

TITLE: ANATOMICAL AND FUNCTIONAL OUTCOMES OF MCINDOE'S VAGINOPLASTY: A TERTIARY CARE HOSPITAL EXPERIENCE

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INTRODUCTION

- Women with mullerian and vaginal agenesis suffer from a great deal of mental stress and social stigma
- Cause: MRKH, AIS
- Incidence: 1 in 4500 females
- Procedure of choice- Mechanical dilatation followed by surgical neovagina creation who fails mechanical methods

OBJECTIVES

To analyze the anatomical and functional outcomes in women undergoing Mcindoes vaginoplasty at our institute over a period of 2 years (January 2021 to December 2023)

MATERIALS AND METHODS

- 29 girls diagnosed with vaginal agenesis were recruited prospectively after ethical clearnace
- Surgery performed after detailed history, examination, relevant investigations, and thorough counseling about fertility outcomes
- All girls taken up for surgery near planned marriage
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 The intraoperative details regarding the type of graft, pre and post-surgery vaginal length, intraoperative and post-operative complications and post-operative vaginal length, follow-up sexual function, and late complications were noted.

RESULTS

- ❖ Of the 29 girls,3 were married before surgery and the rest were unmarried. The average age was 23.4 years.
- ❖ 1/30 had renal anomaly (absent left kidney) and 3/30 had minor spinal deformities (lumbar lordosis).

RESULTS

- * Karyotype-
 - ✓ XY-1/29
 - ✓ XX-28/29
- Both amnion (16/29) and surgical (13/29) were used for neovagina creation
- ❖ On follow-up, the mean vaginal length
 - ✓ Preop- 0.9 cm
 - ✓ Immediate Post-op- 8.13 cm
 - ✓ After 1 week-8 cm
 - ✓ After 6 months-7.1 cm
- ❖ Average Hospital stay- 8.95 days
- ❖ Average FSFI score-27.62

DISCUSSION

- Nonsurgical methods are successful but demand considerable commitment and motivation 2
- Modified McIndoe vaginoplasty is a simple, safe, and costeffective procedure with low rates of complications in the hands of experts 3
- Comparing with Davydovs vaginoplasty, no need of laproscopic procedure.

CONCLUSION

- Mcindoes vaginoplasty- safe and effective surgical procedure
- Girls with MRKH syndrome can have healthy sexual relationships
- Post operative mould compliance is a major deciding factor for good outcomes.

Sexual activity

10%

38%

Active

Not

Active





A) Vaginal mold covered by condom and wrapped with amnion, B) Serial dilation of vaginal dimple C) Vaginal mold covered by surgicel

COMPLICATIONS

Intra-op

1/29 had RVF during the procedure
Repaired immediately

Immediate post-op
(During hospital stay)

2/29 Vaginal discharge managed with IV antibiotics

(Post discharge)

Late

- Restenosis-3/29
 - ✓ 2/3- Refused repeat surgery
 - ✓ 1/3 underwent redovaginoplasty
- **Readmission**-Bleeding Pv on day 14
- Mould Stuck after 1 year- released under anesthesia

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