



INFORMATION AND POSTOPERATIVE CARE



VAGINOPLASTY WITHOUT CAVITY

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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

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.



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 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 5 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. <u>Follow your prescription</u> 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 hormonotherapy regiment.		
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 fibre: 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 5);
- B. Bath (*or Sitz bath) (Day 5);
- C. Removal of the urinary catheter (Day 5).

A. Removal of the genital dressing (Day 5)

- 1. After your genital dressing has been removed, take a bath or shower every day. If you take a bath, make sure the tub is clean and rinse it adequately prior to each use. You may ask for assistance from an Asclépiade staff member;
- 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 5)

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:	 Clean the toilet seat with a Lysol-type wipe and wash your hands; 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	5) Working front to back, clean from your genital region to your anus with a
bath:	"Baby Wipes" wet wipe;
33	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;
	 Soak your genitals for 10 minutes. Spread the labia majora and thoroughly clean each fold of the genital area;
	8) Gently pat-dry with a clean towel.
Clean your	9) Clean your sitz bath with dish soap;
equipment:	10) Let it dry in a clean and dry place;
	11) Wash your hands.
We strongly ad	vise 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 urinary catheter (Day 5)

On the 5th day, your urinary catheter will be removed. A member of the nursing staff will ensure that your urinary system has been fully restored.

WEEK 2 AND BEYOND

Weeks 2 and 3: your return home

- > Continue with your sitz baths routine 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. 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.

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:
 - o **swim** in a pool, hot tub, or lake;
 - o **shave** your genital area.

FROM THE 8TH WEEK

- You can stop taking sitz baths;
- You can 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 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 followup, 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:

	Redness;		
	Sensation of heat; At the surgery site and its		
	Sensitivity; perimeter		
	• Swelling;		
Signs of infection:	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.		

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

- 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

- 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.

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 The doctor The nurse	_ with:
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

- o Continue annual visits with your family doctor.
- Have a prostate examination every year.