

Global Experts Meeting on

# PLASTIC AND AESTHETIC SURGERY

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## Christopher J Salgado

University of Miami, Miami, Florida, USA

### Primary colon vaginoplasty

**Statement of the Problem:** Many techniques have been described for creation of the vaginal canal in transgender women. Historically, creation of the vaginal canal has been with inversion of the phallus skin, however, there is often contraction and lifetime need for dilation of the canal multiple times per day, which is extremely cumbersome. Although intestinal vaginoplasty has been reserved primarily for revision cases, when there is extreme limitation of depth, we describe our experience with primary intestinal vaginoplasty to avoid the limitations seen with penile skin inversion.

**Methodology and Theoretical Orientation:** We retrospectively reviewed all trans-females that underwent primary vaginoplasty with intestine between 2014 to 2016. Inclusion criteria were all trans female patients desiring vaginoplasty by bowel transposition as a primary procedure. Patient data was

collected preoperatively and postoperatively to elucidate the potential benefits seen with this technique.

**Findings:** A total of 9 patients met criteria. The average neo-vaginal vault depth was found to be 6.3 inches. There were no significant complications related to the procedure. One patient underwent a negative diagnostic laparoscopy immediately post-operatively for evaluation of abdominal pain. Although all patients experienced mucous discharge initially, this resolved after 10 months in all cases. There were no cases of prolonged ileus, bowel leak, or necrosis. All patients maintained tissue conducive to sexual activity.

**Conclusion and Significance:** In our series, we demonstrated that sigmoid colon can be safely used for primary vaginoplasty in the Trans female population. It is now our standard to offer this option to our Trans female patients, particularly in patients with a phallus length of <4 inches.

### 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.

miamiplasticsurgeon@hotmail.com

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