

Pearl

Women's Hospital



INSTITUTE OF INFERTILITY, IVF CENTER, LAPROSCOPIC SURGERY,
FETAL MEDICINE AND PREGNANCY CARE.

Our Team



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LAPAROSCOPIC PERITONEAL **VAGINOPLASTY**

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PEARL WOMEN'S HOSPITAL

INTRODUCTION

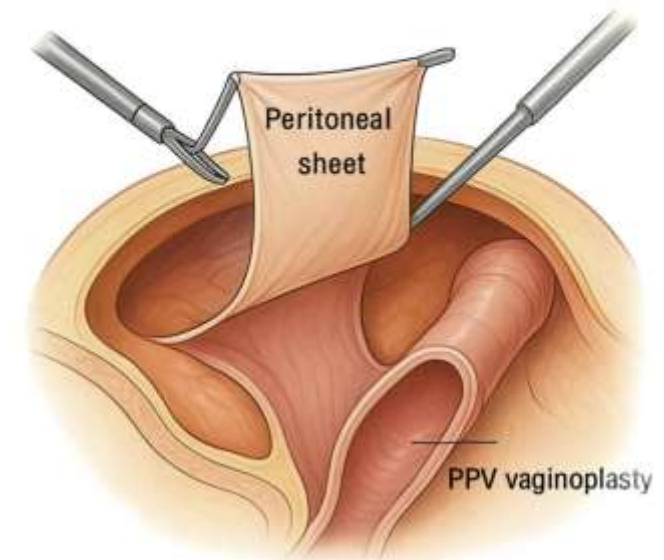
- Neovagina using peritoneum
- Minimally invasive
- Used in MRKH, vaginal agenesis, gender surgery

INDICATIONS

- MRKH syndrome
- Vaginal agenesis
- Failed vaginoplasty
- Gender affirmation

Gender Affirming Surgery with Peritoneal Vaginoplasty

WIH INTERNATIONAL
HOSPITAL



HISTORICAL TIMELINE

- 1950-1960 : Bowel vaginoplasty describe
- 1960s : Skin grafts (Mcindoe vaginoplasty)
- 1970 : Davydov describes peritoneal vaginoplasty
- 1990s : Laproscopic Davydov popularized
- Vaginoplasty with interceed

TYPES

- Classical Davydov procedure
- Modified Davyvov techniques
- Peritoneal flap

Davydov vs Modified Davydov Vaginoplasty

Feature	Classical Davydov	Modified Davydov
Approach	Open / basic laparoscopy	Advanced laparoscopy
Peritoneum used	Mainly posterior (pouch of Douglas)	Anterior + posterior peritoneum
Vaginal length	Moderate	Better/longer
Tension on tissue	More	Less
Risk of stenosis	Higher	Lower
Surgical control	Less controlled	Better visualization and control
Outcome	Good	Superior functional results



PRINCIPLE

- Neovaginal space creation
- Peritoneal lining
- Metaplasia to vaginal epithelium

SURGICAL STEPS

- Create vaginal space
- Laparoscopy
- Pull-down peritoneum
- Fixation
- Mold placement

COMPARISON BETWEEN 2 TYPES

Feature	McIndoe	Davydov
Lining	Skin graft	Peritoneum
Lubrication	 No	 Yes
Surgery	Perineal	Laparoscopic
Stenosis	Higher	Lower
Morbidity	Donor site	Minimal

OUTCOMES

- Anatomical success → 90-95%
- Functional success (pain free intercourse) : → 85-95%
- Good epithelialization , good lubrication , near-physiologic lining

COMPLICATIONS (EARLY)

- Bleeding
- Infection
- Bladder/rectum injury
- Hematoma

COMPLICATIONS (LATE)

- Stenosis
- Prolapse
- Dyspareunia
- Granulation

ADVANTAGES

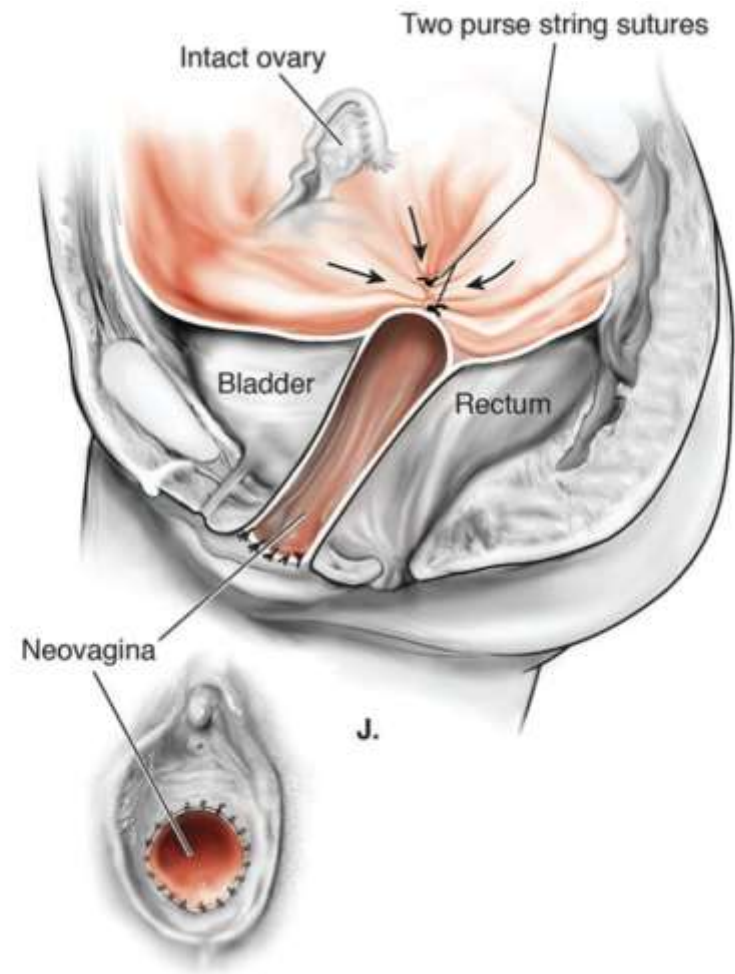
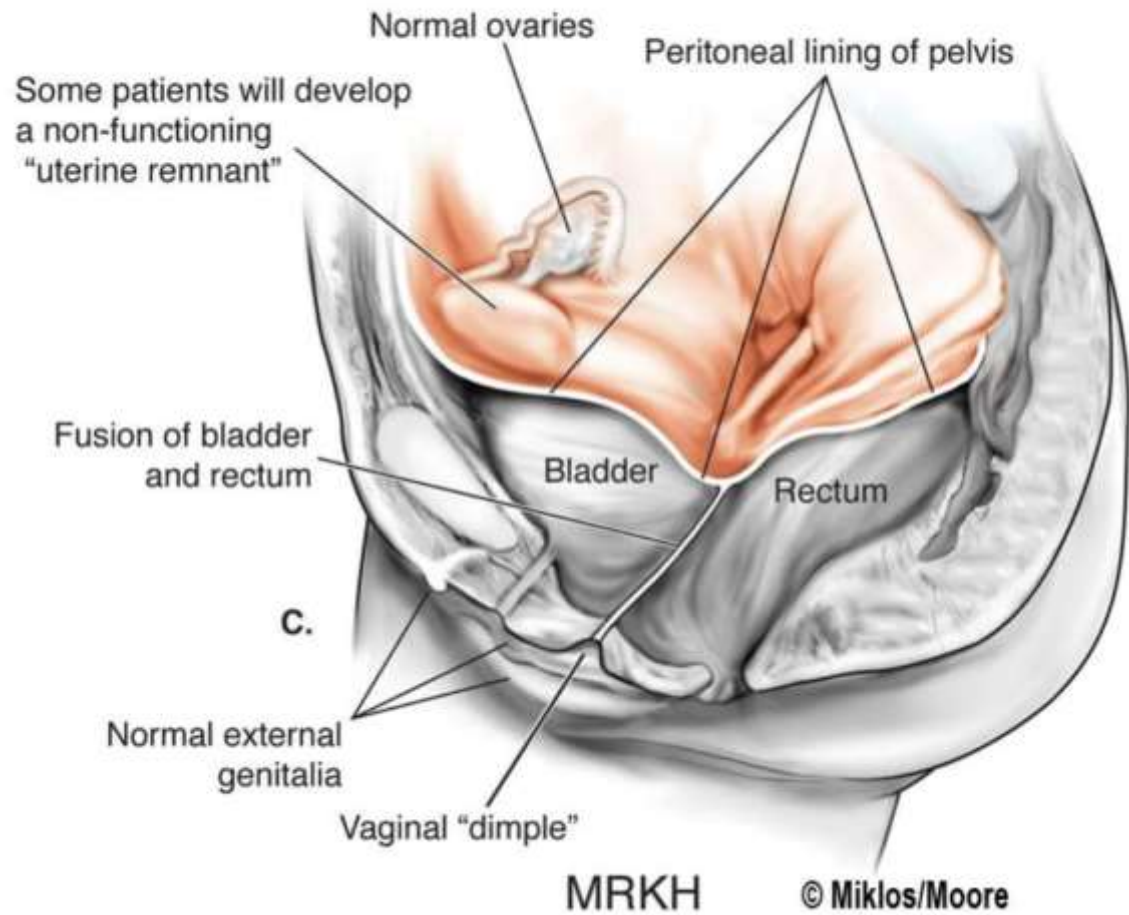
- Minimally invasive
- Self-lubricating
- Less dilation

DISADVANTAGES

- Needs expertise
- Intra-abdominal risks
- Longer time

CONCLUSION

- Safe and effective
- Preferred technique
- Evolving methods





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