Enhanced Recovery After Surgery (ERAS) for
Vaginoplasty

IMPORTANT!
Please read this booklet BEFORE your surgery to prepare you.

Please bring this booklet with you to the:
• Pre-Admission Clinic
• Hospital
• Family Doctor
• Gender Surgery Program BC
Pre-op information at a glance

Your Surgeon is: ____________________________

Gender Surgery Clinic: 604-875-5060  
8:00 a.m.—4:00 p.m.  
Monday to Friday

Your planned surgery is: ____________________________

Check in time is: ____________________________

One business day before your surgery date, your surgeon’s office calls you to give you your check-in time. If you have not heard from the office by 2:00 p.m., call the office yourself.

Call your surgeon's office as soon as possible.  
If you have any of the following before your surgery:
  • Cold  
  • Fever  
  • Cough  
  • Flu  
  • Other infections (e.g. bladder infection)  
  • Any new sickness
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Important notice - the information contained in this booklet is intended for educational purposes and describes anticipated events. Each person responds differently and your recovery may not be exactly as described. This booklet does not replace instructions or advice given by your healthcare team. If you have any questions, please ask any member of your care team.
Introduction to Surgery

In this section, you will learn about:

- Enhanced Recovery After Surgery (ERAS) program
- Patient checklists
- Vaginoplasty - a quick review
- Vaginoplasty surgery
You are going to have vaginoplasty surgery. This booklet will help guide you through the sequence of events and provide you with information to answer common questions you may have.

We will be using QR codes throughout the booklet. If you have a smart phone, open the camera and hold it over the QR code image. A link will pop up to take you to the website.

Vancouver Coastal Health (VCH) is committed to delivering culturally safe and appropriate care. VCH has policies in place that respects patients from diverse cultures, and their unique gender identity.

For further information on your care while at VCH, please click the link vch.ca/your-care, or scan the QR code.

We will be using a program called Enhanced Recovery After Surgery (ERAS) to help plan your surgery. The ERAS program contains standardized care guidelines with specific daily goals for early eating and early mobilization. The goal of ERAS is to improve your surgical experience and outcomes of your surgery.

To find out more about ERAS and your role, click the link bit.ly/enhancedrecovery to watch a 5 minute video (if the link fails, copy and paste it directly into your web browser) or scan the QR code.

For a 4 minute video about the patient’s experience with the ERAS journey, click the link bit.ly/eraspatient or scan the QR code.

Having surgery can be a stressful event. We hope this booklet will help you understand your surgery, decrease some of the stress, and provide you with tools and ideas to help speed up your recovery.

**Quick facts about the ERAS program**

An evidence-based care pathway that has instructions about eating and drinking, physical activity, and managing your pain and nausea.

<table>
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<th><strong>Why use ERAS?</strong></th>
<th><strong>Who takes part in ERAS?</strong></th>
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<td>Patients feel better faster</td>
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<td>Fewer complications</td>
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<td>Before, during, and after surgery</td>
<td>Around the world</td>
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</table>
Different parts of your ERAS journey

Pre-Operative Optimization - Getting yourself into better shape for surgery
1. Eating healthy
2. Being active
3. Deep breathing exercise
4. Stopping or reducing smoking and tobacco use
5. Stopping or reducing drinking alcohol
6. Relaxing
7. Improving anemia and iron stores
8. Controlling blood sugar

ERAS - Before surgery
1. Reading this booklet
2. Pre-admission counselling
3. Drinking juice or PREcovery® the morning of surgery
4. Planning your return home after surgery

ERAS - During surgery
1. Receiving medication to reduce pain, nausea, and the risk of blood clots
2. Keeping your body warm with blankets

ERAS – After surgery
1. Gum chewing
2. Medication to reduce nausea
3. Early eating
4. Early activity
5. Reviewing your daily goals in this booklet

You are an important member of your care team. You will benefit from taking an active part in preparing for your surgery and your recovery. Your care team is here to help you and your family through your surgery.

Please feel free to ask any healthcare team member to wash their hands.
Quick Overview of the Patient Journey:

Home ➔ Surgeon’s Office ➔ Home ➔ *Pre-Admission Clinic ➔ Home ➔
Admitting, Pre-Operative Care Centre, Operating Room, Post-Anesthesia Care Unit ➔ Surgical Ward ➔ Home ➔ Surgeon’s Office ➔ Home

* Not all patients will need to be seen at the pre-admission clinic

Patient checklists

Please check off each item as you complete them.

What to bring/have ready for the Pre-Admission Clinic (PAC) appointment:

☐ This booklet
☐ All of your prescription medication, supplements and herbal products you are taking in their original containers
☐ A list of all your non prescription medication
☐ A summary of your medical history and your health problems
☐ Advanced directive or a living will if you have one

*Please ensure a family member, friend, or interpreter is at this appointment (in-person, over the phone or video).

Supply list for home:

☐ Vaginal rinse kit (see “Vaginal Rinsing” later in this booklet)
☐ 10 tubes of water based lubricant
☐ Thin non deodorant maxi pads
☐ Bed pads to protect your sheets
☐ Arrange a ride home from the hospital for 10:00 a.m.
☐ Hand-held mirror
☐ Liquid antibacterial soap
☐ 7 x 500mL bottles povidone-iodine (betadine)
☐ Donut ring cushion
☐ 1 thermometer to check your temperature when needed
☐ 1 large pack of hypoallergenic and alcohol-free baby wipes
Things to prepare for when you are discharged home:

- Arrange a ride home from the hospital for 10:00 a.m.
- Arrange accommodation for after you leave the hospital if you are from out of town (hotel, friend's place, etc.).
- Arrange for a family or friend to help with house work for the first week after your discharge.
- Shop for extra food that is easy to prepare and extra toilet paper and any personal care items.
- Prepare and freeze meals ahead of time so all you have to do is microwave or reheat.
- Do your laundry.
- Clean the house.
- Move frequently used items to places where they are easy to reach.
- Pay your bills.
- Register for Fair PharmaCare.
- Click on the Pack Your Bag list from phsa.ca/transcarebc/Documents/HealthProf/VVS_Buy_Borrow_Do.pdf or scan the QR code for helpful suggestions.

What to bring to the hospital?

- This booklet
- 2 packages of sugar-free gum (chewing gum will help wake up your bowels after surgery)
- Your BC Service Card/Care Card and private insurance information
- Your Driver’s License or other government-issued identification
- If you do not speak English, bring someone to assist you. If you need an interpreter, please advise your surgeon before your hospital admission.
- All your medications in original containers (including non-prescription medications). **DO NOT** bring your opioid pain medications to the hospital.
- Rubber-soled shoes and comfortable loose clothing
- Toothbrush, toothpaste, soap, deodorant, shaving equipment, earplugs
- Loose, comfortable, easy to put on clothes to wear on the day you go home
- Glasses, dentures, hearing aids and spare batteries (in the case with your name on it)
- Mobility aids you normally use (cane, walker)
- Noise cancelling headphones (if applicable)
- Continuous Positive Airway Pressure (CPAP) machine (if applicable)

Please limit belongings to one small bag.

**Note:** We have a ‘No Scent’ policy. Do not bring in any scented products or perfumes.
Before you leave the hospital, do you/have you:

☐ Know what to do or who to call if you have a problem?
☐ Have a prescription for your medications (if needed)?
☐ Know how to care for your incision?
☐ Asked your surgeon when you need to make a follow-up appointment?
☐ Know how to manage your pain?
☐ Know how to prevent constipation?
☐ Know how to self-inject your blood thinner? (if applicable)
☐ Know about your activity levels at home?
☐ Talked with an occupational therapist or a physiotherapist if you need equipment at home?
☐ Someone to stay with you for the first few days at home in case you need help?
☐ Have successfully completed dilation teaching?

If you have discharge prescriptions, try to get a family member or a friend to fill the prescription ahead of time. This can be done prior to discharge or on the day of discharge.

Things to pack before you leave the hospital:

☐ All your personal belongings including any medications you brought with you
☐ Your house keys
☐ Your phone and charger
☐ Your prescriptions
☐ Discharge summary sheet
☐ Instruction sheet for any new medications
☐ This booklet
☐ Your dilator set
☐ Dilation instructions
Vaginoplasty surgery

Vaginoplasty surgery involves the creation of a vulva (including mons, labia, clitoris and urethral opening) and vaginal cavity through the reconstruction of penile and scrotal tissue and the removal of testes (if not done prior to vaginoplasty).

Penile inversion vaginoplasty is the most common technique used by surgeons to create a vagina. With this technique, new space for the vagina is created between the bladder and the rectum. The skin from the shaft of the penis is inverted and attached to a scrotal skin graft that has been formed into a dome-like shape. This is used to line the newly created vagina. The penile, scrotal and perineal skin are rearranged to make a vulva.

Depending on a person's body the surgeons may use an additional skin graft to line the vaginal cavity. In other cases your surgical team may use a robot in the operating room to harvest tissue from other parts of the body to create the vaginal cavity. This will have been discussed with you in your surgical consultation.
Before Your Surgery

In this section, you will learn about:

- Getting yourself ready
- Planning ahead
- Pre-Admission Clinic
Getting yourself ready

It is important for you to be in the best possible condition for your surgery. This will help you recover faster and decrease the chances of any problems.

The recommendations below are things you can do to help prepare yourself for surgery.

1. Eating healthy

Food plays an important role in helping you heal. Eating enough calories, protein, vitamins, and minerals can help you get better faster.

Before your surgery, eat a healthy balanced diet to better prepare you for the procedure and your recovery. It is important to eat enough so your body has the right material to build tissue, minimize muscle loss, and help you fight infections.

If you are losing weight, you are likely not getting enough calories. Below are some tips that you may find helpful.

Improve my nutritional status before surgery

- Make the most of each bite by choosing high protein, nutrient rich foods. For example: chicken, beef, wild game, pork, tofu, fish, eggs, Greek yogurt, milk.
- Try to eat at least 3 meals and 1 snack a day to help meet your calorie and protein needs.
- For quick and easy snacks, try items like protein bars, nut butter on toast, hummus and crackers or trail mix.
- Choose fresh, frozen or canned fruits. They are a good source of vitamins and minerals.
- Limit foods like pop, potato chips, and chocolate bars. They are low in nutrients needed for healing.
- Discuss with your doctor to see if you should take a multivitamin and mineral tablet.

It may be helpful to speak to a family doctor or a dietitian if you have had any of the following:

- Unexplained weight loss or weight gain in the past 6 weeks
- Decrease in appetite
- Nausea
- Problems with digestion
- Problems with swallowing
A dietitian can help you choose healthy foods that will help prepare you for surgery.

You can get a referral to see a dietitian from your family doctor or if you have questions about your diet, contact HealthLink BC by dialing 8-1-1 on your phone and ask to speak to a dietitian (9:00 a.m. to 5:00 p.m. Monday to Friday). Be sure to tell them you are going for surgery.

For information on the Canada Food Guide, click the link: food-guide.canada.ca/en/ or scan the QR code.

Healthy eating for your condition
For more information about healthy eating from the British Columbia government website, click the link: bit.ly/HealthyEatingforYou or scan the QR code.

Healthy Eating for Seniors handbook
For more information about nutrition for seniors from the British Columbia government website, click the link: bit.ly/HealthyEatingforSeniors or scan the QR code.

2. Being active
Exercise helps you be in the best shape possible before your surgery and being fit can help speed up your recovery. You do not need to join a gym. Just going for a walk 15 to 30 minutes per day is helpful. Talk to your doctor before starting an exercise plan. The mall is a good place to walk during the winter and summer months.

Exercising may:

- Build and maintain healthy bones, muscles, and joints
- Build and maintain balance and exercise endurance
- Reduce feelings of depression and anxiety
- Increase energy levels
3. **Deep breathing exercise**

Deep breathing opens up your lungs, exercises the lung muscles, and improves oxygen delivery to your body.

Doing these exercises BEFORE surgery helps speed up your recovery AFTER surgery.

Do the deep breathing exercises (as explained in the "deep breathing exercises" section later in this booklet) every hour:

- Start by placing your hands on your ribs.
- Take a deep breath slowly through your nose, expanding your lower chest until you feel your ribs push against your hands.
- Hold your breath for a count of 3.
- Breathe out slowly through your mouth.
- Repeat this 5 more times.

4. **Stopping or reducing smoking and tobacco use**

Studies show that people who stop smoking at least 1 month before surgery have fewer complications after surgery such as infections.

Patients concerned about the health risks related to vaping should consider refraining from using vaping products. However, if vaping nicotine-containing products is a way to quit smoking cigarettes, you should not return to smoking cigarettes.

a. For free nicotine patches, gum, lozenges, or inhaler:
   Visit your local pharmacy or call 8-1-1 (HealthLink BC). You do not need a prescription but you will need to sign a declaration form.

b. For smoking cessation prescription drugs: ask your doctor about your options.

c. For more information visit the website: [gov.bc.ca/bcsmokingcessation](http://gov.bc.ca/bcsmokingcessation) or [quitnow.ca](http://quitnow.ca)

d. To attend the Vancouver General Hospital Smoking Cessation Clinic call: 604-875-4800 (select option 2).


For more information about vaping from the Health Canada website, click the link: [canada.ca/en/health-canada.html](http://canada.ca/en/health-canada.html) or scan the QR code.
5. Stopping or reducing drinking alcohol
Alcohol can interfere with your anesthetic and other medications given to you during and after surgery. **Do not drink any alcohol for at least 48 hours** before your surgery.

6. Relaxing
It is very normal to feel anxious or worried before surgery. Having pain or trouble moving can affect your mood and disrupt your sleep. We also know that stress increases the release of hormones that can delay healing and recovery.

Exercise, meditation, relaxation, and breathing exercises can help improve your outcomes after surgery. They can also help to reduce pain and promote sleep.

Try this focused breathing exercise:
- Sit or lie down in a quiet place.
- Relax your muscles and be aware of feeling them 'let go'.
- Take a slow deep breath in.
- When you breathe out, focus on making it long, steady, and slow.

7. Improving anemia and iron stores
Anemia is when you do not have enough healthy red blood cells (hemoglobin) to carry adequate oxygen to your body’s tissue. A blood test can check your red blood cell level. Anemia is commonly caused by bleeding or low iron stores.

Anemia is the greatest risk factor for needing a blood transfusion during surgery. Both anemia and blood transfusions are associated with a greater risk of complications in the hospital.

Improving your hemoglobin will also allow you to heal better, and have more energy when you return home. If your hemoglobin or iron stores are low, you may be contacted by the Perioperative Blood Management Program (for surgery scheduled at Vancouver General Hospital with suggestions to help improve your hemoglobin and iron stores.

8. Managing blood sugar
Your blood sugar may be checked with a blood test called hemoglobin A1c (HbA1c). If the result is high, you may be referred to an endocrinologist (diabetes doctor) to improve your blood sugars before surgery. Maintaining normal blood sugar is important for wound healing, especially after surgery.
Planning ahead

You are admitted to hospital on the morning of your surgery. Please check the hospital visitation guidelines for the most current information: vch.ca/your-care/hospital-care/visiting-the-hospital

There may be a limited number of visitors allowed to keep our staff, patients, and communities safe and healthy.

You can expect to go home 6–7 days after your surgery but this varies with each person depending on the type of surgery you are having and your health. Most people are ready to go home at 10:00 in the morning. When it is determined you are ready to go home, please arrange for a ride home.

Before you come to the hospital, think about what you will need when you go home (or where you will be staying).

Places to Stay Tip Sheets near VGH and UBC can be found on the CIBC Centre for Patients & Families website: centreforpatients.vch.ca/practicalresources/accommodations
For additional resources on where to stay please see the Resources section at the end of the booklet.

Your family members can also use this resource to locate a place to stay while you are in the hospital.

You may find it helpful to get things ready in advance so they are ready when you leave the hospital. For example: you may need help with meals, laundry, bathing, etc. for the first week you will need to arrange for family and friends to help you. This will not be provided by home support.

Fair PharmaCare Plan

We encourage all British Columbians with Medical Services Plan (MSP) coverage to register for Fair PharmaCare. Coverage under this plan is based on family net income.

It is available to single people and to families. You may be eligible to get your discharge prescription medications at reduced cost with the Fair PharmaCare Plan. Ensure you have registered for Fair PharmaCare before your surgery at this link: bit.ly/FairPharmaCare
Pre-Admission Clinic

Depending on the kind of surgery and your overall health, you may require a Pre-Admission Clinic appointment in-person, over the phone or video. You may be asked to either come into the Pre-Admission Clinic for a visit or to have a telephone or video appointment. During your appointment you may speak to a nurse, anesthesiologist, and/or other healthcare team members.

If an in-person Pre-Admission Clinic appointment is required, you will be contacted by the clinic to schedule an appointment.

Since we give you a lot of information during this appointment, we encourage you to have a family member or a friend with you.

Your in-person Pre-Admission Clinic appointment may last between 2 to 4 hours.

During your Pre-Admission Clinic appointment, you may talk with an anesthesiologist and a nurse. The anesthesiologist will talk with you about any specific health concerns, choices for anesthesia, and options for managing your pain during surgery. You may be asked to have blood tests or other tests prior to your surgery.

The anesthesiologist may order a Patient Controlled Analgesia (PCA) pump for you to manage your pain after surgery. A PCA pump is a computer controlled opioid pump that is attached to your intravenous line. When you have pain, you can press a button to receive a dose of opioid. The computer has a safety feature to prevent opioid overdose, which makes PCA pump’s a very safe method of providing analgesia while allowing you better control of your pain.

The nurse may:

- Take or ask you about your blood pressure, heart rate, height, and weight.
- Ask questions about your health and medical history (including your bowel and bladder function, your arm and leg strength and sensation).
- Help guide you through the steps of your surgery.
- Start planning for when you go home after surgery.
- Tell you which medications, supplements, and herbal or traditional medications you are to take or stop taking before the surgery.
- Review what you need to do to prepare for the surgery using this booklet and other pamphlets.
Preparations for Surgery

In this section, you will learn about:

- The week before your surgery
- The day before your surgery
- The day of your surgery
- Summary of what you can eat and drink before surgery
Pre-Op Pelvic Floor Physiotherapy

You will likely have already met with a pelvic floor physiotherapist prior to surgery. If you have not been seen by pelvic floor physiotherapy please let the Gender Surgery Program BC know.

In your pre-op pelvic floor physiotherapy sessions, your physiotherapist will have likely worked with you on any existing bladder, bowel, or pain concerns. Additionally, they will have given you some exercises or recommendations to help prepare your pelvic floor muscles for surgery.

Pelvic Floor Relaxation Exercise Review

The ability to relax the pelvic floor muscles is very important as it will allow for easier dilation. Full relaxation of the pelvic floor is also important to be able to completely empty the bladder and bowels. Learning to relax your pelvic floor muscles before surgery can make it easier to relax them after surgery.

As you learned in pelvic floor physiotherapy - your pelvic floor muscles are a basket or bowl shaped group of muscles that extend between the pubic bone and tailbone, and run between your sitz bones. Within the bowl of the pelvic floor muscles sit the bladder, and rectum. After vaginoplasty, the vagina will also be within this group of muscles. Try to spend a few minutes practicing relaxing your pelvic floor everyday before your surgery.

Try the following cues to relax your pelvic floor muscles;

- Imagine relaxing as if you are about to start the stream of urine/go pee. It may give you the sensation of feeling like you’re about to pee as you do this - that is normal.
- Imagine gently passing gas or a bowel movement, feel the gentle drop down of your ano-rectal area.
- Imagine lengthening your tailbone away from your pubic bone without moving your hips/body.
- Imagine feeling your genitals drop down towards the floor.
- Imagine as you take a big breath in that the air is going down into the pelvis and expanding the pelvic floor muscles outwards like air expanding a balloon.
**Tips for better pelvic floor relaxation**

- Try to do slow deep breaths while working on your pelvic floor muscles.
- Try to time your relaxation of the muscles with your inhale.
- Start by practicing your pelvic floor relaxation in a comfortable position and place, such as laying down on your bed.
- You can place a finger against the skin between your genitals and anus, as you relax your pelvic floor you should feel the muscles expand and press into your fingers.
- Use a hand held mirror to watch your pelvic floor, as you relax your pelvic floor you should see the genital area, anus, and skin between the genitals and anus lengthen away from your body or drop down.
- Practice your pelvic floor relaxation a few times a day, especially when you notice you are tensing these muscles.

**Knowing what to expect from the surgical journey**

Many people have shared that while they felt very knowledgeable going in to their surgery, they were surprised by some parts of the healing and recovery.

While everyone’s experience is unique, it can be helpful to speak with people who have been through similar surgeries. Be mindful that not everyone is comfortable sharing their experiences with surgery and that it is important to ask for permission before you start asking personal questions. Questions that can be helpful to ask include:

- What do you wish you had known going in to surgery?
- What do you wish people had told you?
- In hindsight, is there any preparation you might have done differently?
- Do you have any advice for how to prepare for surgery?
- Do you have any suggestions around recovery from surgery?
- Did anything surprise you after surgery?
We have specific instructions for you on how to prepare for the surgery depending on what type of surgery you are having. Your surgeon or staff from the Pre-Admission Clinic may also give you other specific instructions.

**The week before your surgery**

**Bowel preparation**
Two nights before your surgery you will start a bowel preparation using several medications. You will be instructed which medications to purchase for bowel preparation during your conversation with the Gender Surgery Clinic Registered Nurse or the Pre-Admission Clinic.

Bowel preparation is an important part of your pre-operative plans. Please arrange your time so that you are near a washroom once you have started the medications for the bowel preparation. The results after taking bowel medications can sometimes be unpredictable.

**Medications**

- **DO NOT** take any non-prescription vitamins, supplements, herbal medications or herbal tea for 7 days before your surgery.
- Follow the instructions from your surgeon and your healthcare team in the Pre-Admission Clinic.
The day before your surgery

Surgery time

- Your surgeon’s office will call you to tell you what time you are having your surgery and what time you need to check into the hospital.
- Write this time on the inside cover of this booklet.
- If you have not heard from the office by 2:00 p.m., call your surgeon’s office or the admissions department to get this information.

Contact your surgeon’s office as soon as possible if:
- You feel sick (fever, cold, flu, other infection e.g. bladder infection)
- For any reason you feel you need to cancel your surgery

Preparing your skin

Use soap and water to do a thorough cleaning of your genitals including all the folds and creases.

To reduce the risk of infection after surgery, follow the instructions in the pamphlet “Lowering Your Risk for a Surgical Infection”. This will be given to you at your Pre-Admission Clinic appointment.

- You may continue to use an electric razor to shave.
- Do not apply any lotions, moisturizers or makeup after washing your skin.
- Go to bed in clean pyjamas and bed linens.

Diet

The Pre-Admission Clinic nurse will give you instructions on what to eat and drink before your surgery. This may be different depending on which hospital you are having your surgery. Please follow the instructions the Pre-Admission Clinic team provides.

From midnight up to 1 hour before hospital check in time:

People without diabetes OR people with diabetes and not on insulin:

- STOP eating solid food after midnight.
- You can continue to have sips of these clear fluids: water, clear apple juice or clear cranberry juice (red or white).
- DO NOT drink citrus juices (such as orange, grapefruit, lemon, or lime), milk or carbonated drinks after midnight.

OR

People with diabetes on insulin:

- STOP eating solid food after midnight.
- Drink water only.
- DO NOT drink citrus juices, carbonated drinks or milk after midnight.

*If you feel hypoglycemic drink up to 250 mL (1 cup) of clear juice.
The day of your surgery

Medications
Your healthcare team from the Pre-Admission Clinic and your surgeon will tell you what medications to take on the day of surgery. You can take these medications in the morning with a small sip of water.

Carbohydrate loading instructions 1 hour before your check-in time at hospital:

People without diabetes OR people with diabetes and not on insulin:
- Choose one carbohydrate drink from the table below.

<table>
<thead>
<tr>
<th>Choose one to drink:</th>
<th>Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREcovery®</td>
<td>1 package (mix in 400 mL of water and drink within 20 minutes)</td>
</tr>
<tr>
<td>Clear apple juice</td>
<td>250 mL</td>
</tr>
<tr>
<td>Clear cranberry juice (red or white)</td>
<td>250 mL</td>
</tr>
</tbody>
</table>

- Stop drinking all fluids once you have finished this drink.

Carbohydrate loading helps to keep you hydrated and helps keep your blood sugar normal during surgery.

There is evidence to support improved patient outcomes if you use PREcovery®. However, PREcovery®, apple juice, or cranberry juice are all recommended options. If you are interested in purchasing the PREcovery®, please ask the Pre-Admission Clinic nurse for further information.

People with diabetes on insulin:
- Drink 250 mL (1 cup) of water
- DO NOT drink PREcovery®
  *If you feel hypoglycemic drink up to 250 mL (1 cup) of clear juice.
- Stop drinking all fluids once you have finished this drink
For People WITH Bowel Preparation

<table>
<thead>
<tr>
<th>People without diabetes OR People with diabetes and not on insulin</th>
<th>From Bowel Preparation up to Midnight</th>
<th>Evening Before Surgery</th>
<th>Midnight to 1 hour Before Hospital Check-in Time</th>
<th>Day of Surgery: 1 hour Before Hospital Check-in Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>• STOP eating solid foods once bowel preparation started.</td>
<td>• STOP eating solid foods once bowel preparation started.</td>
<td>• Continue to drink water.</td>
<td>• Drink 250 mL (1 cup) of water.</td>
<td></td>
</tr>
<tr>
<td>• You can continue to have the following items:</td>
<td>• You can continue to have the following items:</td>
<td>• DO NOT drink citrus juices, carbonated drinks or milk after midnight.</td>
<td>• DO NOT drink PREcovery®.</td>
<td></td>
</tr>
<tr>
<td>• Jello® (any flavour), chicken broth, beef broth or vegetable broth, popsicle</td>
<td>• Jello® (any flavour), chicken broth, beef broth or vegetable broth, popsicle</td>
<td>• DO NOT drink citrus juices, carbonated drinks or milk after midnight.</td>
<td>*If you feel hypoglycemic drink up to 250 mL (1 cup) of clear apple juice or clear cranberry juice (red or white.) STOP drinking all fluids once you have finished this drink.</td>
<td></td>
</tr>
<tr>
<td>• Clear fruit juices without pulp (apple or red/white cranberry), water, ice chips, clear soda, black tea, black coffee</td>
<td>• Clear fruit juices without pulp (apple or red/white cranberry), water, ice chips, clear soda, black tea, black coffee</td>
<td>• You can continue to drink ONLY these clear fluids: water, clear apple juice or clear cranberry juice (red or white).</td>
<td>*If you feel hypoglycemic drink up to 250 mL (1 cup) of clear apple juice or clear cranberry juice (red or white.) STOP drinking all fluids once you have finished this drink.</td>
<td></td>
</tr>
<tr>
<td>• Drink 2 packages of PREcovery® over 2 hours. OR • Drink 500 mL (2 cups) of clear apple juice or clear cranberry juice (red or white).</td>
<td>• Continue to drink water.</td>
<td>• Drink water only DO NOT drink citrus juices, carbonated drinks or milk after midnight.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• If you feel hypoglycemic drink up to 250 mL (1 cup) of clear apple juice or clear cranberry juice (red or white).</td>
<td>• If you feel hypoglycemic drink up to 250 mL (1 cup) of clear apple juice or clear cranberry juice (red or white).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Drink 1 package of PREcovery® (over 20 minutes). OR</td>
<td>• Drink 250 mL (1 cup) of clear apple juice or clear cranberry juice (red or white).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Drink 250 mL (1 cup) of clear apple juice or clear cranberry juice (red or white).</td>
<td><strong>STOP drinking all fluids once you have finished this drink.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
During Your Hospital Stay

In this section, you will learn about:

- At the hospital
- The surgery
- Surgical waiting room/area
- Post-Anesthesia Care Unit
- Surgical Nursing Unit
- Pain management
- Nausea and vomiting
- Eating, drinking, and digestion
- Activity
- Deep breathing and coughing exercise/ICOUGH Protocol
- Moving around in bed
- Leg exercises
- Preventing blood clots
At the hospital

- Go directly to the Admitting Department. You will be given directions on where to go.
- We check you in and make sure all your preparations are complete.
- At check-in, we will make sure you have followed all the instructions.
- In preparation, you may be asked to wash again with the chlorhexidine wipes and then to change into a hospital gown or a warming gown.
- You may receive a treatment to reduce the bacteria in your nose.
- You can keep your glasses on, hearing aid(s), cochlear implant, Invisalign®, and dentures in until we ask you to take them out.
- We may give you some medications to help prepare you for your surgery.
- We encourage you to leave your bag of clothes and other belongings with family.
- You will meet with the anesthesiologist who will take care of you while you sleep through the surgery.
- You will also meet your surgeons and may also meet the surgical learners (e.g. fellows, residents, and medical students).
- We will attach the blood pressure cuffs and monitors and insert an intravenous (IV) into your arm to provide you with anaesthetic, medications and/or fluids during surgery.
- You will be asked some of the same questions you have already answered - this is an extra safety check.

The surgery

We will take you into the operating room about an hour before your surgery for preparation.

The anesthesiologist gives you the anesthetic and looks after you while you sleep through the surgery.

- **General Anesthesia:** The anesthesiologist gives you anesthetic drugs through your intravenous (IV) to help you sleep and manage pain during surgery. The anesthesiologist will place a breathing tube to give you oxygen through a machine to help with your breathing. The breathing tube will be removed after surgery when your health care team feels it is safe.
Surgical waiting room/area

Your family or friends can wait for you in the Surgical waiting room/area.

Your visitors will not be able to see you until you have been moved to the nursing unit.

On the day of surgery the Perioperative Care Centre will provide your family with detailed instructions regarding how to speak to the surgeon following the operation, designated waiting areas, and location and contact information for post-surgery destination.

Hand washing

Washing your hands is the most important and effective way to prevent the spread of infection and to protect yourself and your loved ones.

There are two ways to clean your hands:

1. You may wash at the sink using soap and water - put soap on your hands and rub your hands for a total of 30 seconds. Rinse with warm water.

   For more information on hand hygiene click the link: 
   [vch.ca/Documents/How-to-handwash-poster.pdf](vch.ca/Documents/How-to-handwash-poster.pdf)

2. You may use the alcohol-based hand sanitizier throughout the hospital - take one squirt and rub it over your hands for 30 seconds and allow to dry.

It is important to wash your hands:

- After using the washroom.
- Before eating.
- When entering and leaving your room.

*It is okay to ask staff and visitors to wash their hands.*
After surgery

Post-Anesthesia Care Unit

When your surgery is finished, we will move you to the Post-Anesthesia Care Unit (PACU), often called the 'recovery room'. You will wake up in the recovery room, although you may be drowsy.

You may have some or all of the following:

- An oxygen mask
- An intravenous (IV) (this may be in your arm or neck)
- A urinary catheter to drain your bladder
- Calf compressors on your legs to prevent blood clots
- Drains to collect blood and fluid from your surgical area
- A stent/dressing in your vagina
- A vacuum assisted therapy (VAC) over top of your vulva

The PACU nurse will:

- Check your blood pressure, pulse, and breathing rate.
- Check your bandage (or dressing).
- Ask you about your pain and nausea and give you medications to help manage your pain and nausea.
- Encourage you to start your deep breathing exercises.

When instructed by your healthcare team, you can begin to have ice chips and gum to "wake up" your bowels. You can also begin to do your leg exercises (as explained in the "leg exercises" section later in this booklet).

When you are well enough to be cared for on the surgical nursing unit, we will move you to that unit. Your family and friends can visit once you are on the unit.
Surgical Nursing Unit

You stay on this unit until you are ready to leave the hospital. Our goals are to control your pain, prevent complications, increase your activity, and return you to your normal diet. Most people will stay on the unit for 7 days, but this varies with each person depending on the type of surgery you have had and your health. The team will keep you informed of your progress and anticipated discharge date.

Accommodations

Family members or friends may not reside at the hospital during your stay.

Medications

While in the hospital, your medications will be dispensed by our pharmacy and given to you by the nursing staff.

It is important that you only take medications that have been given to you by the nursing staff.

This is to protect you from any dangerous drug interactions. Sometimes you may be taking a medication that is not supplied by our pharmacy. In this case, the pharmacy will check them and the nursing staff will give you the medications and it will be returned to you before your discharge.
Pain control

Many people are concerned about pain after their surgery. Some people try to “grin and bear their pain” while others do not want to take pain medication because they are afraid of becoming addicted. When you take opioid medication for acute pain, such as the pain that happens after operations or accidents, the risk of addiction is low.

Adequate pain control is important to your recovery. Having your pain under control allows you to:

- Breathe deeply to prevent lung infections
- Move to prevent blood clots
- Sleep well
- Eat better for wound healing
- Recover faster
- Dilate successfully

We give you several different pain medications regularly. This helps give you better overall pain relief. You will receive these pain medications even if you are not in pain at the time. If you are asleep, the nurse will wake you to take these regular medications.

- You will get acetaminophen (Tylenol®) every 4 to 6 hours throughout your stay (maximum 2-4 grams per day depending on your medical conditions)
- You will get other pain medications as needed

Non medication therapy you can do to help ease the pain:

- Listening to music
- Doing slow and relaxed breathing
- Heat or cold compresses
- Moving around and positioning
- Imagining peaceful situations

For some reflection activities that can help you plan, click the link [http://live-transcarebc.button.build/vaginoplasty-surgery-guide/#c=1203](http://live-transcarebc.button.build/vaginoplasty-surgery-guide/#c=1203) or scan the QR code.
Your pain score

It is important to know that pain medication will not make your recovery completely painless. The goal is to manage your pain and to help you resume your regular activities.

An important part of managing pain is monitoring how much pain you are having. The best way to monitor your pain over time is to use something to measure the amount of pain you have.

To help us assess your pain and the effectiveness of the pain medication, we use a pain rating scale. We will ask you to rate your pain on a scale of 0 - 10, where 0 means no pain at all and 10 is the worst pain ever.

We want your pain level to be at an acceptable level that allows you to:

• Do the deep breathing and coughing exercises
• Carry out your normal activities such as washing up, sitting, and walking

Pain medication works best if it is taken regularly.

Let your nurse know if your pain does not get better with pain medication or is getting worse.
**Nausea and vomiting**

You may feel sick to your stomach (nauseated) or throw up (vomit) after surgery. You may get medication to prevent nausea every 8 hours for the first 1 to 2 days, and then as needed. Let your nurses know as soon as you feel sick to your stomach so we can give you medication right away and prevent it from getting worse. These medications work best if you take them before the nausea gets uncomfortable.

Other ways to help settle your stomach:
- Place a cool damp cloth on your face.
- Take some slow deep breaths.
- Take small sips of cold water or suck on ice chips (always check with your healthcare team).
- Try distracting yourself with music or watch TV.

**Eating, drinking, and digestion**

Every person’s recovery is different. After surgery, your body needs healthy foods with extra calories and protein to help you heal. It is normal for your bowels to move slower than normal after surgery.

Drinking and eating as soon as you can after surgery helps your bowels return to normal.

The following is what most people may expect to eat after their surgery:
- On the day of your surgery, you may be offered full fluids to regular diet. You may also be offered Boost® 1.5 twice a day. This type of drink is high in protein which helps your body heal.

We ask you often if you are passing any gas. This is a sign your bowels are starting to ‘wake up’ after the surgery.
- Chewing sugar-free gum helps wake up your bowels faster. It can also help keep your mouth moist.
- You may chew gum for 15 minutes several times a day.
- Do not swallow the gum.

The stress of surgery can cause high blood sugars. Your blood sugar may be tested several times after surgery. Some patients temporarily need insulin to lower their blood sugar right after surgery. This is caused by your body’s stress response and does not mean that you have diabetes or that you need to take insulin after you leave the hospital.
During Your Hospital Stay

Activity

You will be on bed rest for the first 24 hours after your surgery. You will be gently reclining in your bed and nurses will help you with your care needs, including helping you move around in the bed. You will have your meals in bed.

Your surgical team will let you know when and how to safely increase your activity levels.

Activity:
- Increases strength
- Prevents complications
- Helps get your bowels moving

Remember to do your leg exercises (as explained in the "leg exercises" section later in this booklet) while you are in bed.

As you improve each day, you will be able to do more for yourself. Keep your activities short and do them often rather than trying to do everything at once. We do not want you to get too tired.

We will encourage you to get up and walk around the unit as soon as you can starting post-op day 2. The physiotherapists will help you with this.

Deep breathing and coughing exercise/ICOUGH Protocol

After surgery, your lungs make extra mucus. Deep breathing and coughing exercise help to clear this mucus from your lungs and prevent lung infections. Deep breathing opens up your lungs and helps to loosen the mucus. Coughing helps remove the mucus from your lungs. Your healthcare team may ask you to refer to your ICOUGH education booklet as well for additional strategies to prevent a lung infection.

Before doing these exercises, make sure your pain score is at a level that allows you to do these exercises. If needed, ask for pain medication at least one hour before doing these exercises.
Deep breathing exercise

Do EVERY HOUR while you are awake.
   1. Start by placing your hands on your ribs.
   2. Take a deep breath slowly in through your nose, expanding your lower chest until you feel your ribs push against your hands.
   3. Hold your breath for a count of 3.
   4. Breathe out slowly through your mouth.
   5. Repeat this 5 more times.

* The nursing staff may provide you with an incentive spirometer to help you with your deep breathing exercises.

Coughing exercise

Do EVERY 2 HOURS while you are awake and after your deep breathing exercise.
   1. Do your deep breathing exercises.
   2. Cough several times.
Moving around in bed

Change position in bed at least **EVERY 2 HOURS**. This helps keep you from getting stiff and gets blood flowing to your arms, legs, and skin. You may find moving difficult because of incision pain.

**To move your body sideways:**
1. Lie on your back.
2. Bend your knees.
3. Lift your hips and shift them sideways.
4. Then follow with your shoulders.

**To roll onto your side:**
1. Bend your knees.
2. Support your incision with a pillow and one hand (the hand on the side you are rolling onto).
3. With the other hand, reach across to the bed side-rail.
4. Pull yourself onto your side, rolling like a log.

**To sit up on the side of the bed:**
1. Bend the knee on the side you are not turning onto.
2. Use your bent leg to help you log roll onto your side.
   Roll your whole body as one as much as possible.
3. Drop your legs over the edge of the bed.
4. Push yourself up with your arms.
**Leg exercises**

These leg exercises help keep the blood flowing through your legs, keep your muscles strong, and prevent stiff joints. These leg exercises reduce the chances of you getting a blood clot.

Do all of these exercises **EVERY HOUR** while you are awake until you can get up and walk around the nursing unit.

**Ankle pumps**
1. Bend your foot up towards your head.
2. Bend your foot down towards the foot of the bed.
3. Repeat **5 times**.

**Ankle circles**
1. Move your feet around slowly in large circles.
2. Repeat **5 times** in each direction.

**Hip flexion**
1. Bend your knee by sliding your heel up toward your body as shown.
2. Slide your heel back down.
3. Repeat **5 times**.

**Thigh muscle contraction**
1. With your leg straight, tighten the muscles on the top of your thigh.
2. Press the back of your knee down.
3. Hold for **5 seconds**. Relax.
4. Repeat **5 times** then repeat this exercise with the other leg.
Preventing blood clots

Hospital patients are at risk of having a blood clot form in the leg veins. This is called a Deep Venous Thrombosis (DVT). Sometimes, the clot can break off and “travel” to the lungs, causing a Pulmonary Embolism (PE) which can make breathing difficult. Although it is rare, PE can be fatal.

Risk factors for blood clots after your hospital stay:
The higher risk of DVT and PE persists for at least the first month after you go home from the hospital. The risk is particularly high if you:

- Just had surgery for cancer.
- Have had previous DVT or PE.
- Spend more than half the day in bed or sitting (when you were able to walk around before being hospitalized).
- Taking hormone drugs or chemotherapy.

If your risk of DVT/PE remains high after you go home from hospital, your doctor may prescribe a blood thinner for you to take at home to lower your risk.

Signs and symptoms of blood clots

It is important that you recognize the signs and symptoms of DVT and PE.

If you have DVT, you may experience any of these:

- Swelling, throbbing, cramping or redness in a leg or calf.
- Pain in your leg when you stand or walk.

If you have PE, you may experience any of these:

- Sudden shortness of breath that you can’t explain.
- Sudden chest pain that feels sharp or gets worse when you take a deep breath.
- Coughing up blood.
- Heart palpitations or racing, especially if you also feel light-headed or faint.
How can you reduce your risk of blood clots?

Effective ways to reduce your risk of DVT/PE:
- Take the injectable blood thinner (e.g. dalteparin or enoxaparin) if it is prescribed by your doctor.
- Walk and remain as active as possible as instructed by your doctor.
- Go to bit.ly/preventingDVT for information on leg exercises that you can do.
- Avoid getting dehydrated. Drink enough water and limit drinking alcohol.
- Some medications can increase the risk of DVT or PE, such as birth control pills or hormone replacement therapy. Speak with your doctor to find out if you should stop taking these.

When to seek medical help
Diagnosis of DVT and PE requires special tests and it is important that treatment be started as soon as possible.

If you have signs or symptoms of DVT or PE, you should:
- Call your doctor and request an urgent appointment, OR
- Go to the nearest Emergency Department if your doctor’s office is closed, OR
- Call 911 immediately if you are feeling faint or very short of breath.
What to Expect Each Day

In this section, you will learn about:

- Surgery day
- Day 1-4
- Day 5
- Day 5 until you leave the hospital
- Day you go home
- Follow-up visit
Every person’s recovery is different. These next pages describe what most people can expect following your surgery.

If you like, you can check off ✓ each item that you complete each day in the check box □ provided.

Most people are ready to go home 7 days after vaginoplasty surgery. We use the guidelines below to help us decide when you are ready to go home. You are ready to go home when you meet the 6 criteria below:

1. Your pain is managed with pills only.
2. You are able to eat food without pain or bloating.
3. You are passing gas or have had a bowel movement.
4. You are able to do your basic activities of daily living as you were before surgery.
5. There is no sign of problems from your surgery.
6. You are dilating independently.

Any time you have questions about your care and recovery, talk with your nurse, your surgeon, or other care providers.

### Surgery day

<table>
<thead>
<tr>
<th>Topic</th>
<th>What to expect</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will I feel?</td>
<td>You probably feel sleepy and need lots of rest.</td>
</tr>
<tr>
<td>What equipment do I have?</td>
<td>You may have several pieces of equipment and tubes. These are different for everybody but can include:</td>
</tr>
<tr>
<td></td>
<td>□ Oxygen mask or nasal prongs</td>
</tr>
<tr>
<td></td>
<td>□ Intravenous fluids</td>
</tr>
<tr>
<td></td>
<td>□ Catheter into your bladder to empty and to measure the amount of urine</td>
</tr>
<tr>
<td></td>
<td>• You will have a dressing (stent) inside your vagina to keep it open.</td>
</tr>
<tr>
<td></td>
<td>• You will have a VAC dressing over top of your vulva. This will be a thick foam dressing that is connected to a small machine which helps the wounds heal quickly.</td>
</tr>
<tr>
<td></td>
<td>• You will have two drains in your vulva to drain excess fluid</td>
</tr>
</tbody>
</table>
**Surgery day, continued**

<table>
<thead>
<tr>
<th>How is my pain treated?</th>
<th>We treat your pain in several ways:</th>
</tr>
</thead>
<tbody>
<tr>
<td>If your pain score is between 4 - 10 out of 10 on the pain scale, tell your nurse.</td>
<td>- Acetaminophen (Tylenol®) every 4 to 6 hours</td>
</tr>
<tr>
<td></td>
<td>- Other pain medications</td>
</tr>
<tr>
<td></td>
<td>Use ways to relax and manage the pain such as deep breathing, warm blankets, or listening to music.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>My activity goals for today</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Keep the head of the bed elevated (30-45 degrees) (Also raise the knee so that the shape of the bed supports your buttocks and thighs and stops you from sliding down.)</td>
</tr>
<tr>
<td></td>
<td>Every hour while awake:</td>
</tr>
<tr>
<td></td>
<td>- Deep breathing and coughing exercise</td>
</tr>
<tr>
<td></td>
<td>- Leg exercises when in bed</td>
</tr>
<tr>
<td></td>
<td>At least every 2 hours:</td>
</tr>
<tr>
<td></td>
<td>- Turn or change position in bed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What can I eat?</th>
<th>When instructed by your healthcare team, you may have ice chips and sips of water for comfort. You may get nausea medication every 8 hours to prevent nausea.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Let the nurse know if you pass gas or have a bowel movement.</td>
</tr>
<tr>
<td></td>
<td>Your blood sugar may be tested regularly.</td>
</tr>
<tr>
<td></td>
<td>Start chewing gum for up to 15 minutes, 3 times a day</td>
</tr>
</tbody>
</table>

| Can I wash? | We may help you wash in the evening. |

<p>| Can I have visitors? | You can have visitors but remember you will be tired. Keep visits short. We suggest only close family visit you today. |</p>
<table>
<thead>
<tr>
<th>Topic</th>
<th>What to expect</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will I feel?</td>
<td>You should feel stronger today but may still feel tired.</td>
</tr>
<tr>
<td></td>
<td>Rest between activities.</td>
</tr>
<tr>
<td>What equipment do I have?</td>
<td>You could have several pieces of equipment and tubes.</td>
</tr>
<tr>
<td></td>
<td>- Intravenous – we may leave it in place if you are not drinking liquids or we are using it to give you medications</td>
</tr>
<tr>
<td></td>
<td>- Catheter in your bladder</td>
</tr>
<tr>
<td></td>
<td>- Dressing over your incision</td>
</tr>
<tr>
<td>How is my pain treated?</td>
<td>We will ask you for your pain score at least every 4 hours.</td>
</tr>
<tr>
<td>If your pain score is between 4 - 10 out of 10 on the pain scale, tell your nurse.</td>
<td>We treat your pain in several ways:</td>
</tr>
<tr>
<td></td>
<td>- Acetaminophen (Tylenol®) every 4 to 6 hours</td>
</tr>
<tr>
<td></td>
<td>- Other pain medications if needed</td>
</tr>
<tr>
<td></td>
<td>Use ways to relax and manage the pain such as deep breathing, warm blankets, or listening to music.</td>
</tr>
<tr>
<td>My activity goals for today</td>
<td>☐ Get up to walk short distances with help (minimum 2 times a day)</td>
</tr>
<tr>
<td></td>
<td>☐ Walk to the bathroom with help</td>
</tr>
<tr>
<td></td>
<td>☐ Every hour while awake:</td>
</tr>
<tr>
<td></td>
<td>  - Deep breathing and coughing exercise</td>
</tr>
<tr>
<td></td>
<td>  - Leg exercises when in bed</td>
</tr>
<tr>
<td></td>
<td>☐ At least every 2 hours:</td>
</tr>
<tr>
<td></td>
<td>  - Turn or change position in bed</td>
</tr>
</tbody>
</table>
### Day 1–4, continued

| **What can I eat?** | You may be able to eat small meals and drink normally as tolerated.  
Tell the nurse if you pass gas or have a bowel movement.  
Ensure you drink enough fluids (as recommended by dietitian) to prevent constipation.  
You will receive nausea medication if you need it. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Chew gum for 15 minutes, three times a day</td>
<td></td>
</tr>
</tbody>
</table>

| **Can I wash?** | Wash at your bedside or in the bathroom. You may need some help to set up. |

| **Can I have visitors?** | Yes, ask your family and visitors to let you rest for 2 hours during the day. |

| **When can I go home?** | Plan to go home on day 7.  
Review this booklet, focusing on “The day you go home” section to help get ready for discharge. |
### Day 5

<table>
<thead>
<tr>
<th>Topic</th>
<th>What to expect</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will I <strong>feel</strong>?</td>
<td>You start feeling stronger today. Rest between activities.</td>
</tr>
<tr>
<td><strong>What equipment do I have?</strong></td>
<td>You could have several pieces of equipment and tubes.</td>
</tr>
<tr>
<td></td>
<td>- Intravenous – we may leave it in place if you are not drinking liquids or we are using it to give you medications</td>
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<tr>
<td></td>
<td>- Catheter in your bladder</td>
</tr>
<tr>
<td></td>
<td>- Dressing over your incision</td>
</tr>
<tr>
<td><strong>How is my <strong>pain</strong> treated?</strong></td>
<td>We treat your pain in several ways:</td>
</tr>
<tr>
<td><strong>If your pain score is between 4 - 10 out of 10 on the pain scale, tell your nurse.</strong></td>
<td>- Acetaminophen (Tylenol®) every 4 to 6 hours</td>
</tr>
<tr>
<td></td>
<td>- Other pain medications if needed</td>
</tr>
<tr>
<td></td>
<td>Use ways to relax and manage the pain such as deep breathing, warm blankets, or listening to music.</td>
</tr>
<tr>
<td><strong>My activity goals for today</strong></td>
<td>□ Get up to the chair without help</td>
</tr>
<tr>
<td></td>
<td>□ After the vaginal stent and VAC is removed your surgical team will teach you how to dilate</td>
</tr>
<tr>
<td></td>
<td>□ Walk to the bathroom with someone standing by</td>
</tr>
<tr>
<td></td>
<td>□ Every hour while awake:</td>
</tr>
<tr>
<td></td>
<td>- Deep breathing and coughing exercise</td>
</tr>
<tr>
<td></td>
<td>- Leg exercises when in bed</td>
</tr>
<tr>
<td></td>
<td>□ At least every 2 hours when in bed:</td>
</tr>
<tr>
<td></td>
<td>- Turn or change position</td>
</tr>
<tr>
<td></td>
<td>□ At least 2 times a day, walk one circuit around the unit with someone standing by</td>
</tr>
</tbody>
</table>
### Day 5, *continued*

| **What can I eat?** | You may eat small meals and drink normally as tolerated. Tell the nurse if you pass gas or have a bowel movement. Ensure you drink enough fluids (as recommended by dietitian) to prevent constipation. You will receive nausea medication if you need it.  
- Chew gum for 15 minutes, three times a day |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Can I wash?</strong></td>
<td>Wash at your bedside or in the bathroom.</td>
</tr>
<tr>
<td><strong>Can I have visitors?</strong></td>
<td>Yes, ask your family and visitors to let you rest for 2 hours during the day.</td>
</tr>
</tbody>
</table>
| **When can I go home?** | Plan to go home on day 7.  
Review this booklet, focusing on “The day you go home” section to help get ready for discharge.  
Ensure that you are registered for Fair PharmaCare.  
If you need help at home you can talk to a social worker.  
If you need equipment at home an occupational therapist and/or a physiotherapist will help you. |
## Day 6 until you leave the hospital

<table>
<thead>
<tr>
<th>Topic</th>
<th>What to expect</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How will I feel?</strong></td>
<td>You feel stronger today. Continue to rest as required.</td>
</tr>
<tr>
<td><strong>How is my pain treated?</strong></td>
<td>Use ways to relax and control the pain such as deep breathing, warm blankets, or listening to music. You will receive:</td>
</tr>
<tr>
<td><strong>If your pain score is between 4 - 10 out of 10 on the pain scale, tell your nurse.</strong></td>
<td>- Acetaminophen (Plain Tylenol®) every 4 to 6 hours  - Other pain medications as needed</td>
</tr>
</tbody>
</table>

### My activity goals for today

- [ ] Walk to the bathroom without help
- [ ] Dilate successfully as per the scheduled provided to you
- [ ] Sit up in a chair for all meals
- [ ] Every hour while awake:
  - Deep breathing and coughing exercise
  - Leg exercises when in bed
- [ ] At least every 2 hours:
  - Turn or change position in bed
- [ ] At least 2 times a day, walk one or more circuits around the unit. You can do all your activities on your own.
- [ ] Change into your own clothes
**Day 6 until you leave the hospital, continued**

| What can I eat? | You may eat and drink normally as tolerated. Ensure you drink enough fluids (as recommended by dietitian) to prevent constipation.  
|                 | ☐ Chew gum for 15 minutes, three times a day |
| Can I wash?     | Wash at your bedside or in the bathroom. You may need some help to set up. |
| Can I have visitors? | Yes, ask your family and visitors to let you rest for 2 hours during the day. |
| When can I go home? | Plan to go home on day 7. Review "The day you go home" section in this booklet. Arrange for someone to pick you up by 10:00 a.m. on the day you go home. Review this booklet, focusing on “The day you go home” section to help get ready for discharge. Ensure that you are registered for Fair PharmaCare. Before you leave, if you still have questions, take time to ask us. |
Caring for Yourself at Home

In this section, you will learn about:

- Pain
- Caring for your incision
- Dilations
- Vaginal rinse
- Caring for your bowels
- Activity and exercise
- Emotions and feelings
- When to get help
The day you go home

How you know you are ready to go home

Everybody recovers at a different rate depending on their general health, any existing health conditions, and the type of surgery.

Generally, you are ready to leave the hospital when:

• Your blood pressure, heart rate, temperature, and blood tests are normal for you.
• Your incision is healing.
• Your abdomen is soft and not bloated.
• You have bowel activity (passing gas or having bowel movements).
• You are able to manage your pain with oral pain pills.
• You are eating well enough.
• You are able to walk short distances.
• You can look after yourself and do simple self cares at home (with help if needed).
• You can self inject your blood thinners.
• You are able to dilate independently. It's important you let your surgical team know if you are having any issues with dilating before you leave the hospital.

Your ride home

When it is determined you are ready to go home, please arrange for a ride home.

Be ready with your prearranged ride home by 10:00 a.m. Ask the person picking you up to come and get you from the unit.

If you cannot get picked up by 10:00 a.m., we may ask you to wait in the Patient Lounge. We do this so we can get your bed cleaned and ready for the next patient.

If there is a problem getting a ride or getting home, you may need to stay in a local hotel. **You cannot continue to stay in the hospital if we feel you are well enough to leave the hospital.**
Follow-up visit

Before you go home, a member of your healthcare team will discuss your plan for follow-up with your surgeon. Your post-operative follow-up appointments will be scheduled prior to your surgery. Please call the Gender Surgery Program BC if you have not been given a schedule with your follow-up dates once you've returned home.

At the appointment, your surgical team reviews how you are recovering, your wound healing, dilation, and vaginal rinsing. It is expected that you remain in the Lower Mainland for 2 weeks after discharge so you can attend in-person follow-up appointments with your surgical team.

If you have any urgent concerns after hours please call VGH hospital and ask to speak to the urologist or plastic surgeon on call. It would be ideal for you to be seen at VGH for any post-operative concerns. If you are admitted to a different hospital related to a surgical complication, we would like to ask that a family member notify your surgeon’s office.

If you want, you can call and make an appointment to see your family doctor within a week of going home. This will allow your family doctor to review your postoperative baseline and general health status. All follow up care related to your vaginoplasty will be completed by the surgical team at the Gender Surgery Program BC.

Medications

Your surgeon may send you home with some medications. You will be provided with a prescription and be responsible for filling it from a drug store. Remember to take them as ordered and ask your pharmacist if you have any questions.

You will also be told whether you need to continue with your previous medications and when to re-start them. If you are not told by the time you are discharged home, ask your family doctor.

Please do not stop or change your medications on your own. Your family doctor may change, re-order or stop them for you.

Avoid aspirin (in any form) as it can increase the chance of bleeding. If you usually take a regular low dose of aspirin, ask your family doctor prior to taking it.

Please ask your surgeon and/or family doctor before taking any herbal or traditional medications (some of them can also cause a risk of bleeding).

Do not drink alcohol when taking any type of medication.
It can take 6 to 8 weeks to recover from your surgery. Even when you are ‘healed’, it can still be several months before you feel completely recovered. There are some things you can do to help your recovery.

Pain

When you are discharged home, it is normal to have some pain for the first few weeks. It is important that you take your pain medication regularly so that you are comfortable enough to sleep, get out of bed, and participate in daily activities inside and outside of the home. Adequate pain control can help in your overall recovery. The goal is to take the least amount of medication, which will limit the side effects you may experience, but enough so that you have an acceptable level of comfort.

How to manage pain:

Remember to take your pain medication before activity or bedtime.

1. Use a pillow for support when you do your Deep breathing and coughing exercise.
2. Try non medication therapy such as: heat or cold compresses, positioning, guided imagery, listening to music.
3. First try taking acetaminophen (Tylenol®).
4. If Tylenol® alone is not enough to ease your pain, take ibuprofen (Advil®, Motrin®) or another non-steroidal anti-inflammatory medication.
5. If you’ve been prescribed opioid pain medication (e.g. hydromorphone, oxycodone, morphine), take this medication if the Tylenol® and ibuprofen does not help.

Opioid pain medication

They are sometimes called “narcotics.”

Commonly prescribed opioids include:

- Codeine: Tylenol 3
- Morphine: M-Eslon, MS Contin
- Tramacet/Tramadol
- Oxycodone: Percocet
- Hydromorphone: Dilaudid
- Tramacet/Tramadol
Information on opioid pain medication

Can I get addicted to opioid medications?

When you take opioid medication for acute pain, such as the pain that happens after operations or accidents, the risk of addiction is low.

Taking opioid medication for an extended time can lead to dependence.

It is important to taper off opioid medication as your pain improves.

What are the side effects of opioid pain medication?

- Sleepiness
  ***Do NOT drive, use power tools, or operate machinery while taking opioids.
  **It is against the law to drive while taking opioids***
- Confusion
- Nausea
- Vomiting
- Constipation
- Itchiness
- Inability to urinate
- Slowed breathing

When do I start tapering off opioid medication?

When the surgical pain becomes manageable, you should start to reduce how much opioids you take.

How do I taper off opioid medication?

1. Reduce how much you are taking (the number of pills you take).
   For example: If you were taking 2 pills each time, start taking 1 pill to see if the pain is managed. If it does, continue with 1 pill each time. Do this for 1 to 2 days.

2. Then reduce how often you are taking the medication.
   For example: If you are taking a dose every 4 hours, then take a dose every 6 hours instead for 1 to 2 days. Then take a dose every 8 hours for 1 to 2 days. Then consider stopping.
Can I go through withdrawal?
Withdrawal symptoms are a sign that your body is used to taking opioids regularly and that you need to reduce the opioids more slowly.

Withdrawal symptoms are:
- Sweating
- Fever
- Nausea
- Vomiting
- Feeling agitated or irritable

How do I store opioid medication?
These medications should be kept out of sight and ideally in a hidden or locked area.
Make sure you keep your opioid medications safely out of reach of children and the elderly as taking these can cause harm to them.

How do I dispose of extra opioid medication?
If you have unused opioids, most pharmacies in British Columbia have a drug return program where they will properly dispose of extra medications.

Never save medications, thinking you may use them at a later date.
All medications have expiration dates and may not be safe to take later.
Dilation after Vaginoplasty

Dilation is important to maintaining your vaginal opening and depth. Dilation is the most important part of your vaginal care and is a life-long therapy. Ceasing dilation will lead to loss of depth and closure of your vaginal cavity, which is irreversible.

This is an initial guide - you may be given different instructions based on your wound healing.

**Weeks 1–2:**
Dilate: 3 times/day
Dilator: SMALL-15 minutes

**Weeks 3–6:**
Dilate: 3 times/day
Dilator: MEDIUM-15 minutes

**Weeks 7–16:**
Dilate: 3 times/day
Dilator: LARGE-15 minutes

Start your dilation timer once the dilator is inserted to full depth.

If you are finding dilation with the SMALL dilator is easy you can advance to the MEDIUM dilator before week 3. Continue on the remainder of the dilation schedule as written.

During your first week home, dilation may be more painful due to increased inflammation of the vaginal tissues. It may be more difficult to insert the dilator at first. Please refer to the pelvic floor relaxation information provided here to guide you through dilation.

**DO NOT cease dilations.**

At 4 months (after 16 weeks) you can decrease the frequency of your dilations to twice daily with the LARGE dilator. At this time, depending on your goals, you can also increase to the EXTRA LARGE dilator. It is not required that you dilate with the EXTRA LARGE dilator, this is your personal preference.

At 10 months you can decrease the frequency of your dilations to once daily with the largest dilator you have been using.

After 1 year it is recommended to dilate at least once weekly continuing to use the largest dilator you have been using.

If you start to have discomfort or feel like you are losing depth, increase the frequency of your dilations. Penetrative sex does **not** replace the need for dilation to maintain vaginal depth.

On the day of your discharge from hospital there may not be time to complete 3 dilations. Please do your first dilation of the day while still in hospital. If you only have time for one additional dilation during the day, leave the dilator in for 30 minutes during that session. Resume regular schedule, 3 times daily, the following day.
Get ready:
1. Wash your hands, clean your dilators with mild soap, and rinse them thoroughly.
2. Pick a room that feels quiet and comfortable.
3. Place a disposable pad or clean towel beneath your buttocks.
4. Relax your pelvic floor:
   • Begin with 5-10 deep breaths, trying to think about breathing into your tummy.
   • Focus your attention on your pelvic floor muscles, the muscles that run between your tailbone and pubic bone, and between your sitz bones.
   • Imagine these muscles being made of butter or something soft.
   • Visualize the muscles melting or easily moving if they are stretched.
   • Try to imagine relaxing these muscles the same way you would relax your muscles before going to pee.
   • As you begin your dilation process try to maintain deep breaths.
   • Continue to imagine your muscles being soft and easily stretched.

What to do:
5. Hold the dilator by the base with the tip pointing upwards, dots facing away from you.
6. Apply about a tablespoon of lubricant to the tip of the dilator.
7. Using a mirror or by touch, find the vaginal opening and gently insert the dilator as follows:
   • Insert the dilator at a 45° angle about 5 cm, the dots will be facing you.
   • As you insert the dilator it will become parallel with the bed, dots will face the ceiling.
   • Once the end of the vagina has been reached apply gentle and steady pressure.
   • If the dilator feels painful as you’re inserting it, pause to repeat your deep breathing and visualization, relaxing the muscles like you’re about to go pee or pass gas.
   • Try again to move the dilator further inwards.
   • Repeat the above steps until the dilator is fully inserted.
8. Start your timer and keep the dilator in place as required.
9. Gently remove the dilator and place it on the pad.
10. Clean the lubricant from your vagina, particularly the backside of the vaginal opening.
11. Wash your hands.

Clean up:
12. Clean your dilators with mild soap and rinse thoroughly.
13. Dry the dilators and place in their case.

Swelling of the labia majora will decrease over time. It is not accurate to use the marks on the dilator to measure your vaginal depth.

Tips for dilating:
• Try to keep the dilator from placing too much downward pressure toward your anus, as this can be a sensitive area after surgery.
• Try to maintain deep breaths throughout dilation.
• Try to keep your belly, groin, and hips as relaxed as possible.
• Prop your head up with a pillow or place pillows under the knees to allow your muscles to relax fully while dilating.
• If the dilator feels painful while you are removing it, repeat your pelvic floor relaxation.
• You can add extra lubricant around the opening to your vagina if it’s painful on removal.
Positions for dilating:
When dilating try to limit creating extra tension in other muscles or on your incisions.

**Try** placing a few pillows behind your head to slightly elevate it, instead of straining your abdominal muscles to lift your head or sitting upright.

**Try** placing several pillows under your knees/legs to support them, instead of tensing your leg muscles to keep them lifted or letting your legs fall into a butterfly position.

**Avoid** dilating in a full butterfly position as this can put strain and tension on your incisions and vagina.

**Avoid** dilating sitting upright or slouched over as this can put extra pressure on your incisions and vagina.

Meditation for dilating:
Some people may find listening to a meditation helpful when dilating. Any meditation focused on relaxation can be helpful. A dilation specific meditation can be found in the following link: yourpaceyoga.com/wp-content/uploads/2018/05/dilator-meditation-for-the-trans-woman-yourpaceyoga.mp3
Vaginal Rinsing

Your vaginal cavity is made of skin tissue which naturally sheds over time. Vaginal rinsing is an important part of your post-operative care. Vaginal rinsing will also be part of your on-going hygiene regimen once your incisions have healed.

You may have read online that vaginal rinsing (or douching) is not recommended- this is only for natal vaginas in cis-gendered women. Vaginal rinsing is an important part of care for transwomen.

Post-operative vaginal rinsing:

Your surgeon will tell you when it is time to start vaginal rinses. We will explain the vaginal rinsing process in clinic.

Pictured below are different options of rinse kits which are available for purchase at drug stores or online.

![Rinse kits](image)

During the post-operative period you may notice yellow/brown discharge from your vagina- this is part of the normal healing process. Vaginal rinsing helps to clear this discharge out of your vagina which helps the healing process.

**For the first 2 weeks:**
- Type of solution: Mix 120 mL (½ cup) betadine and 120 mL (½ cup) warm tap water
- Frequency: 2 times a day, after your first and last dilations

**For the next 6 weeks:**
- Type of solution: saline (for purchase or see recipe next page)
- Frequency: 2 times a day, after your first and last dilations

**After the first 2 months:**
- Type of solution: warm tap water
- Frequency: as needed for the rest of your life

If discharge persists beyond 6 months after surgery, consult your surgeon or nurse so that a vaginal exam can be performed.
Follow these steps:

Get ready:
1. Empty your bladder and wash your hands.
2. Mix rinse solution, if necessary, and pour into reservoir.
3. Stand in the shower or sit on the toilet.

What to do:
4. Apply a small amount of lubricant to insertion tip.
5. Insert the tip into your vagina up to 7.5 cm (3 inches).
6. Gently squeeze the reservoir or open the clamp to empty the solution into your vagina.
7. Remove the tip and allow the liquid to flow out.

Clean up:
8. Wipe from front to back with tissue or a clean towel and wash your hands.
9. Wash the rinse kit with mild soap and rinse thoroughly with water.
10. Leave the rinse kit to dry in a clean and dry place.

It is recommended that you expose your genitals to the air for at least 15 minutes after rinsing.

Saline water at home:
Purchase from a drug store or make your own:
1. Opened containers of saline, either store-bought or homemade, must be kept in the refrigerator.
2. Homemade saline is good for 2 days in the fridge. Store-bought saline is good for 30 days when refrigerated.
3. Take saline out of the refrigerator 30 minutes before use.
4. Discard the saline if it looks dirty or cloudy.

How to make homemade saline:
1. Wash your hands.
2. Boil 1 litre of water for 20 minutes.
3. Add 2 teaspoons of table salt to the boiled water, stir until dissolved.
4. Allow solution to cool.
5. Wash storage container in the dishwasher or with hot and soapy water, rinse well.
6. While avoiding touching the inside of the container or the saline liquid, pour saline into storage container.

Once you’re past the immediate post-operative period, it is your choice if, when, and how you do your vaginal rinses. Vaginal rinses help to support the health of your vagina by removing residual lube, semen, and dead skin slough, if present.
Caring for your incisions

Washing:

• You can gently wash your vulva with non-scented soap and water.
• Pat your incision dry with a clean towel.
• DO NOT rub your incision.
• Ask your surgical team when it is okay to shower.
• The water can run on the incision but NOT directly spray the incision.
• DO NOT soak in a bath, pool, hot tub, or lake until your surgeon or family doctor says it is safe to do so (at least 6 weeks after surgery).

As your incision heals it may become itchy. Avoid any rubbing or scratching as the itchiness is a normal part of the healing process.

• Vaginoplasty is a complex surgery and complications are possible, including wound healing challenges.
• It is normal to have bruising and swelling after surgery. The bruising may go from your hips to your knees. You may have more swelling on one side than the other and it can change throughout the day. It will go down gradually, taking up to 6 months to resolve. Keeping ice on your vulva for the first few weeks after surgery can help reduce this. Note: make sure the ice pack is never put directly against your skin as this could cause frost bite.
• Sutures may take up to 3 months to fully dissolve. All sutures are expected to dissolve although there may be a few that come loose. Some sutures may even poke out. It may be possible for your provider to trim the end of the suture if it is bothering you.
• Your vulva will get smaller as your swelling goes down. This might make it seem like you are losing vaginal depth because your vulva will cover less of the dilator when you are looking down at it. Keep in mind that the depth of your vagina is measured from your vaginal opening to the back, and not from the outer edge of the labia. If your swelling seems to be worsening, speak with your surgical team as soon as possible.
• While you are resting at home, you may not need any dressings on your incisions. You may notice fibrin on your vulva. Fibrin is the yellowish sticky substance that builds up around your wounds. It should dry up and fall off on its own. If your incisions are too moist, the fibrin will not dry up and fall off. This is why you will be asked to expose your vulva to air as much as possible. If the fibrin is building up a lot and not falling off, speak with your surgical team.
• Wear cotton underwear and a pad or panty liner as long as you are experiencing any drainage/discharge.
• Once all your incisions are closed you can begin to gently massage your scars.
• Bleeding is a common complication after surgery. Some of the tissues used in this surgery bleed very easily. There is naturally some oozing of old, darker blood from the incision sites, as well as discharge of varying colors, mostly yellow, brown and blood tinged. Although rare, call your surgical team if you experience a rush of blood, especially if clots are noted.

The following are normal findings after surgery. They will improve with time. If they do not seem to be improving, speak with your surgical team:

• Lopsided labial appearance
• Blanched whitish appearance to vulva
• Wound separation at the base of the vagina opening
• Loose sutures at the incision line
• Urinary spray
• Some drainage from your incisions
• Strong odor while healing, if this odor changes contact your surgical team
• Blood clot/scab over clitoris
• Visible incision lines on your labia (do not tug or cut these sutures - they will dissolve on their own)
Caring for your bowels

You may find your bowels do not work the same way they did before your surgery. It can take a few weeks for your bowels to work normally.

Constipation

- This can be from your pain medication, especially if you are taking opioids.
- To prevent constipation:
  Drink at least 6 to 8 glasses (1.5 to 2L) of water each day unless you have been told differently because of a medical condition.
- Include fruits, vegetables, peas, beans, lentils, and whole grains in your diet each day. These foods are high in fibre.
- Drink prune juice.
- Keep active. Go for a walk every day.
- To treat constipation, talk to your pharmacist about a mild laxative or a stool softener. Do not use an enema or suppository without checking with your surgeon first.

Diarrhea

- Persistent severe diarrhea is not normal and should be brought to your surgeon’s attention
Activity and exercise

Rest
- Rest is important for your recovery. Your body heals when you are resting.
- Try to get at least 8 hours of sleep each night.
- Take naps or rest breaks frequently during the day.

Exercise
- Gentle exercise helps build your strength, improves your circulation, and generally makes you feel better.
- Follow the activity recommendations provided by your hospital physiotherapist.
- Be careful not to tire yourself out. Slowly increase your activity. Let pain be a general guide to what you do and how often you do it.
- When you get home you may be surprised by how tired you feel. This is a normal feeling. Your energy level will improve over the next few weeks.

These are only general guidelines. Please confirm them with your surgeon.
- Plan your day to allow time for both rest and activity.
- Continue with your Deep breathing and coughing exercise.
- Begin with taking short walks, gradually increasing how far you walk.

For the first 4 to 6 weeks after your surgery:
- Do not lift, push, or pull anything over 4 to 5 kg (10 pounds). This includes carrying children and groceries. (A 2 L milk carton weighs almost 5 pounds).
- Use your legs when you lift.
- Do not do any activities that pull on your incision and abdominal muscles such as:
  - **Prolonged sitting**
  - Vacuuming
  - Raking
  - Painting walls
  - Reaching for things in high places

For at least 8 to 12 weeks after surgery:
- Do not do anything that puts extra stress on your stomach muscles such as doing sit-ups.
Driving a car
Before you start driving, check with your doctor to make sure it is okay.

Only drive if you are able to:

- Put pressure to the brake quickly and without pain
- Safely do a shoulder-check
- Wear your seatbelt
- Focus and pay attention

You can drive if you are only taking Plain Tylenol or ibuprofen

- Do not drive your car while you are still taking opioid pain medication.
  ***It is against the law to drive while taking opioids***

Sports
About 10 weeks after your surgery and if your surgeon says it is okay, you can go back to playing any sports that do not involve contact such as golf, running, and tennis. Ask your surgeon when it is safe for you to play contact sports such as hockey or football.

Sexual activity
Some people find they do not have the same interest in sex as they had before surgery. This is normal and interest usually increases as you feel stronger. Many people have questions about when they can return to sexual activity. Your surgical team welcomes questions about when the best for you to resume sexual activity would be. For additional information about sexual activity, click the link: http://live-transcarebc.button.build/vaginoplasty-surgery-guide/#c=1200&s=1248 or scan the QR code.

Going back to work
Always check with your surgeon or family doctor before going back to work. Some people return to work 6 to 8 weeks after surgery. When you go back to work depends on the type of work you do and the type of surgery you had. Sometimes it can take longer for you to recover enough to go back to work.
Emotions and feelings

The effects of anesthesia, surgery and a prolonged recovery can lead to mood changes. Some of the emotions you may feel are anger, anxiety, fear, despair or hope, sadness or depression or acceptance. Some people may notice their mood changes show up as an increased sense of dysphoria. This is a normal response to stress and anesthesia and will improve as you continue to heal. Some experience changes in their sleeping habits, concentrating and remembering. This is one of the reasons it’s helpful to make a schedule and set alarms for when to take your medications. Post-op depression can happen in hospital or after going home.

This is common and may last a few days or sometimes a few weeks.

Each person’s recovery is unique, and there is no right or wrong way to cope with it. Many people find by sharing and talking about their concerns with their family members, friends or their surgical team helps. And others find attending support groups helps. Ask your family doctor, Trans Care BC and/or surgeon about any support groups that may be available. Many people find that connecting with others who have had the same surgery is valuable.
When to get help

Contact your surgeon or go to the emergency room if any of the following happens:

- Your pain gets worse or does not go away with pain medication.
- You have a fever over 38.5°C (101.3°F).
- Your incision becomes red, swollen, or hot to touch.
- If your swelling significantly increases.
- You notice foul smelling liquid coming from your incision.
- You start bleeding from your incision or vagina that is worse than usual and/or will not stop.
- Difficulties with swallowing resulting in decrease appetite and constant weight loss.
- You feel sick to your stomach (nauseated) or throw up (vomit) often for more than 24 hours.
- You have diarrhea that lasts for more than 2 days.
- No bowel function for 48 hours.
- You are unable to pee and/or your catheter is not draining.
- If you experience any pain, aching or redness in your calves and/or swelling of the legs.
- You have difficulty breathing.
- You are unable to dilate or experiencing any issues with dilation.

If you are not able to contact your surgeon or go to the nearest Emergency Department, and ask to speak to the urologist or plastic surgeons on call.

If possible go to the Emergency Department at Vancouver General Hospital. If your concerns are life threatening go to the nearest Emergency Department.
Resources

Vancouver Coastal Health

CIBC Centre for Patients and Families
Vancouver General Hospital – Jim Pattison Pavilion
899 West 12th Avenue
604-875-5887
Resource centre for patients and family.
centreforpatients.vch.ca

Gender Surgery Program BC
http://www.vch.ca/Locations-Services/result?res_id=1457

Vancouver General Hospital
Admitting Department
Jim Pattison Pavilion
899 West 12th Avenue
1st Floor
604-875-4300
604-875-4937 (Sunday and statutory holidays from 9:30–12:30 p.m.)
Pre-Admission Clinic
Gordon and Leslie Diamond Health Care Centre
2775 Laurel Street
3rd Floor
604-675-3675

Health professionals

Dietitians of Canada
dietitians.ca

HealthLinkBC
8-1-1
Non-emergency health information provided by a nurse, pharmacist or dietitian.
healthlinkbc.ca

Health Canada
1-866-225-0709
Resource for general health information.
canada.ca/en/health-canada.html

Canadian Association of Occupational Therapists - British Columbia
– to find an occupational therapist in your area.
caot.ca/site/findot

Pain BC
1-844-880-7846
Resource for pain management.
painbc.ca

Physiotherapy Association of British Columbia (PABC)
– to find a physiotherapist in your area.
bcphysio.org

QuitNow
1-877-455-2233
Resource for quitting smoking.
quitnow.ca

Trans Care BC
1-866-999-1514
phsa.ca/transcarebc/

Accommodations

Government of British Columbia
Hotel accommodation for patients (and accompanying family members) requiring out-of-town Medical Services.
csa.pss.gov.bc.ca/medicaltravel/

Places to Stay near VGH and UBC
centreforpatients.vch.ca/practicalresources/accommodations

Equipment

Red Cross
1-800-565-8000
or check local listings for #.
redcross.ca

Transportation

HandyDART
Provided by local bus services throughout BC
check local listings for #.
In Lower Mainland:
604-575-6600
translink.ca/rider-guide/transit-accessibility/handydart

TAP
(Travel Assistance Program)
1-800-661-2668
https://www2.gov.bc.ca/gov/content/health/accessing-health-care/tap-bc/travel-assistance-program-tap-bc

Hope Air
Provides airfare and up to 7 days accommodation for patients who qualify.
1-877-346-HOPE (4673)
hopeair.ca
Track your pain medications

Below is a table to help you plan out when to take your pain (and other) medications. You can also print medication tracking sheets online. Some people find it helpful to organize their medications in a pill organizer or dosette.

Date: _______________________

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Morning</th>
<th>Noon</th>
<th>Evening</th>
<th>Bedtime</th>
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Acknowledgements


We hope you found the information in this booklet helpful.
If you would like to provide feedback on the booklet, please email us at: eras@vch.ca

If you would like to complete a 5-minute survey about the ERAS program at VCH, click the link bit.ly/ERASSurvey or scan the QR code. Your feedback will help improve future care for patients.

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