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### Evaluation of obesity as a risk factor for post-operative complications following Gender Affirmation Surgery in transgender women

**Statement of the Problem:** Obesity is a known risk factor for surgical complications following Gender Affirmation Bottom surgery. High body mass index (BMI) has often precluded one from undergoing vaginoplasty due to increased complications. This study was undertaken to determine if higher complication rates exist among obese transgender women undergoing vaginoplasty compared to non-obese women.

**Methodology and Theoretical Orientation:** After hospital approval, a retrospective chart review was conducted and inclusion criteria were: transgender women over the age of 18, who underwent vaginoplasty between 2014 and 2016. These patients' charts were reviewed for demographic data and comorbidities, including age, race, hormone therapy, smoking, and diabetes. Type of vaginoplasty was also identified along with complications. Patients were then dichotomized to groups BMI>30 and <30 to compare outcomes based upon BMI.

#### Biography

Dr. Christopher J Salgado has received his medical degree from Georgetown University School of Medicine in 1995 where he remained for his general surgery training. He has completed his plastic surgery training at the University of Rochester in New York and then served as a Major in the U.S. Army for four years fulfilling my commitment as a plastic surgeon in 2004. Following a microvascular reconstruction fellowship in Taiwan his clinical and research interests are in postoncologic (cancer) reconstruction, genital and perineal functional and aesthetic surgery, aesthetic body contouring, limb salvage, lymphedema, complex trauma reconstruction and transgender surgery. And authored over 100 peer-reviewed articles, written multiple book chapters and edited three books. He is committed to the care of transgender health and sexual reassignment surgery in a university setting where we may be able to further study this field clinically and also committed to getting procedures for transgender patients covered by insurance policies as in Europe. Currently Dr. Christopher is working with the University of Miami Plastic Surgery faculty after 17 years in academic practice.

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**Findings:** 30 patients met inclusion criteria. Twenty patients had BMI of less than 30 and ten were greater than 30. Mean age of cohorts was 40 and majority Caucasian ( $p=0.22$ ). All used estrogen therapy. Seven (35%) of the less than 30 cohort and 50% of the greater than 30 cohort ( $p=0.57$ ) had a smoking history. One (5%) was diabetic in the less than 30 cohort as opposed to zero in the over 30 group. Among the BMI<30 group, 15 (75%) had penile skin inversion vaginoplasty and 5 (25%) had sigmoid colon vaginoplasty, compared with 10 (100%) penile skin inversion in the BMI >30 group. Overall, 11 (55%) postoperative patients in the BMI <30 group reported postoperative complications compared with 6 (60%) in the BMI >30 group. This comparison was not statistically significant ( $p=1.00$ ). Post-operative complication rates in the BMI <30 cohort were: wound dehiscence 5 (25%), VTE 2 (10%), vaginal canal stenosis 4 (20%), fistula 0 (0%). Among the BMI >30 cohorts, post-operative complication rates were 2 (20%) wound dehiscence, 2(20%) VTE, 1 (10%) stenosis, 1 (10%) stenosis.

**Conclusion and Significance:** The results of this study demonstrate that complication rates do not differ among transgender women following GAS based upon BMI.