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***Postoperative Follow-up In Male-To-Female Sexual Reassignment Surgery: A
Self-Reported Functional And Psychosocial Assessment***

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**POSTOPERATIVE FOLLOW-UP IN MALE-TO-FEMALE SEXUAL REASSIGNMENT SURGERY: A
FUNCTIONAL AND PSYCHOSOCIAL SELF-REPORTED ASSESSMENT**

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Abstract

Introduction

Vaginoplasty is a core procedure in Male-to-Female transitioning for individuals with Gender Dysphoria, and are regularly performed by the URGUS team at Centro Hospitalar da Universidade de Coimbra. This study aimed at assessing the functional and psychosocial outcomes of these individuals in a self-reported fashion.

Methods

A preliminary abridged version of Hunt and Hampson's transgender quality-of-life questionnaire was used; the qualifying potential participants (patients who had undergone the surgery) were telephonically contacted, and the obtained answers then compiled.

Results

Only 5 of the 22 criteria-meeting patients responded, and as such the results were difficult to statistically validate or analyze. However, aesthetic outcomes were mostly inferior to the individuals' expectations (for example, only one individual was overall pleased with how the neogenitalia looked); sexual life and functional outcomes were mostly positive (all 5 were able or expected to be able to orgasm - although only 2 stated the neovagina functioned properly during vaginal intercourse – and none reported urinary symptoms or voiding issues), as well as many reporting an overall positive impact of the procedure on their family relationships (3 respondents felt closer to their relatives, for example). As for labor and employment-related aspects, they remained mostly neutral or unchanged postoperatively, as well as romantic and interpersonal relationships, which did not seem to be much impacted by the surgery. When prompted with binary choices regarding their emotions, most identified with negative emotions such as “Sad” or “Anxious”, as opposed to “Happy” or “Relaxed”. Importantly, all individuals felt more feminine, none would consider returning to their birth-assigned sex, and the only regrets reported were procedure specifics-related.

Discussion/Conclusion

Although impossible to statistically validate, many aspects appear to reflect common findings in current literature and broader studies; nevertheless, aesthetical satisfaction was somewhat lower than commonly reported.

The present study was glaringly limited, both by number of participants and by some very probable degree of recall and response bias. Statistical inferences were therefore borderline impossible; as such, further and broader follow-up of these cases would certainly assist in drawing valid, meaningful conclusions.

Keywords: Vaginoplasty; Sex Reassignment Surgery; Quality-of-Life; Transgender; Male-to-Female.

Resumo (Português)

Introdução

A vaginoplastia é um procedimento fundamental na transição Masculino-para-Feminino em indivíduos com Disforia de Género, e é regularmente realizada pela equipa da URGUS no Centro Hospitalar da Universidade de Coimbra. Este estudo teve como objetivo uma avaliação funcional e psicossocial destes indivíduos (de uma forma autorreportada).

Métodos

Utilizou-se uma versão preliminar e adaptada do questionário de Hunt e Hampson sobre qualidade de vida em indivíduos transgénero; os indivíduos que preenchiam os critérios de seleção (ter sido submetidos à cirurgia) foram contactados telefonicamente, e as respostas posteriormente compiladas.

Resultados

Somente 5 dos 22 indivíduos contactados responderam, e como tal os resultados tornaram-se difíceis de analisar ou validar estatisticamente. No entanto, os resultados estéticos ficaram, na sua maioria, aquém do expectado pelos participantes (por exemplo, apenas um indivíduo referiu estar satisfeito com a aparência dos novos genitais); em termos funcionais e relativo à vida sexual, os resultados foram sobretudo positivos (todos os 5 já tinham ou esperavam vir a ter orgasmos – ainda que 2 não considerassem que a neovagina funcionasse adequadamente durante as relações sexuais vaginais – e nenhum reportou sintomas ou problemas urinários), e vários afirmaram que o procedimento tinha tido um impacto positivo nas suas relações familiares (por exemplo, 3 indivíduos sentiram-se mais próximos dos seus familiares). No que toca a emprego e aspetos laborais, estes permaneceram neutros ou inalterados pela cirurgia, assim como as relações românticas e interpessoais. Quando instruídos a escolher entre palavras dicotómicas para descrever o seu estado emocional, identificaram-se mais com emoções como “Triste” e “Ansioso”, contrapondo-se a escolhas como “Feliz” ou “Relaxado”. Notavelmente, todos os indivíduos se sentiam mais femininos, nenhum desejava regressar ao seu sexo de nascença, e os arrependimentos prendiam-se com características ou especificidades da cirurgia.

Discussão/Conclusão

Apesar de impossível de validar estatisticamente, muitos aspetos parecem refletir achados comuns na literatura atual e em estudos maiores; no entanto, a satisfação estética foi algo inferior do que é normalmente reportado. O estudo apresenta limitações claras, tanto pelo número de participantes como por muito provável viés de resposta e de recall. Realizar qualquer inferência estatística foi, portanto, praticamente impossível; como tal, seguimentos de maior escala destes casos seriam fundamentais para retirar conclusões válidas e significativas.

Palavras-Chave: Vaginoplastia; Cirurgia de Reatribuição de Sexo; Qualidade de Vida; Transgênero; Masculino-para-Feminino

Background

Gender dysphoria (GD) was initially described as a disorder in which the individual experiences discomfort in their biological sex, which in turn leads to the seeking of sex reassignment procedures¹. Currently, GD is defined by the DSM-5 in a fairly similar way²; however, several criteria for diagnosis have now been established – including a different set of criteria for children, and recommends specification for cases of sexual development disorders (e.g. congenital adrenal hyperplasia) as well as for individuals who have already undergone procedures, either medical or surgical, to conform to the desired sex³.

As previously hinted, several procedures, surgical or otherwise, can be used in the management of GD⁴. These include, in the surgical department – and in the male-to-female (MtF) transition – vaginoplasty, which will be the main subject of the present article. Traditionally, vaginoplasty, in the scope of MtF transition, encompasses the surgical removal or modification of existing male primary sexual characteristics, in order to construct a neovagina (using either preexisting penile flaps/grafts or other options such as intestinal transplants or non-penile skin grafts/flaps and replicate other female genital structures)⁵.

Created in 2011, the Unidade de Reconstrução Genito-Urinária e Sexual (URGUS), is a multidisciplinary team operating within the Centro Hospitalar da Universidade de Coimbra (CHUC). It is composed of several health professionals from different subject fields such as Psychiatry, Psychology, Urology, Gynecology, Plastic Surgery and Endocrinology. URGUS specializes in medical and surgical assistance not only to intersex and GD patients, but also in cases of congenital defects, traumatic injuries to the genital area, and a variety of rare situations which might require specialized care.

The ultimate goal of this study will be to further assess the outcomes of MtF vaginoplasties performed by the URGUS team, while providing a more holistic approach to the follow-up of these individuals. This will be achieved through the deployment of a preliminary questionnaire – based on another preexisting and already-validated questionnaire by Hunt and Hampson⁶, and translated/adapted by the URGUS team.

Methods

As previously mentioned, the study was centered around the filling of questionnaire regarding the post-operative life and experiences of MtF transitioning individuals. The original version of the survey was first elaborated and reported on in 1980⁶; however, the set of questions employed in the present study has been recently subject to translation and adaptation by the Psychiatry department of URGUS – it is, therefore, a preliminary use of the aforementioned questionnaire, and whose results should be interpreted in accordance.

The survey consists in an array of 84 questions, ranging from binary yes-or-no responses to open-answer questions about various aspects of the individual's life. These have been arranged into five different sections: Socioeconomic and Laboral Aspects, the first, explores the changes the procedure brought upon the subject's work, financial status, and interactions with family, friends and co-workers; the second group, Medical and Surgical Aspects, gauges the opinion of the individual on the procedure itself (including any complications) and on their post-op genitalia; Psychological and Psychiatric Aspects, the third section, aims to assess the mood and psychological state of the individual, their self-image, and their current and retrospective feelings about the procedure, as well as any suicidal ideology; the fourth and fifth groups focus on Pre-operative Sexual Life and Current Sexual Life and Relationships, respectively, and include questions on sexual orientation, sexual intercourse and masturbation, and romantic or sexual relationships.

As for the subject population of this study, it was obtained by searching through the CHUC patient records; the inclusion criteria were patients who had undergone vaginoplasty since 2013, whose procedure had been carried out in the context of MtF sexual reassignment - due to gender dysphoria - and which had been performed by the URGUS team. No exclusion criteria – except any eventually deceased patients - were deemed necessary, as the goal was to assess the entirety of these procedures at URGUS. The final population was composed of 22 patients who fulfilled the criteria above.

All the individuals were contacted via telephone and email; those who agreed to take part in the study were then sent the questionnaire either in digital form via e-mail, or in printed form (via mail or in person). The answers were then compiled, and the results presented without further statistical treatment.

From the 22 individuals who met the aforementioned criteria – and who were, therefore, contacted – 17 did not reply or chose to not participate in the study. Conversely, only a total of 5 of the individuals filled out the questionnaire. As such, the statistical relevance of any results becomes much diminished – and thus the decision of taking a more descriptive approach to the study, rather than exhausting statistical tools while over-analyzing the small amounts of data.

Results

As previously stated, only 5 participants ended up replying to the questionnaire; as such, results will rarely be presented in percentages, and will usually appear in total number of answers.

The individuals' mean age was 39.4 (\pm 5.68) years old; as for the time elapsed since the vaginoplasty, it was, on average, 2.7 (\pm 1.28) years.

Pertaining to the first section of the questionnaire (Socioeconomic and Laboral Aspects), two individuals were currently employed (and three were not); however, only two were financially dependent on a relative or partner – in both cases, the person's mother. In terms of labor site, four respondents reported having shifted since the surgery, with only one reporting a change in salary or position. All individuals denied their coworkers knowledge of the surgery, and both currently employed respondents classify their present coworkers' attitude towards them as "neutral" or "positive".

As for the Medical and Surgical Aspects, the second section, all five participants confirmed they were emotionally ready for the procedure. The peri-surgical hospital stay was described as "Very Painful" by two individuals, "Slightly Painful" by two others, and "Not Painful" by another; the post-operative period, however, was described as "Very Painful" by three respondents and "Not Painful" by remaining two – although all five agreed they felt satisfied with the removal of their male genitalia, while none reported feeling their penis still existed. Similarly, all the individuals denied missing their former sexual organ. Two participants were satisfied with the size of their breasts, while the three others were not. The appearance of the new genitalia was not satisfactory for four of the respondents (and, conversely, satisfactory to one): the complaints included "insufficient vaginal length", "general asymmetry" and that "nothing looked right". Those same four individuals reported they did not had any wish to talk about their new genitalia, unlike the remaining participant, who answered positively to that wish. Three respondents mentioned worries or fears regarding their new sexual organs, including lack of function, lack of sexual pleasure, light hemorrhage and closing of the neovagina. All five reported either already having had or hoping to eventually have orgasms after the surgery; nevertheless, three individuals did not believe their vagina functioned properly during intercourse. As for surgical complications, they reportedly occurred in four participants, including surgical site infection and early closing of the neovagina; all respondents stated, however, that they had followed the medical advice given pertaining to care of the neovagina and any necessary medication. When asked what advice should eventual candidates to this procedure have, responses ranged widely, from classifying the surgery as "worth it, despite the pain" to recommending close care of the neovagina, as well as both favorable recommendations of the URGUS team and suggestions that other options be pursued – with three individuals recommending the surgery overall, and the other two choosing not to.

Regarding the third section, Psychological and Psychiatric Aspects, two patients reported seeking counseling or other type of help after the procedure; both cited initial dissatisfaction with the surgery as the fundamental reason for said decision. In a series of dichotomic questions about how the participants felt and viewed themselves, the replies were as follows: Four felt "Sad" while one felt "Happy"; Three were "Anxious", as opposed to the two others being "Relaxed"; Three felt "Comfortable with others", while two confessed to be "Uncomfortable with others"; Three respondents stated they were "Unhappy with how they saw themselves", with the two others being "Happy with how they saw themselves"; on the same note, three of the individuals felt "Pessimistic regarding the future" – and, conversely, the other two felt "Optimistic about their future"; "Insecure" was how three participants chose to describe themselves, as opposed to the remaining two, who chose "Confident"; as far as feeling "Extroverted" or "Timid", three respondents selected the first option, while two selected the latter. Three individuals also stated they felt "Assertive", contrasting with the remaining two who felt "Submissive"; only one participant described themselves as "Interested in sexual activities" – as the rest chose "Not interested in sexual activities"; finally, all five participants felt "Feminine" (as opposed to "Masculine"). Still encompassed in the same section, three respondents reported having suicidal thoughts after the surgery – with all three describing at least some level of discomfort with their bodies as a factor. All five, however, viewed themselves as women in their dreams. A wide array of answers were given when asked about thoughts or sentiments that had helped the participants achieve more positive self-esteem since the surgery, including having female characteristics, being recognized as a woman by other people, and even knowing they could be submitted to a second procedure. Additionally, regarding personal expectations that had been met after the surgery, the responses were once again varied, from "none" and "all" to being more feminine and able to lead a social life as a woman. Two individuals, however, stated they regretted the surgery as a whole – citing, as reasons, dissatisfaction with their current body and preference of other institutions for the procedure. Nevertheless, none of the respondents wished to return to their birth-assigned sex. Concluding the present section of the questionnaire, two participants agreed they would welcome a chance to remake their choices regarding the surgery (both indicating they would choose an alternative site or service for the procedure).

In the rather short fourth section (Pre-operative Sexual Life), two of the individuals were satisfied with their pre-operative sexual life – while three stated they were dissatisfied; additionally, in terms of having orgasms during intercourse (before the procedure), one participant reported always being able to, three being able to in occasion, and one never being able to.

The answers to the fifth section of the questionnaire, Current Sexual Life and Relationships, included four of the individuals mentioning they had hobbies - from reading and gardening to playing the piano and going to the gym. In terms of friendships, four reported having a close friend, with

estimations of their own number of friends ranging from 0 to 12. Meanwhile, three respondents found no change in their social life after the procedure, while the other two had felt some positive change. The families of three participants had shown solidarity before the procedure (unlike the families of the other two), and only two individuals reported changes in their families behavior towards them after the surgery – one becoming more acceptant, the other more distant; overall, three of respondents felt closer to their families after undergoing the procedure. Shifting the focus towards sexual identity and relationships, three individuals identified as heterosexual, one as homosexual, and one stated having no preference whatsoever; additionally, only a single participant reported currently having a romantic partner – and only one mentioned having romantic encounters as well, indicating they occurred “sometimes”. On the same note, four respondents had no change in number of partners after the procedure, with the remaining one citing only slight change. When inquired about the knowledge of their sexual partners regarding the procedure, four of the individuals replied that they did inform their partners, while one did not – and four also stated their partners were not the same as before the surgery (one chose not to answer). On the topic of masturbation and sexual intercourse, three participants responded they did not masturbate at all, while the other too reported doing so a few times a week – and only one reported having any fantasies while doing so (“being on a beach”). As for the frequency of intercourse since the surgery, one individual reported engaging in intercourse several times per week, one did so once per week, one did so less than once per week, with the remaining two stating they never engaged in intercourse after the procedure. Respondents were then questioned on the frequency of different types of intercourse: regarding oral sex, one engaged in it frequently, two occasionally, and two others never; for vaginal sex, one did so frequently, one occasionally, and three never; and finally, only one participant reported engaging in anal sex occasionally, while the other four never did. All individuals either declined specifying their sexual fantasies or declared to not have any.

The comprehensive list of answers given in the questionnaire can be found below (Table 1).

| | Individual A | Individual B | Individual C | Individual D | Individual E | Total |
|--------------------|--------------|--------------|--------------|--------------|--------------|-------|
| Age | 44 | 45 | 33 | 32 | 43 | |
| Time after Surgery | 3.5 yrs | 1.5 yrs | 1 yr | 4.5 yrs | 3 yrs | |

Socioeconomic and Laboral Aspects

| | | | | | | |
|---------------------------------|-----|--------------|--------------|-----|---------|--|
| Employed | No | Yes | No | No | Yes | |
| Financially Dependent | No | Yes (mother) | Yes (mother) | No | No | |
| Work change post-op | Yes | Yes | No | Yes | Yes | |
| Change in position/income | No | No | No | Yes | No | |
| Co-workers knowledge of surgery | No | No | No | No | No | |
| Reaction of coworkers | - | - | - | - | - | |
| Current attitude from coworkers | - | Positive | - | - | Neutral | |

Medical and Surgical Aspects

| | | | | | | |
|--|------------------------|----------------------------|---------------------------------|------------------------------|-----------------------|--|
| Emotionally prepared for procedure | Yes | Yes | Yes | Yes | Yes | |
| Hospital stay | Not Painful | Slightly Painful | Slightly Painful | Very Painful | Very Painful | |
| Postoperative period | Not Painful | Not Painful | Very Painful | Very Painful | Very painful | |
| Satisfied with penis removal | Yes | Yes | Yes | Yes | Yes | |
| Feeling penis still exists | No | No | No | No | No | |
| Miss having penis | No | No | No | No | No | |
| Satisfied with breast size | No | No | No | Yes | Yes | |
| Satisfied with genital appearance | No | No (short neovagina) | No (Labia, clitoris, asymmetry) | No (General dissatisfaction) | Yes | |
| Wish to talk about genitals | No | Yes | No | No | No | |
| Fears/worries regarding genitals | Yes | No | Yes | Yes | No | |
| Orgasms after procedure | Yes | Yes | Yes | Yes | Yes | |
| Vagina functions adequately in intercourse | No | Yes | No | No | Yes | |
| Surgical Complications | Yes (unspecified) | Yes (neovaginal stricture) | Yes (tissue necrosis) | Yes (clitoral infection) | No | |
| Followed Medical Indications on Vaginal Care | Yes | Yes | Yes | Yes | Yes | |
| Followed Prescribed Medication | Yes | Yes | Yes | Yes | Yes | |
| Advice to Potential Candidates | "Trust the URGUS Team" | Thorough Vaginal Care | Pursue Other Options | Pursue Other Options | Painful but Rewarding | |
| Recommends Surgery | Yes | Yes | No | No | Yes | |

Psychological and Psychiatric Aspects

| | | | | | |
|---|-----------------------------------|--------------------------------------|---------------------------------|---------------------------------|-------------|
| Counseling/Help After Surgery | No | Yes (Psychotherapy) | No | Yes (unspecified) | No |
| Reasons for and Duration of Help | - | Surgery / Unspecified short duration | - | Surgery/ 2 years | - |
| Sad or Happy | Sad | Sad | Sad | Sad | Happy |
| Anxious or Relaxed | Anxious | Relaxed | Anxious | Anxious | Relaxed |
| Comfortable or Uncomfortable (with others) | Uncomfortable | Comfortable | Uncomfortable | Comfortable | Comfortable |
| Happy or Unhappy about self-image | Unhappy | Happy | Unhappy | Unhappy | Happy |
| Optimistic or Pessimistic Regarding Future | Optimistic | Pessimistic | Pessimistic | Pessimistic | Optimistic |
| Confident or Insecure | Insecure | Confident | Insecure | Insecure | Confident |
| Extroverted or Timid | Extroverted | Extroverted | Timid | Timid | Extroverted |
| Active or Passive | Passive | Passive | Passive | Passive | Active |
| Assertive or Submissive | Assertive | Submissive | Assertive | Submissive | Assertive |
| Interested or Not interested in Sexual Activities | Not Interested | Not Interested | Not Interested | Not Interested | Interested |
| Masculine or Feminine | Feminine | Feminine | Feminine | Feminine | Feminine |
| Suicidal Thoughts | Yes | No | Yes | Yes | No |
| Gender in Dreams | Female | Female | Female | Female | Female |
| Helpful Thoughts for Self-Esteem | Social recognition as a woman | Viewing self as a woman | None | Having second surgery | - |
| Expectations Met Regarding Procedure | Experiencing Social Life as Woman | Feeling more Feminine | None | None | All |
| Regrets Surgery | No | No | Yes | Yes | No |
| Wishes to Return to Original Sex | No | No | No | No | No |
| Different Decisions regarding Surgery | None | None | Yes (different site/service) | Yes (different site/service) | None |

Pre-Operative Sexual Life

| | | | | | |
|----------------------------|--------|--------------|--------------|--------------|-------|
| Satisfied | Yes | No | Yes | No | No |
| Orgasms During Intercourse | Always | Occasionally | Occasionally | Occasionally | Never |

Current Sexual Life and Relationships

| | | | | | |
|--------------------------------------|--------------------------------|----------------------------------|------|-----------------|-----------|
| Hobbies | Pianist | Gym, Reading | - | Travel, Reading | Gardening |
| Has Close Friends | Yes | Yes | No | Yes | Yes |
| Number of Friends | 4 | 8 | 0 | - | 12 |
| Postoperative Changes in Social Life | Increased Chivalry From Others | Socially Establishing As A Woman | None | None | None |

| | | | | | |
|--|-------------------------|------------------|-------------------------|-------------------------|------------------------|
| Family Showed Solidarity Pre-operatively | Yes | No | No | Yes | Yes |
| Changes in Attitude Towards Family | Yes | Yes (Acceptance) | No | No | No |
| Closer to Family | No | Yes | No | Yes | Yes |
| Sexual Orientation | No Specific Orientation | Heterosexual | Homosexual (Lesbian) | Heterosexual | Heterosexual |
| Romantic Partner (currently) | No | No | No | No | Yes |
| Frequency of Romantic Encounters | Never | Sometimes | Never | Never | Never |
| Change in Number of Sexual Partners | None | None | Little | None | None |
| Sexual Partners Know of Procedure | No | Yes | Yes | Yes | Yes |
| Knew Partner Before Procedure | No | No | No | - | No |
| Frequency of Masturbation | Never | Never | Less than once per week | Less than once per week | Never |
| Masturbation Fantasies | None | None | None | Yes (being on a beach) | None |
| Frequency of Intercourse (after surgery) | Never | Once per week | Less than once per week | Never | Several times per week |
| Oral Sex | Never | Occasionally | Never | Occasionally | Frequently |
| Vaginal Sex | Never | Occasionally | Never | Never | Frequently |
| Anal Sex | Never | Never | Never | Never | Occasionally |
| Sexual Fantasies | - | None | None | None | None |

Table 1. Summarized compilation of the obtained responses.

Discussion

Unfortunately, as previously mentioned, the participation rate in the questionnaire was considerably low (21.7%). This has, however, been identified as a recurring hurdle in studies regarding MtF transitioning patients^{7,8} – it has been hypothesized that it might occur due to postoperative moving⁸, but no consensus is found amongst present day publications.

Three out of five respondents being unemployed is a moderately unsurprising fact, as lower rates of employment have been reported amongst the transgender population⁹; additionally, it is noteworthy that rates of up to 26% of transgender individuals losing their job directly due to bias or discrimination have been described in literature¹⁰ – however, other studies have also described no difference in unemployment, relative to non-transgender population.¹¹ The changes in position or income (occurring in 4 individuals) have also been found to be common after transitioning and undergoing sex reassignment surgery, with some studies additionally reporting up to 38% having problems finding similar jobs.¹²

Aesthetic and functional outcomes in this study were varied, with all individuals having been able (or expecting to be able) to reach orgasm - but a majority indicating the neovagina didn't function optimally during intercourse – and 4 out of 5 not being aesthetically pleased with the result; this somewhat differs from recent existing series, which report high satisfaction with the aesthetic outcome (up to 87%)^{7,13}, average-to-high proper sexual function (between 57.5% and 91%)^{14,7}, but is consistent with the high (up to 82%) reported percentage of individuals being able to orgasm after the surgery⁷. As for surgical complications, a recent study of 330 individuals reported a 28.7% rate of postoperative complications in MtF vaginoplasty¹⁵; the ones reported in the present study (in four patients) were neovaginal stricture (reported in up to 12% of patients in some studies¹⁶), clitoral infection (described in 1-3% of cases¹⁶), and tissue necrosis (up to 4.2%¹⁷) – the last individual's complication being unspecified. One of the most common postoperative complications, urinary symptoms and voiding disorders– occurring in 32% of patients in some series¹⁸ – was not reported.

In general, participants identified with more negative emotions in the questionnaire, rather than positive ones. Although no established literature was found regarding each of the various emotions the individuals felt, it might be somewhat noteworthy that most of the respondents felt “Sad” as opposed to “Happy”, and “Anxious” as opposed to “Relaxed”, as this might fall very loosely in line with reports of higher incidence of depressive disorders (one recent study citing around 63.5%¹⁹) amongst transgender individuals. On a similar note, suicidal thoughts being present in 3 out of the 5 participants is, although to be taken extremely seriously, not entirely unexpected, as moderately high rates have been reported¹⁹, with one notorious large-scale US-based study finding a 41% rate of suicide attempts amongst its sample¹⁰. Regret regarding the surgery was reported by two participants; none had, however, wished to return to their original birth-assigned sex, indicating they merely regretted the characteristics or circumstances of the particular procedure they were submitted to – which they stated they would have changed, given the opportunity – and not the transition surgery as a concept or as a whole. Once again, extremely low levels of regret regarding the transition have been historically reported, from 0% in some

studies to around 6% in other series^{8,14,20}. All five individuals felt feminine, and two tied that feeling directly to the surgery – in what is a widely described positive phenomenon postoperatively; in several studies, a strong majority (85.4% to 100%) felt more feminine after the procedure^{7,14}.

The response from family members to the surgery varied from acceptance to lack of solidarity; however, 3 respondents mentioned they felt closer to their respective families – a positive sign, as up to 57% of transgender individual experience some level of rejection from their family, according to one study¹⁰; however, sex reassignment surgery actually improved family relationships in some series²¹. Four out of five reporting having close friends (even if only one had a romantic partner) is equally satisfactory, as difficulties and hurdles in establishing interpersonal relationships has been described in MtF transgender individuals²² – with about 35-40% being in a relationship in some studies²³, and marriage being half as prevalent, compared to the cisgender population, in others¹⁰. Regarding preoperative sexual life, only two out of the five individuals felt satisfied preoperatively, which is a common finding, with one study pointing to only 12% of preoperative transgender individuals feeling satisfied with their sexual activity²². Little to no change in number of sexual partners was mainly found in this study; while the amount of sex partners is seldomly described in literature, it might be noteworthy that none of these participants knew their sexual partners before the procedure. Although the frequency of masturbation appears low, there is not a large amount of published data regarding postoperative masturbation in the transgender population; however, 3 of the participants referred having intercourse (in general) at least occasionally - an encouraging sign, which is also similarly reported (in up to 57.5% of patients) in other studies regarding MtF reassignment surgery¹³.

The present study has several important limitations; the foremost of which being the extremely limited number of participants, both in absolute number and relative to the criteria-meeting patient totals (5 out of 22, or 21.7%) – all but nullifying the ability to statistically process data, and severely hindering the possibility of extrapolating any significant conclusion. As for the methods themselves, using a single postoperative questionnaire offers only simple retrospective insight to the individuals' preoperative status, and to the changes brought upon them by the procedure (when compared to, for example, the association of a pre-vaginoplasty questionnaire to the present one, or any type of prospective follow-up). There could also be a considerable degree of recall bias, as many medical/surgical aspects of the survey were self-reported, and not cross-checked with the respondents' medical records. Additionally, some negative response bias may have occurred, as some contacted individuals cited displeasure with the procedure as the main motivation to participate in the study, and several others declined to participate while affirming their satisfaction with the postoperative results.

Conclusion

Overall, in what was a fairly limited study in several aspects, some issues regarding overall satisfaction with the procedure were found; nevertheless, the psychosocial impact of vaginoplasty on the lives of the participants was more often than not positive. While self-image and aesthetic satisfaction was generally poor, functional results were, although not unanimously positive, certainly encouraging in many areas (orgasm, sexual life, lack of urinary symptoms). Regarding labor/employment and interpersonal relationships, the surgery did not, in most cases, bring about much change for the study's participants – although for some it did result in becoming closer to their family.

A larger-scale and wider assessment of the individuals that underwent surgery performed by the URGUS team might be beneficial in pinpointing eventual recurring problems, as well as outlining future strategies to improve upon those results.

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À família, que aturou tudo e mais alguma coisa.

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