

ROBOTIC PERITONEAL FLAP VAGINOPLASTY CANAL HYPERGRANULATION TREATMENT

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PURPOSE

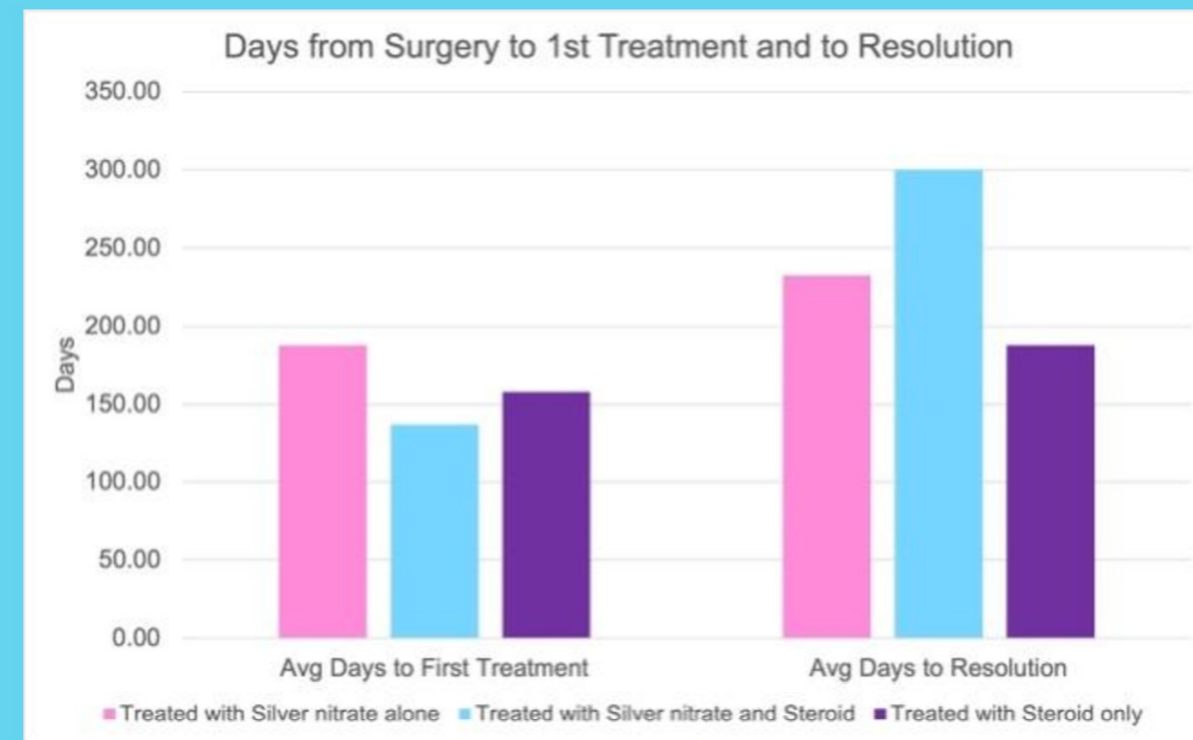
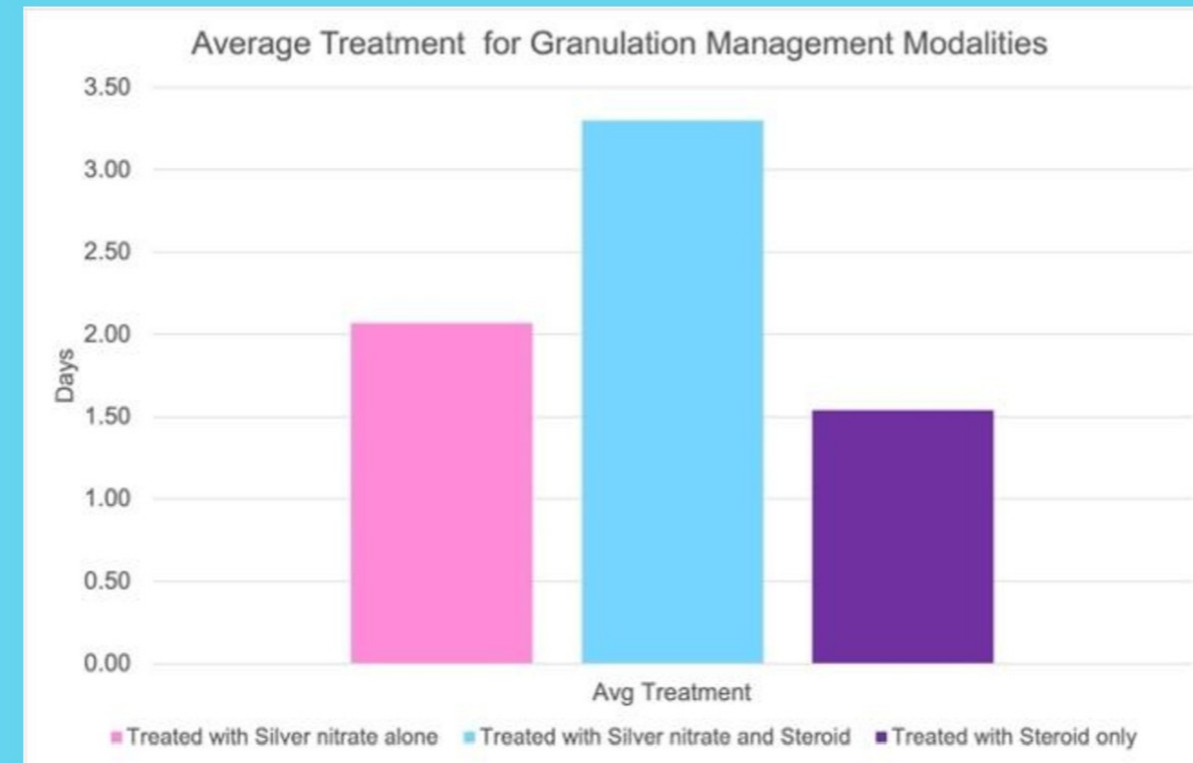
- ❖ Hypergranulation can impact the healing process, patient comfort, and long-term outcomes
- ❖ This study aims to highlight the critical role of post operative visits not only with the surgical team but PCPs

METHODS

- ❖ A retrospective review of first 156 patients who underwent RPFV at our surgical practice
- ❖ Patients without any in-person or virtual encounters addressing canal granulation treatments were excluded.
- ❖ Outcomes evaluated were age, state of residence, dates of treatments from surgery to resolution of granulation, type of treatment and operative treatment.
- ❖ Treatment modalities reviewed included silver nitrate (AgNO₃) alone, silver nitrate & topical steroid (TS), and topical steroid alone.

LIMITATIONS

- ❖ Percent of patients with granulation likely higher with under reporting and poor patient follow up
- ❖ Patients were presumed to have no granulation tissue when no additional post op visits notated granulation tissue signs/symptoms



RESULTS

- ❖ From February 2021 to January 2023 51/156 patients were identified to have granulation treatment
- ❖ 51% of patients were from California. 49 % were from 12 states and 1 international patient
- ❖ Median age was 35 years (IQR 28-43).
- ❖ Canal granulation was documented an average of **156.35** days after surgery.
- ❖ Average number of treatments for AgNO₃ alone, AgNO₃ & TS, and TS alone were **2.07**, **3.30**, and **1.44**, respectively.
- ❖ Average days from surgery to date of 1st treatment for each modality were 187.60 (IQR 105.5-255), 136.96 (IQR 83-164), and 157.85 (IQR 104-215)
- ❖ Average days to resolution were **232.53** (IQR 162.50-307), **300.23** (IQR 259.25-352.75), **187.54** (IQR 116-216)
- ❖ 58.86% (N: 29/51) of patients had more than one treatment with an average of **162.14** days until resolution between first and last treatments (IQR 85.5-227.25).
- ❖ 7.8%(N: 4/51) of patients were treated with electrocautery in the operating room with 75% of those patients from the AgNO₃ & TS cohort.

CONCLUSION

- ❖ 33% had neovagina canal granulation tissue.
- ❖ Nearly half of patients were geographically distant from our office, suggesting the importance of close follow up and coordination of care with primary care providers.
- ❖ With an increase in gender affirming bottom surgery in the US, we suspect more PCPs, including PA's, will encounter neovagina granulation tissue for management