BroadcastMed | Vaginoplasty closed captions

[MUSIC PLAYING]

My name is Shumyle Alam.

I'm a pediatric neurologist, here at MUSC.

I specialize in complicated genitourinary disorders and reconstruction of the genitourinary tract.

As well as participate in kidney transplant and the care of children with multiple medical needs, with regards to urology.

Taking care of complicated patients, I tend to see patients from all walks of life.

And in pediatrics, on occasion, we do have a little bit of internal myopia.

Where we think a reconstruction is going to go very well, but as the child ages into adulthood, sometimes the needs change.

I've been very lucky in my practice that some of these older patients will reach out to me.

And we can assess them on a case by case basis to see if surgeries need to be revised.

Or if there's other issues that need to be addressed.

In this particular instance, this is a child who was born with what's called a cloaca malformation.

And she underwent a very good operation when she was a baby.

But unfortunately, as she became a young adult, some of the things that she needed to move on with her life were not possible.

She had some scar tissue at the level of her vagina, which precluded even the use of a tampon.

And of course, this is not really compatible with what a young 27-year-old lady would like to do.

Young women with this condition don't always know that there are options.

She was very upset by the fact that she could not even use a tampon.

But she did not also realize that there's a cosmetic approach that can be used to restore some of that structural anatomy, as well as cosmesis.

As children with this condition age, there are certain aspects of their genitourinary system which can show problems with time.

And she had two issues.

One was clearly a cosmetic and functional issue, regarding her vagina and her introidal anatomy.

The second, however, was a more serious issue regarding her bladder.

She had suffered from multiple urinary tract infections.

She had suffered from multiple hospitalizations.

She had significant GI issues, which, unfortunately, had not been adequately addressed.

And she had, unfortunately, undergone a colostomy to mitigate those problems.

All these problems are actually fixable without hospitalizations and colostomies.

However, she had seen multiple providers and wasn't really in a center that had expertise in dealing with this condition.

And so sometimes, when you see providers who are very good at the individual components that they treat, they're not always as well versed in taking care of a patient from a holistic standpoint.

And when she arrived, she had a colostomy.

She had scar tissue in her vagina.

She had an undiagnosed neurogenic bladder.

And she required management of pretty much everything.

She was quite unhappy with her colostomy.

She was unhappy with her vagina, of course.

And she was very tired of being admitted to the hospital with multiple infections.

And that's how she presented to us.

And the surgery that we embarked upon was really only after a period of time of observation, testing, and study to get to the fix, if you will, that she requires.

When we took her to the operating room, and examined her under anesthesia, we found that she had a clinical variant known as-- what's called a posterior cloaca.

And that term was coined by a gentleman by the name of Alberto Pena, who really led the forefront and, kind of, started the management-- the modern management of cloaca.

And that means she had a very thickened pubis.

Her urethra was oriented a little bit posteriorly.

And her vaginal opening was very narrow and also impacted by the pubis.

And her rectum was in the proper position, but was defunctionalized, because of her colostomy.

We started the procedure by looking inside her bladder.

And documented that she, in fact, had suffered from multiple infections, which had changed her bladder anatomy.

And we put a suprapubic tube in, just to mitigate things.

Because it was very difficult for her to catheterize.

And it would be even more difficult after surgery.

When we evaluated her vagina, we found that she had a circumferential stenosis, or cicatrix, at the level of the perineum with hair bearing skin.

This was not something that would have been amenable to dilation.

And dilation in the past have been very painful for her.

And so she required a revision surgery to repair this.

And so the first stage of the operation is we actually remove the cicatrix by advancing the vagina.

So removing the unhealthy hair bearing tissue.

And actually mobilize the vagina as such that we could bring the vagina forward to a normal location at the level of the perineum.

In addition, we were able to move her labia minora to create a more cosmetic appearance of her vaginal opening, or her entroidus.

And at the same time, create, actually, a hood for her clitoris.

Which in the case of posterior cloaca, it's a good distance away from the urethra, compared to normal anatomy.

And sometimes it is overstimulated in certain situations.

And by doing this procedure, we were able to, hopefully, create a more functional use for her in the future.

As well as for a cosmetic approach, she now has normal external genitalia.

Reproduction is the part that's a little bit more complicated.

She does have internal anatomy that is duplicated.

She actually has two uteruses, or uteri.

She has normal ovaries and normal fallopian tubes.

But sometimes, these situations complicate pregnancy.

There is a risk of ectopic pregnancy.

There's a risk of uterine rupture.

But with, again, more of a holistic approach, and MFM involvement, and high risk involvement, in a center that takes care of this condition, we have had successful pregnancies in patients with cloaca.

And that is something that we've had over the course of the last decade, not the last 20-30 years.

And so when this child was born, she was actually told by her treating physicians that she could never have children.

And that's actually not true.

She possesses the plumbing, so to speak, to have children.

But it will have to be, sort of, carefully followed and managed.

So I think the important aspects of the procedure is that, if you take it down to its component parts, and say, we performed labiaplasty, or a cosmetic procedure of the vagina.

Many centers will say that, yes, that is something that their physicians are able to do.

And that's actually a true statement.

But when you combine that with a condition like she has, called cloaca.

Or if you combine that with someone who's had previous surgery which hasn't been successful.

Some of the techniques are a little bit more specialized.

And probably it would be wise to do them in a center that has expertise.

And here at MUSC, we have all the pieces in place to be able to provide holistic care for a patient who is seeking these fixes to their problems, including patients who've had surgeries in the past that may require some revision.

Only yesterday, I actually had the opportunity to see her post-operatively.

And we took her to the operating room to change her suprapubic, to evaluate her bladder, and to evaluate the functional and cosmetic results of the repair.

I'm happy to report that cicatrix is completely gone.

She was able to accommodate the largest Hagar dialator that we have, which means that her entroidus is open.

She will not need to do dilation for the rest of her life.

She will need to do it initially.

And then it will stay open.

With regards to her urethra, because we mobilized the vagina, she's actually now catheterizable.

And is currently, as we speak, undergoing catheterization teaching in the clinic to see if we can remove this suprapubic tube.

Should that fail, we will proceed with another means for her to catheterize.

And we are now starting the process of addressing her colostomy, potentially reversing that, to allow her more cosmetic functional anatomy that's consistent with the life that she probably wants to live, as a 27-year-old.