthetic and functional results of this procedure and that they have made no representation to me of such a guarantee.

I certify that I have read this document (Vaginoplasty - Information Booklet Part A), that I have received all the information necessary for my understanding, that I have asked my questions, that I have received answers to my satisfaction, and that I have had sufficient time to think about it before expressing my consent. By my signature, I certify that I voluntarily consent to the surgery.

Name: _____ Signature: _____

Date: _____

Witness: _____ Signature: _____

Date: _____

©2020 This document and its contents are the property of Complexe chirurgical CMC|GRS Montréal.
Any reproduction, in whole or in part, without prior authorization is prohibited.

999 De Salaberry Street, Montreal, Quebec H3L 1L2 T 514 288 2097 F 514 288 3547 grsmontreal.com

CMC



**COMPLEXE
CHIRURGICAL**

GRS MONTRÉAL

999, rue De Salaberry
Montréal (Québec) H3L 1L2

T 514 288-2097
F 514 288-3547

grsmontreal.com