

Evaluating the Feasibility and Impact of a Vaginoplasty Educational Seminar on Patients and Care Persons

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Background and Study Objectives

Vaginoplasties are becoming an increasingly sought-after component of gender-affirming care (GAC) [1]. It is important to provide effective education on this procedure for transgender patients and for their care persons, especially given that significant health literacy barriers exist for GAC [2] [3] [4]. A quality improvement (QI) study was designed to evaluate the efficacy of an educational program on patient and care person preparedness for vaginoplasty and better understand providers' views on the feasibility and effectiveness of this intervention.

Methods

Pre-seminar (virtual or in-person) surveys were distributed to patients and their care persons, which asked about preparedness for surgery and knowledge of pre- and post-operative assessment and care. Items were assessed using a 5-point Likert scale with a higher number correlating to a higher level of perceived preparedness.

Participants listened to a short-form (1-2 hour) presentation about pre- and post-op process and care as well as the vaginoplasty procedure itself, then filled out the same questionnaire post-presentation.

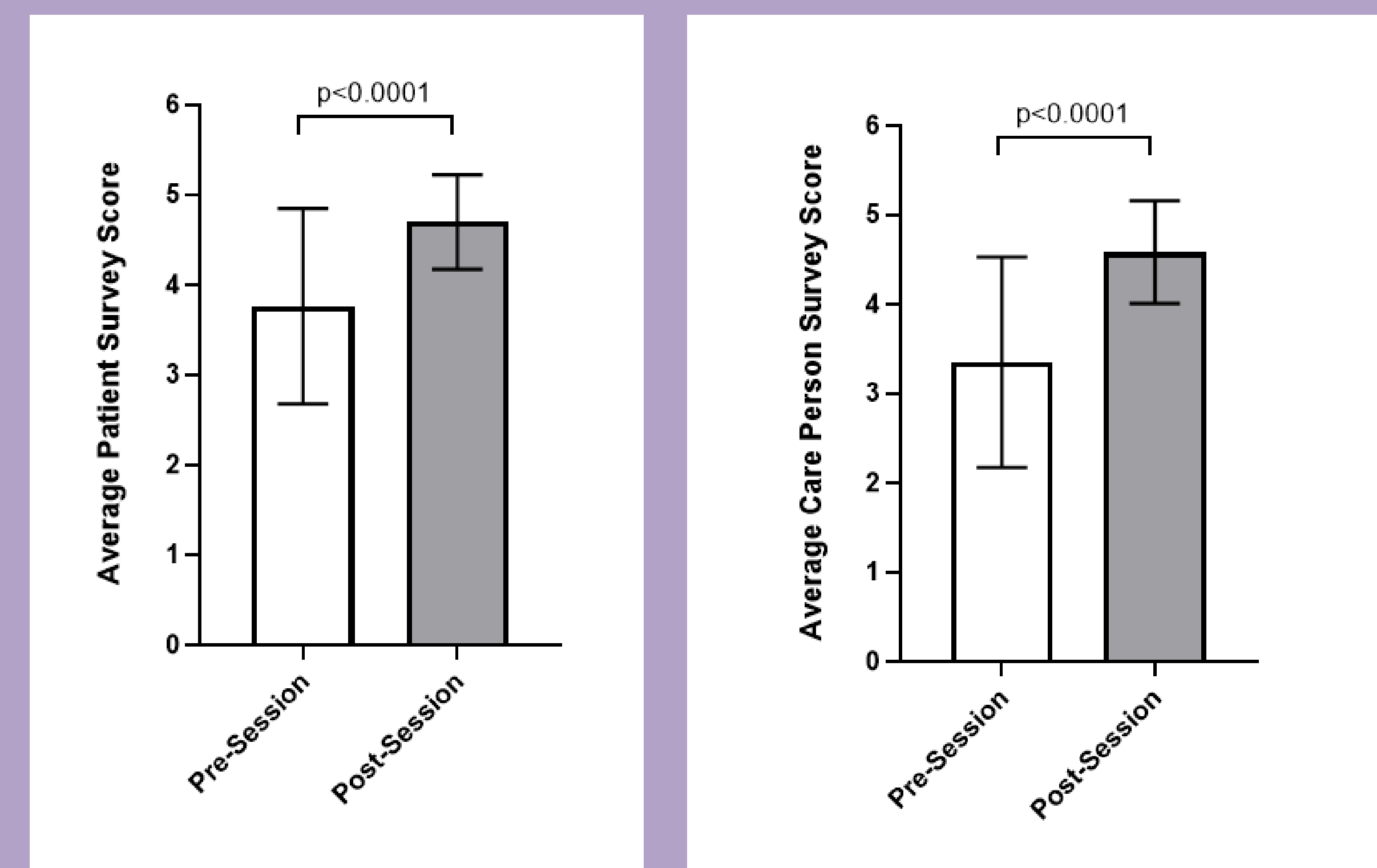
Unpaired and paired T-tests assessed for differences in pre- and post-intervention survey scores for patients and care persons.

GAC providers were given a survey about the appropriateness and feasibility of the seminars, again using the 5-point Likert scale where a higher number correlated to a higher level of agreement. The average for each question was then calculated.

Results

Patient and Care Person Feedback

Six educational sessions were conducted with 36 patients and 15 care persons total, with two virtual and four in-person seminars. Patient-reported preparedness for surgery pre- and post-survey showed respective means of 3.74 and 4.69 out of a 5-point Likert scale with statistically significant improvement ($p < 0.0001$). Care person reported preparedness also showed statistically significant improvement ($p < 0.0001$) with pre- and post-survey means of 3.4 and 4.6 out of 5.



Provider Feedback

6 total provider surveys were collected. Of four questions about the appropriateness of the seminars and five questions asked about the feasibility, the mean strength of agreement was 4.88 and 4.7 respectively.



Conclusions

This seminar format showed significantly improved preparedness for vaginoplasty among patients and care persons. Providers agreed that seminars were appropriate and feasible as an adjunct to current GAC practices.

This seminar had participants in various stages in their gender-affirming care journey; given that the results showed improvement in health literacy, having patients take part prior to surgical consultation could facilitate more informed conversations between patients and providers and allow for a more streamlined consult and surgery process. Future studies may optimize this timing and seminar content.

References

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