

Pelvic Physiotherapy After Gender-Affirming Surgery: A Retrospective Review

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Introduction

Patients undergoing gender-affirming vaginoplasty have a lengthy recovery process that involves a protocol of vaginal dilation. This protocol is designed to keep the canal open and prevent scarring which would require further surgical intervention. There is very little research into not only the protocol itself, but also who should be educating patients about this protocol and supervision of the protocol. Pelvic floor physical therapists have unique training in both wound healing as well as muscle physiology to help modify protocols for vaginal dilation as well as prevent barriers to long-term dilation.

This study aimed to review and compare the outcomes of patients undergoing gender-affirming surgery who attended pelvic floor physiotherapy versus those who did not. The hypothesis was that those who did attend physiotherapy appointments after their gender-affirming surgery would have better adherence to dilator protocols and fewer instances of pelvic pain than those who did not attend physiotherapy.

Vaginoplasties

Vaginoplasties require dilation after surgery to improve wound healing and keep canal patency. There are few protocols for dilation after vaginoplasty and if performed too quickly or without instruction can result in pelvic pain or vaginismus (Fernando, 2018).

Those undergoing gender-affirming surgery can also be at risk for urinary incontinence post-surgery if there are pre-existing urinary issues (Hazin et al., 2021).

Implementation of a pelvic floor physiotherapy program post-gender affirming surgery generally aims to reduce post-operative complications and improve adherence to dilation schedules (Jiang et al., 2019).

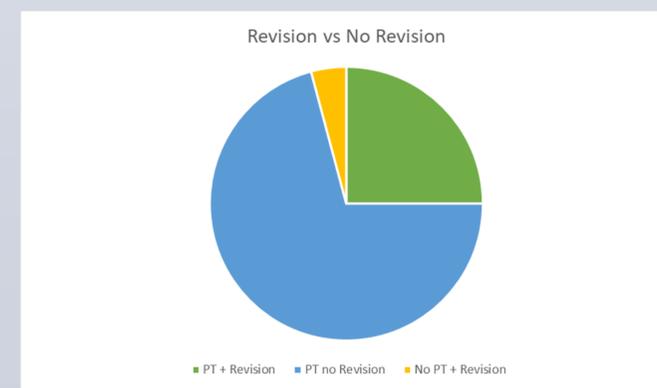
Physiotherapy post-vaginoplasty generally focuses on dilation schedules, relieving pelvic pain and improving strength of the pelvic floor muscles to mitigate further pelvic floor dysfunction.

Education	Exercise	Dilation Schedule	Return to Function
<ul style="list-style-type: none"> •Pelvic anatomy education •Sexual functioning education •Wound healing 	<ul style="list-style-type: none"> •Pelvic floor muscle exercise •Core stabilization •General exercise 	<ul style="list-style-type: none"> •6 weeks orange dilator •Progress to next size once pain free full depth (2 dots showing) •Goal is largest dilator by 6 months post op 	<ul style="list-style-type: none"> •Return to work recommendations •Return to sport guidance

Physiotherapy Protocol



Soul Source Dilators

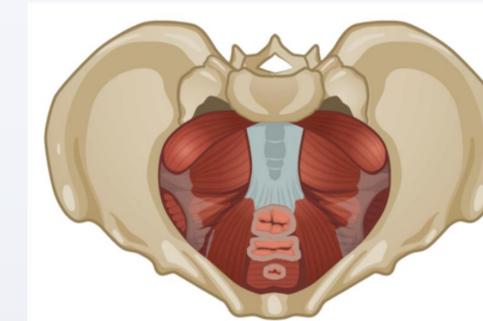


Analysis

All the surgeries in this chart review were vaginoplasties and were performed by the same surgeon. Phalloplasty were reviewed for a separate study.

Most of the patient charts reviewed attended at least one physiotherapy appointment. Many patients that did not attend physiotherapy needed a revision. There were several charts reviewed of that those that attended physiotherapy and needed a revision only attended one physiotherapy appointment.

With this retrospective review, no definitive conclusions can be reach regarding correlation between physiotherapy and rates of revision, however it does illustrate that a successful physiotherapy program can be implemented for post vaginoplasty patients where the majority will attend at least one appointment to help guide dilation schedules and strengthening of the pelvic floor muscles.



Discussion

Physiotherapy may be an important conservative treatment to consider for those undergoing gender-affirming bottom surgery. While this study has mainly focused on vaginoplasties, there are also many urologic concerns for those undergoing phalloplasty such as significant sensory issues that can be mitigated through pelvic physiotherapy (Peters et al, 2022).

Revision rates for vaginoplasty can be anywhere from 8-20% (da Silva et al., 2021, Levy et al., 2019). Revision rates for this chart review were approximately 29%. While this study saw the majority of vaginoplasty patients attend physiotherapy and have a reduced rate of revision, there were not enough patients who did not attend physiotherapy to show a true correlation. However, the complications that were experienced by those who did attend physiotherapy were able to be identified earlier and referred to the surgeon. Future studies will look at satisfaction rates for those undergoing physiotherapy versus those who do not.

There are few protocols for physiotherapy following vaginoplasty and part of this retrospective review was to illustrate that the protocol established by the researcher was a viable program for patients undergoing this surgery. Over 75% of those who did attend physiotherapy followed with the therapist for one-year post-surgery. Those who were seen by physiotherapy were largely compliant with their dilation schedule, and further reviews will focus on compliance and reasons for non-compliance with dilation.

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