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Background

- Transgender women may choose to have gender affirmation surgery (GAS) to align their physical bodies with that of the gender with which they identify and resolve some feelings of gender dysphoria.¹
- The rates of transgender women undergoing GAS in the United States of America is rising.^{2,3}
- GAS procedures to create a neovagina disrupt pelvic floor muscles and urinary tract.^{4,5}
- The current body of literature focuses on surgical techniques for GAS, mental health, and healthcare disparities for the transgender population, but little research related to optimal recovery after GAS and how physical therapy could be incorporated to improve outcomes.⁶

Purpose

The purpose of this narrative review is to determine the surgical complications related to the pelvic floor for transgender women undergoing genital GAS and the indications to use pelvic floor physical therapy (PFPT) to address these impairments.

Materials/Methods

- Search of the following electronic databases: CINAHL, SPORTDiscuss, PubMed, and MedLine
- Search terms: “Gender affirmation surgery,” “vaginoplasty,” “neovagina,” “transgender,” “complications,” and “physical therapy”
- Articles selected were 4 systematic reviews, 1 case study, 1 narrative review, 2 case series, 5 retrospective studies, 1 cross-sectional study, and 1 presentation

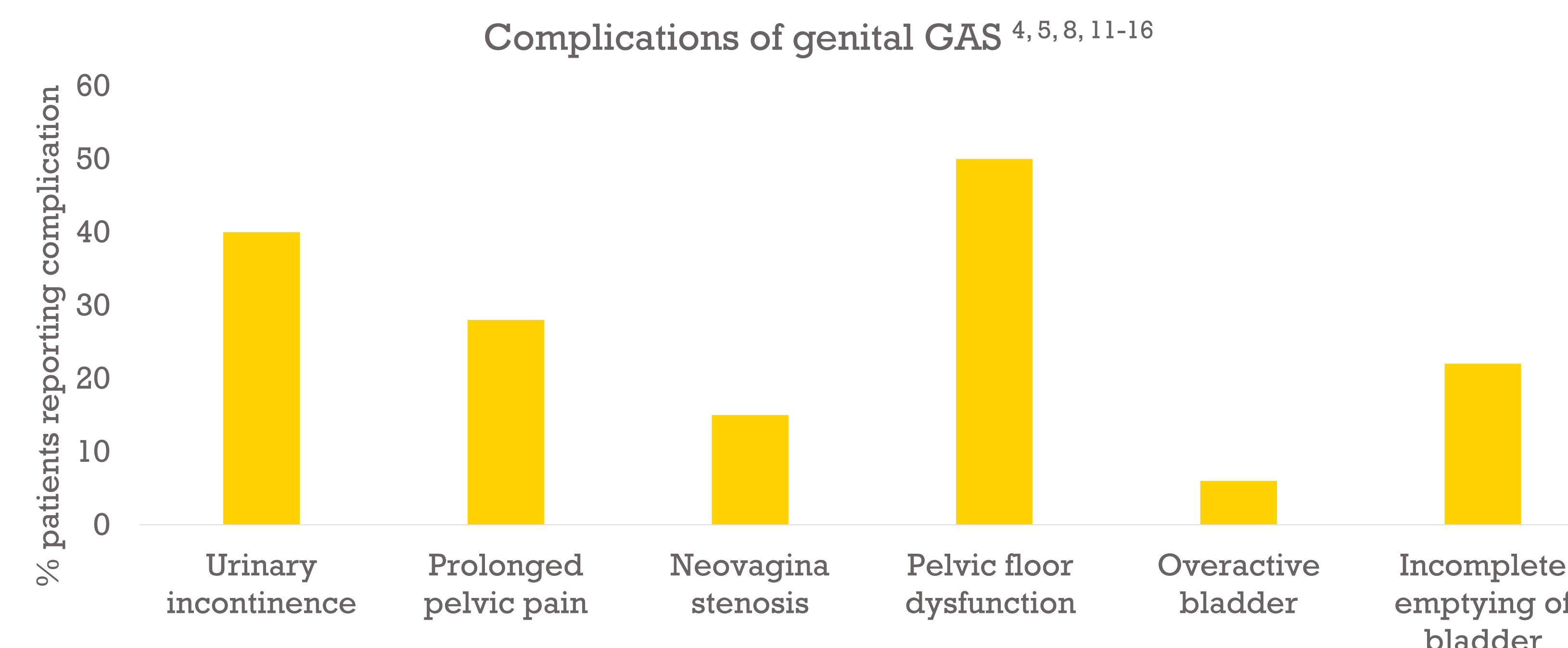
Discussion

Male-to-Female Genital GAS

- Surgery to create a neovagina can take tissue from the colon, penis, scrotum, peritoneal area or combination of the sites.⁷
- Most commonly researched surgical procedure is a “penile inversion vaginoplasty”⁸
- Transgender women who proceed with GAS to create a neovagina do not regret their decision and rate themselves highly on satisfaction with life and happiness surveys.^{9,10}
- Formation of the neovagina requires dissection of the pelvic floor muscles to accommodate the new anatomy⁷

Pelvic Floor Related Complications

- Overall complication rate of GAS to create a neovagina is reported to be as high as 70%¹¹



Indications to Use PFPT in the Genital GAS Process

- PFPT is a successful tool for urinary incontinence in cisgender women¹⁷
- PFPT was successful in resolving pelvic floor dysfunction among transgender women preparing for genital GAS in a little as one session⁴
- With PFPT, 89% of transgender women reached their goal dilation size after genital GAS⁴
- A case study showed PFPT resolved long term pelvic pain in a transgender women 2 years after GAS¹⁸
- NYU Langone reports using an interdisciplinary protocol involving PFPT before and after genital GAS to determine baseline function, resolve bowel/bladder impairments, and optimize pelvic floor muscle function¹⁹

Conclusions

- Complications related to pelvic floor anatomy and function are common in transgender women after genital GAS
- Although literature is limited, initial studies show PFPT to be safe and effective in this population
- Current practices from NYU Langone give an example of what PFPT may look like for this population
- More research needs to be done to determine protocols for PFPT practices for this population

Clinical Relevance

- This information may be used to educate transgender women preparing for genital GAS on the importance of PFPT
- Provides some statistics for what complications may be seen in this population
- Used to advocate for transgender women to have access to trained PFPT after genital GAS

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