



Vaginoplasty- Common Complications

Some complications are very common after surgery and can be expected throughout the course of most people’s surgical journeys. This resource is meant to help you identify what some of these common complications seen in the first three months after surgery look and feel like and determine what steps you may need to take.

Bleeding

See “Bleeding Concerns” photos [here](#)

What is it?	You may see some bright red blood after this surgery. Commonly to incisions, the urethral opening (where urine comes out) and from inside the vaginal vault. You can also see oozing of old, darker blood from these locations, as well as discharge of varying colors, mostly yellowish to blood-tinged.
	You may have more bleeding to your urethral opening and even in your urine after your foley catheter is removed.
Why does it happen?	Bleeding is a common complication after surgery.
	Some of the tissues used in this surgery bleed very easily.
What should I do?	Wear a pad in your underwear to prevent ruining underwear and other clothes.
	If you can pinpoint a location of bleeding, applying light but firm pressure to the area for a few minutes may stop the bleeding.
	Although rare, call your healthcare team or access emergency care if you experience a large rush of blood that doesn’t stop or are soaking through heavy pads every 2 hours or less.

Wound Separation

See “Separation” photos [here](#)

What is it?	Common areas for wound separation (referred to as “dehiscence”) to happen are at the entrance of the vagina, along the suture lines and inside the vagina.
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	You may also notice a yellowish discharge covering the areas of dehiscence. This is not an infection. It is a by-product of wound healing called fibrin.
Why does it happen?	Wound separation is the most common problem after surgery Some of the tissues used in this surgery are under a lot of tension and so can have trouble healing together.
What should I do?	You should let your healthcare team know if this happens as it may require closer follow- up. Areas of wound separation should heal relatively quickly despite this complication causing potential pain and discomfort. The most important thing to do is to keep dilating. Your team may recommend to stay at the smallest size dilator until the separation has healed. Keeping the area clean and dry, and having the area open to air for longer periods of time are often all that is required and usually this complication heals itself, without intervention. Wound care typically involves a simple dressing of gauze placed over the area changed regularly to keep the area dry and a referral to a specialist is very rarely needed. Occasionally we may advise a barrier cream like Zinc Oxide or a prescription medication to support its healing. Following showers, pat the area dry and consider using a hair dryer on a cool setting.

Vaginal Discharge

See “Yellow Discharge” photos [here](#)

What is it?	A brown/yellow discharge. Skin sloughing (skin graft residue) can come out - especially during the first month. Discharge should not be green in color.
Why does it happen?	Vaginal discharge is expected for the first three months after surgery because of the frequency of dilations and the graft healing process. A small amount of vaginal discharge is normal after this surgery even after 3 months.
What should I do?	If you notice vaginal discharge that is green or very thick, this is cause for concern and you should contact your healthcare provider. Occasionally we may advise the addition of new antibiotics until your own bacterial flora has established itself. Using a dab of Metrogel, at the beginning of each dilation session

	may also be helpful.
	There are other things you can do to reduce vaginal discharge after surgery – like starting to douche, increasing how often you douche or a changing the douching solution.
	If you are having this issue – please see your healthcare team for an assessment to determine a plan.

Hypergranulation Tissue

See “Granulation Tissue” photos [here](#)

What is it?	Hypergranulation tissue is fleshy, red and bleeds easily. It typically develops from granulation tissue that occurs as part of the normal healing process.
	Hypergranulation is more common in the 6 months after surgery but can happen at any time after surgery.
Why does it happen?	It is an abnormal response to healing by the body. It is more likely to occur when the wound has too much moisture, low oxygen exposure, friction and irritation and in areas where there is a lot of bacteria (ie the vagina).
What should I do?	After surgery, if bleeding is experienced after everything has healed, usually by three to six months, you should see your healthcare team at the hospital or your primary care provider.
	Whether present on the outside or on the inside, hypergranulation tissue is easily treated with a local application of silver nitrate, topical steroids or possibly excision (surgical removal) of the tissue in clinic. Often, repeat treatments are needed one or more times per week for several weeks to see full resolution.
	The treatment can be mildly uncomfortable, but most tolerate the procedure very well and have no need for pain medications or experience any functional limitations after treatment.

Vaginal Hair

What is it?	Vaginal hair inside the vaginal cavity is possible but is normally minimal. Although it can be bothersome/upsetting to know that it is there, a small amount of vaginal hair, does not usually cause any physical issues. If there is a lot of hair, this can cause issues with the integrity of the skin, increased discharge and an unpleasant odor of the vaginal canal and should be removed.
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Why does it happen?	You are more likely to have hair if you did not have permanent hair removal prior to surgery.
What should I do?	You can have hair manually removed by your primary care provider or your TRS team.
	Finding a permanent hair removal solution after surgery can be very challenging.