

PHYSIOTHERAPEUTIC CARE FOR TRANSGENDER WOMEN: CLINICAL PRACTICE REFLECTIONS FROM A CASE REPORT

FISIOTERAPIA NO CUIDADO À MULHER TRANS: REFLEXÕES PARA A PRÁTICA CLÍNICA A PARTIR DE UM RELATO DE CASO¹

FISIOTERAPIA EN LA ATENCIÓN A LA MUJER TRANS: REFLEXIONES PARA LA PRÁCTICA CLÍNICA A PARTIR DE UN ESTUDIO DE CASO

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Abstract: Understanding the diversity of experiences related to sexuality requires recognizing the multiple gender identities that play a central role in the lived experience of sexuality. This article presents the case of a transgender woman who underwent gender-affirming surgery, emphasizing her perceptions and discussing the role of physical therapy in her recovery. The follow-up took place in a public hospital in the state of São Paulo. The surgical technique included penectomy, bilateral orchiectomy, and construction of the neovagina through penile inversion. Tissue necrosis and vaginal stenosis were complications that required additional surgical interventions. Physical therapy was provided over nine months, and the interventions included lymphatic drainage of the neovulva, use of vaginal dilators, massage, exercises for the pelvic floor muscles, and guidance for daily activities. At the end of the follow-up, a semi-structured interview identified gender dysphoria as the main reason for the surgery and indicated that, despite the complications, the patient achieved satisfaction with the outcome. This case allowed the physical therapy team to understand the feelings, emotions, and meanings that the surgical process elicited for this woman. The experience also highlighted the need to align expectations between professionals and the patient, as well as the essential role of inclusive and person-centered communication.

Keywords: Transgender woman; Physiotherapy; Gender-affirming surgery; Gender dysphoria; Case report.

Resumo: Compreender a diversidade de experiências relacionadas à sexualidade envolve reconhecer múltiplas identidades de gênero que desempenham papel central na vivência da sexualidade. Este artigo descreve o caso de uma mulher trans submetida à cirurgia de afirmação de gênero, enfatizando suas percepções e discutindo o papel da fisioterapia em sua recuperação. O acompanhamento ocorreu em um hospital público do interior de São Paulo. A técnica utilizada foi penectomia, orquiectomia bilateral e construção da neovagina por inversão peniana. Necrose tecidual e estenose vaginal foram complicações que demandaram reabordagens cirúrgicas. A fisioterapia aconteceu durante nove meses e as condutas se basearam em drenagem linfática da neovulva, dilatadores vaginais, massagem e exercícios para os músculos do assoalho pélvico, e orientações para vida diária. Ao término do acompanhamento, realizou-se entrevista semiestruturada que identificou a disforia de gênero como principal motivo para a cirurgia e que, apesar das complicações, a satisfação com o resultado foi alcançada. Esse caso permitiu à equipe de fisioterapeutas conhecer e compreender sentimentos, emoções e significados que o processo cirúrgico promoveu para esta mulher. Percebeu-se, ainda, a necessidade de alinhamento das expectativas entre profissionais e a pessoa em tratamento, e o quanto é essencial uma comunicação inclusiva e centrada na pessoa.

Palavras-chave: Mulher Transgênero; Fisioterapia; Cirurgia de Afirmação de Gênero; Disforia de Gênero; Relato de Caso.



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Resumen: Comprender la diversidad de experiencias relacionadas con la sexualidad implica reconocer múltiples identidades de género que desempeñan papel central en su vivencia. Este artículo presenta el caso de una mujer trans sometida a cirugía de afirmación de género, destacando sus percepciones y analizando el papel de la fisioterapia en su proceso de recuperación. El acompañamiento se realizó en un hospital público del interior de São Paulo. La técnica quirúrgica incluyó penectomía, orquiectomía y construcción de neovagina mediante inversión peneana. La necrosis tisular y la estenosis vaginal fueron complicaciones que requirieron nuevas intervenciones quirúrgicas. La fisioterapia se desarrolló durante nueve meses e incluyó drenaje linfático de la neovulva, dilatadores vaginales, masajes, ejercicios para piso pélvico y orientaciones para actividades de la vida diaria. Al finalizar el seguimiento, se realizó una entrevista semiestructurada que identificó la disforia de género como el principal motivo para la cirugía y evidenció que, a pesar de las complicaciones, se alcanzó satisfacción con el resultado. Este caso permitió al equipo de fisioterapia comprender los sentimientos, emociones y significados generados por el proceso quirúrgico, así como resaltar la necesidad de alinear expectativas entre profesionales y persona atendida y de promover una comunicación inclusiva y centrada en la persona.

Palabras clave: Mujer transgénero; Fisioterapia; Cirugía de afirmación de género; Disforia de género; Estudio de caso.

Introduction

Sexual health is defined as “a state of physical, emotional, mental, and social well-being related to sexuality; it is not merely the absence of disease, dysfunction, or illness” and requires an approach free from discrimination and violence. Sexuality, in turn, is a component of personal identity that encompasses different forms of expression and behavior (WHO, 2015).

In this context, understanding the diversity of experiences related to sexuality also involves recognizing the multiple gender identities that play a central role in the experience of sexuality. Gender identity refers to how individuals identify and recognize themselves and may or may not align with the sex assigned to them at birth; it is self-declared and independent of the sex assigned at birth. It may be classified as cisgender identity, when it aligns with the biological sex, or transgender identity, when it does not align with the sex assigned at birth (Jesus, 2012). Therefore, healthcare for transgender people requires a broader understanding of healthcare practices that encompasses psychosocial, relational, and clinical aspects (Vieira *et al.*, 2021).

Physical changes in a transgender person may be achieved through hormone therapy and/or gender-affirming surgery (Nogueira; Aquino; Cabral, 2017). In Brazil, the gender transition process within the Unified Health System was established through Ordinance No. 1,707 of 2008 (Brasil, 2008) and Ordinance No. 2,803 of 2013 (Brasil, 2013). Both documents guarantee individuals the right to bodily transformation. The guidelines for this process include comprehensive healthcare for transgender individuals and travestis, as well as interdisciplinary and multiprofessional teamwork (Brasil, 2013).

Regarding gender-affirming surgical techniques for transgender women, the most commonly performed procedure is orchiectomy, which involves the removal of the testes, penectomy followed by creation of the neovaginal cavity, vaginoplasty, lining of the cavity, reconstruction of the urethral hiatus, creation of the labia minora and labia majora, and clitoroplasty (Krege *et al.*, 2001). At the end of the procedure, a vaginal mold is inserted and held within the vaginal cavity to prevent canal closure (Franco *et al.*, 2010). Different surgical techniques may result in pelvic floor muscle injury, edema, vaginal and/or urethral stenosis, wound dehiscence, and scar necrosis, vaginal prolapse, dyspareunia, vaginal fistula, urinary retention, bleeding, infection, and rectal injury, negatively impacting quality of life (Morais; Cortes, 2020).

In this context, the literature on pelvic physical therapy care for transgender women remains limited. Nevertheless, findings from an integrative review indicate that physical therapy resources and strategies that may be used during the postoperative period (...) promote greater comfort and pain reduction, favoring awareness and rehabilitation of the neovagina (Araujo *et al.*, 2023). However, beyond addressing postoperative complications, it is also necessary to broaden the understanding of the psychosocial components affecting these women and the need for continuous care after surgery (Brouwer *et al.*, 2021), to improve the approach and direction of physical therapy interventions.

Thus, the aim of this case report is to describe the case of a transgender woman who underwent gender-affirming surgery, emphasizing her perceptions and discussing the role of physical therapy in the recovery process. Given the complexity surrounding issues of gender identity and healthcare, discussions based on the perspective of a transgender woman may contribute to a safer, more effective, and more patient-centered physical therapy approach.

Case description

This case report was developed based on the physical therapy follow-up of a transgender woman. The study has a retrospective design and was based on a review of the physical therapy medical records, a semi-structured interview conducted for exploratory and reflective purposes, and complementary information obtained directly from the participant undergoing treatment, with the aim of describing the evaluation process, physical therapy management, and clinical progression. After identifying the case as having potential for scientific dissemination, the physical therapist responsible for the follow-up contacted the participant personally, explaining the objectives, procedures, and nature of the report. The Informed Consent Form was presented in clear and accessible language in a private location, ensuring adequate time for reading and clarification of questions. Participation was voluntary and formalized by signing two copies of the consent form.

The data were obtained from physical therapy records and supplemented by the participant's verbal reports, exclusively regarding clinical and functional aspects related to treatment. No new therapeutic procedures or specific assessments were conducted for research purposes. The information was organized and described in a manner that fully preserved the participant's identity, using a fictitious name throughout the report. The study followed the ethical principles established by National Health Council Resolutions No. 466/2012 and No. 510/2016, ensuring confidentiality, privacy, and respect for participant autonomy. This project was approved by the hospital's Research Ethics Committee (CAAE: 92544125.5.0000.5404).

This case report involved a 34-year-old transgender woman, a student who was also self-employed, identified by the fictitious name Flor to preserve her identity. Flor was followed by the physical therapy team of a public hospital located in the interior of the state of São Paulo, Brazil. The first physical therapy evaluation was performed 11 months before gender-affirming surgery, and no pelvic floor muscle complaints or dysfunctions were identified. After the surgical procedure, Flor was followed for approximately nine months, receiving care both during hospitalization and, after discharge, at the hospital's outpatient physical therapy clinic.

To better present and discuss this case, excerpts from the semi-structured interview conducted with Flor will be presented, based on the guiding question: "What were your perceptions and feelings regarding healthcare throughout the gender affirmation process?" The interview was conducted by a member of the physical therapy team in a private location after the participant had signed the informed consent form.

As part of her physical transition process, Flor initiated hormone therapy independently before receiving follow-up care within the public healthcare system. Subsequently, she underwent breast augmentation surgery and, finally, gender-affirming surgery.

The surgical technique performed included penectomy, bilateral orchiectomy, and penile inversion vaginoplasty. During surgery, a number 5 silicone vaginal dilator (3 cm in diameter and 13 cm in length) was inserted into the newly created canal, sutured to the pelvic floor, and maintained continuously for seven days to preserve vaginal patency. After surgery, Flor remained hospitalized for eight days. During this period, she experienced pain, vulvar edema, impaired mobility, and tissue necrosis. Physical therapy interventions during this phase included postural guidance, pain management using photobiomodulation, and edema management through manual lymphatic drainage (Figure 1A and B).

Two days after hospital discharge, outpatient physical therapy follow-up was initiated, with sessions occurring once or twice a week. The main interventions included neovulvar lymphatic drainage, photobiomodulation, pelvic floor muscle stretching, and guidance on vaginal dilator use. Initially, dilator use totaled 22 hours per day, with two 1-hour breaks (the duration of the breaks was gradually increased until reaching a 5-hour interval). During this first phase, eight sessions were performed over approximately two months.

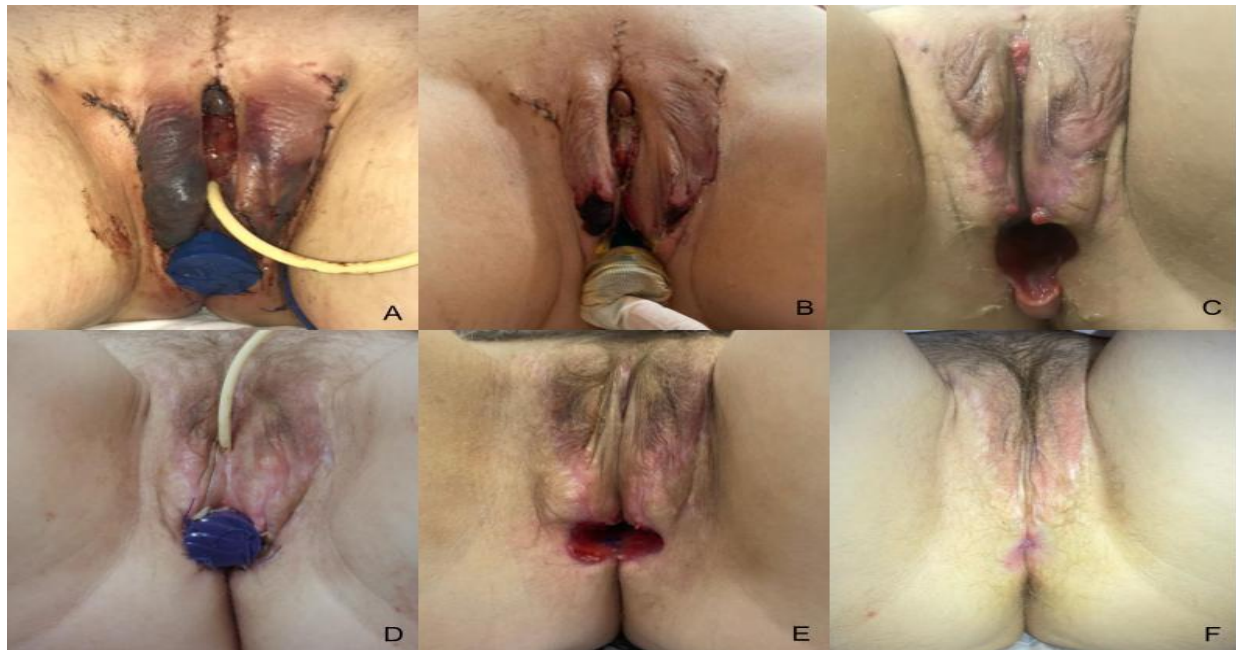
Around the 11th postoperative week, Flor underwent the first surgical revision procedure to treat peri-urethral and labial granulomas. At the end of surgery, a number 5 vaginal dilator was again inserted; however, it had been partially shortened in length, covered with absorbable hemostatic material, and secured to the pelvic floor skin with sutures. Hospitalization lasted six days, and Flor was discharged with instructions to maintain continuous dilator use for nine hours followed by three-hour breaks. During this period, she reported a sensation that the device was being expelled and was advised to wear tighter undergarments to assist with proper positioning of the dilator.

Ten days after hospital discharge, Flor returned to the outpatient clinic reporting that she had temporarily interrupted vaginal dilator use for 24 hours due to malaise and physical and emotional exhaustion related to the vaginal dilation protocol. When the physical therapist attempted reinsertion of the device, increased tissue resistance was observed. Nevertheless, the use of the number 5 vaginal dilator was maintained, with a reduction in usage time (alternating six hours of use and six hours of rest).

Four weeks after the surgical revision, progressive difficulty inserting the number 5 dilator was observed. The treatment plan was therefore modified to alternate the use of a number 4 dilator (2.5 cm in diameter and 10.9 cm in length) during the day and the number 5 dilator at night. Even so, Flor began missing physical therapy sessions more frequently and reported increasing discomfort and fatigue related to the continuous use of the dilators. During this approximately two-month period, nine physical therapy sessions were performed (Figure 1C).

Despite the strategies adopted, a second surgical revision procedure was necessary to promote healing of raw tissue areas, using tilapia skin to line the neovaginal canal (Figure 1D and E). After a new hospitalization period, physical therapy follow-up resumed with the goal of maintaining vaginal canal patency. However, due to poor adherence to dilator use and the physical and emotional exhaustion reported by Flor, she chose to discontinue use of the vaginal dilator, resulting in complete neovaginal stenosis (Figure 1F).

Figure 1- A: first postoperative day; B: eighth postoperative day; C: late postoperative period following the first surgical revision; D: first postoperative day following the second surgical revision (use of tilapia skin graft); E: late postoperative period following the second surgical revision; F: complete vaginal stenosis.



Source: Physical Therapy Section.

During the postoperative period, no structured functional assessment of the pelvic floor muscles was performed using standardized strength measurement protocols, such as the PERFECT scheme. Although digital palpation was employed during all sessions for pain monitoring, the tissues were observed to be friable and prone to bleeding with minimal mechanical stimulation. Clinical inspection, however, demonstrated that Flor presented adequate coordination of pelvic floor muscle contraction and relaxation.

Throughout the hospitalization period and outpatient follow-up care, Flor also received psychological support through the hospital's Psychology Section.

Discussion

In healthcare for transgender people, gender-affirming surgery represents one of the central components of the transition process for many individuals and generally has a positive impact on quality of life and mental health. However, long-term outcomes may depend on adequate postoperative care (Brouwer et al., 2021). Understanding the psychosocial aspects involved in the decision to undergo surgery may contribute to a more effective physical therapy approach. Flor's decision to undergo surgery emerged from reflections on her gender identity and her lack of identification with narratives centered on autonomy and personal empowerment, as illustrated in the following statement: "I didn't even know transgender identity existed until I was in my twenties. But despite that, it was always there... recognizing oneself as a trans person is deeply connected to identity, both internally and externally."

"I used to believe in that empowering discourse 'oh... you don't need to change your body, just be happy with who you are' and I thought to myself: I am going to embrace that perspective. But later, I realized that I didn't identify with it. I told myself, no, this is not okay for me; I do want to make changes, because that's how I'll feel better and more fulfilled."

Another decisive factor influencing Flor's decision to undergo surgery was gender dysphoria, a diagnosis referring to the intense psychological distress resulting from the incongruence between sex assigned at birth and gender identity (American Psychiatric Association, year). For Flor, who referred to her genital organ as an "intruder" because she was unable to verbalize the word penis, it became evident that the surgery achieved the desired aesthetic outcome, promoting self-acceptance and self-recognition: "The whole focus of this [referring to the gender-affirming surgical process], for me, was about dysphoria, feeling comfortable in my body, and self-identification"; "...these are things that bring you much closer to a place of comfort, safety, and self-acceptance... to no longer worry about dysphoria..."; "It was a feeling of 'now everything is better' [referring to the feeling experienced after penectomy]."

Some authors suggest that surgery also involves the pursuit of an improved quality of life in relation to sexual issues (Hess et al., 2014). However, for Flor, sexual life was not the primary concern: "I wasn't thinking about sexual issues... it never really became a question for me..."; "This change can have many different meanings in people's lives; it's not the same for everyone."

According to Petry (2015), the level of satisfaction with postoperative outcomes is related to the perspective of feeling like a woman—deriving greater fulfillment from expressing femininity than from the sensation of orgasm itself. Thus, the occurrence of complications and the need for continuous postoperative procedures and care were minimized within this perspective. This became evident when Flor expressed a sense of relief in no longer having to deal with her penis: "I no longer have to deal with things that are not part of me, that do not belong to me."

Regarding postoperative care, recommendations during hospitalization include bed rest, neovaginal hygiene, removal of the intraoperatively inserted dilator, and authorization for ambulation. For the late postoperative period, recommendations are based on the frequent use of vaginal dilators and guidance on penetrative vaginal intercourse (Petry, 2015), in addition to manual therapy, pelvic floor kinesiotherapy, biofeedback, and electrotherapy (Araujo et al., 2023). In this context, pelvic physical therapists are technically qualified to prevent and/or treat complications resulting from surgery, since pelvic floor dysfunction may arise from this new anatomical condition, impacting sexual function and quality of life (Araujo et al., 2023). Pre-operative physical therapy assessment is also recommended in order to identify and manage possible pre-existing pelvic floor dysfunctions (Jiang et al., 2018).

An important aspect highlighted in this case report concerns shared decision-making: a collaborative process involving individuals undergoing treatment and healthcare professionals that translates scientific evidence into clinical practice and facilitates person-centered care, making the individual an active participant in decision-making (Hoffmann, Lewis e Maher, 2020; Hoffmann, Bakhit e Michaleff, 2022). The bond established between the physical therapist and Flor, the ongoing discussions and reflections within the physical

therapy team, and the psychological follow-up all contributed to the decision-making process by promoting shared therapeutic strategies, co-responsibility in care, and alignment of treatment expectations according to Flor's values and preferences. In this context, several adjustments were made to the vaginal dilation protocol throughout the course of physical therapy follow-up.

Beyond physical therapy resources and techniques, one of the greatest challenges for professionals in this field appears to be understanding gender-related issues and their impact on healthcare. In a study investigating attitudes, beliefs, and knowledge gaps among physical therapists regarding healthcare for LGBTQIAPN+ individuals, the authors identified that these gaps were associated with understanding the relevance of sexual orientation and gender identity to physical therapy practice and to the specific health needs of LGBTQIAPN+ individuals. Conversely, physical therapists who considered gender identity relevant to therapeutic follow-up demonstrated greater knowledge and understanding of the topic and viewed physical therapy from a multifactorial perspective rather than solely through a biomedical lens (Ross e Setchell, 2023).

Therefore, it becomes necessary to reflect on the following question: should the maintenance of the vaginal canal be considered as a marker of postoperative success? The notion of surgical success appears to be frequently based on anatomical and functional parameters, reflecting a predominantly biomedical perspective that does not always correspond to the subjective experience of well-being, bodily comfort, and gender identity experienced by transgender individuals.

Regarding the maintenance of the vaginal canal through dilator use, among other issues, the complexity of adherence to this therapy has also been discussed. A retrospective study involving 614 individuals who underwent gender-affirming vaginoplasty found associations between sociodemographic, operative, and comorbidity-related characteristics and adherence to vaginal dilation. Preoperative social determinants (lack of stable housing, absence of caregivers or social support, and unemployment), physical issues (extensive and dehiscent scarring, hypergranulation, pain, and hematoma), and emotional factors (interruption of life events, previous emotional or sexual trauma, and psychiatric diagnoses beyond gender dysphoria) negatively impacted adherence to dilator use, leading to vaginal stenosis (Shamamian *et al.*, 2025). Other studies suggest that postoperative genital and pelvic pain, pain during dilator use, and lack of knowledge regarding vaginal dilation may contribute to treatment nonadherence if these issues are not adequately addressed (Levy *et al.*, 2019; Hontscharuk *et al.*, 2021). Flor's socioeconomic conditions—unstable employment, unstable housing, and lack of privacy for dilation practices—as well as mental health issues, contributed to non-adherence to treatment. In this context, dialogue with Flor regarding the actual importance of maintaining the vaginal canal allowed the healthcare team to better understand the meaning of sexual health for this woman.

Final considerations

Flor's postoperative follow-up allowed the physical therapy team to understand not only her reasons for choosing to undergo surgery, but also the feelings, emotions, and meanings associated with the surgical process. The team also recognized the need for better alignment with Flor's expectations regarding surgical outcomes and expanded its knowledge and practice concerning shared decision-making and inclusive communication.

Given the scarcity of studies addressing physical therapy practice in this context, this case report may contribute to improving physical therapy approaches focused on the care of transgender women, while also encouraging other healthcare professionals to recognize and address existing barriers.

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