

The Role of Pelvic Floor Physiotherapy Pre-and Post-Operatively:

Penile Inversion Vaginoplasty

What is Pelvic Floor Physiotherapy?

Pelvic Floor Physiotherapy (also known as Pelvic Health Physiotherapy) is a branch of Physiotherapy that involves the assessment and treatment of the muscles, joints, connective tissues and nerves of the pelvic, low back and hips.

Pelvic Floor Physiotherapy has been shown to identify pelvic floor dysfunction in cis female groups help to significantly reduce symptoms and improve one's quality of life.

As the penile inversion vaginoplasty involves the formation of a new vaginal (neovaginal) cavity, between the tissues of the urethra, prostate, the bladder and rectum, the role of pelvic floor physiotherapy pre- and post-operatively is to screen for any symptoms, such as pelvic pain/pressure, urinary problems or bowel problems, so that the Pelvic Therapist can give you exercises and strategies to improve your symptoms to aid in your post-operative success.

In a 2018 study by Manrique et al, that evaluated the incidence of pelvic floor dysfunction in this population and the role of physical therapy in its treatment, showed pre- and post-operative pelvic floor therapy to significantly reduce the risk of pelvic floor dysfunction by helping to improve symptoms and one's overall quality of life for this population undergoing a male-to-female vaginoplasty.

Vaginal Dilation

Dilation after a vaginoplasty is very important. Dilation involves slowly stretching the new vaginal (neovaginal) cavity, to help make sure it will maintain as much depth and width as possible. As the vagina is prone to narrowing (shrinking), dilation will begin after the vaginal packing is removed seven days post-operatively, to keep the depth and width of the vagina.

A Pelvic Floor Physiotherapist will assist you by:

- Teaching you how to relax your pelvic floor muscles to aid in ease of dilator use
- Teaching you how to properly dilate as well as, orient you to the dilation schedule
- Teaching you how to progress to the different dilator sizes and how to watch out for any signs of problems with this specific stage of healing following surgery
- Help you with any bladder and/or bowel issues
- Provide therapeutic exercise recommendations and timelines for a gradual return to normal daily activities.

References:

Dumoulin C, Cacciari LP, Hay-Smith EJC. Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women. Cochrane Database of Systematic Reviews 2018, Issue 10. Art. No.: CD005654. DOI: 10.1002/14651858.CD005654.pub4. Accessed 14 June 2021.

Downing J. Implementation of a Pelvic Floor Physical Therapy Program for Transgender Women Undergoing Gender-Affirming Vaginoplasty. Obstet Gynecol. 2019 Nov;134(5):1114. doi: 10.1097/AOG.0000000000003538. PMID: 31651816.

Manrique OJ, Adabi K, Huang TC, Jorge-Martinez J, Mehofer LE, Brassard P, Galan R. Assessment of Pelvic Floor Anatomy for Male-to-Female Vaginoplasty and the Role of Physical Therapy on Functional and Patient-Reported Outcomes. Ann Plast Surg. 2019 Jun;82(6):661-666. doi: 10.1097/SAP.0000000000001680. PMID: 30422842.

