Intestinal vaginoplasty in patients with stunted penile growth from puberty blockers can lead to bowel inflammation, excessive discharge, persistent foul odors, and fecal leakage.

A 2017 survey by Milrod and Karasic [1] found WPATH-affiliated surgeons in the United States considered sigmoid- or ileum-derived vaginoplasty (using sections of large or small intestine) an option for patients who had used puberty blockers. These patients, who had sometimes used blockers for up to 3 years, had severely underdeveloped genitals, described as "11-year-old genitalia" or a "micropenis," which complicated standard surgical techniques. However, this intestinal approach was associated with serious complications, including diversion colitis (inflammation of the repurposed bowel tissue), excessive secretion, persistent foul odors, and potential leakage of stool into the peritoneum (the membrane lining the abdominal cavity).

REFERENCES