Surgical Instruction Packet

Vaginoplasty

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For any life-threatening emergencies please call 9-1-1

Congratulations on your upcoming surgery!

Contained within this packet is all the information you need to be well-prepared for your operation. To make things easy to understand, we have divided the information into three sections: Preop, Postop, and Forms. *Please note that depending on your surgeon, there may be some differences in your care instructions – it is important that you communicate with your surgical team.*

Please be sure to scroll through each page of this document in order to get an idea of its contents and fill in each required field. *Note that you must sign the required forms in order to proceed with your surgery.*

Once you have completed signing, all documents will automatically be forwarded to us. **Please remember to download your packet**. This will enable you to review the information more carefully as your surgery date approaches.

Thank you, and as always, please do not hesitate to contact us if you have any questions.

Sincerely,
Your Align Surgical Team

Contents

Forms (Required)

The following forms must be completed via DocuSign in order to proceed with Surgery. If you have not received the required forms, please contact the office immediately.

- ☐ Updated Health Information
- ☐ Preview of Surgery Informed Consent
- ☐ Preview of COVID-19 Informed Consent
- ☐ Sterilization Informed Consent
- ☐ Mental Health Consent Form
- ☐ Post-Operative Housing and Care Form
- ☐ Photograph Release and Consent Form

Preoperative Instructions & Timeline

Preoperative Timeline

4 weeks before surgery
- Obtain medical clearance letter(s) (only if instructed)
- Obtain required Labs (only if instructed)

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1-2 weeks before surgery
- Preoperative Visit (usually over phone or video call)
- Prescriptions will be sent in

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A few days before surgery
- Fill Prescriptions (obtained at Preoperative Visit)

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Day before surgery
- Bowel Prep

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Night before surgery
- Nothing to eat past midnight
- Place scopolamine patch behind ear *(wash your hands after)*

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Morning of surgery
- Take Gabapentin, Celebrex, +/- Emend with a sip of water

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Surgery

Medications

Your prescriptions are sent to your pharmacy after your preoperative appointment. Pick up your prescriptions BEFORE your operation.

- *Some medications may be different depending on your needs and medical history.*
- ***If there is a rash with ANY medication, stop taking the medication.***

The NIGHT BEFORE Surgery:

Scopolamine patch (for nausea)

- Place behind your ear **the night before the operation**
- *Do not rub your eyes, and wash your hands after touching the patch*
- Take it off the day after surgery - otherwise may cause dizziness or double vision

The MORNING of Surgery:

Emend (for nausea)

Celebrex and Gabapentin (for pain)

- **AFTER speaking with your surgeon in the Preop Bay the morning of your surgery**, take these with a small sip of water

AFTER Surgery:

Pain Medications

- Narcotics (such as Percocet, Oxycodone)
- NSAID (such as Toradol, Ibuprofen)
- Neuromodulator (such as Gabapentin)

Pain after surgery is normal.

- Expect pain level to be 3-4 out of 10, not 0.
- You may taper off your pain medications at any time.
- Itching from narcotic pain medication is NORMAL. Benadryl can help.

Other medications we may prescribe:

- Stool softener
- Antibiotics (such as Keflex, Augmentin)
- Anti-nausea medication (such as Zofran)
- Anti-anxiety medication (such as Ativan)
- Steroids for facial swelling
- Arnika can help reduce swelling / bruising after surgery. It is optional, and available for purchase at any pharmacy or online (amazon.com). Start 2 days prior to the operation and take for 1-2 weeks.

REFILLS: Call M-F DURING BUSINESS HOURS. If you are running low, please plan ahead. No refills can be processed over the weekend.

DISCUSS blood thinners like Aspirin, Warfarin, or Plavix with your surgeon.

Things to **STOP <u>BEFORE</u> SURGERY**

- **STOP Supplements** such as Ginseng, Turmeric, Ginkgo Biloba, St. John's Wort (do not stop suddenly), Fish Oil, and Vitamin E. DO NOT start anything new (aside from Arnika).
- **STOP SMOKING CIGARETTES (all tobacco products)** at least 1 month before and 1 month after surgery (preferably PERMANENTLY). Nicotine causes poor wound healing, infection, scarring, and anesthesia complications.
- **STOP ALCOHOL** at least 1 month before and 1 month after surgery. Alcohol thins the blood and increases the risk for bleeding.
- **STOP SMOKING MARIJUANA** 1 month before and 1 month after surgery surgery. Marijuana can interfere with general anesthesia. Edibles are generally ok after surgery. DO NOT take any marijuana the morning of surgery, this can affect your heart.
- **STOP SUDAFED** and Pseudoephedrine-containing decongestants 3 days before surgery.
- **STOP ASPIRIN** and aspirin-containing products, for example, Aspirin/Alka-Seltzer/Excedrin. Talk to your surgeon if you are taking aspirin for your heart.
- **STOP OZEMPIC/WEGOVY (any semaglutide) diabetes/weight loss medication** 2 weeks before surgery. These medications increase your risk of vomiting while unconscious.
- **STOP ACCUTANE (isotretinoin)** 6 months before surgery, it will cause poor/thick scarring
- ***You may need to*** **STOP all immunomodulator biologics (examples: humira/remicade)** Talk to your surgeon about *when* to stop and restart them, since they will affect healing.

SURGERY WILL BE CANCELED if you fail to stop the use of nicotine products, marijuana, and alcohol! If you are smoker, nicotine levels will be tested preoperatively.

These instructions are subject to modification based on your medical history and your surgeon's/clinician's assessment.

HORMONES

CONTINUE ALL Hormone Therapy, unless otherwise directed by your surgeon.

- SPIRONOLACTONE – DO NOT take on the day of surgery.
- Bring all your hormones with you, in case the hospital does not carry them.
- Two months after surgery, follow up with your provider to check hormone levels.
- DO NOT STOP thyroid medication.

Bowel Preparation Regimen – Day Before Surgery

What you will need:

- MiraLax 238 gram bottle (or purchase the cheaper generic - Polyethylene Glycol 3350)
- 64 oz sports drink (not red or purple in color)
- Two Fleet Enemas, Saline
- Dulcolax Tablets

Two days prior to surgery, avoid the following foods:

- Nuts / Seeds
- Legumes
- Fruit
- Red Meat
- Whole Grains / High Fiber
- Dried Peas

One day prior to surgery:

1. First thing in the morning, mix the whole 238 gram of MiraLax with a 64 oz sports drink (not red or purple in color)
2. Drink 8 oz of the solution every 10-15 mins until the entire solution is gone.
3. It is important to drink this in the morning, the day before surgery. **DO NOT** wait until the afternoon. It requires a whole day to be most effective.

No solid food this day.
Clear liquids (or foods that melt in to clear liquids) only. These include: Water, Broth, Black Tea, Coffee, Jell-O, Popsicles, Sports Drinks, Apple Juice, Ginger Ale, Sprite.

EVENING prior to surgery:

1. Administer ONE fleet enema the evening prior to surgery
2. Take two Dulcolax tablets before bedtime the night prior to surgery
3. Administer the SECOND fleet enema on the morning of surgery prior to coming to the hospital/surgery center.

Do not eat or drink after midnight.
Do not chew gum or suck on hard candy.
Brushing teeth is okay.

MiraLax (Polyethylene Glycol 3350), Fleet Enemas and Dulcolax Tablets can be purchased on Amazon, or at your local pharmacy.

Night Before Surgery – Cleansing Instructions

Minimum Requirement:

1. Shower with mild soap (e.g., Dove, Ivory) the night before surgery, paying special attention to the surgical site(s).

Strongly Encouraged:

2. Apply Hibiclens Antiseptic Cleanser to your body, especially the surgical sites, away from the shower stream.
3. Rinse it off with warm water, and dry with a clean towel. Put on freshly laundered nightwear.
4. On the morning of surgery, repeat the Hibiclens cleansing process without using regular soap.
5. You can buy Hibiclens at a pharmacy or online. Let the Align team know if you can't purchase it.

Post-Operative Care & What to Expect

- **Take it easy**, even if you feel stronger. Until 8 weeks after surgery, your incisions are fragile.
- **Stay hydrated.** This will help prevent urinary tract infections. Electrolyte solutions help.
- **DO NOT smoke.** It can hurt your healing and cause your body to reject and graft material.
- **DO NOT drink alcohol.** It increases your risk for bleeding.
- **DO NOT get constipated.** If you are constipated, take miralax every 8 hours until you have a smooth bowel movement.
- **DO NOT stay wet or soak your body until 8 weeks**. Gentle, *quick* showers after week 1 are ok.
- **DO NOT lift** anything heavier than 20 lbs. until 8 weeks.
- **DO NOT wipe back to front.** Always front to back.

Normal Things to Expect

- Swelling is normal, and *will start to go down* around 2-3 months after surgery.
- Bleeding and spotting are normal and expected up to 3 months after surgery. If bleeding is profuse and does not stop with pressure, call our office.
- Some wound separation is normal, particularly at the lower part of the vulva. This usually happens around week 2, and will heal in on its own by months 2-3. Leave it alone.
- There may be an odor. This is normal, and douching may help (see douching instructions). If the odor becomes strong, and is associated with fevers/redness, please contact the office.
- Spraying or a crooked urine stream is normal. This will correct itself after 6 months once swelling has decreased and sensation has returned.
- Numbness throughout the area is normal and may be until 1 year that full sensation has returned.

Medications and all post-op instructions will be reviewed with you in detail prior to sending you home. **If you have any issues, at any time, do not hesitate to call us!**

Pelvic Floor Therapy

We recommend that most patients who receive bottom surgery (less so nullification or zero-depth patients) seek out pelvic floor therapy, which can help with dilation (if you have a vaginal canal), sex, urination, and pelvic floor pain. This does not mean you have a problem; it is to help make your recovery a smoother experience. Though not mandatory, we highly recommend it. We will help you get set up with a therapist.

Hyperbaric Oxygen Therapy

Hyperbaric oxygen therapy may help with a smoother recovery after surgery, by encouraging faster healing, decreasing swelling, and improving tissue graft survival. Though it is not mandatory, it is highly recommended. We will help you get set up with a center.

CONTACT THE OFFICE IF YOU EXPERIENCE:

- *Increased swelling, bruising, redness, or pain not relieved by medication.*
- *Rash, nausea, headache, vomiting, or temperature over 101 degrees.*
- *Yellow/green/foul-smelling drainage from the incisions or bleeding not controlled with gentle pressure.*

Postoperative Timeline

Week 1

You will have a foley catheter, vaginal packing (if you have a vaginal canal), and may have a wound vac over your vulva. You will be instructed on how to take care of the foley catheter. Blood in your urine is normal and expected after surgery.

- **DO NOT LEAVE YOUR HOME** outside of your appointments. You may walk very gently around your bed, or to the bathroom, or to the kitchen.
- Eat a well-balanced, regular diet.
- **DO NOT GET CONSTIPATED**. If you haven't had a bowel movement 4-5 days after surgery, take miralax or magnesium citrate every 8 hours until you have a smooth bowel movement.

End of Week 1

You will come into the office, and we will remove the foley catheter, wound vac, and packing.

*If you have a vaginal canal, you will be instructed on dilation, which you will start immediately. See the table at right for general guidelines for dilation.

General Guidelines for Dilation

Weeks Post Surgery	*Color & Diameter of Dilator*		*Frequency of Use*
1 – 2	**VIOLET**	1⅛" Dia.	3x Daily
2 – 3	**BLUE**	1¼" Dia.	3x Daily
4 – 6	**GREEN**	1⅜" Dia.	3x Daily
6 – 8	**ORANGE**	1½" Dia.	3x Daily

**You may move up to a larger dilator much sooner than this schedule if you are comfortable.*
You may also be given an **overnight dilator, which will be for you to leave in place overnight while sleeping.*
During the day, **you must still use the hard dilators.*
You have **8 weeks from the date of surgery to reach your goal dilator. After 8 weeks, it is unlikely that you will be able to accommodate larger dilators. Every person's goal dilator can vary – just as not everyone desires vaginal penetrative intercourse. Whatever your size goal is, be there by 8 weeks.*

Week 2-6

Continue to take it easy, even if you feel better. Your incisions are still very fragile.

- Expect a lot of drainage (of many different colors, including blood). This is normal. Change your maxi pads as frequently as needed to keep the surgical site dry. It is not unusual to have to change the maxi pads every 2 hours initially.
- Your surgeon may start you on tampons to help with the drainage.
- Your surgeon may start you on topical steroids to help with granulation tissue. On your last dilation of the day (before bed), squirt some steroid cream into your vaginal canal, and then complete your last dilation. Make sure the inside of your canal is COATED with the steroid.
- After urination or bowel movement, gently rinse the genital and rectal areas with soap and warm water and pat dry. Do not sit in a bath.
- Some people will want to start douching - it may help to keep the area clean.

Week 6-8

- Slowly start increasing your activity level. Taking a short walk outside is ok.
- If you get tired or start feeling full/heavy in your pelvis, it's time to rest.
- You can start gently exploring your vulva and masturbating. A vibrator can help.

Week 12 (3 months)

- You should be back to your baseline – resume your normal activities.
- You may still be swollen, and you may still tire easily. This is normal will continue to improve.
- You are **now free to engage in vaginal/anal sex**. Speak with your surgeon to confirm.

If you have a vaginal canal:

Douching

- *Douche with 1 cup of tap water with 1 drop/squirt of gentle liquid soap (Dove/Ivory). The solution can be placed into an enema/douche bottle.*
- *DO NOT use any chemicals like borax or vinegar until you are completely healed at 8 weeks.*

- *Apply a small amount of lube to tip of douche and place 1"-2" into vagina. Give a very firm squeeze. Best time to douche is while sitting on toilet, or as you are taking a shower.*
- *Douche 2-3 times a week or as needed.*

How to Dilate

We will *provide you with a dilator set.*

- *Apply water-based lube to the dilator.*
- *Gently insert dilator into the vagina at an angle of 45 degrees until under the pubic bone, and then flatten the angle of the dilator and continue inserting straight inward. Once you are under the pubic bone, imagine aiming the tip of the dilator toward your belly button.*
- *Expect to feel a small amount of resistance and tenderness. This is normal.*
- *Insert the dilator into the full depth of the vagina (until you feel moderate pressure or resistance) and leave in place for **30 minutes**. You should get the same depth every time you dilate.*
- ***Continue dilating three times every day**. Upsize the dilator at your comfort level. The chart on the previous page is only a rough guide. Remember that you have 8 weeks to reach your maximum dilator, whatever that is for you. You want to use the largest dilator that fits comfortably.*
- *Continue dilating for up to a year. After a year, you may slowly change your dilation regimen.*
- ***NEVER** completely stop.*

Fertility

Most surgeries that change the genitals (bottom surgeries) can make it difficult or impossible to have biological children. **It is vital to communicate with your surgeon if you want to have biological children, or even if you're not sure yet.** While our surgeons do not provide fertility counseling or treatments directly, it is imperative to share your concerns about fertility with us. This communication will enable us to collaboratively select the most appropriate surgical option for you.

Professional Guidelines

Two major organizations, the World Professional Association for Transgender Health (WPATH) and the American Society for Reproductive Medicine (ASRM), recommend that providers counsel transgender and non-binary patients on how medical and surgical gender-affirming therapies might affect their ability to have children. If you have questions regarding how medical treatments such as hormone therapy or puberty blockers affect having children, it's a good idea to talk to the physician or healthcare provider who prescribed these medications.

For Patients Assigned Female at Birth:

If you haven't had surgery to remove your ovaries, there are ways to preserve your ability to have children. One way is through egg or embryo banking. This means a fertility specialist, called a reproductive endocrinologist, helps save your eggs or embryos (fertilized eggs) for later. This usually takes place close to where you live, and you'll need to take hormones. It also involves either keeping your uterus or finding a gestational surrogate (someone who carries a baby for someone else). Keep in mind, this process can be expensive, might take a few tries, and insurance might not cover it.

It's also good to know that there are surgeries that can change the genitals but still keep the uterus. If the uterus is kept, the vagina is also kept. This is important because the uterus needs a natural way to clean itself. But surgeries that keep the vagina AND lengthen the urethra (so you can urinate while standing) has an elevated risk of complications, notably urethral fistula.

For Patients Assigned Male at Birth:

If you haven't had surgery to remove your testicles, you can save sperm for later. A local urologist or fertility specialist can help with this. It involves collecting sperm samples over several weeks. If you're taking hormones, these can really lower your sperm count, so you might need to stop hormones for a while. Keep in mind, it can take up to three months for your body to start making sperm again after stopping hormones.

If you hope to have biological children, there are options for you. Also, remember that the health and medications of your partner can affect having kids too. If you want children, it's very important to talk to your surgeon well before the date of your surgery. This is because (1) fertility evaluation and treatments can take a long time, (2) most bottom surgeries permanently remove the ability to conceive, and (3) you might decide to wait on surgery if having kids is important to you.

Understanding Risks

Information for Patients Seeking Gender Affirming Surgery - Understanding the Risk of Regret
The team at Align Surgical Associates is dedicated to providing high-quality gender-affirming surgical care. We are committed to affirming your gender identity and offering surgical services to support your embodiment goals. As part of the informed consent process, this document aims to provide you with essential information regarding the rare, but serious, possibility of experiencing regret following medical or surgical interventions in gender-affirming care.

Understanding Regret
While instances of regret are rare, it is important to acknowledge that some individuals may come to regret their decision to undergo hormonal or surgical intervention. Gender-affirming care is deeply personal, and one's understanding of their gender identity may evolve over time. Since we cater to patients at various stages in their lives, we have observed that multiple factors can contribute to feelings of regret in relation to gender-affirming care.

Factors Contributing to Regret
Here are some reasons one might experience regret after undergoing gender-affirming interventions:

- Challenges arising from changes in social relationships (e.g., family, romantic, friendships, work)
- Shifts in life goals (e.g., desire for biological children)
- Changes in sexual orientation or preferences
- Complications related to surgery, medication, or endocrine treatment
- Dissatisfaction with surgical outcomes
- Religious or spiritual conflicts or losses
- Development of a gender-fluid or nonbinary identity
- Changes in societal understanding and acceptance of gender identity and expression
- Recognition that factors other than gender incongruence may have influenced the decision to transition

Permanent Changes and Informed Decisions
Many interventions involved in gender-affirming care can result in permanent changes. Halting or altering hormonal therapy, or undergoing additional surgeries, may not necessarily reverse changes that have already occurred, and could carry additional risks. Therefore, it is crucial that your decision to undergo surgery is based on a thorough understanding of the benefits, risks, and realistic expectations. We encourage you to discuss any questions or concerns with your healthcare team, which should include a mental health professional. Ideally, factors that could contribute to regret should be carefully considered and understood, enabling you to make the most informed and enduring decision regarding your gender-affirming care.

Addressing Regret
Even with diligent efforts to make the best decision, it is possible to experience regret. While feelings of regret are typically temporary, in rare cases they may persist. We understand the sensitivity of this topic. If you are grappling with these emotions or are concerned that you might in the future, involve your mental health provider and let your surgical team know. Our team is available to support you in navigating these emotions and in determining the best course of action. If you choose to proceed with surgery and later experience feelings of regret, do not hesitate to reach out to us and your mental health provider. We are here to support you as an individual and assist you in achieving your goals.

Thank You

Thank you for taking the time to review these documents and for trusting us with your care. Your Surgery Pre-Surgical Instruction Packet is now complete.

Sincerely,
Your Align Surgical Team

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