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PATIENT EDUCATION

Care After Gender-Affirming Genital Surgery for Trans Women

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BARBARA WOODWARD LIPS
PATIENT EDUCATION CENTER

A Guide for Your Recovery

This resource explains what usually happens during your hospital stay. It also tells you how to care for yourself when you return home.

You will do some self-care tasks for the rest of your life. You must douche once or twice a day to keep your vagina clean. You also must use a dilator so that your vagina does not shrink or close. At first, you dilate a number of times each day. After a year, you still must dilate once a week.

Please review this information with a health care team member before you leave the hospital. It is important for you to feel comfortable and confident about how to dilate, douche and do other self-care tasks.

If you have questions or are not sure about how to care for yourself, please talk with your health care provider or another member of your care team.

While You Are in the Hospital

This information tells you about some of the things that may happen during your hospital stay. Most people stay in the hospital for about five days after this surgery. Every person is different. How long you stay depends on your general health, how fast you recover and other factors. You may want to bring items to help pass the time, such as books, music, magazines, or a hobby item.

You may have one or more wound drains to take extra fluid away from your surgery site. A health care team member removes the drains before you go home.

About three to four days after your surgery, a care team member takes off the dressing that covers your incisions. The area may be swollen and bruised. Some people find this upsetting to see. Figures 1 and 2 show how your genital area may look and the location of your pelvic muscles after surgery.

Once the dressing is removed, you are asked to clean your genital area two or three times a day. Members of your care team can help you clean the area while you are in the hospital. See "Bathing" for more details.

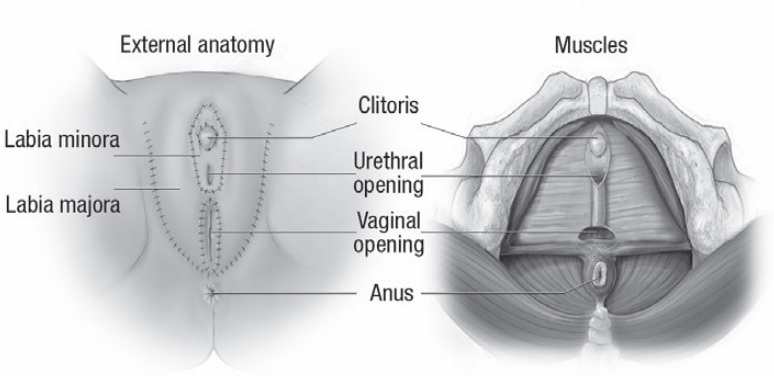


Figure 1. Genital area and muscles after surgery

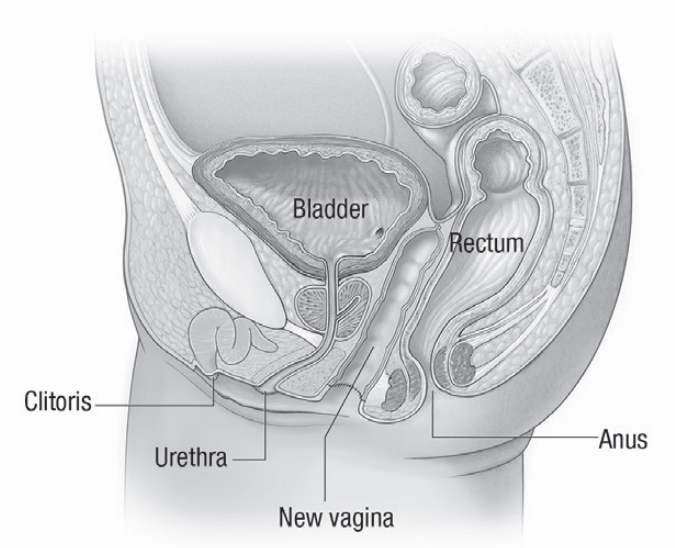


Figure 2. Anatomy after surgery

A soft mold, or stent, is placed in your vagina during surgery. The mold stays in place while you are in the hospital. It helps to keep the size and shape of the vagina. After the vaginal mold is removed, your care team shows you how to douche and dilate the vagina. **You do these self-care tasks for the rest of your life.** See "Vaginal Douching" and "Vaginal Dilation" for more details.

A urinary catheter is placed in your bladder to drain your urine. A care team member removes the catheter before you leave the hospital. After the catheter is removed, you may have changes in the flow of your urine. See "Urination" for more information.

You are asked to walk often in the hospital. Walking promotes healing and the return of your bowel function. It also improves your blood flow and helps prevent blood clots and other complications. Continue to walk often when you return home.

For a few days after surgery, you may have side effects from anesthesia. These include sore throat, shivering, sleepiness, and dry mouth. They also may include nausea and vomiting.

Some people feel lonely or have other mood changes while they are in the hospital or when they return home. Talk with your care team if you have concerns about your mood.

Side Effects of Surgery

You may feel tired for several weeks after your surgery. Other common side effects include:

- Pain and discomfort around your incisions. This may last for a few weeks after surgery.
- Swelling and bruising in and around your genital area. Swelling may last for 4 to 6 months after surgery.
- Dark red or brownish discharge from your vagina. This may last for a few weeks after the vaginal mold is removed. Over time, the discharge should become lighter in color.
- Clear or pinkish drainage from your incisions. This may last for a few weeks. If the drainage is bright red, thick, smells bad, or has pus in it, contact your health care provider right away.

Before you leave the hospital, talk with your health care team about ways to improve your comfort. See "Pain management" for more information.

After You Leave the Hospital

The following are general guidelines to help you heal and lessen your chance for side effects and complications. Follow these guidelines unless you are told to do something else. **Also be sure to follow the instructions you get before you leave the hospital. These are called your discharge summary or dismissal instructions.**

Activity

As you recover, get plenty of rest. Continue to walk often to promote healing and help prevent problems.

For six weeks after surgery:

- Do not lift, push or pull anything that weighs more than 10 pounds. For example, a gallon of milk weighs close to 10 pounds.
- Do not shave your genital area.
- Do not swim or use hot tubs or whirlpools.
- Do not take part in strenuous physical activities such as jogging, aerobics or sports.

For 12 weeks after surgery:

- Do not have oral, vaginal or anal sex.
- Do not put anything in your rectum.
- Do not put anything in your vagina except as needed to douche and dilate.
- Do not have electrolysis, waxing or laser hair removal in your genital area.

Do not return to work or school until your surgeon says you may. Follow whatever your surgeon tells you about when you may drive and return to your other normal activities.

A note about sexual activity

Your sexual function will change after surgery. Over time, you still should be able to have orgasms. However, sexual sensations may feel different from those you had before surgery. The feeling in the new vagina is different for each person. You may need to experiment to find areas where contact feels pleasing to you. Talk with your health care provider about any concerns you may have.

Incision care

The stitches used to close your incisions slowly go away on their own. They do not need to be taken out.

To care for the incisions inside your vagina, you douche and do vaginal dilation. See "Vaginal Douching" and "Vaginal Dilation."

Your external incisions are in an area that is exposed to bodily wastes, especially bowel movements. This increases your risk to develop an infection.

To help prevent infection, keep your genital area as clean and dry as you can. Wear cotton underwear and loose, comfortable clothing. Do not wear clothes that rub or put pressure on your genital area.

After you urinate or have a bowel movement, be sure to clean and dry around your external incisions. Follow these steps:

1. Gently wipe from front to back with a moistened wipe, such as hypoallergenic baby wipes that contain no perfume.
2. Use a small squirt bottle filled with lukewarm water to rinse the area.
3. Gently pat the area dry with a clean, soft towel.
4. Let the area dry in the air.

Use a hand mirror to look at your genital area every day until the incisions heal. Do not pull on the skin as you do this.

If your health care provider says you may, apply silicone-based scar gel to the area. Both before and after you touch your genitals, be sure to wash your hands well.

Contact your health care provider right away if you have any signs of infection. These include:

- Temperature of 100.4 degrees Fahrenheit (38 degrees Celsius) or greater.
- Chills.
- Increased pain or pain that does not get better with pain medications.
- Increased swelling, tenderness or redness around an incision.
- Drainage or oozing from an incision that contains pus, is bright red, is thick, or smells bad.

Massage

Massage the area around your incisions to help lessen scarring. Your health care team teaches you how to do this. Unless you are told something else, start to massage the area four weeks after your surgery. Continue to do this until the area is no longer tender. Be sure to wash your hands well both before and after you massage the area.

Bathing

It is important to keep your genital area clean. This promotes healing and helps you manage discomfort. It also helps prevent infection.

Take a shower every day. Gently wash your genital area with warm water and mild soap that has no scent. Do not use bubble bath or bath oil. When you shower, let the soap and warm water run over your genital area from front to back. A hand-held shower nozzle can help you do this more easily.

After you shower, gently pat yourself dry with a clean, soft towel. Do not rub. Let your genital area dry in the air.

Pain management

You likely will have some pain as you recover. Pain is a natural part of the healing process. At first, you also may find it painful to dilate. Your health care team is committed to helping you manage your pain safely so you can do the things that help you heal.

Managing pain does not mean you will feel no pain at all. No medication or activity takes pain away completely.

Pain usually gets better as you heal. However, it is more likely to do so when you try to be active. For instance, you can take short walks and change positions often during the day. You can do deep breathing exercises, sit up in a chair and do recommended exercises.

Good pain management is a team effort. You and your health care providers work together to manage your pain. Talk with your team. Set up a plan that works for you.

Your pain management plan may include:

- Strategies that may lower your pain without taking medications. These may include gentle exercises and relaxation.
- Over-the-counter medications.
- Prescription medications.

Together, you and your health care team can set up a plan to safely manage your pain. The goal of pain management is to make you more comfortable. Doing that helps you get the rest you need to do the activities that can help you heal.

Medication

Hormone therapy

Talk with the health care provider who manages your hormone therapy about changes you may need to your therapy.

Blood-thinning medications

Blood-thinning medications affect clotting and bleeding. If you take blood-thinning medications and they were stopped before your surgery, both your surgeon and the health care provider who manages these medications decide when to start them again.

Herbal supplements

Some herbal supplements also can affect clotting and bleeding. If you take supplements, ask your surgeon when you may start to take them again after your surgery.

Constipation

It is important to avoid becoming constipated. When you are constipated, you may feel a desire to strain during bowel movements. Try not to strain as this puts pressure on the area of your surgery.

Both pain medicine and being less active after surgery can lead to constipation. These tips can help you prevent constipation:

- Unless you are told something else, drink eight to ten 8-ounce glasses of fluid a day.
- Eat foods that are high in fiber. These foods help soften stools. Examples are fruits, vegetables and whole grains.
- Limit foods that are high in fat and sugar.
- Get more physical activity.
- Take a stool softener if your health care provider tells you to.

If you have not had a bowel movement in two days, you may take a laxative. Examples are Milk of Magnesia™ or psyllium, such as Metamucil™ or Seratan™. If this does not help, contact your health care provider.

Urination

Swelling in your genital area may change the flow of your urine. This may include a change in the direction of your urine stream, a change in how much time it takes to empty your bladder, or both. These changes may come and go as you heal. They may last for several months after your surgery.

To help keep urine from spraying when you urinate, sit as far back as you can on the toilet seat. Lean forward slightly and rest your forearms on your thighs as you pass urine. Use a small squirt bottle filled with lukewarm water to rinse the area if you need to.

Vaginal Douching

The word douche means to put a liquid into a body cavity to cleanse it. Vaginal douching helps to keep your vagina clean. You should douche on a regular basis. You need to do this even after your vagina heals fully.

Sometimes you douche with a saline solution. Other times, you use warm water. **Do not use any other type of liquid or product.**

You can buy saline solution at a medical supply store. Or you can make it at home by mixing:

- 8 ounces of water that is distilled, purified, filtered, or boiled.
- 1/4 teaspoon non-iodized salt.
- 1/4 teaspoon baking soda.

Always wash your hands well before and after you douche.

When to douche

Unless you are told to do something else, follow this schedule after your surgery.

While you have vaginal discharge: Douche with saline solution two times a day after your first and last vaginal dilations.

When you no longer have vaginal discharge: Douche with saline solution once a day.

Contact your health care team if you still have vaginal discharge six months or more after surgery.

How to douche

When you douche, follow these steps:

1. Empty your bladder.
2. Wash your hands well.
3. Fill the douche bottle or bag with the correct liquid, either saline solution or warm water.
4. Stand over a toilet or in the shower.
5. Insert the tip of the bottle or bag no more than 2 to 3 inches into your vagina.
6. Gently squeeze the bottle or bag to pass the fluid into your vagina.
7. Continue to squeeze the bottle or bag as you remove it. Let the fluid flow out of your vagina.

After you finish douching:

1. Gently wipe your genital area from front to back with a clean towel. Let the area air dry.
2. Wash the douche bottle or bag with soap and water. Rinse it fully and let it air dry.
3. Wash your hands well.

Vaginal Dilation

Dilation is one of the most important parts of your recovery and ongoing care. It helps to maintain the size of your vagina and keep it open. It helps to keep your pelvic floor muscles and tissues flexible so they can support your back, hips and abdominal organs. Pelvic floor flexibility also helps maintain your bladder, bowel and sexual functions.

You use dilators of different sizes. Your health care provider lets you know which sizes are best for you. There may be dots or other marks every half inch along the dilators. Ask your care team which mark shows how far to insert each dilator.

The tip of the dilator has a slight curve. Insert the dilator so the curve points inward. Keep the tip against the back wall of your vaginal canal as you insert the dilator. This helps you guide the tip under your pubic bone, around your prostate and away from your rectum.

Your care team shows you how to do dilation while you are in the hospital. You do this many times a day for the first year after surgery. Then you dilate once a week for the rest of your life. A year after surgery, you do not need to do weekly dilation if you have penetrative sex at least once a week.

Plan ahead so you have the time and privacy you need for each dilation session. Take your dilators with you when you travel.

At first, dilation will be painful. This should get better over time. If it does not, talk with your health care team.

It is important to dilate even if you have pain. If you do not, your vagina may shrink or close. These changes cannot be undone. If you wish, you may take the pain medication your health care team recommends before you dilate.

Always wash your hands well before and after you dilate.

Dilation may increase the amount of discharge from your vagina. You may want to wear a protective pad after you dilate.

When to dilate

Unless you are told something else, follow this schedule after your surgery.

Day 5 through Week 7

- Dilate 4 times a day.
- Dilate for 25 minutes each time.
- Use the small dilator.

Weeks 8 through 16

- Dilate 3 times a day.
- Dilate for a total of 25 minutes each time.
- Use the small dilator for 10 minutes.
- Use the medium dilator for 15 minutes.

Weeks 17 through 23

- Dilate 2 times a day
- Dilate for a total of 25 minutes each time.
- Use the small dilator for 10 minutes.
- Use the medium dilator for 15 minutes.

Weeks 24 through 1 year after your surgery

- Dilate once a day
- Dilate for 25 minutes.
- Use the medium or large dilator, as you are told.

After 1 year and for the rest of your life

- Dilate once a week.
- Dilate for 15 minutes.
- Use the medium or large dilator, as you are told.

How to dilate

When you dilate, follow these steps:

Prepare

1. Wash your hands well.
2. Wash the dilators you will use with warm, soapy water. Rinse them well.
3. Sit in bed in a comfortable position. Lean back at about a 45-degree angle. Use pillows to support your back and thighs. See Figure 3.
4. Use a water-based lubricant to moisten the rounded end of each dilator you will use. Examples are K-Y Jelly™ or Surgilube™. Do not use oil-based lubricants such as petroleum jelly or baby oil. These can irritate the vagina.
5. Relax your abdomen, buttocks and thighs. Use deep breathing to help you relax. The more relaxed you are, the easier it is to insert the dilator.



Figure 3. Getting ready to dilate

Dilate

1. Use a mirror to find the opening of your vagina. Separate the skin.
2. Start with the smallest dilator:
    - Slowly and gently insert the end of the dilator into your vagina so that the dilator tip points inward. Keep the tip against the back wall of your vaginal canal.
    - Bring the dilator in line with your back as you continue to insert it. Stop when the dilator tip reaches the end of your vagina. Use the markings on the dilator to be sure you insert it far enough.
    - Hold the dilator in place with constant, gentle pressure inward for the correct amount of time.
3. Remove the dilator.
4. Repeat steps 2 and 3 with any other dilators you need to use.

Finish

1. Wash the dilators with hot, soapy water. Rinse well and let air dry.
2. Wash your hands well.

Follow-up Care

Follow-up care is important after surgery. Each person is different. Your follow-up care depends on your general health and personal risk factors. Talk with your health care team. Follow the care plan your team gives you.

Usually, you have return visits with your surgeon about two weeks and again about four weeks after your surgery. Follow the appointment schedule you are given.

To benefit most from your surgery, stay as healthy as you can. See your primary health care provider and your mental health care provider on a regular basis. Also have regular visits with the provider who manages your hormone therapy.

When to get help

Call your health care provider right away if you have:

- A temperature of 100.4 degrees Fahrenheit (38 degrees Celsius) or greater.
- Chills.
- Increased pain or pain not relieved by pain medications.
- Increased swelling, tenderness or redness around an incision.
- Drainage from an incision that contains pus, is bright red, is thick, or smells bad. Drainage that lasts longer than 6 weeks.
- Nausea or vomiting.
- Pain in and around your vagina that gets worse or is not helped by pain medications.
- Pain in your pelvis, back or rectum.
- Increased redness, warmth or swelling in one or both legs.

Call right away if pain keeps you from doing dilation or if you cannot insert your dilator.

Also call right away if you have:

- Heavy drainage or heavy bleeding from your vagina. For example, you soak a sanitary pad every hour for two hours in a row.
- Drainage from your vagina that is white or yellow, smells bad or contains pus.
- Stool or urine coming from your vagina.
- Irritation, burning, itching, or inflammation in and around your vagina.
- Discharge from your vagina that happens more than 6 months after surgery.
- Symptoms of a urinary tract infection. These include a strong need to urinate, needing to urinate often, a burning feeling when you urinate, or urine that is cloudy, pink or brown in color or smells bad.

If you have questions about this information or are not sure about how to care for yourself, please talk with a member of your health care team.

Notes

Notes

BARBARA WOODWARD LIPS PATIENT EDUCATION CENTER

Mrs. Lips, a resident of San Antonio, Texas, was a loyal Mayo Clinic patient of more than 40 years and a self-made business leader who significantly expanded her family's activities in oil, gas and ranching. Upon her death in 1995, Mrs. Lips paid the ultimate compliment by leaving her entire estate to Mayo Clinic. By naming the Barbara Woodward Lips Patient Education Center, Mayo honors her generosity, her love of learning, her belief in patient empowerment and her dedication to high-quality care.

This material is for your education and information only. This content does not replace medical advice, diagnosis or treatment. New medical research may change this information. If you have questions about a medical condition, always talk with your health care provider.

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