



INFORMATION AND POSTOPERATIVE CARE

VAGINOPLASTY



TABLE OF CONTENTS

TABLE OF CONTENTS	2
GENERAL INFORMATION	3
ANATOMY REVIEW	3
HEALING	4
FIBRIN	4
INFLAMMATION	4
THE VULVA	4
THE CLITORIS AND THE URETHRA	4
THE VAGINA	4
SUTURES	5
MASSAGING YOUR SCAR	5
URINATION AND THE URINARY CATHETER	5
PAIN AND MEDICATION	6
DRIVING	6
CONSTIPATION	7
DIET	7
REST AND DAILY ACTIVITIES	7
ALCOHOL AND TOBACCO	8
WEEK 1: CONVALESCENCE AT ASCLÉPIADE	8
A. REMOVAL OF THE GENITAL DRESSING (DAY 4)	8
B. BATH (*OR SITZ BATH) (DAY 4)	9
C. REMOVAL OF THE VAGINAL MOULD (DAY 5)	9
D. BEGIN VAGINAL DOUCHING (DAY 5)	9
E. DILATATIONS	11
F. REMOVAL OF THE URINARY CATHETER	13
WEEK 2 AND BEYOND	13
WEEKS 2 AND 3: YOUR RETURN HOME	13
WEEKS 4 AND 5	14
FROM THE 6TH WEEK	14
FROM THE 8TH WEEK	14
MOST COMMON COMPLICATIONS	15
INFECTION OF THE WOUND	15
URINARY TRACT INFECTION	15
VAGINITIS	16
HYPERGRANULATION TISSUE	16
GROWTH OF HAIRS IN THE VAGINAL CAVITY	16
WHO TO CONTACT IN CASE OF NEED	17
MEDICAL FOLLOW-UPS	17

Infection prevention

Research has shown that infections are caused mainly by poor hand hygiene.

You and your visitors should wash your hands in the following manner:

Washing hands, simple and effective!



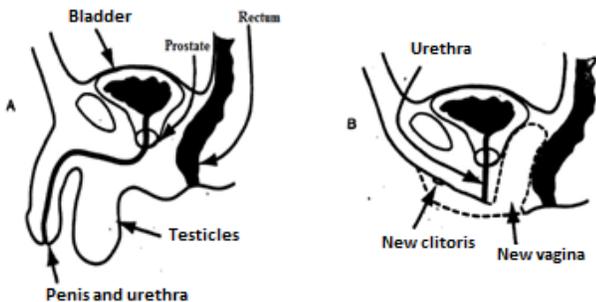
Source : Ministère de la Santé et des Services Sociaux

Reminder: Wearing artificial nails or nail polish promotes the establishment of bacteria and increases the amount of microorganisms on the hand, which may increase the risk of infection.

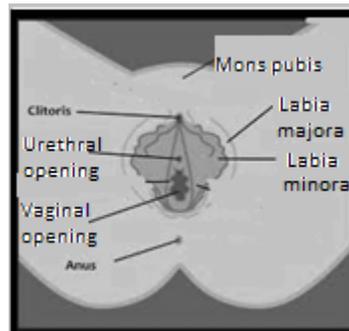
GENERAL INFORMATION

Anatomy review

THE PROSTATE AND NEW VAGINA



THE GENITALS



Healing

Healing is a complex process involving a series of successive steps over the course of 1 year that eventually lead to complete recovery.

Discharge from the wound area is normal during the first 3 weeks following surgery. Swelling is normal during the first 4 to 6 months following surgery.



If discharge contains pus or has a foul odour, please see the section entitled “Most Common Complications” on page 16 of this document.

Scars may appear swollen and red for up to 1 year after surgery.

Fibrin

Fibrin is yellowish and can be found near the wound. It is a necessary part of the normal healing process. An excess amount of fibrin, however, can delay healing. Moisture increases fibrin development, so it is important to clean and, especially, dry your wounds well.

If you notice a buildup of fibrin on your wounds, let them dry in the open air as often as possible. This way, fibrin will dry out and fall off on its own.

Contact us if fibrin buildup does not seem to diminish.

Inflammation

The vulva

It is normal for the vulva to be swollen and bruised. Bruising, which may extend to the hips and knees, will change colour and gradually disappear over time.

It is normal for the labia majora to be asymmetrical. This will improve as swelling decreases, but may take up to 1 year.

The clitoris and the urethra

Swelling and the presence of a blood clot may make the clitoris and the opening of the urethra difficult to see. Because the clitoris can also be hidden beneath the labia minora and clitoral hood, it is recommended to begin exploring the area of the clitoris from the 8th week after surgery.

The colour of the labia minora and clitoral hood will change from red to pink approximately 1 year after surgery.

The vagina

For various reasons, the grafted skin in the vaginal cavity may not adhere completely to the internal vaginal wall. Small pieces of dead skin may exit the cavity during douching.

Upon removal of the vaginal mould, you will have dark red or brownish bloody vaginal discharge that will change, over time, to a pink-yellow colour. Discharge should be light and will decrease over time.



If bleeding is bright red and you need to change your sanitary napkin every hour, notify the nursing staff.

Sutures

Your surgical incisions have been closed with “dissolvable sutures” which may take 30 to 90 days to completely dissolve. There is therefore no need to be concerned about their removal.

Sutures holding the genital dressing, vaginal mould, and urinary catheter will be removed by the nursing staff during your convalescence at Asclépiade.

Never pull at your sutures.

Massaging your scar

In order to stimulate blood circulation and improve the flexibility of the tissue surrounding the surgical site, it is important to begin massaging your scars once they have closed.

Massage in the direction of the scar with a vitamin E or silicone-based cream. These types of cream are available at a drug store.

Never apply oils to your scars.



Remember that it is important to wash your hands before and after touching your genitals.

Urination and the urinary catheter

It is normal for urine to leak around the catheter. If this bothers you, wear a sanitary napkin and change it regularly. Empty your bladder every 2 to 3 hours.

Usually, your urinary catheter will be removed by the Asclépiade nursing staff on Day 6 of your convalescence.

You may leave Asclépiade with your urinary catheter. In this case, you must make an appointment with your attending physician or nurse to have it removed. You will be given a prescription for this purpose. For more information, consult the document entitled “The Urinary Catheter.” If you have not already received it, ask the nursing staff.



Once the catheter has been removed, your urine stream may change due to swelling. Urine may flow in an irregular manner for several months and is not cause for alarm. **If the problem persists for more than 6 months, contact us.**

Pain and medication

The pain one feels varies from one person to another. Relieving pain upon waking up helps you go about your daily activities; relieving pain when you go to bed helps you sleep.

- Apply **ice** to the sore area as frequently as possible for 10 minutes. Ice should not be applied directly to skin. Wait at least 1 hour between each ice application;
- Rest. **Rest** maximizes the effects of medication, reduces stress, and facilitates healing;
- Try other, **non-medical methods** to relieve pain like relaxation, music, the presence of a loved one, etc.
- **Take acetaminophen** (Tylenol) regularly for a maximum period of two weeks. Follow your prescription and consult your pharmacist or attending physician to ensure safe use of acetaminophen;
- **Take the narcotic analgesics** prescribed by your surgeon if your pain becomes a nuisance. Do not hesitate to take your prescribed painkillers even if you are taking Tylenol. Remember that the more intense your pain is, the more difficult it is to relieve it. Follow your prescription and contact your physician if the pain does not improve.

List of medications that will be prescribed following surgery.	
Medications	Function
Keflex or Clindamycin	Antibiotic
Acetaminophen (Tylenol)	Non-narcotic analgesic
Oxycodone (Supeudol) or hydromorphone (Dilaudid)	Analgesic narcotic
Celebrex	Anti-inflammatory
Senokot	Laxative and constipation prevention
Hormones	You can begin taking hormones again at home. See your endocrinologist to adjust your hormone therapy regimen.
Do not take acetylsalicylic acid (Aspirin or ASA) during the 2 weeks following surgery.	
You may only take an anti-inflammatory like Advil or Motrin once you have stopped taking Celebrex.	



For more information, please see the document entitled “Opioid Analgesics Guide.” If you have not already received it, ask the nursing staff. If your pain becomes too severe or uncontrollable, notify the nursing staff.

Driving

If you are taking narcotics, plan to have someone else take the wheel when getting around by car.

It is prohibited to drive a motor vehicle when taking analgesic narcotics.

Because driving requires the ability to perform unimpeded, unpredictable movements, and because driving can place pressure on your genitals, causing pain, we recommend waiting 2 weeks after your surgery before driving a motor vehicle.

Once you do begin to drive again, make short trips. Should you have to drive a long distance, make frequent stops to walk a little and to empty your bladder; both will help reduce pressure on your genitals.



Consult your auto insurance company for more information.

Constipation

Taking analgesic narcotics and the reduction of physical activity can lead to constipation which, in turn, may cause, among other things, bleeding from your wounds when passing a bowel movement if you need to push. We recommend re-establishing regularity as soon as possible. In order to do so:

- Drink at least 2 to 3 litres of water per day;
- Increase your daily intake of fibers: fresh or dried prunes or prune juice, All-Bran Buds-type cereal, fruits and vegetables, etc.;
- Reduce consumption of foods that are high in fat and sugar;
- Reduce consumption of caffeinated beverages like coffee, tea, and soft drinks;
- Avoid alcohol as it contributes to dehydration;
- Walk as much as possible and according to your schedule and tolerance. Once physical activities are allowed, resume them gradually;
- Take acetaminophen (Tylenol) regularly in order to help reduce your consumption of narcotics;
- Take *Senokot*, a natural laxative, as prescribed by your surgeon while your recovery at Asclépiade.



If the problem persists, discuss the matter with the nursing staff during your stay at Asclépiade or with your pharmacist after returning home.

Diet

After surgery, begin with a light diet to prevent nausea. Opt for foods like broths or soups, crackers, and Jell-O. Gradually resume a regular and balanced diet according to *Canada's Food Guide*.



Remember to add fibre to your daily diet in order to prevent constipation.

Rest and daily activities

A balance between rest and activity is essential. Rest and resume your daily activities as soon as possible and according to your tolerance.

Important:

- Until the fourth week, do not lift objects weighing more than 4.5 kg (10 lbs). Plan to have help upon your return home (cleaning, doing the groceries, laundry, etc.);
- Wait until the sixth week after your surgery before participating in intense physical activity.
- We strongly recommend walking for 15-20 minutes at least 4 times a day.

Walk as much as possible and according to your schedule and tolerance. Walking helps to relieve pain, stimulate blood circulation in the legs, and prevents the stagnation of blood in your veins, which can cause blood clots (thrombophlebitis).

Alcohol and tobacco

Avoid consuming alcohol for 2 weeks following surgery.

- Mixing alcohol and medications can cause unpredictable and undesirable reactions.

We strongly advise you not to smoke for at least 6 weeks that follow your surgery. Toxic substances in tobacco can:

- Tighten small blood vessels, adversely affecting your wounds' healing process;
- Cause nausea, vomiting, and excessive coughing that increase the risk of bleeding after surgery.



Nicotine substitutes (Nicorette, etc.) are also not recommended during this period. They have the same harmful effects on blood circulation as cigarettes.

WEEK 1: CONVALESCENCE AT ASCLÉPIADE

During your convalescence:

- Check your incisions for infection on a daily basis until your wounds are completely healed;
- Keep the genital region clean and dry at all times. Leave your genitals exposed to open air when you are in bed;
- Your skin's sensibility to hot or cold is now different because the nerves have been affected. You may not feel temperature differences. Take caution not to burn yourself.

Important steps during your stay at Asclépiade:

- A. Removal of the genital dressing (Day 4);
- B. Bath (*or Sitz bath) (Day 4);
- C. Removal of the vaginal mould (Day 5);
- D. Begin vaginal douching (Day 5);
- E. Dilatations (Day 5);
- F. Removal of the urinary catheter (Day 6).

A. Removal of the genital dressing (Day 4)

1. After your genital dressing has been removed, take shower every day. The shower is the preferred hygiene technique, but if impossible and you take a bath, make sure the tub is clean and rinse it adequately prior to each use. During your recovery at Asclépiade, you may ask for assistance from a staff member for cleaning the shower and the bath after each use;
2. Use a mild, unscented, and alcohol-free soap (Dove or Ivory, for example) to wash the genital area;
3. Be sure to **thoroughly clean all parts of the vulva**, including the labia majora and labia minora;
4. Thoroughly rinse excess soap;
5. Carefully pat-dry your genitals with a clean towel and allow them to dry in the open air for about 15 minutes;
6. Begin taking a sitz bath twice a day for two months (see following section).

To increase comfort:

- Wear comfortable, white cotton underwear that's loose enough to prevent the fabric from rubbing against your genitals;
- Cover unhealed wounds with a gauze dressing.

B. Bath (*or Sitz bath) (Day 4)

The sitz bath – immersion in warm, soapy water – is to clean the genital area.

Sitz bath method #1 (preferred method)

Take a bath in warm water with 15 ml of unscented, alcohol-free liquid soap. Be sure the bath is clean and well rinsed.

Sitz bath method #2 (only if method #1 is not possible)

Use the supplied sitz bath following these steps:

Preparation:	<ol style="list-style-type: none">1) Clean the toilet seat with a Lysol-type wipe and wash your hands;2) Clean your sitz bath with dish soap and a soft cloth. Never use an abrasive sponge;3) Add 5 ml or 1 teaspoon of unscented, alcohol-free liquid soap (Dove or Ivory) to the sitz bath and fill it to the top with warm water. Place the sitz bath on the toilet;4) Wash your hands.
Take your sitz bath:	<ol style="list-style-type: none">5) Working front to back, clean from your genital region to your anus with a “Baby Wipes” wet wipe;6) If you still have your urinary catheter, do not allow it to soak in the water. Hold it in your hands while sitting on the sitz bath and during the entire soakage;7) Soak your genitals for 10 minutes and make sure they are in contact with the water. Spread the labia majora and thoroughly clean each fold of the genital area;8) Gently pat-dry with a clean towel.
Clean your equipment:	<ol style="list-style-type: none">9) Clean your sitz bath with dish soap;10) Let it dry in a clean and dry place;11) Wash your hands.

We strongly advise you to expose your genitals to the open air for at least 15 minutes after your sitz bath. Do this until your wounds have completely healed.

C. Removal of the vaginal mould (Day 5)

The removal of your vaginal mould is an important moment. For the first time, you will see your vagina.

The suture holding the mould in place will be removed. Afterwards, you will take a shower and perform your first vaginal douche.

D. Begin vaginal douching (Day 5)

Douching with physiological saline solution (hereinafter: “NaCl”) allows the interior of the vaginal cavity to be cleaned. NaCl is recommended for cleaning all types of wounds as it is compatible with human tissue and poses no risk of damaging it. Since the vagina is made from skin and mucus membrane, small pieces of dead skin will form inside the vaginal cavity, making it essential to continue cleaning it regularly even after the graft is completely healed.

Follow these recommendations:

For the first 2 months:

- Type of water in the bulb: NaCl
- Frequency: 2 times a day, after your first and last dilations.

After the first 2 months: if you have clear, yellowish or bloody vaginal discharge:

- Type of water in the bulb: NaCl
- Frequency : 1 or 2 times a day according to the abundance of the discharge. Continue for 2 to 4 weeks following the disappearance of vaginal discharge.
 - Afterward, perform 1 vaginal douche per day with running water.

After the first 2 months: if you have no vaginal discharge

- Type of water in the bulb: lukewarm running water
- Frequency: once per day and for the rest of your life.

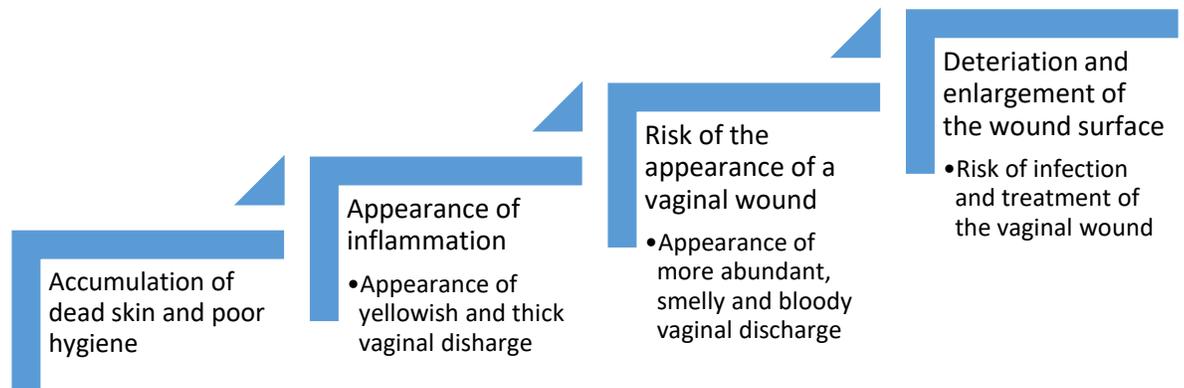
Instructions from your surgeon: If discharge persists beyond 6 months after surgery, consult your attending physician so that a vaginal exam can be performed.

Follow these steps:

Preparation:	1) Empty your bladder and wash your hands; 2) Fill the douche reservoir with NaCl.
Perform the vaginal douche:	3) Stand in the shower or over the toilet; 4) Insert the vaginal tip into your vagina up to a maximum of 3 inches; 5) Gently squeeze the douche reservoir to empty its contents into the vagina; 6) Remove the vaginal tip and allow the liquid to flow out; 7) Wipe from front to back with a clean towel and wash your hands.
Clean your equipment:	8) Wash the douche container and vaginal tip with dish soap and rinse thoroughly with running water; 9) Leave the container to dry in a clean and dry place.
We strongly advise you to expose your genitals to the open air for at least 15 minutes after douching. Do this until your wounds have completely healed.	

Understanding the importance of vaginal hygiene

The accumulation of dead skin and poor vaginal hygiene can cause slowing of the healing process as demonstrated below:



It is therefore essential to regularly clean the vaginal cavity following removal of the mould and to maintain good vaginal hygiene even if the graft is completely healed.

E. Dilatations

Dilating is the most important treatment in your recovery. It allows you to maintain the opening of your vagina and its depth. During dilations on the 2nd and 3rd days, you may feel more pain due to increased inflammation inside the vagina, possibly making insertion of the dilator more difficult.

**Remember that, despite the pain, never cease dilations. Be patient and take your time. Stopping dilations will result in the closure of your vaginal cavity, which is irreversible.
If a problem arises during dilations, contact us.**

Dilations are performed using 3 dilators, each of a different diameter. Your dilation schedule is important and should proceed as follows:

Month 1

Dilate: 4 times / day
Dilatators: #3 - 10 minutes
#4 - 15 minutes

If the insertion of dilator #4 causes too much discomfort or pain, follow the same dilation schedule, but using dilators #2 and #3. Re-introduce dilator #4 to your dilation schedule as soon as possible during the first month or at the latest during **Month 2 and 3's routine, as indicated below.*

Months 2 and 3

Dilate: 3 times / day
Dilatators: #3 - 10 minutes
#4 - 15 minutes

Months 4 to 6

Dilate: 2 times / day
Dilatators: #3 - 10 minutes
#4 - 15 minutes

Months 7 to 12

Dilate: 1 time / day
Dilatators: #3 - 10 minutes
#4 - 15 minutes



After 12 months and for the rest of your life

Dilate: 1 time / week
Dilatator: #4 - 15 minutes

If you have sexual relations with vaginal penetration at the same frequency, dilations are not necessary as long as the penetration is similar to your dilations in depth and width. This will prevent loss of vaginal depth.

During your first dilations, a member of the care team will be with you to support you, guide you, and answer any questions.

Preparation:	<ol style="list-style-type: none"> 1) Wash your hands, clean your dilators with dish soap, and rinse them thoroughly with running water; 2) Get into bed with a blue disposable cover beneath your buttocks; 3) Take 10 deep breaths to relax.
Perform dilations:	<ol style="list-style-type: none"> 4) Hold the dilator by the base with the tip pointing upwards; 5) Apply about 1 tablespoon of lubricant to the tip of the dilator; 6) Using a mirror, find the vaginal opening and begin inserting the dilator gently and slowly in this manner: <ul style="list-style-type: none"> • Insert the first portion of the dilator (about 5 cm) slightly tilted at a downward angle; • Lower the angle to make it parallel with the bed and continue insertion; • Once the end of the vagina has been reached, apply light and constant pressure; • To avoid injury, do not apply any excess pressure. 7) Keep the dilator in place for the time required by your dilation schedule; 8) Gently remove the dilator and place it on the “dental bib”; 9) Clean remaining lubricant from your vagina, especially the posterior region of the vaginal opening; 10) Wash your hands.
Clean your equipment:	<ol style="list-style-type: none"> 11) Clean your dilators with dish soap and rinse thoroughly with running water; 12) Dry the dilators and store them in their case.
<p>During dilations, it is important to rely on sensations felt inside the vagina. Because swelling of the labia majora will diminish and thereby lose thickness, you may get the impression that your vagina is less deep. Markings on the dilator are therefore not a valid method to measure the depth of the vagina.</p>	



You may not have time to perform your 4 dilations on the day of your departure from Asclépiade. Discuss and plan a dilation schedule with your nurse. You may leave the dilators in place for a longer time than scheduled (for example, Dilator #3 for 15 minutes instead of 10 minutes and Dilator #4 for 20 minutes instead of 15) for the dilations performed the day of travel.



If you are traveling by plane or train, **always bring your dilators with you in your carry-on baggage.**

F. Removal of the urinary catheter

On the 6th day, your urinary catheter and the suture holding it will be removed. A member of the nursing staff will ensure that your urinary system has been fully restored.

WEEK 2 AND BEYOND

If your trip home is longer than 4 hours, perform at least one vaginal dilation before leaving Asclépiade and another at home upon arrival.

Weeks 2 and 3: your return home

- Continue with your dilation schedule, sitz baths, and vaginal douches as outlined in the **detachable booklet** in the centre of this document;
- Remember that your **urinary flow might change** due to swelling. Your urine may flow in an irregular manner for several months following surgery. Contact us if the problem persists beyond 6 months;
- **Check your incisions** daily for infection and continue to do so until your wounds are completely healed;
- Check for **excess fibrin**. Should some be found, please see the section entitled “Fibrin” on page 4 of this document;
- You may notice you still have **a clot on the clitoris**, but this is not cause for concern. Do not pull on the clot. It will fall off by itself in a timely manner;
- If your sanitary napkin is soaked every hour with **bright red bleeding**, contact your attending physician. Vaginal bleeding should be light and diminish in quantity over time;
- Begin taking any **regular medication** upon your return home except for those containing acetylsalicylic acid or Aspirin during the first week at home.

Saline water (NaCl) at home:

- 1) Purchase NaCl from a drug store. Be sure to choose a size that will last no longer than 1 week and carefully follow preservation instructions as directed on the packaging or;
- 2) Make your own NaCl.

How to make NaCl:

1. Wash your hands;
 2. Boil 1 litre of water for 20 minutes;
 3. Add 2 teaspoons of salt to the boiled water;
 4. Store the NaCl at room temperature for 48 hours in a clean container that has been recently washed in the dishwasher or with hot soapy water and well-rinsed afterwards.
- ** If you use a container with a metal lid, be certain the metal is not rusted.

To avoid the risk of burns, it is important to allow the water to cool before using.

Weeks 4 and 5

- When tending to your daily activities, take **your physical ability and tolerance** into consideration;
- **Your sutures will begin to dissolve** during the fourth week. If you are bothered by hanging sutures, you can cut the excess thread, making sure to leave the knot of the suture intact. Never pull on your sutures;
- Begin to **massage your scars** as indicated on pages 6 of this document.

FROM THE 6TH WEEK

- You can gradually resume your **physical activities and sports**;
- If your wounds have completely healed, you can:
 - **swim** in a pool, hot tub, or lake;
 - **shave** your genital area.

FROM THE 8TH WEEK

You can now:

- reduce the frequency of **vaginal douching** according to the recommendations mentioned on page 12 of this document;
- begin to take **oral probiotics** for good vaginal health if you are experiencing odours or have smelly vaginal discharge,. Consult your family doctor or pharmacist for information about available products;
- stop taking **sitz baths**;
- begin to **explore the region of the clitoris** with your fingers.
- begin, if you desire and if your wounds are completely healed, **laser hair removal treatment on the external genitals**.

We strongly **advise against** piercing the genital area.

Sexual relations and orgasm

Wait until the 12th week to have oral sex as well as vaginal or anal penetration.

Achieving orgasm is different for every person. Take the time to explore your genitals and to discover your erogenous zones.

It is important to follow your own pace.



Remember that any physical effort implicating the muscles affected by your surgery can cause pain.

MOST COMMON COMPLICATIONS

If you suspect or experience one of the following complications, contact us by email at asclepiade@cmcmontreal.com. In order to facilitate a follow-up, attach a photograph of your wounds and describe your symptoms.

If you see a doctor, advise us of the doctor's diagnosis and treatment prescribed.

Infection of the wound

Check your incisions daily for any of the following signs of infection:

<u>Signs of infection:</u>	<ul style="list-style-type: none"> • Redness; • Sensation of heat; • Sensitivity; • Swelling; • Foul-smelling pus discharge; • Increased pain at the surgery site; • Chills and fever of over 38.5°C or 101°F for more than 24 hours. 	} At the surgery site and its perimeter
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Urinary tract infection

Vaginoplasty involves the modification of the natural anatomy of your urinary system. As your urethra is now shorter, bacteria can enter the bladder more easily and rapidly.

Preventing urinary tract infections
<ul style="list-style-type: none"> • Drink at least 2 to 3 litres of water per day; • Drink 1 to 2 glasses of cranberry juice per day; • Empty your bladder regularly and completely; • Be especially vigilant about genital hygiene after using the toilet.
Signs and symptoms of a urinary tract infection
<ul style="list-style-type: none"> • Intense and frequent need to urinate; • Burning sensation when urinating; • Frequent urination in small quantities; • Urine with a cloudy appearance, or that is pinkish or brownish in colour and foul-smelling; • Pelvic, back, or rectal pain; • Chills and fever of over 38.5°C or 101°F for more than 24 hours.

Vaginitis

Vaginitis is inflammation caused by an infection in the vaginal cavity.

Preventing vaginitis
<ul style="list-style-type: none">• Keep your genitals clean and pay special attention to their general hygiene;• Use mild, unscented soap (Dove or Ivory);• Avoid bubble baths or scented shower gels, scented sanitary napkins, and flavoured lubricants;• Wear loose and comfortable clothing;• Wear white cotton underwear (bikini or boxer style). Avoid low-cut panties;• At night, sleep without underwear;• Avoid moisture, such as wearing a bathing suit for long periods of time;• Add yoghurt or probiotics to your daily diet to strengthen your bacterial flora.
Signs and symptoms of vaginitis
<ul style="list-style-type: none">• A feeling of irritation, burning, itching, or inflammation in the vagina and surrounding area (labia majora, labia minora, perineum);• Thick, whitish or yellowish vaginal secretions with a strong odour.



If you suspect the presence of a vaginal infection, contact your family doctor immediately or go to a clinic for proper treatment. Never use over-the-counter medications like *Canesten* without a medical prescription.

Hypergranulation tissue

Certain complications can occur during the normal healing process, such as the overgrowth of new tissue formed during healing, commonly referred to as hypergranulation.

In this case, the tissue has a shiny, bright red appearance and is grainy in texture, comparable to a raspberry.

Hypergranulation slows the normal healing process. Additionally, as it invades the wound, it can sometimes be difficult to have sexual relations or perform vaginal dilations if the tissue is present in the vaginal cavity or vaginal opening.

If hypergranulation tissue is present, vaginal bleeding may occur.

Hypergranulation must be treated with silver nitrate. Contact us to obtain more information.

Growth of hairs in the vaginal cavity

If you suspect the presence of hair or if your doctor discovers hair during a gynecological exam, you can have the hair cauterized. Contact your family doctor.

Surgeons at the Centre Métropolitain de Chirurgie and Asclépiade do not perform hair cauterization.



Never expose your vaginal cavity to a carbon dioxide laser.

WHO TO CONTACT IN CASE OF NEED

Asclépiade at 514-333-1572 extension 200 or by email at asclepiade@cmcmontreal.com. A nurse will return your call or answer your email within 24 to 48 hours.

Your attending physician

A health consultation service in your area (in Quebec: 811)

Emergency services in your area (in Canada: 911)

MEDICAL FOLLOW-UPS

Asclépiade

After your return home, we will make 4 follow-ups by email or telephone in order to verify that your convalescence is going smoothly. You will receive an email or telephone call during the first, second, fourth, and the eighth weeks following your departure from Asclépiade.



If you do not receive our emails or telephone calls, contact us to let us know.

With your surgeon

If you live in or near Quebec, the third follow-up (1 month postoperative) will be done with your surgeon. It is important to go to your appointment as it represents an opportune time to, if necessary, discuss with your surgeon any persistent worries or unease.

Prior to leaving Asclépiade

Contact 514-288-2097 to make your appointment.

Please make an appointment the _____ with:

- The doctor
- The nurse

☞ Date of next appointment: _____

With the doctor prescribing your hormones

Make an appointment with your doctor 2 months after surgery to assure that the prescription of your hormones is adjusted.

With your family doctor

- Continue annual visits with your family doctor.
- Have a prostate examination every year. Your doctor can perform the palpation from the lower anterior region of your vagina.
- Have a vaginal examination every year to verify its well-being.