USZ Universitäts Spital Zürich

PLASTISCHE, ÄSTHETISCHE UND REKONSTRUKTIVE CHIRURGIE GRAZ

SUIVI POST OPÉRATOIRE DES RÉASSIGNATIONS FtM/MtF

Stefania Simone, Advanced Practice Nurse
University Hospital Zurich (CH) – University Hospital Graz (AT)

Colloque International Santé Trans*, Genève, 6 Oct 2022

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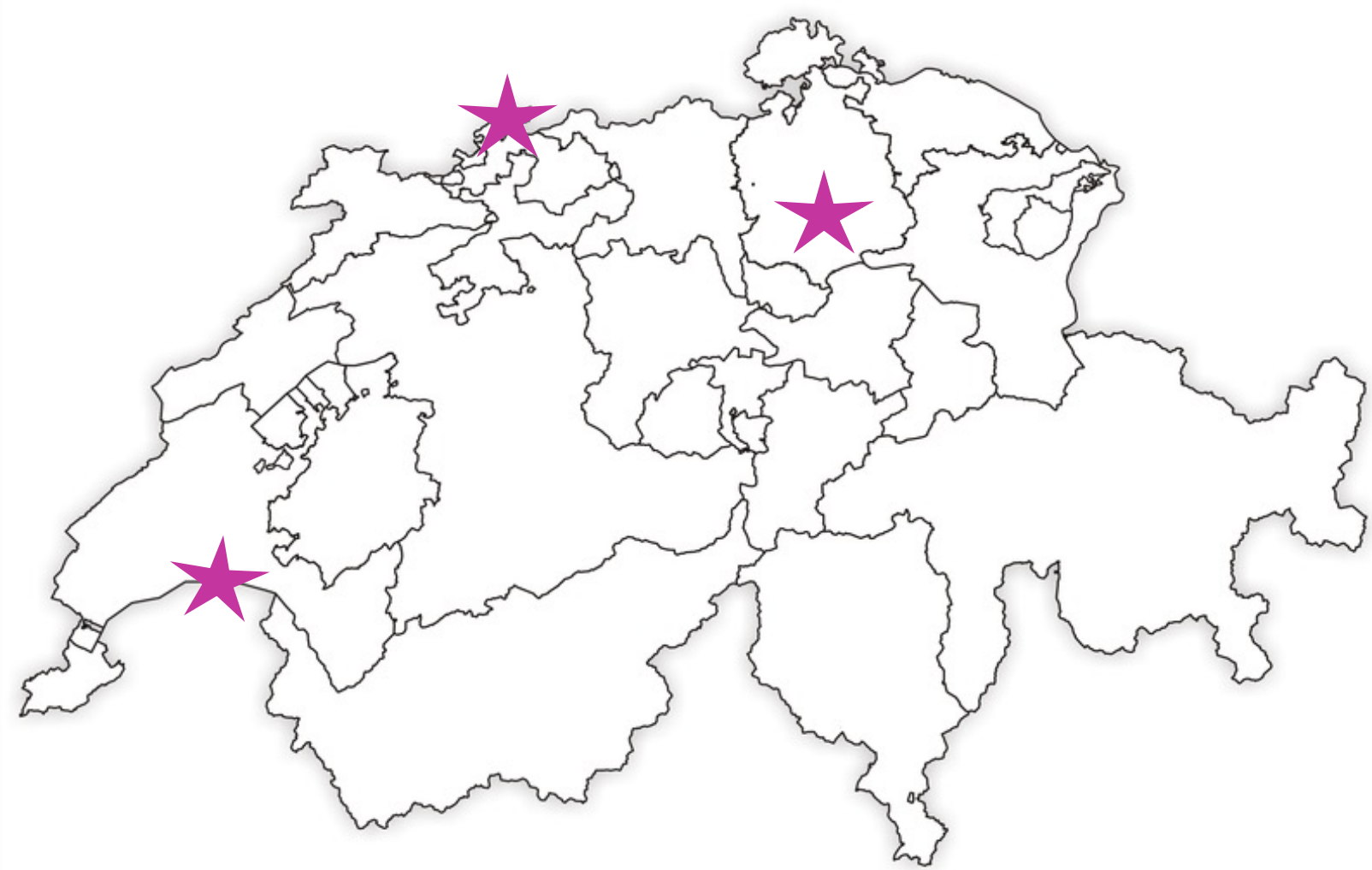
01

GENDER-AFFIRMING MEDICAL OPTIONS

SWITZERLAND



HOSPITALS OFFERING GENDER-AFFIRMING SURGERY

MEDICAL THERAPY INITIATION CRITERIA

SUGGESTIONS

- THE EXPERIENCE OF GENDER INCONGRUENCE IS MARKED AND SUSTAINED
- CONFIRMATION OF DIAGNOSTIC CRITERIA
- MINIMUM OF 6 MONTHS HORMONE THERAPY
- AGE OF MAJORITY IS NECESSARY FOR SOME THERAPIES IN SEVERAL COUNTRIES

(WPATH, 2012; Coleman et al., 2022)

INFORMED CONSENT

ASSESS THE CAPACITY FOR

- INFORMED CONSENT
- UNDERSTANDING THE EFFECT OF GENDER-AFFIRMING TREATMENT

EXCLUDE

- PSYCHOLOGICAL / MEDICAL CONDITIONS WITH NEGATIVE IMPACT ON OUTCOME OF GENDER-AFFIRMING MEDICAL THERAPY

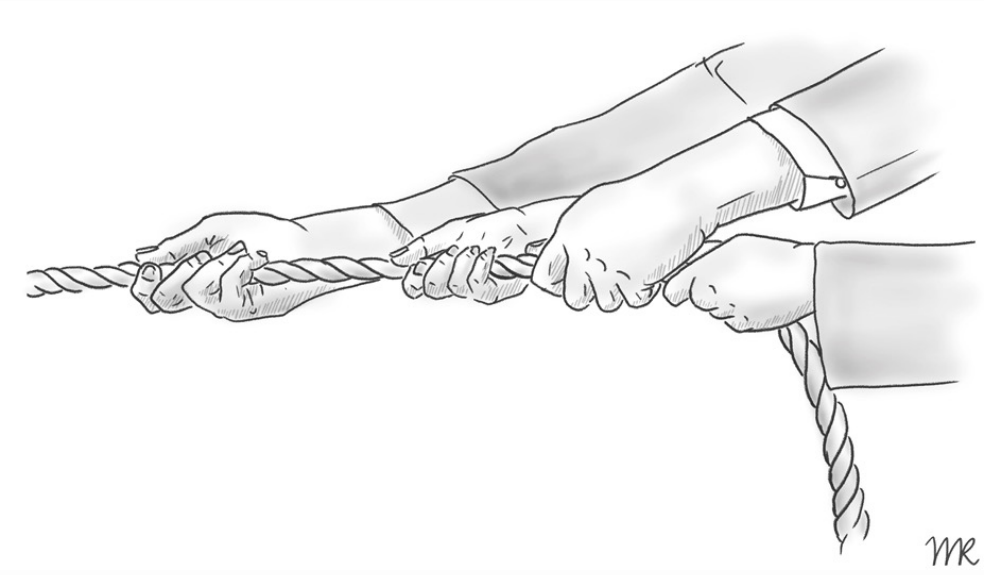
EXPLORE

- THE REPRODUCTIVE OPTIONS PRIOR TO THE INITIATION OF GENDER-AFFIRMING THERAPY

(WPATH, 2012; Coleman et al., 2022)

INTERDISCIPLINARY MEDICINE

- PSYCHIATRY/PSYCHOLOGY
- REPRODUCTIVE ENDOCRINOLOGY
- DERMATOLOGY
- PHONIATRICS AND SPEECH THERAPY
- PLASTIC SURGERY
- VISCERAL SURGERY
- GYNECOLOGY
- UROLOGY
- MAXILLOFACIAL SURGERY
- PHYSIOTHERAPY
- …



HORMONE THERAPY

BREAST ⇧

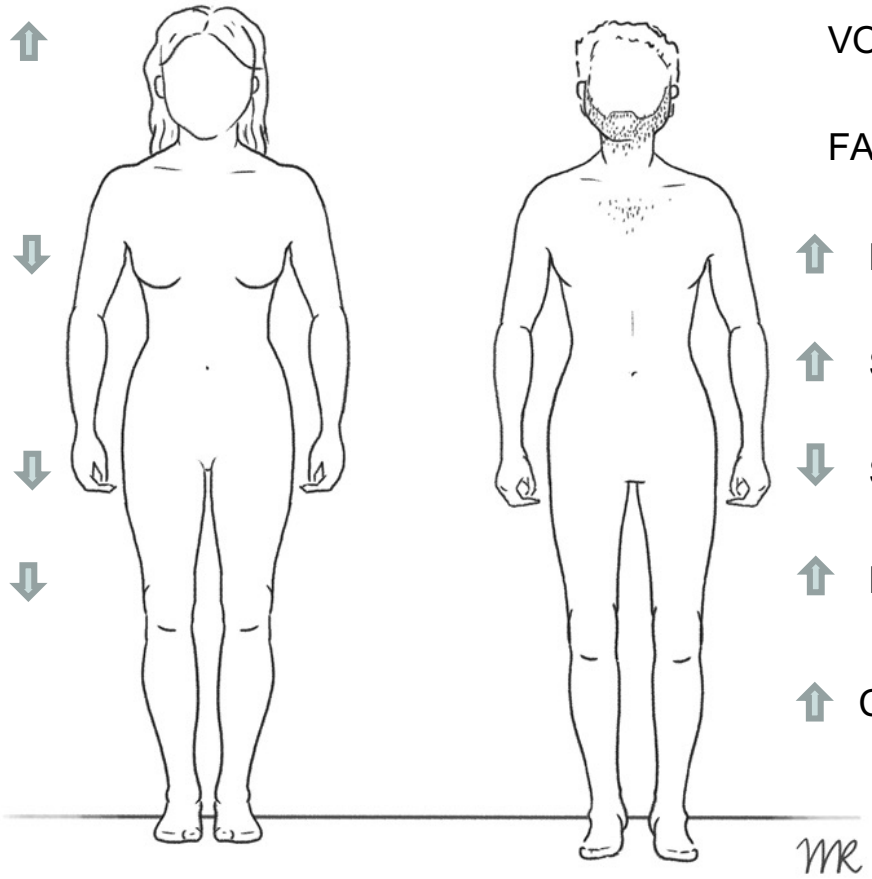
FAT DISTRIBUTION

MUSCLE MASS & STRENGTH ⇩

SOFTENING SKIN

BODY HAIR ⇩

LIBIDO & SPONTANEOUS ERECTIONS ⇩



VOICE BREAK

FAT DISTRIBUTION

⇧ MUSCLE MASS & STRENGTH

⇧ SKIN GREASINESS AND ACNE

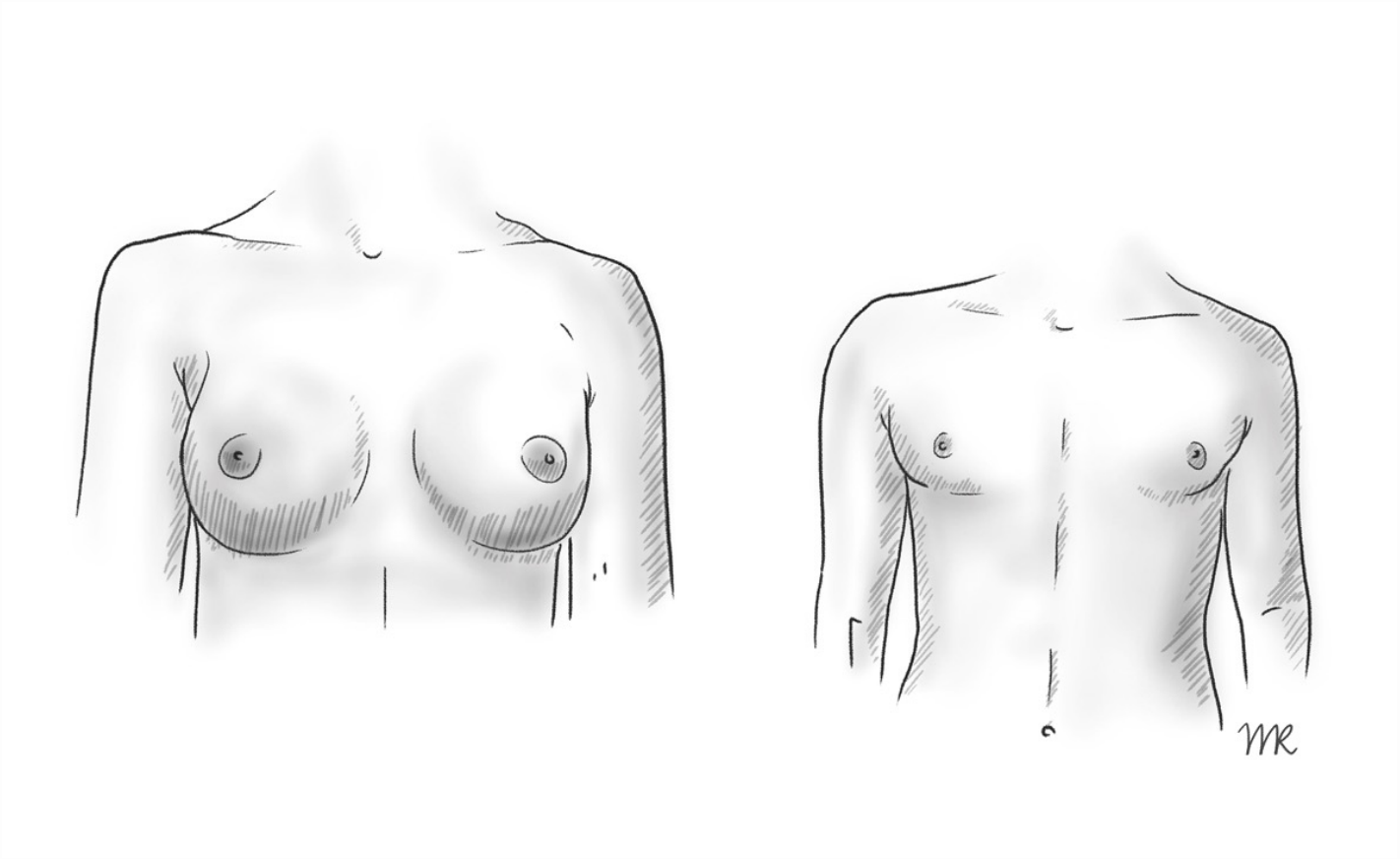
⇩ SCALP HAIR

⇧ BEARD & BODY HAIR

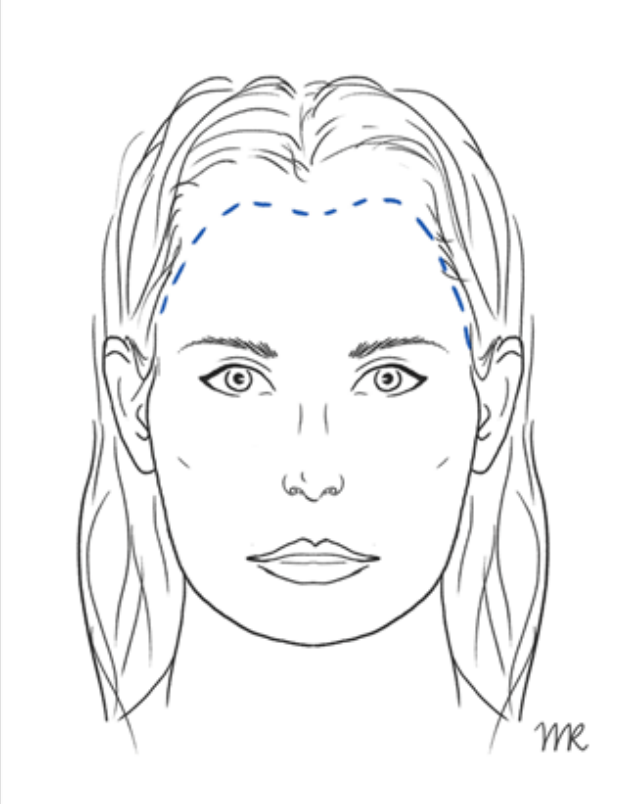
⇧ CLITORIS

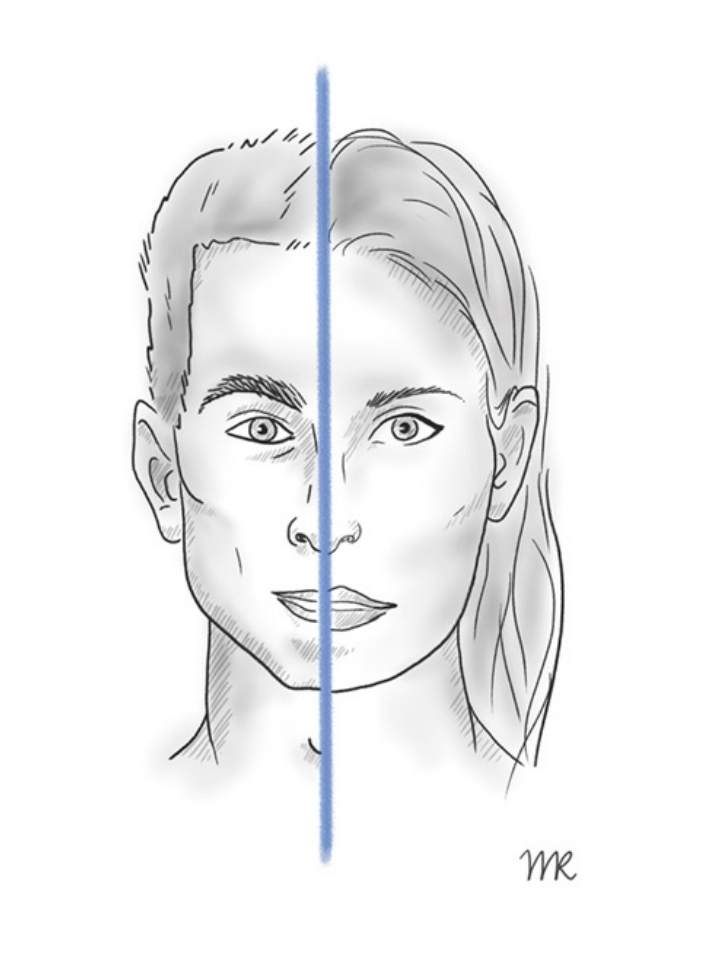
(WPATH, 2012)

CHEST SURGERY



FACIAL FEMINIZATION SURGERY (FFS)



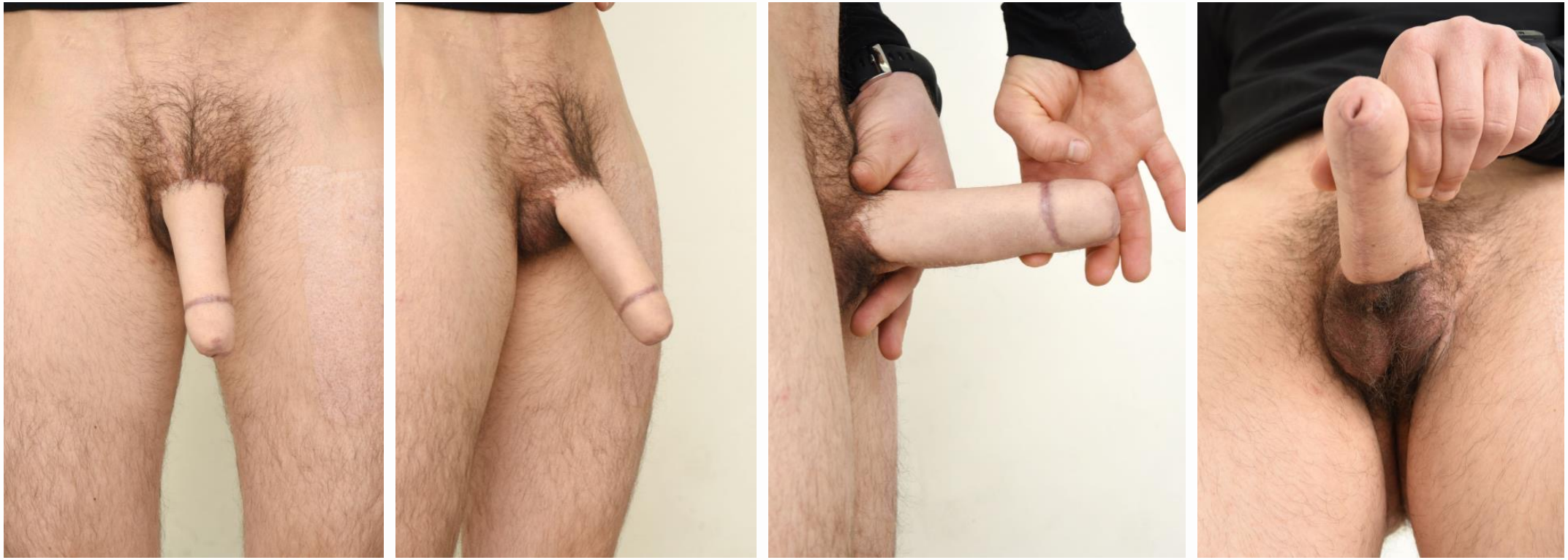


VOICE THERAPY AND SURGERY

02

GENITAL GENDER-AFFIRMING SURGERY FtM

PHALLOPLASTY: RADIAL FOREARM FREE FLAP TECHNIQUE



(Laback, 2018)

RADIAL FOREARM FREE FLAP DONOR AREA

(Laback, 2018)

OPERATION STEPS

1

HYSTERECTOMY, VAGINECTOMY & URETHROPLASTY

3-4 MONTHS

2

PHALLOPLASTY

3-4 MONTHS

3

GLANSPLASTY & TESTICULAR IMPLANTS

8 MONTHS

4

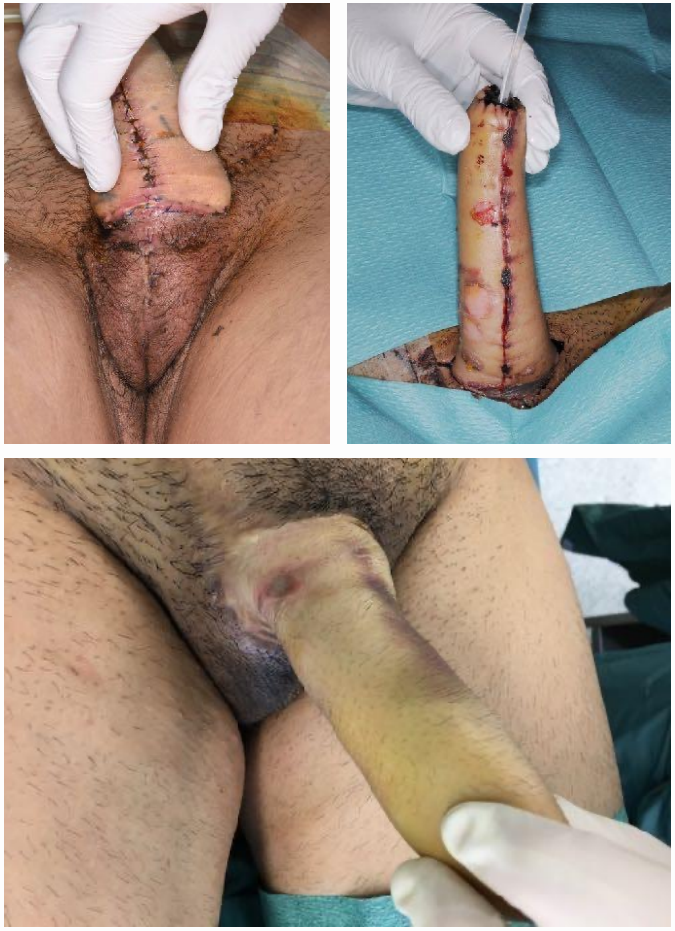
PROSTHETIC PLACEMENT

6 WEEKS

(Laback, 2018)

IMMEDIATE/EARLY COMPLICATIONS (<1 MONTH)

- HEMATOMAS
- TOTAL/PARTIAL-FLAP LOSS (0%-9%)
- WOUND DEHISCENCE
- WOUND INFECTIONS
- URINARY CATHETER DIFFICULTIES
- URETHRAL FISTULA (22%-75%)



(Blecher et al., 2019; Kang et al., 2019; Nikolavky et al., 2018; Pigot et al., Schardein , 2019; 2019; Wroblewski et al., 2013)

LONG TERM COMPLICATIONS (>1 MONTH)

- URETHRAL FISTULA (22%-75%)
- URETHRAL STRICTURE (25%-58%)
- WOUND CONTRACTION AND SCARRING
- GRANULATION TISSUE OF THE DONOR SITE
- PROSTHESIS EROSION (4.2%-50%)
- DYSURIA

(Blecher et al., 2019; Kang et al., 2019; Nikolavky et al., 2018; Pigot et al., Schardein , 2019; 2019; Wroblewski et al., 2013)

SURGICAL AFTER CARE & PATIENT EDUCATION

- WOUND MANAGEMENT
- COMPRESSION THERAPY FOR THE DONOR SITE AREA
- EDUCATION ABOUT AVOIDING ACTIVITIES/SPORT UNTIL THE WOUND IS HEALED
- EDUCATION ABOUT ERECTION PROSTHETIC

⇨ DETECTION OF MEDICAL EMERGENCIES AND MANAGEMENT STRATEGIES

03

GENITAL GENDER-AFFIRMING SURGERY MtF

ADVANCED PRACTICE NURSE PATHWAY

BEFORE

MEDICAL HISTORY

PREPARATION FOR SURGERY

DISTRIBUTION OF EDUCATIONAL MATERIAL

DURING

WOUND CONTROL

PATIENT EDUCATION

TREATMENT TEAM SUPPORT

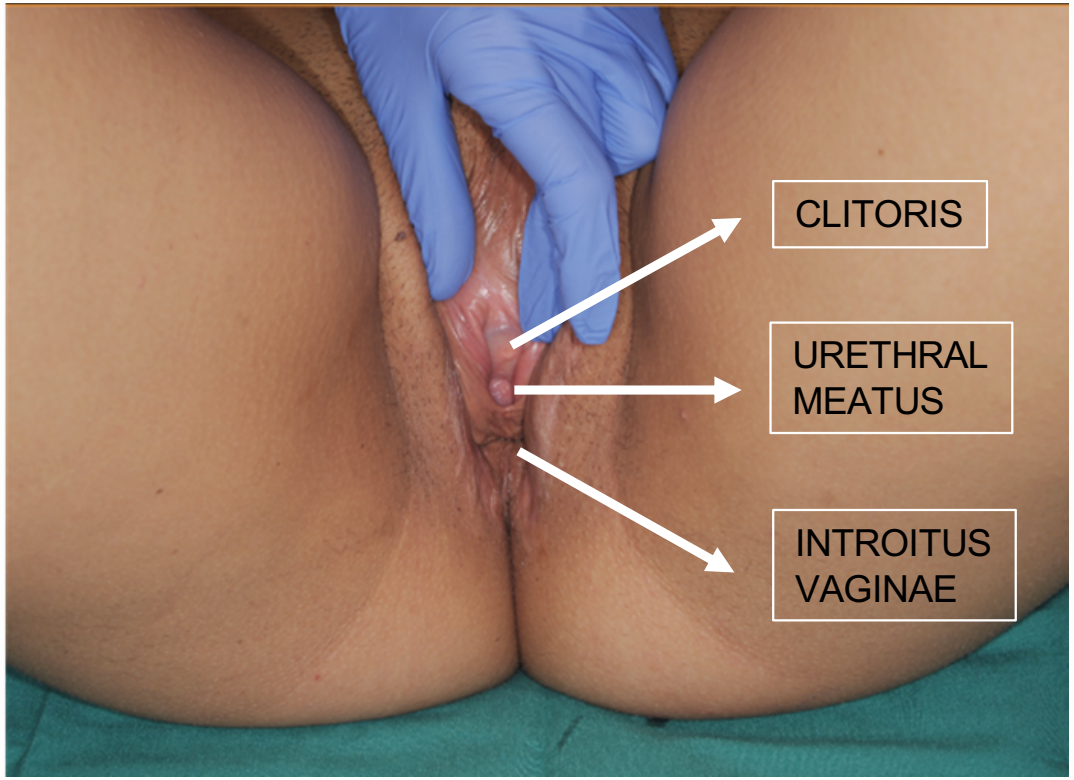
AFTER

COUNSELING PER MAIL & PHONE

SPECIALIZED OUTPATIENT CARE

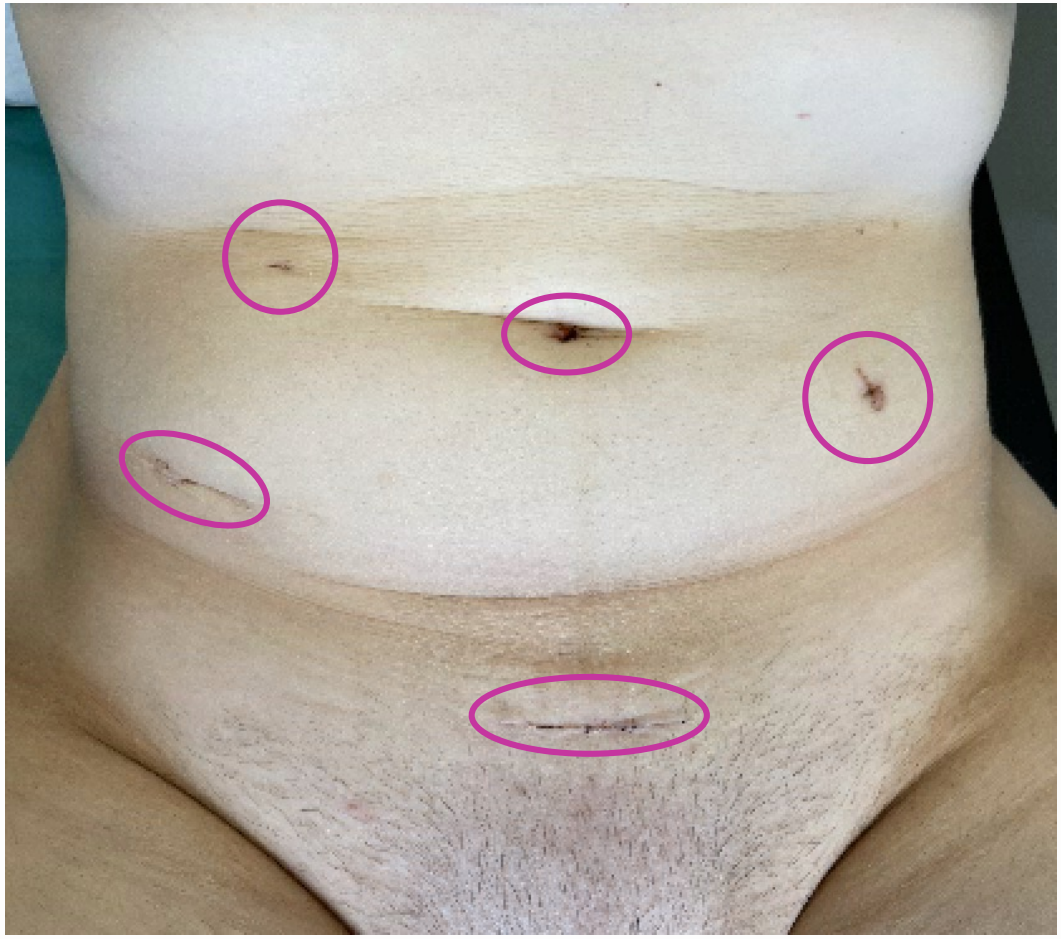
ANNUAL FOLLOW-UP CONTROL

PENILE INVERSION VAGINOPLASTY



(Surgeon: PD Dr. Richard Fakin, 2015)

INTESTINAL VAGINOPLASTY



(Surgeons: Prof. Dr. med. Matthias Turina & Dr. Matthias Waldner, 2021)

IMMEDIATE/EARLY COMPLICATIONS (<1 MONTH)

- INTRAOPERATIVE RECTAL INJURY (0%-4%)
- RECTOVAGINAL FISTULA (0%-17%)
- HEMATOMA (1.6%-21%)
- POSTOPERATIVE BLEEDING (3.4%-12.5%)
- TISSUE NECROSIS (0.6%-24.6%)
- WOUND DEHISCENCE (12-33%)
- WOUND INFECTIONS (4%-27%)
- CHANGE IN VOIDING FUNCTION (32%)
- URETHRAL RETENTION (12.8%)

INTESTINAL VAGINOPLASTY

- INTESTINAL ANASTOMOTIC LEAKAGE (2.6%)

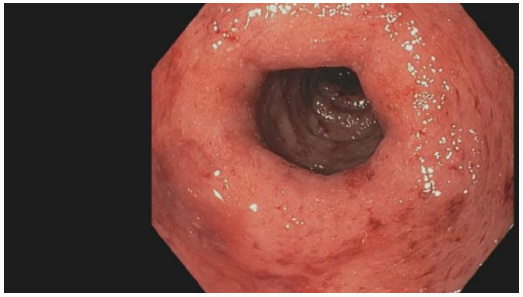
(Bustos et al., 2021; Buncamper et al., 2016; Ferrando, 2018; Hontscharuk et al., 2021; Schardein et al., 2019; Van der Sluis , 2019; Van der Sluis et al., 2020)

LONG TERM COMPLICATIONS (>1 MONTH)

- VAGINAL STRICTURES/ DEPTH LOSS (4.2%-15%)
- URINARY COMPLICATIONS (15%-32.2%)
- GENITAL PAIN (1.3%-20%)
- VAGINAL PROLAPS (0.3%-3%)
- DISCHARGE / MALODOR (0.7%-9.5%)
- EXCESSIVE PROTRUSION OF THE CORPUS SPONGIOSUM

INTESTINAL VAGINOPLASTY

- DIVERSION NEOVAGINITIS (2.5%)
- NEOVAGINAL STENOSIS (1.2%-43%)



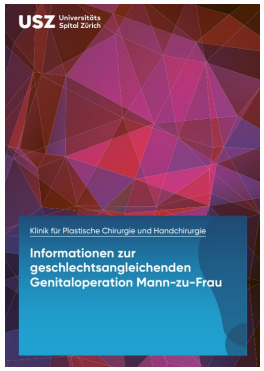
(Bustos et al., 2021; Buncamper et al., 2016; Ferrando, 2018; Hontscharuk et al., 2021; Schardein et al., 2019; Van der Sluis , 2019; Van der Sluis et al., 2020)

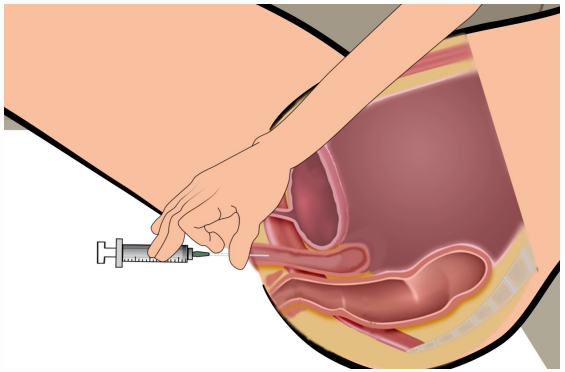
EARLY SURGICAL AFTER CARE & PATIENT EDUCATION

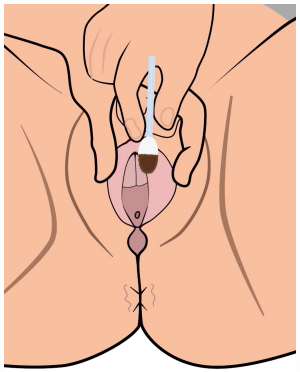
SCHEDULE: 2 WEEKS AFTER SURGERY UNTIL 3 MONTHS / 6 MONTHS / ANNUALLY

- PHYSICAL EXAM
- EDUCATION AND SUPPORT ABOUT WOUND MANAGEMENT
- EDUCATION ABOUT AVOIDING ACTIVITIES / SPORT UNTIL COMPLETED WOUND HEALING
- EDUCATION ABOUT DILATION

⇨ DETECTION OF MEDICAL EMERGENCIES AND MANAGEMENT STRATGIES







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WOUND MANAGEMENT: SOME CONSERVATIVE FOLLOW-UP EXAMPLES

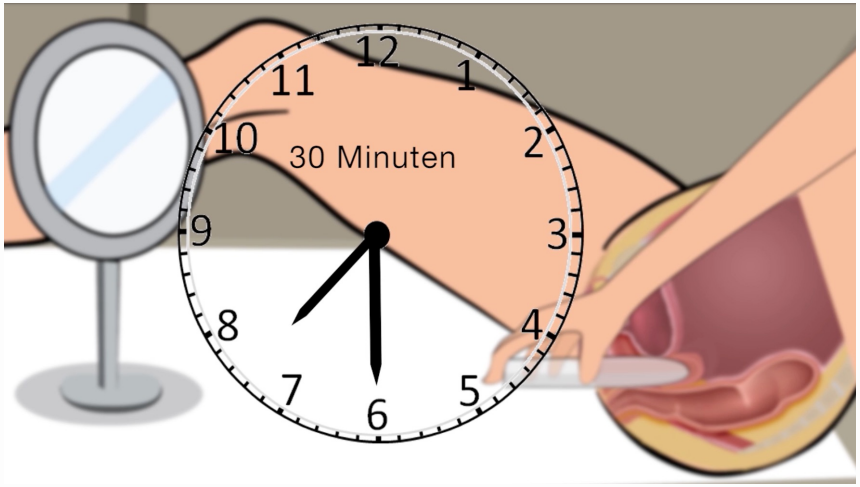
0 6 MONTHS

0 6 MONTHS

VAGINAL DILATION

DILATION SCHEDULE:

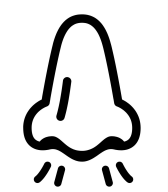
- < 6 MONTHS: TWO TIMES PER DAY, FOR 30 MINUTES
- > 6 MONTHS: ONCE OR TWICE WEEKLY, FOR 30 MINUTES (LIFELONG)



ANNUAL FOLLOW-UP AFTER GENITAL GENDER-AFFIRMING SURGERY

- QUESTIONNAIRE (SOCIAL / WORKING SITUATION / MENTAL HEALTH / SATISFACTION WITH OUTCOME / SEXUALITY / URINARY ISSUES / HORMONE THERAPY / …)
- PHYSICAL EXAM (BREAST / VULVA / SPECULA CONTROL /…)
- RECOMMENDATION FOR HYGIENE AND VAGINAL CARE
- SEXUALITY COUNSELING
- IF NEEDED: REFERRAL TO OTHER PROFESSIONALS
- IF REQUESTED: CONTACT WITH PEERS OR ORGANISATIONS

PHYSICAL FINDINGS: SOME PROBLEMS & CAUSES



DISCHARGE/MALODOR

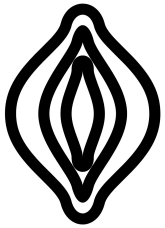
- VAGINAL HAIR GROWTH?
- HYPERGRANULATION TISSUE?
- INFECTION?

UNCENTERED URINARY STREAM

- POSITION ON THE TOILET?
- MEATUS URETHRAE POSITION?
- HABITS?

BLEEDING/DISCHARGE

- HYPERGRANULATION TISSUE?
- INFECTION?
- DIVERSION NEOVAGINITIS?

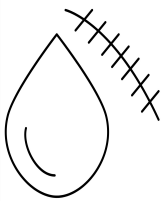


VAGINAL STRICTURES/ DEPTH LOSS

- WRONG DILATION REGIME?
- NON-COMPLIANCE?
- DELAYED WOUND HEALING?

GENITAL PAIN

- INFECTION?
- OPEN WOUND?
- CLITORIS EXPOSURE ?



DELAYED WOUND HEALING

- NON-COMPLIANCE?
- BAD HABITS?

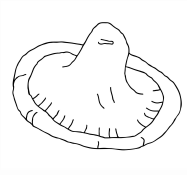
SEXUALITY COUNSELING

SEXUAL FUNCTIONING
PLEASURE & SATISFACTION

AROUSAL AND/OR ORGASM

SEXUAL ORIENTATION

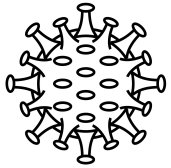
SEXUAL INTERCOURSE



SEXUAL RISK BEHAVIOUR /
PREVENTION

PELVIC FLOOR MUSCLES

LUBRIFICATION



SEXUALLY TRANSMITTED DISEASES /
SCREENING

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04

FOLLOW-UP RECOMMENDATIONS

AIMS OF FOLLOW-UP

- PREVENTIVE CARE
- CANCER SCREENING
- UROGENITAL CARE
- MONITORING OF MEDICAL/SURGICAL OUTCOME
- SUPPORT AND ASSESS SEXUAL HEALTH
- SUPPORT AND ASSESS MENTAL HEALTH

⇨ FOLLOW-UP AS OPPORTUNITY TO MITIGATE AND PREVENT COMPLICATIONS

(Bertoncelli Tanaka, 2022; Drinane, 2020; Grimstad, 2021; WPATH, 2012)

05

TAKE HOME MESSAGE

- REGULAR SCREENING AND PREVENTIVE CARE ARE RECOMMENDED
- FOLLOW-UP WITH SURGICAL SPECIALIST / NURSE PRACTICIONER PROVIDES AN OPPORTUNITY TO MITIGATE AND PREVENT COMPLICATIONS
- OPTIMAL CARE FOR TRANSGENDER AND GENDER-DIVERSE PERSONS REQUIRES AN INTERDISCIPLINARY TEAM
- CONTINUED CARE BY SURGEON-NURSE-TEAM
- IMPROVEMENT OF QUALITY OF CARE BY TRACKING OF SURGICAL OUTCOMES AFTER GENITAL GENDER-AFFIRMING SURGERY

THANK YOU!

nurse@plasticsurgery.partners

ILLUSTRATIONS

https://www.manuelruoss.com/

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