

Long-term gynecological outcomes and vaginal care practices among transfeminine individuals who have undergone vaginoplasty.

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Background

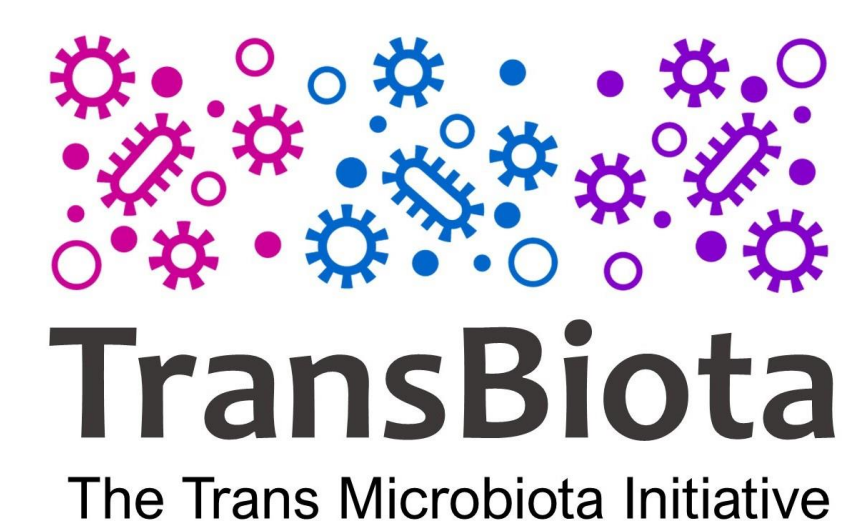
- Vaginoplasty, the surgical creation of a vagina and vaginal canal, is a necessary gender-affirming surgery for some transfeminine (TF) individuals.
- Post-surgical satisfaction is high (91%), surgical regret rates are very low (1%).¹
- Little to no data exist describing long-term gynecological outcomes and vaginal care practices** among this population.

Objectives

Describe gynecological outcomes among TF persons in Canada who are at least 1 year post-vaginoplasty.

Identify clusters of behavioural practices and assess associations between clusters and vaginal symptoms.

Data Source



TransBiota is a cohort study investigating the vaginal microbiota of trans persons who have received gender-affirming medical care.

TF participants were 18+, living in Canada, and had undergone vaginoplasty at least 1 year prior to enrollment.

Recruitment Methods:



This study analyzes data from the baseline questionnaires of **56 TF participants** who underwent full depth vaginoplasty.

Statistical Analysis

Agglomerative hierarchical clustering of past-30-day behavioural practices was performed in R Version 4.2.2.² Solutions with three to seven clusters were assessed. Kruskal Wallis and Fisher's exact tests were performed to test associations between cluster membership and outcomes.

An informal analysis of responses to two open-text questions was performed to describe experiences and perspectives relating to post-surgical symptoms and behaviours. The questions were: "What improvements would you like to see made to gynecological care as a result of this study or future studies?" and "Is there anything else you would like us to know?"

Key Findings

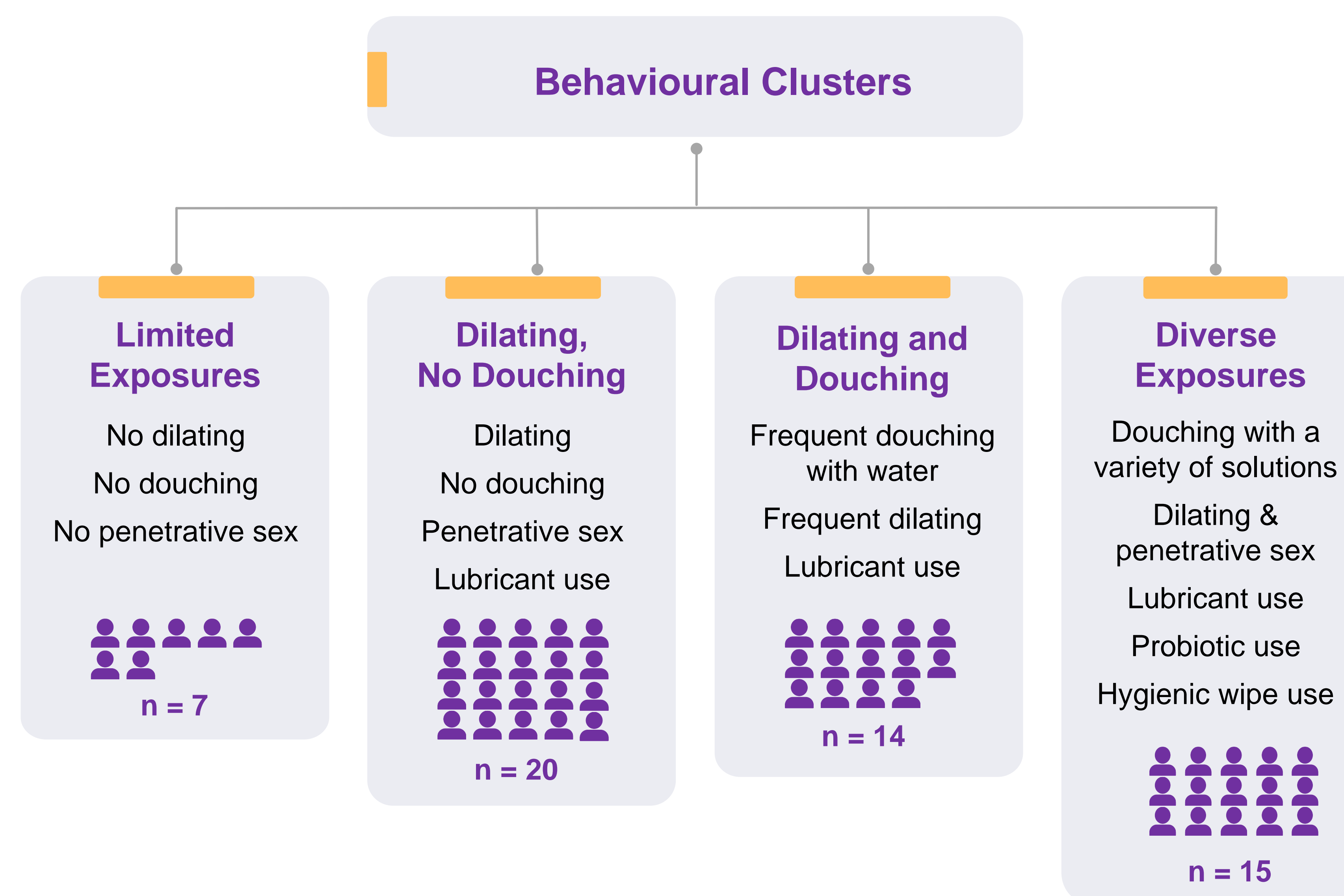
56% reported gynecological symptoms in the past 30 days, including odor (27%), discharge (16%), and itching or burning (16%).

61% reported a past-year concern, including internal hair (23%), hypergranulation tissue (14%), and urinary tract infection (13%).

Behavioural practices were heterogenous, with 4 distinct clusters identified.

No significant associations between clusters and gynecological outcomes.

Cluster membership significantly differed by surgical center, likely reflecting differences in post-surgical recommendations across surgical centers.



Conclusions

Gynecological concerns and vaginal care practices are heterogeneous among TF persons, and a range of strategies are used to help manage and treat symptoms.

This study highlights the need for evidence-based guidelines regarding long-term neovaginal care and the treatment of gynecological symptoms.

Future research needed to identify neovaginal microbiota that are associated with symptoms so that effective diagnostics and treatments can be provided.

Qualitative Data

Open-text responses **provided insight regarding experiences with gynecological symptoms and management and/or treatment strategies.** Examples from three participants are provided below.

"[My surgeon] instructs us to douche daily for life, however, I found that when I do that it creates an unpleasant smell. As of now, I only douche after sex or dilating. So from my personal experience, I would say that my neovagina is similar to that of a cis-vagina in that it creates its own flora environment and that douching disturbs its homeostasis."

"I had bacterial vaginosis for 6 months and was told the discharge was normal. And there was little information on maintaining a healthy microbiome in a neovagina from healthcare providers. I've based my strategy of natal vaginal strategies and internet advice. (That strategy being to douche less, wear loose breathable underwear, and take oral probiotics regularly, vaginal suppositories were used for 2 weeks after getting bv flares)."

"The bacterial vaginosis tends to recur about once a month, I don't seek medical attention, instead when I feel it coming on (usually recognized by a bad odour) I insert a probiotic tablet and it usually fixes the issue within about half a day or a day. If I don't treat it with the tablet for a couple of days, it can become painful..."

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