

GENDER AFFIRMING SURGERY – VAGINOPLASTY

Enhanced Recovery After Surgery (ERAS)

Your Guide to Healing



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Patient Name

Surgery Date/Time to Arrive

Surgeon

We want to thank you for choosing UVA Health for your surgery. Your care and well-being are important to us. We are committed to providing you with the best possible care using the latest technology.

This handbook is intended to guide you through your recovery and help answer any questions you may have. We welcome your feedback on how we can improve your experience.

Please bring this book with you to:

- ☒ Every office visit
- ☒ Your admission to the hospital
- ☒ Follow-up visits

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Contact Information

The Main hospital address:
UVA Health
1215 Lee Street
Charlottesville, VA 22908

The Outpatient Surgery Center (OPSC):
Battle Building
1204 West Main Street
Charlottesville, VA 22903

Contact	Phone Number
Plastic Surgery Clinic Gender Affirmation Care Coordinator	434.924.5078
If you do not receive a call by 4:30 pm, the day before surgery (or by 4:30pm Friday, if your surgery is scheduled for Monday), please call:	434.924.5035
Preoperative Anesthesia Clinic	434.924.5035
UVA Main Hospital	434.924.0000 (ask for the Plastic Surgery resident on call)
UVA Main Hospital (toll free)	800.251.3627
Lodging Arrangements	434.924.2091
Parking Assistance	434.982.1600
Interpreter Services	434.999.8990
Hospital Billing Questions	434.999.8258
Medical Record Requests	434.999.8018
MyChart Assistance	434.956.8442
Patient and Guest Services	434.956.6789

If you have questions or concerns between 8:00am and 4:00pm, Monday through Friday, please call 434.924.5078 or send a MyChart message to your plastic surgeon's office.

After 4:00pm and on weekends or holidays, call 434.924.0000. Ask to speak to the Plastic Surgery resident on call. The resident on call is managing patients in the hospital so it may take longer for your call to be returned.

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Enhanced Recovery After Surgery (ERAS)

What is Enhanced Recovery After Surgery?

Enhanced recovery is a program designed to help patients who need major surgery feel better faster. ERAS helps patients recover quickly so they can get back to normal life as soon as possible. The ERAS program focuses on making sure patients play an active role in their recovery.



There are four main stages in the ERAS program:

1. **Planning and preparing before surgery** – Giving you all the information you need so you feel ready
2. **Reducing the stress of the surgery** – Allowing you to drink fluids up to 2 hours before your surgery.
3. **Pain relief plan** – Making sure you get the right medicine to stay comfortable during and after surgery
4. **Getting up and moving after surgery** – Helping you get out of bed and walk as soon as you can.

It's important to know what will happen before, during, and after your surgery. Your care team will work closely with you to plan your treatment. You are the most important part of the team.

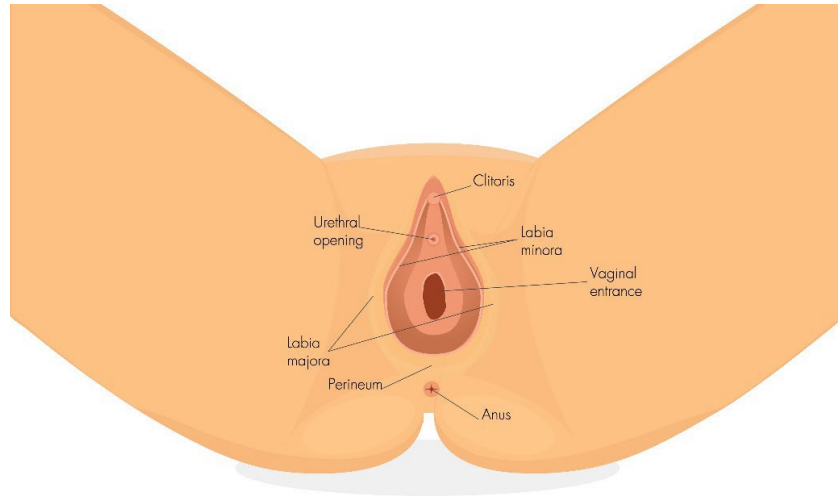
You should actively take part in your recovery and follow the ERAS program. By working together, we hope to make your hospital stay as short as possible and help you heal quickly.

Introduction to MTF bottom surgery

In Gender Affirmation surgery, a vaginoplasty is the transformation of the penis and scrotum into a vagina, labia minora, labia majora, and, if you desire, a vaginal canal. It also involves the removal of the testicles (known as an orchiectomy).

There are two main surgical approaches:

- **Vulvoplasty (also known as Shallow Depth Vaginoplasty or Zero Depth Vaginoplasty)**
 - The surgeon creates the labia minora, labia majora, clitoris, and shallow vagina. The vagina is for visual aesthetics only and cannot be used for vaginal intercourse.
 - This is a less complicated procedure meaning a shorter surgery, faster recovery, and no need for genital hair removal.
 - Typically, performed at an outpatient surgery center and you go home the same day, unless there is a medically necessary reason to keep you in the hospital overnight.
 - If you are unsure if you desire a robotic penile inversion vaginoplasty, you may start with a vulvoplasty procedure. An additional vaginoplasty surgery can be scheduled after 3-6 months of healing, if you desire.
- **Vaginoplasty with canal (also known as Full Depth Vaginoplasty or Penile Inversion Vaginoplasty)**
 - This surgery includes a vulvoplasty, if not previously performed, and the creation of a full vaginal canal (opening) that will allow for vaginal intercourse.
 - Typically requires two nights in the hospital before being discharged home.
 - Life-long dilation is a requirement to maintain the vaginal canal depth.
 - The full depth vaginal canal will be created using the
 - acellular dermal matrix (ADM) graft
 - No hair removal required
 - scrotal tissue
 - You will need to undergo hair removal of the genitals prior to surgery.
 - This is important so hair does not grow in the neovagina (new vagina).
 - Hair removal will need to be performed on the: penile shaft, scrotum, and perineum (area between scrotum and anus).
 - Hair removal typically requires multiple sessions and usually takes 6-9 months to complete.
 - It is recommended to use a combination of laser hair removal and electrolysis to complete your needed hair removal.



Cosmetic appearance, sexual sensation, and the creation of a new urethral opening are important goals of Gender Affirming bottom surgery. The plastic and urological surgeons work as a team during this procedure.

The Plastic Surgeon will perform the vulvoplasty and external portion of the vaginoplasty. If a full depth vaginoplasty is being performed, the Urologist will assist using the DaVinci Robot. This minimally invasive surgery connects the new vaginal canal to a membrane in your abdomen called the peritoneum. This provides the additional depth for the vagina. The use of the DaVinci Robot requires two small incisions on your abdomen so the instruments and camera can reach the surgical area.

Quitting Smoking/Nicotine Products Before Surgery:

Why Quit Before Surgery?

To ensure optimal healing, do not use any nicotine-containing products for at least one month before and after your surgery. Quitting smoking and nicotine products is crucial for a successful surgery and recovery. Nicotine significantly hinders your body's ability to heal, increasing the risk of complications. Be sure to inform your care team if you use Nicotine products.

Quitting 4 weeks before surgery decreases surgical complications and risks by 20%-30%!

Complications related to Nicotine use and Surgery:

- Increases wound complications
- Decreases oxygen which is needed for tissues to heal
- Decreases the amount of blood, nutrients, and oxygen that are able to get to the wound
- Decreases the ability of cells to kill bacteria and fight infection
- Constricts blood vessels that are needed to start the healing process
- Increases risk of hernias
- Significantly increases rates of deep site infections and having to have your surgery site re-operated on



Long-Term Benefits of Quitting:

- Improved survival rates
- Fewer and less severe surgical side effects
- Faster recovery from treatment
- Increased energy levels
- Enhanced quality of life
- Reduced risk of certain cancers
- Reduced health risks to loved ones.



Your Path to a Healthier Recovery

Preparing to Quit:

- ☑ Smoke-Free Environment: All UVA facilities are smoke-free. You will not be permitted to smoke during your hospital stay.
- ☑ Medical Assistance: Speak with your healthcare provider about medications that can aid in your nicotine cessation.
- ☑ Trigger Identification: Recognize your smoking triggers and develop strategies to manage them.
- ☑ Alternative Activities: Plan alternative activities to replace nicotine use. Create a "quit kit" with helpful items.
- ☑ Continued Support: Maintain your quit plan after discharge and enlist the support of friends and family.
- ☑ Personal Reasons: Write down personal reasons for quitting.
- ☑ Inform Support System: Tell friends and family of your plans.
- ☑ Track Habits: Note when and why you use nicotine.
- ☑ Stress Management: Find new ways to handle stress.
- ☑ Medication Planning: Talk to your doctor about cessation medications.
- ☑ Clean Environment: Remove smoke smells from your home and car.
- ☑ Mindful Use: Pay attention to when you use nicotine and ask yourself if you really need it.

Quitting improves your overall health and allows you to focus on a successful recovery.

Remember: Quitting is a journey, and you are not alone.
Your health is worth it!

Smokefree.gov: 1-800-784-8669: www.smokefree.gov
American Lung Association: 1-800-548-8252, www.lung.org
Virginia Quit Line: 1-800-QUITNOW: www.quitnow.net/virginia
Quit Smoking Blue Ridge: www.vdh.virginia.gov/blue-ridge/tobacco-and-nicotine



STOP SMOKING AND STAY HEALTHY

Before Your Surgery

Clinic

During your clinic visit we will discuss goals of surgery and what type you will need. You will work with our entire team who will help you prepare for surgery:

- The surgeons, who may have residents or medical students working with them
- RN Gender Affirmation Care Coordinator
- Nurse Practitioners and Physician Assistants
- Registered nurses (RNs)
- Patient Care Techs & Medical Assistants
- Administrative assistant

During your clinic visit, you may:

- Answer questions about your medical history
- Have a physical exam
- Sign the surgical consent forms
- Be screened for snoring and sleep problems like obstructive sleep apnea (OSA).

You will also receive:

- Instructions on preparing for surgery
- Special instructions for what to do before surgery if you are on any blood thinners



Over the Counter Medications to Stop Prior to Surgery

- Stop taking any vitamins, supplements, and herbs 2 weeks before your surgery.
- Stop taking ibuprofen (Motrin® or Advil®) and naproxen (Aleve®) 1 week before surgery.
- Aspirin: Stop one week before surgery; resume 48 hours after.

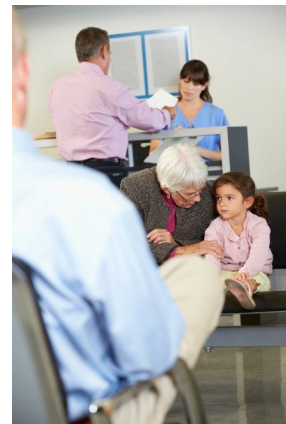
☒ You may continue to take acetaminophen (Tylenol®).

Preoperative Anesthesia Clinic

The Preoperative Anesthesia Clinic will check your medical and surgical history to see if you need an anesthesia evaluation before surgery. This extra step helps the anesthesia team make sure you get safe care on the day of your surgery.

If an anesthesia evaluation is needed, the Preoperative Anesthesia Clinic will let you know. Then:

- An appointment will be scheduled for a visit a few weeks before your surgery.
- Your medications will be reviewed.
- You might need a blood test, a heart test (EKG), and/or other tests that your surgeon or anesthesiologist may ask for.



If you have any questions or can't make the appointment with the Preoperative Anesthesia Clinic, call 434-924-5035. Missing this visit could cause your surgery to be canceled.

There may be times that you are instructed to go to the Preoperative Anesthesia Clinic after your appointment with your surgeon. If so, you are welcome to a same day appointment, but please allow up to 2 hours.

Please note: If you were told by your surgical team that you did not need any testing or evaluation prior to surgery but receive a call to schedule with the Preoperative Anesthesia Clinic, this is because the anesthesia team feels it is in your best interest when they review your history.



Do you take anticoagulant/antiplatelet (blood thinner) medication?

If so, you will need to notify the doctor that prescribed it to you and let them know you will be having surgery. It is the prescribing provider's responsibility to provide instructions for how long you can safely be off this medication. Please be sure that your surgeon is aware as well. ■

It is very important to follow the instructions given to you to prevent your surgery from being postponed or cancelled! ***If you have any questions on the instructions you received, call your surgeon's office right away.***

Preparing for Surgery

You should expect to be in the hospital for **2 days**. You will have a dressing placed over the genitals, packing in the vaginal canal, and a urinary catheter, a tube to drain and collect urine from your bladder. You will be discharged home with all of this still in place.

Because of this, when you leave the hospital after your surgery, you will need some help from family or friends. It will be important to have help with meals, taking medications, etc.

You can do **a few simple things before you come into the hospital** to make things easier for you when you get home:

- ✓ Wash and put away laundry.
- ✓ Put clean sheets on the bed.
- ✓ Put the things you use often between waist and shoulder height to avoid having to bend down or stretch too much to reach them.
- ✓ Bring the things you are going to use often during the day downstairs. Remember, you **WILL** be able to climb stairs after surgery though.
- ✓ Buy the foods you like and other things you will need since shopping may be hard when you first go home.
- ✓ Cut the grass, tend to the garden, and do all housework.
- ✓ Arrange for someone to get your mail and take care of pets and loved-ones, if necessary.
- ✓ Eat healthy food before your surgery - this helps you to recover faster.
- ✓ Get enough exercise so you are in good shape for surgery.



Pre-Surgery Checklist

Wound Care Supplies to have at home:

We recommend you have the following non-prescription medications & supplies at home before your surgery:

- ☒ Abdominal pads (ABD pads) or Kotex maxi pads (Change as needed until follow-up appointment)
- ☒ Mesh disposable underwear (Change as needed until follow-up visit)
- ☒ Aquaphor
- ☒ Water based lubricant (e.g.Surgilube, KY Jelly)
- ☒ Tylenol
- ☒ Ibuprofen
- ☒ Donut pillow



Supplies can be purchased at drugstores, most dollar stores, or online (Amazon)

What you SHOULD bring to the hospital:

- ☒ A list of your current medications.
- ☒ Any paperwork given to you by the doctor
- ☒ A copy of your Advance Directive form, if you completed one
- ☒ A book or something to do while you wait
- ☒ A change of comfortable clothes for discharge
- ☒ Any toiletries that you may need
- ☒ Your CPAP or BiPAP, if you have one



What you SHOULD NOT bring to the hospital:

- ☒ Large sums of money
- ☒ Valuables such as jewelry or non-medical electronic equipment

*Please know that any belongings you bring will go to “safe keeping.”

Identify a Care Partner

Healing happens best when you have the comfort of a familiar face nearby. That's why we welcome a family member or trusted friend to serve as a Care Partner.

A patient can name one or two adults as Care Partners. The Care Partner can:

- ☐ Receive patient status updates over the phone
- ☐ Serve as an active member of the healthcare team, helping to manage the patient's care
- ☐ Learn to perform daily care tasks from the nursing staff
- ☐ Feel empowered to ask questions of the providers and staff and help facilitate communication between the patient and the healthcare team

Being a Care Partner does not designate you as the patient's legal decision-maker or allow you to sign consent forms for the patient.

The Care Partner will be given a security code and an identification band. The code allows staff to give information and updates over the phone. Do not share the code or the status updates with anyone other than the designate Care Partner, including friends or family. The Care Partner identification band should be worn at all time. Care Partners for adult patients are identified by orange bands.

Have a responsible adult with you to hear your discharge instructions and drive you home. If you plan to take public transportation, a responsible adult should travel with you.



Hospital Services

Visitors must stop by the Information Desk to get a visitor pass and should wear it at all times while in the hospital. Please remember that the hospital is a place for healing and rest. Try to keep conversations quiet and, if sharing a room, please be respectful of other patients' need for rest or private time with their families. Also make sure that nurses and doctors can move freely around the bedside to provide care.

Our Family Lounges on each floor have information about hospital and local resources including local accommodations.

Close-by Lodging options are available. Please refer to the insert at the front of the handbook for more details.

Days Before Surgery

Hormone Therapy

Please follow up with your hormone provider before surgery.

Surgery Time Notification

A nurse will call you the day before your surgery and tell you what time to arrive at the hospital for your surgery. Write the time the nurse tells you to arrive on page 1 of this handbook in the space provided. If your surgery is on a Monday, you will be called the Friday before. If you do not receive a call by 4:30pm, please call 434.924.5035.



Day Before Surgery Diet

You must follow a clear liquid diet one day before your scheduled surgery. Please drink at least 96oz (12 cups) of clear fluids listed below. You are welcome to drink more.

Clear Liquids OK to Drink	Do NOT Drink
• Water (plain, carbonated, or flavored) • Fruit juices without pulp, such as apple or white grape juice • Carbonated drinks, including dark sodas (cola and root beer) • Tea or coffee without milk or cream • Gatorade or other electrolyte/sports drinks (not red or purple) • Broth – STOP at 11pm the night before your surgery. Do NOT drink on the day of your surgery. • Gelatin (Jell-O) – STOP at 11pm the night before your surgery. Do NOT drink on the day of your surgery.	• Milk • Artificial creamers • Fruit or vegetable smoothies • Alcohol • Anything red or purple

Instructions for Bathing

We will give you a bottle of HIBICLENS foam (body wash) to use the night before and the morning of your surgery.

HIBICLENS is a skin cleanser that contains chlorhexidine gluconate (an antiseptic). This key ingredient helps to kill and remove germs that may cause an infection. Repeated use of HIBICLENS creates a greater protection against germs and helps to lower your risk of infection after surgery.



Before using HIBICLENS, you will need:

- ☐ A clean washcloth and towel
- ☐ Clean Clothes

IMPORTANT:

- ☒ HIBICLENS is simple and easy to use. If you feel any burning or irritation on your skin, rinse the area right away, do NOT put any more HIBICLENS on.
- ☒ Keep HIBICLENS away from your face (including your eyes, ears, and mouth).
- ☒ Do NOT shave your surgery site or your pubic hair. This can increase the risk of infection. Your healthcare team will remove any hair, if needed.

Directions for when you shower or take a bath:

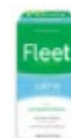
1. If you plan to wash your hair, do so with your regular shampoo. Then rinse hair and body thoroughly with water to remove any shampoo residue.
2. Wash your face and genital area with water or your regular soap.
3. Thoroughly rinse your body with water from the neck down.
4. Move away from the shower stream.
5. Apply HIBICLENS directly on your skin or on a wet washcloth and wash the rest of your body gently from the neck down.
6. Rinse thoroughly.
7. Do NOT use your regular soap after applying and rinsing with HIBICLENS.
8. Dry your skin with a clean towel.
9. Do NOT apply any lotions, deodorants, powders, or perfumes after using HIBICLENS.
10. Put on clean clothes after each shower.

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Day of Surgery

Before you leave home

- ☑ You will need to complete a fleet enema 30-60 minutes before you leave to come to the hospital on the morning of surgery. You can purchase a fleet enema over-the-counter at your local pharmacy. Follow the instructions on the package.
- ☑ Take another shower with the body wash provided.
- ☑ Brush your teeth.
- ☑ Remove nail polish, makeup, jewelry, and all piercings.
- ☑ Continue drinking water or Gatorade™ on the morning of your surgery. Do NOT drink any other liquids. If you do, we may have to cancel surgery.
- ☑ You will be asked to drink a 20oz Gatorade (no red) on the morning of surgery. You will drink this on your way to the hospital and finish it at the time instructed by the pre-surgery phone call nurse. If you are diabetic, you can drink water or Gatorade Zero.



Hospital arrival

- ☑ Finish the Gatorade™ at the time specifically instructed by the phone call nurse. You cannot drink after this.
- ☑ Arrive at the hospital on the morning of surgery at the time you wrote on page 1. (This will be approximately 2 hours before surgery)
- ☑ Check in at your scheduled time in the location provided by the phone call nurse.
- ☑ Your family will get a surgery guide to explain the process. They will be given a tracking number so they can monitor your progress.

Surgery

When it is time for your surgery, you will be brought to the preoperative area. In the preoperative area, you will:

- ☑ Be identified for surgery and get an ID band for your wrist.
- ☑ Be checked in by a nurse and asked about your pain level.
- ☑ Be given an IV and weighed by the nurse.
- ☑ Be given several medicines that will help keep you comfortable during and after surgery.
- ☑ Meet the anesthesia and surgery team where your consent for surgery will be reviewed. Your family can be with you during this time. A physician may also mark your surgical area depending on the type of surgery you are having.



In the Operating Room

From the preoperative area, you will then be taken to the operating room (OR) for surgery and your family will return to the surgical family lounge.

Many patients do not recall being in the OR because of the medication we give you to relax and manage your pain.



Once you arrive in the OR:

- ☑ We will do a “check-in” to confirm your identity and the location of your surgery.
- ☑ You will lie down on the operating room bed.
- ☑ You will be hooked up to monitors.
- ☑ Boots will be placed on your legs to circulate your blood during surgery.
- ☑ You may also be given a blood thinner shot to prevent blood clots.
- ☑ We will give you antibiotics, if needed, to prevent infection.
- ☑ The anesthesiologist will give you a medicine to make you sleep that works within 30 seconds.
- ☑ Just before starting your surgery, we will do a “time out” to check your identity and confirm the location of your surgery.
- ☑ After you are asleep, a urinary catheter will be placed to keep your bladder empty.

After this, your surgeons will perform your surgery.

During your surgery, every 2 hours the Operating Room nurse will do their best to communicate with your family to update them. .



After Surgery

Recovery Room (PACU)

After surgery, you will be taken to the recovery room. Most patients remain in the recovery room for about 2 hours, and then are assigned an inpatient room.



When you are awake:

- ☑ You will be given clear fluids to drink.
- ☑ You will notice a dressing over your surgical site.
- ☑ You will notice a tube (foley catheter) in your bladder to help drain urine.
- ☑ You will be encouraged to get out of bed and walk.

The surgeon will also call your family after surgery to give them an update.

Hospital Inpatient Unit

Sometimes, it can take more than 2 hours to get to a room if the hospital is full and patients need to be discharged to make room for new patients. The volunteers will keep your family/friends updated and provide them with your room number so they can join you. Patients usually go to 5 West.

Once in your room, you will:

- ☑ Have your temperature, pulse, and blood pressure checked after you arrive.
- ☑ Likely receive a blood thinner injection every day to help prevent blood clots.
- ☑ Be given an incentive spirometer (a device to help see how deeply you are breathing). We will ask you to use it 10 times an hour to keep your lungs open.
- ☑ Be placed on your home medications (with the exception of some diabetes and blood pressure medications).



Your Care Team

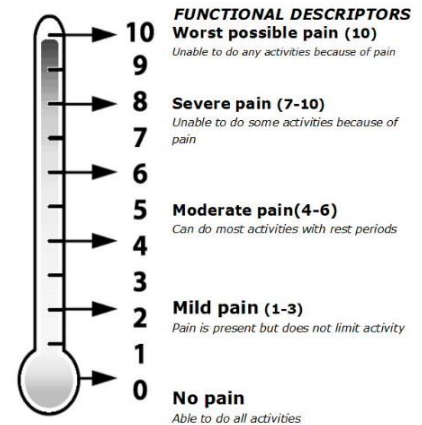
In addition to the nursing staff, the Plastic Surgery team will care for you. This team is led by your surgeon and includes chief residents, residents, and 1-2 medical students.

Pain control following surgery

Managing your pain is an important part of your recovery. It is normal for you to have moderate pain for a few days after surgery. The goal is to lower the pain so that you can comfortably walk and take deep breaths effectively. We will ask you regularly about your level of comfort.

One way your care team will help you safely control your pain after surgery is by using *non-opioid* medications during your recovery. The goal is to use as little *opioid* medication as possible to control your pain. If you need stronger pain medication, it is OK. If your pain is worsening and it is not relieved with any medication, you should let your surgeon know.

UVA ADULT PAIN SCALE TO HELP YOU CONTROL YOUR PAIN



- ☑ We will treat your pain during surgery with an injection at the surgery site.
 - ☑ You will get several *non-opioid* pain medications around-the-clock to keep you comfortable.
 - ☑ Tylenol (acetaminophen) – is a pain killer and reduces fevers.
 - ☑ Celebrex (celecoxib) or Advil, Motrin (ibuprofen) – are medications that decrease swelling and pain after surgery. These medications are known as NSAIDs and are safe for short-term use after surgery (unless you had a gastric bypass).
 - ☑ You will have *opioid* pain medication as needed for additional pain.
 - ☑ Opioids are powerful pain medications, with many serious side effects. Opioids (usually oxycodone) may be used after surgery only when needed for severe pain, but should not be used first to treat mild or moderate pain.
 - ☑ Side effects of opioids include nausea, constipation, dizziness, headache, drowsiness, vomiting, itching, and respiratory depression.
 - ☑ Prescription opioid drug use may lead to misuse, abuse, addiction, overdose and death. Your risk of opioid abuse gets higher the longer you take the medication.
- We will also encourage you to use the “Splinting Technique” to minimize pain at your surgical site. To do this, press a pillow or your hand against your surgical area and support it when you take a deep breath, cough, sneeze, laugh, move, etc.

If you are on long-standing pain medication prior to surgery, you will be provided with an individualized regimen for pain control with the assistance of our pain specialists.

Laparoscopic Gas Pain

You may have discomfort in your stomach, neck or shoulders for a few days after your surgery. This pain is because gas is used to inflate your abdomen during the DaVinci Robot portion of the surgery. The pain will go away as the gas is reabsorbed in your body. Some ways to help with this pain are walking around, using a hot compress (heating pad), and avoiding carbonated drinks.

Comfort Menu

Your comfort and pain control are very important to us. As part of your recovery, we want to give you different ways to manage your pain. Besides medication, we offer other options to help you feel more comfortable during your stay. We hope this comfort menu will help you and your healthcare team understand your pain and recovery goals better. Please let your care team know if you want to try any of these options to help with your pain and comfort.



- **Distraction:** focus your mind on an activity like creating art with our art supplies, doing puzzle books and reading magazines
- **Ice or Heat Therapy:** ice packs and dry heat packs are available, depending on your surgery
- **Noise or Light Cancellation:** an eye mask, earplugs and headphones are available for your comfort and convenience. We can also help you create a sleep plan.
- **Calm App:** if you have a smart device, download the free Calm app for meditation and guided imagery. You can find it by searching in the app store.
- **Prayer and Reflection:** connect with your spiritual or religious center of healing and hope through prayer, meditation, reflection and ritual. Also, ask about our chaplaincy services.
- **Controlled Breathing:** taking slow deep breaths can help distract you from pain you are feeling. This can also help if you are feeling nauseated (upset stomach). Using the 4-7-8 technique, you can focus on your breathing pattern:
 - Breathe in quietly through your nose for 4 seconds
 - Hold the breath for 7 seconds
 - Breathe out through your mouth for 8 seconds
- **Positioning/Movement:** changing position in your bed/chair or getting up to walk (with help) can improve your comfort.
- **UVA Relaxation TV Chanel:** Turn to channel 17 on your in-room TV.
- **Pet Therapy:** hospital volunteers visit the unit with therapy animals. Ask about their availability.



Day of Surgery

Goals:

- ☑ Be up out of bed to chair with waffle cushion
- ☑ Walk around your room - DO NOT STAY IN BED
- ☑ Advance your diet as tolerated



First and Second Day after Surgery

Goals:

- ☑ Increase walking and out of bed activity as tolerated
- ☑ Monitoring for bowel movement
- ☑ Vaginal packing will remain in place
- ☑ Take a shower



Remember, we will not discharge you from the hospital until we are sure you are ready. For some patients this requires an additional day or so in the hospital.

Complications Delaying Discharge

Bowel Function

Following surgery, your bowel can shut down, so food and gas have trouble passing through the intestines. This is called an ileus. It is a common and frustrating complication following surgery. We have designed the ERAS program to do everything possible to reduce the chance of an ileus.

If you do get an ileus, it usually only lasts 2-3 days. The best way to avoid it is to decrease the amount of narcotic pain medications you take, get up as much as possible after your surgery, and eat smaller amounts of food and drinks more often instead of three large meals.

Discharge

Before you are discharged, you will be given:

- ☒ A copy of your discharge instructions.
- ☒ A list of any medications you may need.
- ☒ A prescription for pain medicine.
- ☒ Instructions on when to return to see your surgeon (2-4 weeks), depending on your surgery.

Before you leave the hospital

- ☒ We will ask you to identify how you will get home and who will stay with you.
- ☒ Be sure to collect any belongings that may have been stored in “safe keeping.”

Postoperative Appointments

- ☒ Your first follow-up visit will be scheduled 5-7 days after surgery. At this appointment the dressing will be removed, the catheter will be removed, and the first vaginal dilation will occur in the Plastic Surgery Clinic (appointment scheduled before discharge or call the office to schedule).
- ☒ The Gender Program social worker will check in with you after surgery via telemedicine.



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After Discharge

When to Call

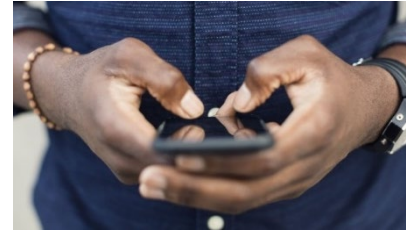
Complications do not happen very often, but it is important for you to know what to look for if you start to feel bad.

After you leave the hospital, you should call us at any time if:

- ☑ You have a fever greater than 101° F
- ☑ You have severe swelling or redness at the surgical site
- ☑ You have significant bleeding or increased vaginal discharge
- ☑ You have persistent pain unrelieved by medication
- ☑ You have nausea, vomiting, or other concerns

Contact Numbers located in front of binder

For life threatening concerns, call 911



Pain and Discomfort Expectations

- Moderate discomfort for a **couple of weeks** is normal.
- Bruising/swelling is **normal**, but if it worsens suddenly, call the office.
- Numbness in groins, vulva, and thighs may last **2-6 months**.



Treating Your Pain

- Tylenol (Acetaminophen) 1000mg every 6-8 hours (as needed).
- Ibuprofen 600mg every 6-8 hours (as needed).
- Oxycodone 5mg every 4-6 hours (as needed, for 3-5 days post-op)
 - May cause constipation—increase fluids and fiber.
- Gabapentin 100mg every 8 hours (if prescribed).
- Valium 8mg every 8 hours (as needed).

Additional Medications:

- Flomax (for patients over 55 years) – Take for 2 weeks.

It's important to remember that misuse of opioid pain medicines is a serious public health concern. If you take more of your opioid pain medication than was prescribed or more often than what was prescribed, you will run out of your medication before your pharmacy will allow a new prescription to be filled. Virginia has a Prescription Monitoring Program for these types of medications to help keep patients safe.

Pain Medication Weaning

After surgery, you *may* be taking opioid medicine to help you with your pain. As your pain improves, you will need to wean off your opioid pain medication. Weaning means slowly reducing the amount you take until you are not taking it anymore. You may find that the pain is controlled by other medicines such as NSAIDs (ibuprofen) and acetaminophen (Tylenol).



Taking opioids may not provide good pain relief over a long period of time and sometimes opioids can actually cause your pain to get worse. This is important because opioids can have many different side effects including constipation, nausea, tiredness, and even dependency. The side effects of opioids increase with higher doses. Gradually weaning to lower doses of opioid pain medication can help you feel better and improve your quality of life. If you are not sure how to wean off of your opioid medication, please contact your family doctor.

To wean from your opioid, we recommend slowly reducing the dose you are taking. For example, increase the amount of time between doses. If you are taking a dose every 4 hours, extend that time:

- Take a dose every 5 to 6 hours for 1 or 2 days
 - Then, take a dose every 7 to 8 hours for 1 or 2 days.

You can also reduce the dose.

- If you are taking 2 pills each time, start taking 1 pill each time. Do this for 1 or 2 days.
 - Then, increase the amount of time between doses, as explained above.

Once your pain has improved and/or you have effectively weaned off opioids, you may have opioids remaining.

The UVA Pharmacy is now a DEA registered drug take-back location. There is a Drop Box available in the main lobby of the pharmacy 24 hours 7 days per week for patients or visitors to safely dispose of unwanted or unused medications.

Bowel Function

After your surgery, your bowel function may take several weeks to settle down and may be slightly unpredictable at first. For most patients, this will get back to normal with time.

Patients can have a variety of bowel complaints, including:

- Irregular bowel habits
- Bowel movements that are loose or constipation
- Difficulty controlling bowel movements with occasional accidents
- Continuing to feel that you need to have a bowel movement even if you've had several in a row

Make sure you eat regular meals and take regular walks during the first two weeks after surgery.

Constipation

It is very important to AVOID CONSTIPATION AND HARD STOOLS after surgery. Excessive straining will cause pain, bleeding, and possibly, tearing of vaginal sutures.

To prevent constipation, it is very important to stay well hydrated and to take stool softeners.

- ☑ Drink a minimum of 64oz (8 cups) of fluid per day.
- ☑ Take 1 heaping tablespoon of Miralax powder daily (mix in 6oz of fluid). If 1 tablespoon produces too loose of stool, use less the next time (try 1 teaspoon of Miralax powder).
- ☑ If no bowel movement in 2 days, increase Miralax to twice a day and add Senna daily.
- ☑ If no bowel movement in 3 days, call our office.



Urinary Function

After surgery, you may get a feeling that your bladder is not emptying fully. This usually resolves with time. However, if you are not able to urinate, have severe stinging or burning with urinating, or if there is any concern, contact us.

Hormone Therapy

You will resume all home hormonal medications. Please follow up with your hormone provider after surgery to see if any medication adjustments are needed.

Showering and Wound Care

Hygiene:

Wash hands before and after any contact with your genital area.

Showering:

- You may shower after the bolster and catheter are removed in clinic, 5-7 days postoperatively
- Use gentle soap and water
- **Do not scrub incisions - gently pat dry.**
- **No tub baths or soaking for 6-8 weeks.**

Wound Care:

- Apply a thin layer of Aquaphor to incisions after drying
- Vaginal discharge that is red, brown, and/or yellowish is normal and should be expected over the first 4-6 weeks postoperatively. Wear a pad or dry gauze in non-compressive underwear and change as needed—expect this to be at least twice daily to keep clean.
 - If you have excessive discharge or bleeding requiring multiple dressing changes in a short period of time, please call the office for assistance.

Stitches:

- Dissolvable sutures (clear, white, or purple) will fall off within 4-6 weeks.

It is common for your incisions (cuts) to separate after surgery, which may leave an open wound. This typically happens where two incisions meet. If this happens, continue to follow the showering instructions above. You likely will have thin pink/red drainage from the open wound. This can be treated by covering the open wound with clean dry gauze. You will need to change the dry gauze two or more times a day so that wet gauze is not sitting on your skin which could cause more skin breakdown. **It is important to continue to dilate even if you have an open wound.**

Dilation Instructions

1. Wash your hands.
2. Prior to insertion, make sure the dilator has been cleaned with antibacterial soap and water and then dried with a clean cloth.
3. Apply water-based lubricant to the dilator (Surgilube, KY Jelly, other); avoid silicone-based lubricants.
4. Gently insert the dilator into your vagina at an upwards angle (approximately 45 degrees) until it passes under your pubic bone and then continue inserting straight inward. Some resistance and tenderness is expected, but stop dilation if experiencing significant resistance or severe pain.
5. Insert the dilator into the full depth of the vagina and leave in place as indicated in the chart below.
6. If tightness occurs, use petite dilators.
7. Irrigate your vaginal canal with water after last dilation, daily (supplies will be provided at your first postoperative visit).
8. Wash your hands.



Timeframe after surgery	Dilator Color	Dilator Number	Diameter size	How often to use	How long to use
Up to 6-8 weeks after surgery	Purple	#1	1 1/8 inch	3 x day	10-15 mins
Advance to the next color/size as tolerated. Generally advancing to next color/size every 4-6 weeks.	Blue	#2	1 1/4 inch	3 x day	10-15 mins
	Green	#3	1 3/8 inch	3 x day	15 mins
	Orange	#4	1 1/2 inch	3 x day	15 mins

Hobbies and Activities

- ☑ Walk around home/hotel—DO NOT STAY IN BED. Walking is one of the best things you can do to speed your recovery.
- ☑ Use your dilators 3 times daily for the first year. Dilation is an essential and life-long part of your recovery process and activity.
- ☑ First 4-6 Weeks: Sitting may be uncomfortable; a donut pillow may help relieve pressure.
- ☑ You will be able to climb stairs from the time you are discharged.



Restricted Activities

- ☒ No aerobic exercise, vigorous activity, weight lifting, or contact sports for 6-8 weeks.
- ☒ No swimming or bike riding for 3 months.
- ☒ No penetrative vaginal sex for at least 3 months AND will need surgeon approval.
- ☒ No anal intercourse for at least 3 months after your surgery.

Remember, it can take up to 2-3 months to fully recover. It is not unusual to be tired and need an afternoon nap 6-8 weeks following surgery. Your body is using its energy to heal your wounds in the inside and out.

Work

You should be able to return to work 6-8 weeks after your surgery. If your job is a heavy manual job, you should not perform heavy work until 6-8 weeks after your operation. You should check with your employer on the rules and policies of your workplace, which may be important for returning to work.

If you need a “Return to Work” form for your employer or disability papers, ask your employer to fax them to our office at the number below: 434-924-8118.

Driving

You may drive when you are off narcotics and pain-free enough to react quickly with your braking foot. For most patients this occurs at 2–4 weeks following surgery.



