

Re-Learning Your Body

Vaginoplasty: neurosensory re-learning (re-education) guide

Introduction:

This guide helps explain what neurosensory re-learning (re-education) is and is designed to assist and support people who have undergone vaginoplasty surgery by providing a set of exercises to help improve sensation and to help with their vagina sensation reaching its full potential.

Language: There are many different words people use to describe their genitals. In this guide, we refer to the neovagina as the vagina, the neovaginal canal as the vaginal canal and the relocated natal erogenous tissue as the clitoris.

Please remember the information provided here does not replace the information you receive from your surgeon which will be tailored to your individual needs. We are constantly working to improve our resources to better suit your needs, this resource will continue to be updated.

Acknowledgement:

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What is neurosensory re-learning?

Neurosensory re-learning is a set of exercises that can help improve sensation in your genitals after either full depth or minimal depth vaginoplasty surgery. After surgery, neurosensory re-learning helps retrain your brain to re-learn sensitivity to touch and sexual stimulation.

Is neurosensory learning important?

The goal of neurosensory re-learning is to help you get as much enjoyment and satisfaction as possible out of the sensation in your clitoris, labia, vulva and vagina.

We believe neurosensory re-learning/re-education can benefit everyone, but we understand everyone has different goals and priorities for surgery. Sensation may not be a key focus or consideration for you, and your participation is entirely voluntary.

Don't feel guilty if you choose not to do these exercises. Your motivation, time and resources may change over time. You can start or end at any time and adjust your use to your own comfort level. This guide is provided as an extra tool, and we hope it will be helpful to you no matter where you are on your vaginoplasty path.

Changes in sensation

Swelling around the reconstructed nerves can impact your sensation so it can be a while for the erogenous sensation to return.

It is common to have numbness or less sensation in some areas. It can take 6–12 months for the nerves to heal or grow back in these areas. Once in a while, you might even feel prickly, stinging, or burning sensations as the nerves heal and grow. There can be permanent changes to sensation, including areas of complete numbness or hypersensitivity.

Orgasm may be more challenging to achieve after surgery for some. The density of the nerve receptors in the relocated natal erogenous tissue is less than that of the cis natal clitoris.

It is normal to take some time to learn and rediscover your new body. Starting gently and slowly is a good approach.

Getting started

Exploring your body after surgery can happen in stages.

Erogenous sensitivity is experienced at the clitoral, vaginal and perineal levels.

It may be helpful to practice touching yourself to start learning what kinds of touch you enjoy.

Start by creating your space: Create a distraction-free space – put your phone on 'Do-Not-Disturb' and get comfortable. You can dim lights, light candles or use other rituals to help you feel grounded and relaxed.

Take time to explore your new genitals to discover these new sensations.

You can begin to explore your clitoral area with your fingers at eight weeks after surgery.

The nerve endings will have been affected during surgery and sensations may feel different or diminished.

Nerve stimulation through gentle touch, self-stimulation and sensory massage contribute to the reconnection of nerve endings, allowing you to rediscover sensations.

Start with mindful touch: You can start with whatever kind of touch feels most comfortable for you. This might include gently placing a hand over the vulva to cup it or running a finger along the skin. You can explore touching the creases of your thighs, mons, the area above your clitoris and along the length of each labia.

Experience different sensations: You can also experiment with how your body responds to different pressures and textures (like fabrics made of silk, cotton, wool or velvet). In this exercise, take time to feel the shape, texture, and temperature of your body. Pay attention to whether touch, pressure or texture feels neutral, pleasurable, tingly, uncomfortable, hypersensitive or perhaps a bit numb. These sensations may change over time as your body heals, as the swelling decreases and your nerves regenerate. If you notice the area feels hypersensitive, gentle pressure/touch is important so the nerves can become used to sensation again. Remember: your sensory nerves can take 12–18 months to heal. Take this time to continue learning about your body.

Explore the muscles in your pelvic floor: Practice how to find, contract and relax your pelvic floor muscles:

- Inhale and let your muscles relax- it might help to picture your “sit bones” (which are the bones that we sit on, also known as ischial *tuberosity*, and are quite literally the pair of bones under the flesh of the butt that you sit on and are part of your pelvis) gently moving apart as the muscle relax.
- Exhale and gently squeezing the muscles in your pelvic floor- it might help to picture your “sit bones” moving a little closer together as the muscles engage
- Inhale and let your muscles relax.

12 weeks after surgery use of a vibrator over the lower mons/clitoral hood can begin. Direct clitoral stimulation may be too sensitive for some patients. Stimulating the “G” spot internally with external exploration can also be helpful in achieving climax.

Note: It is worthwhile to have taken the time to explore your new anatomy, to locate the clitoris and any other areas which are erogenous and pleasurable, before becoming intimate with a new partner.

Some people may need to wait longer depending on their healing and pain levels.

Penetrative and oral sexual activity after surgery

During your recovery process, the skin in your genital area, especially between the rectum and vagina, can be fragile. It is advised that penetrative sex be avoided outright until your body has completely healed. We recommend patients wait 12 weeks

to have penetrative vaginal or anal sex. Patients should also wait until 12 weeks after surgery before engaging in receiving oral sex.

Starting gently and slowly is a good approach, with open communication with your partner.

Please note, however, that any physical effort involving the muscles that were affected by surgery may cause pain.

Like many women, naturally occurring lubrication will not be sufficient, and you will need to use a lubricant.

We strongly recommend using an unscented, alcohol-free, water-based lubricant. We would encourage you to practice safe sex, especially with, for example, a new partner.

Orgasm

After vaginoplasty, most patients will be able to orgasm using the clitoris, which is formed using existing genital tissue to preserve the erotic nerves. Similarly to life pre-surgery, achieving orgasms will require both mental and physical stimulation. After either minimal depth or full depth vaginoplasty, most patients can achieve orgasms through clitoral stimulation, if interested. During penetrative vaginal intercourse, one can expect a pressure-like sensation.

A big key to remember in achieving orgasm is there's a mind-body connection, there are hormonal influences, there are emotional influences, and there's just connecting to your new anatomy.

It's important to emphasize that each woman proceeds at her own rate, not everyone is going to orgasm on the same post-operative timetable. Just because it takes longer for some doesn't mean it won't happen, and it may feel different.

Please note: Nerve regeneration is significantly influenced by your age and lifestyle habits, such as smoking. The healthier you are, the better the chances for nerve regeneration are. Emotional wellbeing and stress management also plays a crucial part in healing.

When should I be able to orgasm?

- There is a range of as little as a few months to as long as a year+ for having a clitoral orgasm. One international report said on average, most patients tend to have their first clitoral orgasm around 9 months. Remember, nerves take longest to heal, so be patient and if at first you do not succeed, try, try again.

- G-spot orgasm: post-operatively the other erogenous zone is the prostate, which is approximately 4 cm inside the vagina on the top wall. Patients can also experience an orgasm with stimulation of this area. This also may take time but can happen sooner than the clitoral orgasm. Range is as little as 12 weeks to as long as a year.

How do I go about having an orgasm?

- Unfortunately, there is not one set of instructions that would work for everyone. This is an experimentation type of process because everyone is different and also as the nerves heal, different stimulations may feel better. Be patient during the first year since it does take time for the nerves to heal, as well as time for you to learn your body and what you like stimulus-wise.
- There are 2 erogenous spots: the clitoris and the G-spot (where the prostate is located) approximately 4cm inside the vagina on the top/anterior/bladder side of the vagina. Gently rubbing these spots separately or together will help you find your way to an orgasm.
- Experimenting with either touching these spots directly, gently at first since these areas may be extremely sensitive (or numb depending on when you are trying during your first year of nerve regeneration), or gently touching, rubbing massaging the areas around the clitoris and the G-spot may work for you.
- Stimulating the "G" spot internally with external exploration can also be helpful in achieving climax.
- After 12 weeks use of a vibrator over the lower mons/clitoral hood is encouraged. Direct clitoral stimulation may be too sensitive for some patients.
- Be patient, experiment, and have fun.

Returning to sexual activity

We've provided some general guidelines below, so you know what to expect, but it does not replace the information you receive from your surgeon. If there are any differences, you should follow your surgeon's instructions.

- Ease back into your sexual activities gradually. Take time to learn your body's needs and preferences.
- Remember that it is normal to not orgasm from penetration alone. You may need more clitoral stimulation than can be achieved in certain sexual positions.
- Try different positions and activities. Focus on pleasure and start with gentle, sensitive movements.
- You may find that your endurance or tolerance for different activities and sensations is affected by your surgery or pain medications.

- Stop or take a break if you feel pain, anxiety or fear, or if your clitoris or vagina become sensitive to the point that touch is not pleasurable.
- Pay attention to whether your swelling or tenderness increases after sex. If so, you may want to wait before having sex again.
- Always use lubricant during vaginal sex as this helps to increase sensations of pleasure and prevents uncomfortable friction or skin tearing.
- Pee before and after sexual activity to reduce the chances of urinary tract infections.

Changes in sexual response

As you heal, you may find your interest in sex is different from before surgery. It might be lower during your healing period, or you might find it's higher. It's important to remember that everyone is different. Changes to your sexual response are a normal part of your healing journey and will balance out over time.

Changes Impairing Sexual Function following Vaginoplasty Surgery -From the Sydney Pelvic Clinic

If you have recently undergone gender-affirming vaginoplasty surgery, there is a chance that you could be dealing with some form of female sexual dysfunction.

Changes to sexual function can be a common issue during gender-affirming surgery recovery. Having a major change to the genital region can impact sexual health, including changes in sexual arousal and sexual desire (usually developing a low sexual desire), difficulties with sexual functioning, new sexual pain during sexual intercourse, and other sexual problems.

Here, we're going to take a closer look at changes to sexual function that may be faced after vaginoplasty surgery. Then, we'll explore some of our top tips for women who experience sexual dysfunction.

What kinds of sexual dysfunction do people experience?

Someone who has recently had vaginoplasty may have a lot of questions about possible changes to their sexual function after surgery. Though these are not experienced by all patients, here are some of the potential sexual problems patients can face following a vaginoplasty procedure:

Sexual arousal aversion/Difficulties and change to sexual desire

One of the major changes patients may notice during recovery are [changes in sexual arousal and sexual desire](#). In most cases, patients may find they lack their usual sexual response arousal level and have a lack of overall sexual interest.

Changes to sexual responsiveness during recovery can happen for a variety of reasons. In many cases, it is simply the mental load of the healing process that leads to a lower-than-average sexual drive, with sexual interest going back to normal as patients recover.

In some cases, though, prolonged changes to libido and desire can be cause for concern. Gender-affirming surgeries like a vaginoplasty are a massive change, physically and mentally. In some cases, patients may find they need to mentally work through this physical change and the impact of previous gender dysphoria on their mindset to deal with sexual problems related to low sexual desire.

Some patients may find that even well into recovery, they still experience sexual difficulty. In these cases, a healthcare professional can help a patient determine if the cause of the issue is mental, physical, or some kind of deeper arousal disorder.

Difficulties achieving orgasm

Similar to the issue addressed above, some patients may find they have difficulty achieving orgasm after a vaginoplasty, even with sexual stimulation.

This can be an extremely frustrating result for patients whose goal with surgery was to resume their usual sexual activity. Again, these kinds of difficulties during sexual activity can be linked to negative mental states during recovery, or it can just be a symptom of the healing process.

It can take longer than you'd think to fully recover and go back to normal sexual function. In a [2022 study from J Sex Med](#), it was found that while up to 86% of trans women after vaginoplasty were able to achieve orgasm, this milestone was achieved 6 months to 1 year after surgery.

Healing is a long process, but it is possible to get back to regular orgasm sensations with time and patience! This is why in most patients with an orgasm issue, the ability to achieve female sexual function after surgery is simply a matter of taking time to heal. However, if sexual functioning issues are still happening a year post-surgery, it may be time to see a sexual health practitioner.

Difficulties initiating sexual activity

Another block women may face during sexual activity after receiving gender-affirming vaginoplasty surgery is difficulty with initiating sex.

Some women may find themselves dealing with feelings of dysphoria around their new genitalia. There could also be a lack of comfort with their new genitalia, a lack of familiarity, and a nervousness to engage in sexual activity preventing them from engaging with it.

In these cases, it's best to work on feelings of dysphoria, body image, and self-esteem. Seeing a therapist can do wonders here, assisting patients as they take steps to work on their confidence to engage in a sexual act in the future.

Three tips for people experiencing female sexual dysfunction following gender affirming vaginoplasty surgery – Sydney Pelvic Clinic

To prevent female sexual dysfunction following a vaginoplasty procedure, here are our top three tips:

1. Delay sexual intercourse during recovery

The most important thing you can do to prevent a potential sexual dysfunction or sexual disorder following surgery is to give your vagina adequate time to recover. If you engage in sexual activity too early, it can lead to potential wounds/infections, and other women's health complications.

Patients should wait a minimum of 12 weeks following surgery before attempting any kind of penetrative sexual activity or receptive oral sexual activity. After 12 weeks, patients can begin to initiate sex and should hopefully begin to have some clitoral sensation during sexual stimulation.

2. Address pelvic floor health with a healthcare professional

Another great tip for vaginoplasty patients is to use the services of a local pelvic floor physiotherapist during recovery. A pelvic floor therapist can suggest different exercises to get you back to your healthiest self, including pelvic floor exercises, massage therapy, and other treatment options.

3. Support your mental health

Last, but certainly not least, women experiencing female sexual dysfunction need to prioritise their mental health.

For many people, gender-affirming surgery like a vaginoplasty can be life-changing due to the ways they effect mental health.

As you recover from surgery, it is important to acknowledge the way it will impact mental health as a whole. A vaginoplasty represents not only a massive physical change but a huge mental shift, especially for patients with dysphoria looking to achieve the genitalia they desire.

Remember to support your mental health, just as much as your physical health, during the recovery process.

A few final words

Undergoing vaginoplasty is a life-changing experience.

For many women who undergo either minimal depth or full depth vaginoplasty, the outcome brings a sense of completeness and authenticity, enhancing self-esteem and overall psychological well-being.

While most report positive outcomes, it's important to remember that the journey to emotional and psychological well-being requires time, patience, and support.

The immediate period after surgery can be emotionally challenging as you adapt to your new anatomy. Feelings of relief, happiness, and anxiety are common. Give yourself time to adjust and seek support from mental health professionals, friends, or support groups as needed. Regular counselling sessions can help address any lingering gender dysphoria, body image issues, or other emotional challenges.

Conclusion

There is no set end point or conclusion to this protocol. Ultimately, it should serve as a road map to help you navigate and explore your new anatomy and maximize your genital sensation pleasure.

Your journey is unique, and this resource is a tool to assist you in your own self exploration. We are always open to feedback to help us improve it. Please feel free to email us to give us any feedback if you wish- our email is gender.surgery@tewhatauora.govt.nz.

Gender Affirming (genital) Surgery Service Team

Hospital and Specialist Services