

Indications for the utilization of pelvic floor physical therapy for transgender women undergoing genital gender affirmation surgery

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INTRODUCTION:

- Transgender women may choose to have gender affirmation surgery (GAS) to align their physical bodies with that of the gender with which they identify and resolve some feelings of gender dysphoria.¹
- The rates of transgender women undergoing GAS in the United States of America is rising.^{2,3}
- GAS procedures to create a neovagina disrupt pelvic floor muscles and urinary tract.^{4,5}
- The current body of literature focuses on surgical techniques for GAS, mental health, and healthcare disparities for the transgender population, but little research related to optimal recovery after GAS and how physical therapy could be incorporated to improve outcomes.⁶

METHODS:

- Search of the following electronic databases: CINAHL, SPORTDiscuss, PubMed, and MedLine
- Search terms: "Gender affirmation surgery," "vaginoplasty," "transgender," "complications," and "physical therapy"
- Articles selected were 4 systematic reviews, 1 case study, 1 narrative review, 2 case series, 5 retrospective studies, 1 cross-sectional study, and 1 presentation

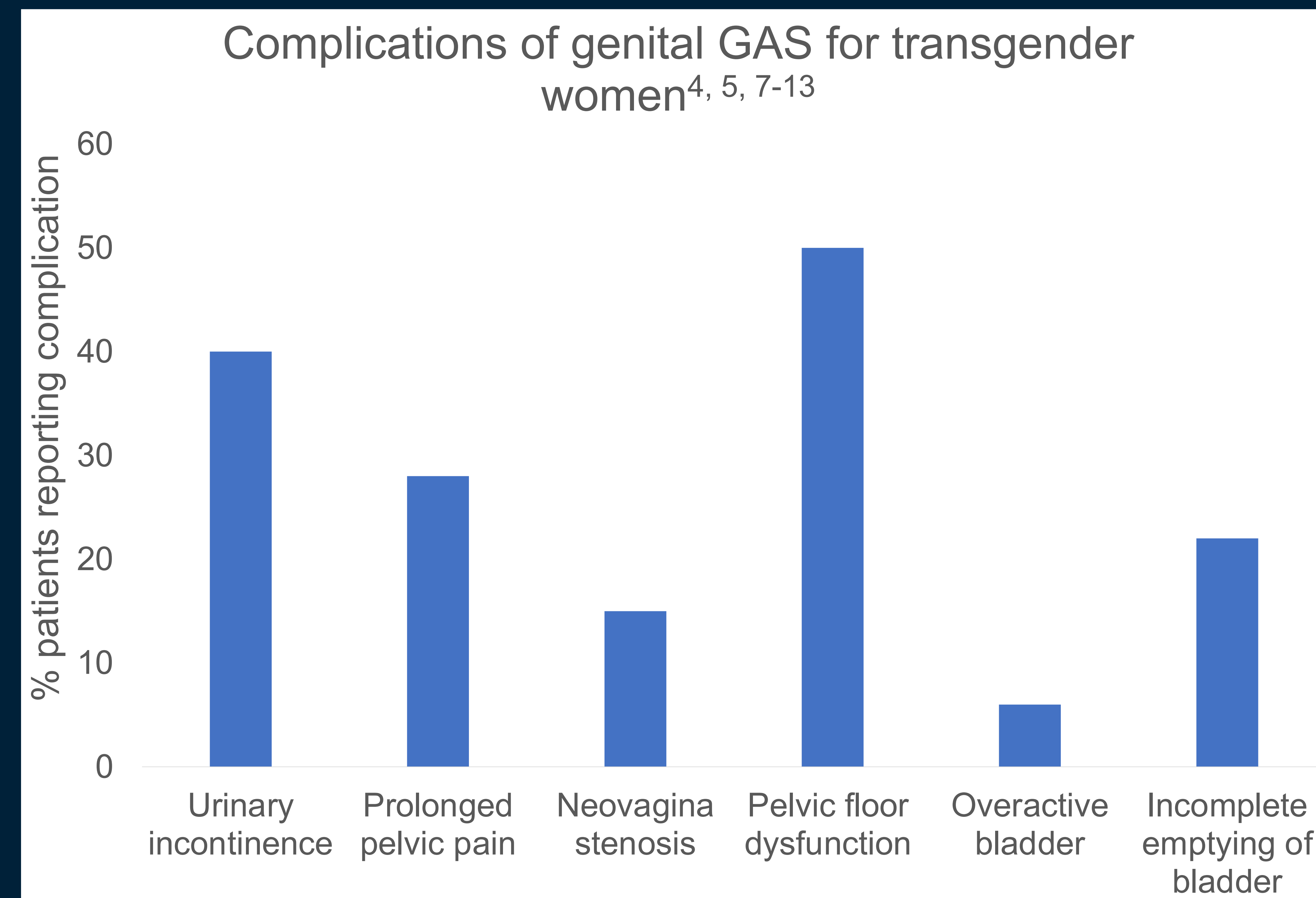
RESULTS:

- Overall complication rate of GAS to create a neovagina is reported to be as high as 70%⁸
- Pelvic floor physical therapy (PFPT) was successful in resolving pelvic floor dysfunction among transgender women preparing for genital GAS in a little as one session⁴
- A case study showed PFPT resolved long term pelvic pain in a transgender women 2 years after GAS¹⁴
- NYU Langone reports using an interdisciplinary protocol involving PFPT before and after genital GAS to determine baseline function, resolve bowel/bladder impairments, and optimize pelvic floor muscle function¹⁵

CONCLUSIONS:

- Complications related to pelvic floor anatomy and function are common in transgender women after genital GAS
- Although literature is limited, initial studies show PFPT to be safe and effective in this population
- Current practices from NYU Langone give an example of what PFPT may look like for this population
- More research needs to be done to determine protocols for PFPT practices for this population

Transgender women completing surgery to create a neovagina can benefit from pelvic floor physical therapy



Common complications from vaginoplasty can be treated by a pelvic floor physical therapist

NYU Langone Protocol:¹⁵

- Pre-op PT to identify current impairments, give HEP for PFM training/down training/coordination, good bowel/bladder habits,
- Post-op PT (1-3 weeks out) to work on dilator training, scar and wound management, bowel/bladder training, PFM down training and up training
- Interventions: Diaphragmatic breathing, abdominal/PFM contractions and coordination, biofeedback training, hip and LE stretches, lumbar stabilization, consultation on dilator program

Limitations:

- Limited number of articles using pelvic floor physical therapy as an intervention in this population
- No RCTs
- Literature does not cover individualized treatments dependent on different surgical techniques for transgender women completing genital GAS
- Does not include changes related to hormones or other GAS.

References:

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3. Canner JK, Harfouch O, Kodadek LM, et al. Temporal trends in gender-affirming surgery among transgender patients in the United States. *JAMA Surgery*. 2018;153(7):609-616. doi:10.1001/jamasurg.2017.6231.



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