

Laparoscopic Vecchietti

What is Laparoscopic Vecchietti?

A Laparoscopic Vecchietti is an operation to create a vagina. It is normally used if vaginal dilation has not been successful or is not possible and it is done by 'keyhole' surgery.

Who is this suitable for?

Vaginal dilation is usually the first line treatment to create a vagina. However, if this is not successful or possible, a laparoscopic Vecchietti may be considered. Conditions where a laparoscopic Vecchietti may be offered include Androgen Insensitivity Syndrome (AIS) and Rokitansky syndrome (MRKH). The best time to have this procedure will depend on your condition and your individual preferences/circumstances, and you will be able to discuss this with your doctor in the clinic. You will also be able to spend time with a Psychologist who can support you with decision making and coping with the procedure and its impact in the future.

What will happen before the operation?

You will discuss all the risks and benefits of the procedure in clinic with your doctor and you will have the opportunity to ask any questions you may have. You will sign a consent form for the procedure when you are seen in clinic. You should take a copy of the consent form home with you. The consent form will be checked again on the day of surgery. If you have any questions before the day of the procedure you can contact the gynaecology secretary who will pass a message on to the clinical team.

After your clinic you will need to have a pre-op appointment where you will see a nurse who will arrange some blood tests and any other investigations if required. You will then need to come to hospital on the day of the operation. You must not have anything to eat or drink from midnight the night before the procedure. You will be seen by the surgical and anaesthetic teams on the ward before the operation when you will have the opportunity to ask any questions you may have since your last consultation.

What does the surgery involve?

It is carried out in the operating theatre with you asleep under a general anaesthetic. You will have three or four small cuts on your tummy (about 1cm in size). The tummy is filled with gas so that the bowel and other organs are well away from the operating area. An olive-shaped bead will be placed at the vaginal dimple. A thread will pass through the centre of the bead and each end of the thread will then be placed through the vaginal dimple, into your pelvis and out through your abdominal wall on each side. These threads will then be attached to a traction device which will be strapped onto your abdomen. The gas will be removed at the end of the operation. You will have a catheter (tube) put in your bladder to drain your urine so that you don't need to go to the toilet. The procedure will take about 60 minutes. You will have some stitches in the cuts on your abdomen.

What will happen after the operation?

After the procedure you will stay on the ward for about one week. Each day the threads will be tightened on the device by the doctor or nurse to pull the olive bead up, stretching the length of the vaginal canal. After 7 days, the threads will be cut, the device will be removed from your abdomen and the olive bead will be pulled out of the vagina. This will be done by the doctor on the ward with you awake. The tube will also be removed from your bladder at the same time.

After the olive bead has been removed you will need to start vaginal dilation and you will get help and support with this from the nurse prior to going home.

You will also receive a booklet giving you tips for dilation which will help when you start doing the dilation at home by yourself.

The stitches in your abdomen will dissolve by about 10 days after the operation. The recovery time for this operation is 1 to 2 weeks so you might need to take some time off school, college, or work. You will be sent an appointment to come back to clinic 6 weeks after the operation.

What are the risks of the procedure?

Although generally the operation is very safe, all operations and anaesthetics carry small risks which your doctor will discuss with you when you sign the consent form. You may have some pain around the scars on your tummy which should be controlled with painkillers. Some people get some pain in their shoulder tip which is caused by the gas that was put into your tummy during the operation. This should settle within a few hours.

Infection of the wound can occur and if your stitches are red and sore or weepy you should see your GP as you may need some antibiotics. The other risks of 'keyhole' surgery are bleeding and damage to the bowel or other abdominal organs. These are very unusual complications. If they happen the surgeon might need to make a bigger cut to open your tummy to repair the damage or to stop the bleeding. This is called a laparotomy. If there is any damage to the bowel you might need a colostomy which is where the bowel is brought out into a bag on your tummy to rest the damaged bowel. This is usually temporary. Thankfully, these complications are extremely rare.

What are the alternatives?

Some women decide not to have surgery to create a vagina and continue with vaginal dilation instead if this is possible. Others decide to wait to have surgery at a later stage when the time is right for them. There are other surgical options for creating a vagina but these are often more complicated procedures with more associated risks. If you have any questions about this you can discuss them with your doctor.

For further information you can contact a Nurse Consultant Monday to Friday 09:00 – 17:00 on
0151 708 9988 ext 1053

This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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