

ORIGINAL RESEARCH—SURGERY

Intestinal Vaginoplasty Revisited: A Review of Surgical Techniques, Complications, and Sexual Function

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ABSTRACT

Introduction. Vaginal (re)construction is essential for the psychological well-being of biological women with a dysfunctional vagina and male-to-female transgender women. However, the preferred method for vagina (re)construction with respect to functional as well as aesthetic outcomes is debated. Regarding intestinal vaginoplasty, despite the asserted advantages, the need for intestinal surgery and subsequent risk of diversion colitis are often mentioned concerns. The outcomes of vaginal reconstructive surgery need to be appraised in order to improve understanding of pros and cons.

Aims. To review literature on surgical techniques and clinical outcomes of intestinal vaginoplasty.

Methods. Electronic databases and reference lists of published articles were searched for primary studies on intestinal vaginoplasty. Studies were included if these included at least five patients and had a minimal follow-up period of 1 year. No constraints were imposed with regard to patient age, indication for vaginoplasty, or applied surgical technique. Outcome measures were extracted and analyzed.

Main outcome measures Main outcome measures were surgical procedure, clinical outcomes, and outcomes concerning sexual health and quality of life.

Results. Twenty-one studies on intestinal vaginoplasty were included (including 894 patients in total). All studies had a retrospective design and were of low quality. Prevalence and severity of procedure-related complications were low. The main postoperative complication was introital stenosis, necessitating surgical correction in 4.1% of sigmoid-derived and 1.2% of ileum-derived vaginoplasties. Neither diversion colitis nor cancer was reported. Sexual satisfaction rate was high, but standardized questionnaires were rarely used. Quality of life was not reported.

Conclusion. Based on evidence presently available, it seems that intestinal vaginoplasty is associated with low complication rates. To substantiate these findings and to obtain information about functional outcomes and quality of life, prospective studies using standardized measures and questionnaires are warranted. **Bouman M-B, van Zeijl MCT, Buncamper ME, Meijerink WJHJ, van Bodegraven AA, and Mullender MG. Intestinal vaginoplasty revisited: A review of surgical techniques, complications, and sexual function. J Sex Med 2014;11:1835–1847.**

Key Words. Systematic Review; Vagina; Genital; Surgery; Vaginoplasty; Bowel; Intestine; Sigmoid; Ileum; Male-to-Female Transgender

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