

Ingeniously Designed Silicone-Based Vaginal Mold Using a Condom as an Adjunct to Vaginoplasty

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Indian J Plast Surg 2022;55:216–218.

McIndoe's vaginoplasty is a time-tested surgical method of neovagina creation.¹ This technique involves the creation of a vaginal cavity and using split-thickness skin grafts (STSG) to line this cavity. Postoperatively, molds are used to maintain the space of the cavity and to splint the grafts used for lining them.² Various materials have been described for making a vaginal stent, including tissue expander, syringe,³ cotton-stuffed condom mold, acrylic mold,⁴ open-cell polyurethane foam,⁵ Surgi-stuff, and even hollow vulcanite wood, used by McIndoe himself.¹ This article introduces an ingenious method of splinting using silicone mold and a condom.

A thoroughly mixed 80 mL of liquid silicone (Mold Compound A) with 20 mL of liquid silicone activator (Mold Compound B) was filled into a condom to assume the shape of a vaginal mold and this mold was kept under the warm sunshine. Four hours later, multiple needle pricks were made over the condom to permit air circulation through the mold to hasten its

setting into the desired shape (►Fig. 1). After 48 hours, the condom was removed, and the mold was ready to use.

The initial reservation for using a vaginal splint is the resistance offered by the large surface area of the blunt tip of the mold at the entrance of the neointroitus. The mold prepared by us is user-friendly as it has a slender, soft, and pointed tip (►Fig. 2). It facilitates quicker discharge as the patient starts independently using the mold earlier. Nine patients who used this mold reported ease of insertion into the neovagina and were independently using this mold within 7 days of surgery.

The price of these commercially available products ranges from Rs. 2,000 to 6,000. Due to decreased availability of these products in centers located away from major cities, many surgeons prefer not doing this procedure and refer patients to city centers that further increases the overall cost for the patient. To combat such problems, we at our institute have devised an ingenious method of fabricating vaginal mold using

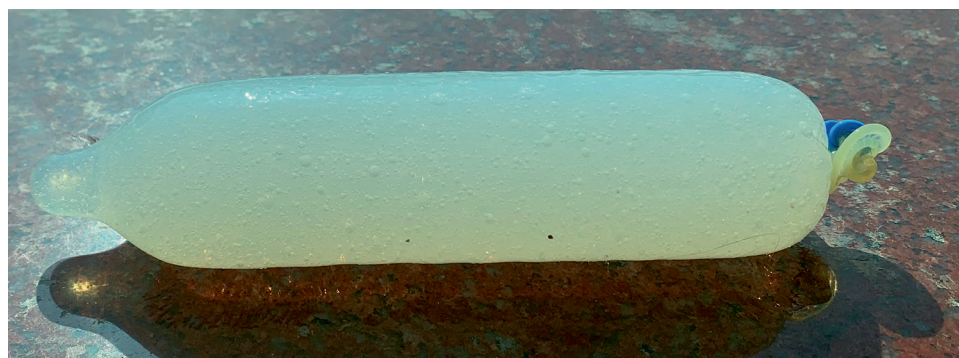


Fig. 1 The silicone material set in condom.

published online
August 22, 2022

Issue Theme Gender
Incongruence

DOI <https://doi.org/10.1055/s-0042-1749084>.
ISSN 0970-0358.

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Fig. 2 The genty pointed silicone mold after retrieval from the condom.

silicone and condom. The mold prepared by us is very cost-effective as its manufacturing cost was Rs. 250, which is much more economical than other molds available for this purpose.

Conflict of Interest

None.

References

- 1 McIndoe AH, Banister AB. An operation to cure the congenital absence of the vagina. *J Obstet Gynaecol* 1938;45:490–494
- 2 Rathee M, Boora P, Kundu R. Custom fabricated acrylic vaginal stent as an adjunct to surgical creation of neovagina for a young female with isolated vaginal agenesis. *J Hum Reprod Sci* 2014;7(04):272–275
- 3 Ellabban M, Oudit D, Juma A. The use of a simple syringe as a stent for McIndoe vaginal construction. *Plast Reconstr Surg* 2004;114(02):622–623
- 4 Coskun A, Coban YK, Vardar MA, Dalay AC. The use of a silicone-coated acrylic vaginal stent in McIndoe vaginoplasty and review of the literature concerning silicone-based vaginal stents: a case report. *BMC Surg* 2007;7:13
- 5 Adamson CD, Naik BJ, Lynch DJ. The vacuum expandable condom mold: a simple vaginal stent for McIndoe-style vaginoplasty. *Plast Reconstr Surg* 2004;113(02):664–666