

INFORMATION BOOKLET

VAGINOPLASTY WITH VAGINAL CAVITY

PART C

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14. WHAT IS NORMAL AFTER SURGERY

➤ **MODERATE SWELLING**

It is normal to see swelling in the vulva. It takes at least four weeks before it subsides.

➤ **ECCHYMOSIS (BRUISES)**

Bruises can extend from the navel to the hips and thighs. They take at least three to four weeks to heal.

➤ **ASYMMETRY OF THE LABIA MAJORA**

The labia majora may be asymmetrical (irregular). Improvement will be seen as the swelling decreases, but the process can take up to a year.

➤ **CLITORIS**

The clitoris can be difficult to see because of swelling and the presence of a blood clot. The clitoris can also be hidden under the labia minora. The color of the labia minora and the clitoral hood will change from red to pink about a year after surgery.

➤ **LIGHT TO MODERATE PAIN OR DISCOMFORT**

You may experience more pain during the first few weeks after surgery.

➤ **BLEEDING**

It is normal to experience bleeding in the days following your procedure. The intensity of the bleeding may vary from person to person.

➤ **VAGINAL DISCHARGE**

Vaginal discharge may occur during the first 3 months. The discharge will first be bloody, then yellowish, will become clearer and eventually stop completely.

➤ **IF A SKIN GRAFT HAS BEEN PERFORMED, LIGHT YELLOWISH BLOODY DISCHARGE, SCABS AND BRIGHT RED DISCOLORATION OF THE DONOR SITE**

The flow will decrease as healing progresses. The coloration of the donor site may be red, dark pink or purple and will heal within the first year after the procedure. Its color will change to a more permanent appearance as your healing progresses.

➤ **LIGHT NUMBNESS**

Trauma to the small nerve endings on the surface of the skin at the incisions made during the procedure may cause slight local numbness. Sensitivity will gradually return as the nerve endings heal and may take just over a year.

➤ **HEAT OR COLD HYPOSENSITIVITY**

Your skin's sensitivity to heat or cold is now different because the nerves have been affected. You may not feel the temperature changes. Be careful not to burn yourself when exposing the area to heat or cold. Do not apply ice directly to the skin.

➤ **FEELING OF SMALL ELECTRIC SHOCKS**

It's a sign that the nerve endings are healing. Ice, moisturizing cream and massage can help alleviate these symptoms.

15. DURING RECOVERY AT L'ASCLÉPIADE

15.1 PAIN MANAGEMENT

Pain will be more intense during the first 48 to 72 hours after the surgical procedure, following the removal of the dressings and during your first dilations. The pain is mainly caused by swelling in the genital area. Ice, combined with medication according to our analgesia protocol, is an effective strategy.

Be aware that the greater your pain, the more difficult it will be to relieve and the more difficult the performing of your care will be.

15.2 RESUMING YOUR REGULAR MEDICATIONS

After your surgical procedure, you can resume your regular medications as prescribed by your surgeon.

15.3 GENITAL DRESSING AND VAGINAL MOULD

Following the removal of the genital dressing, and as directed by the surgeon, the vaginal mould will be removed. The removal of the vaginal mould is an important moment. This is when you will first see your new genitals and begin your self-care (dilation and douching). When the vaginal mould is removed, you will have dark red or brownish vaginal discharge that will turn pinkish yellow over time. It should be light and decrease over time. Please note that the vaginal discharge should last about 3 weeks.

It is after the removal of the genital dressing that you may take your first shower normally.

15.4 URINARY CATHETER CARE

The urinary catheter used to empty your bladder, installed during surgery, will be removed by the nursing staff on day 6 or 7 of your recovery. However, you might return home with it. In this case, you will need to make an appointment with your doctor or nurse to have it removed. We will provide you with a medical prescription to this effect.

16. DURING RECOVERY AT HOME

16.1 PAIN MANAGEMENT

Be sure to take your narcotic analgesics regularly as prescribed by your surgeon. If the pain is not sufficiently relieved, you can combine acetaminophen (Tylenol®) with the narcotic analgesics. Consult your physician if your pain is not sufficiently relieved. Your doctor may prescribe 2% Xylocaine Gel if you feel pain when you dilate.

Always follow your medical prescription and refer to your pharmacist or attending physician, if necessary, to ensure safe use of acetaminophen.

It is forbidden to drink alcohol and to drive a motorized vehicle when taking analgesic narcotics. Refer to the Analgesic Narcotics Guide that has been provided to you upon admission.

Ice can be applied to the genital area to help relieve the pain. Apply ice for up to 10 minutes/hour depending on your pain, using a clean cloth to protect your skin. Because of the inflammation in the vaginal cavity after surgery, your clean dilators can be stored in the refrigerator between dilatations. Their temperature will help reduce intravaginal inflammation during care and thus promote pain reduction.

16.2 RESUMING YOUR REGULAR MEDICATION

Do not take acetylsalicylic acid (Aspirin® or AAS) or anti-inflammatory drugs such as Advil® or Motrin® for 2 weeks after surgery.

16.3 RESUMING HORMONE THERAPY

After surgery you will need to meet with your hormone prescriber to determine what your hormone therapy protocol will be. While waiting for this assessment, you can resume your hormone therapy as previously prescribed.

16.4 SUTURES

Your surgical wounds have been closed with dissolving stitches. Their complete dissolution can take from 30 to 90 days. There is no need to concern yourself with their removal.

16.5 SCARRING, INFECTION AND BLEEDING

Wound **healing** is a complex process that takes about a year and is made up of a series of steps.

Beginning as soon as you return home, check your incisions for infection daily. Continue to do so until your wounds are completely healed.

Infection signs:

- redness
- sensation of heat
- sensitivity
- swelling
- discharge of pus with a foul odor
- increased pain in the area of the surgery
- shivering and a fever exceeding 38,5°C or 101°F for more than 24 hours.

Contact your doctor if you have these signs of infection.

If the **bleeding** is light red and requires you to change your sanitary pad every hour, contact us.

16.6 YELLOWISH TISSUE (FIBRIN)

Moist yellowish tissue, called fibrin, might form on your wounds, especially in the incisions of the labia majora. It might also form inside the vaginal cavity. This tissue is made of cellular debris. This is a normal process in which the body removes debris from the wound to allow new cells to form new skin.

Too much of this tissue could delay the healing process. It is important to clean your wounds well to naturally remove debris, **dry them well, and leave them in the open air as often as possible**. Moisture can increase the development of this yellowish tissue. A dry crust should form and will naturally detach from the skin.

If you notice a blackish patch or the yellowish tissue does not diminish, contact us.

16.7 SCAR MASSAGE

In order to stimulate blood circulation and increase the flexibility of the tissue surrounding the operated area, it is important to start massaging the scars as soon as they are closed.

Massage in the direction of the incision and in a circular motion with a Vitamin E cream or silicone gel that you have already purchased. (see Part B) Never apply oil to your incisions.

Exploring and massaging the genital area improves nerve recovery and stimulates the recovery of sensation.

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

It is also recommended to massage the inferior part of the vaginal opening (the “V” area) to improve the flexibility and reduce pain while inserting dilators. Wait until the wounds have completely healed before massaging.

We advise you never to have your genital area pierced.

16.8 URINARY CATHETER CARE

When the catheter is removed, your urine stream may be altered due to swelling and may flow irregularly for several months. If the problem persists beyond six months, contact us.

HOW SHOULD I CARE FOR MY URINARY CATHETER?

If you leave with a urinary catheter, it is important to follow the instructions below to ensure proper urination flow and prevent infections:

- Always wash your hands before and after handling the urinary catheter.
- Clean the area of the urinary meatus and around the catheter twice a day with water and unscented mild soap, always making sure to clean the genital area from front to back. Rinse thoroughly and pat dry with a clean towel.
- When taking your sitz bath, make sure that the end of the catheter is not soaking in water. The catheter should be attached to your abdomen with a bandaid and pointing upwards.
- Wear white cotton underwear.
- Never pull on the catheter.

HOW CAN I PREVENT URINARY TRACT INFECTIONS?

Wearing a urinary catheter increases the risk of developing a urinary tract infection. It is important to follow your surgeon's recommendations to prevent them. Here are the most important recommendations to follow.

PREVENT URINARY TRACT INFECTION	RECOGNIZING THE SIGNS AND SYMPTOMS OF URINARY TRACT INFECTION
<ul style="list-style-type: none"> • Empty the bladder regularly and completely, and as soon as you get up in the morning, every 2-3 hours during the day, and in the evening before bedtime ; • Drink 2 to 3 litres of water/day unless otherwise advised by your doctor. Cranberry juice can help prevent infections by increasing the acidity of the urine ; • Avoid alcoholic beverages and beverages containing caffeine (tea, coffee, soft drinks); • Add probiotics such as yogurt to your daily diet to improve the bacterial flora ; • Thoroughly clean the catheter according to the maintenance tips presented above. 	<ul style="list-style-type: none"> • An intense and frequent need to urinate and in small quantities ; • Burning sensation when urinating ; • Urine is cloudy, pinkish or brownish in color and smells bad ; • Pain in the lower abdomen and/or back ; • The presence of chills and fever exceeding 38°C or 101.4°F for more than 24 hours.

16.9 HYGIENE

TAKE A SHOWER EVERY DAY:

1. Use a mild, fragrance-free, alcohol-free soap (Dove® or Ivory®) to cleanse the genitals. Use your fingers to gently cleanse each of the folds of the genital area.
2. Rinse off excess soap well.
3. Carefully pat dry the genitals, then allow them to air dry for as long as possible by spreading your legs wide open.

FOR MORE COMFORT:

- Wear comfortable white cotton underwear that is not too tight to avoid rubbing the fabric on your genitals.
- Place a gauze dressing on wounds that have not healed.

From the second month or **once your wounds are well healed**, you can shave or wax your genitals.

Always keep the genital area clean and dry. Leave the genitals to open air when you are in bed.

16.10 SITZ BATH

The sitz bath consists of cleaning the genital area by immersion in warm soapy water. You will need to take two sitz baths a day for the first two months. At the third month, you can stop.

*You may not feel the temperature changes. Be careful not to burn yourself.

TAKING A SITZ BATH

1. Clean the genital area from front to back with a single-use baby wipe, without perfume or alcohol;
2. If you still have your urinary catheter, make sure not to leave it soaking in water. It must be fixed with a bandaid on your abdomen and oriented upwards.
3. Let your genitals soak for 10 minutes, making sure they touch the water. Spread your labia majora and clean each of the folds of the genital area thoroughly.
4. Carefully pat the genitals dry with a clean towel and let them air dry for as long as possible.

Option 1 : sitz bath in a bathtub - recommended

1. Make sure the sitz bath is clean and well rinsed.
2. Add 15 ml of fragrance-free, alcohol-free liquid soap (Dove® or Ivory®) to the warm water of your bath.
3. Take the sitz bath.

Option 2 : sitz bath on the toilet (in case you don't have a bathtub) getting ready

1. Clean the toilet seat with a Lysol®-type wipe and wash your hands.
2. Make sure your sitz bath is clean, if not, clean it.
3. Pour 5 ml or 1 teaspoon of unscented, alcohol-free liquid soap (Dove® or Ivory®) into the sitz bath and add warm water to fill it to the maximum, then place the sitz bath on the toilet.
4. Wash your hands.
5. Take the sitz bath.

CLEAN YOUR EQUIPMENT

1. Clean your sitz bath with dishwashing soap. Never use an abrasive sponge.
2. Let it dry in a clean, dry place.
3. Wash your hands.

16.11 VAGINAL DOUCHES

A douche cleans the inside of the vaginal cavity. The saline solution [hereinafter “NaCl”] is recommended for cleaning all types of wounds because it is compatible with human tissue and will not damage it. The skin inside the vaginal cavity will continually regenerate, releasing small pieces of dead skin that need to be removed by douching.

You will need to continue douching to clean your vaginal cavity indefinitely, even if the graft is completely healed.

After 2 months, you can stop using salt water if the water that flows out of your vagina is clear. You can then use tap water. However, if you notice the presence of colored discharge, continue with the saline water.

NaCl solution is available at the pharmacy. You can also prepare it yourself.

RECIPE FOR NaCl

1. Wash your hands;
2. Boil one litre of water for 20 minutes;
3. Add 2 teaspoons (10ml) of salt to the boiled water;
4. Use a clean container that has been recently washed in the dishwasher if possible, or with hot soapy water and rinsed well;
5. The solution can only be used within a maximum period of 48 hours;
6. Store in the clean container at room temperature.

* To avoid burns, allow the solution to cool before use.

DOUCHING:

Get ready

1. Empty your bladder and wash your hands;
2. Make sure your douche is clean;
3. Fill the douche bottle with your NaCl solution or tap water depending on your healing stage.

PERFORM DOUCHING

4. Stand in the shower or over the toilet;
5. Insert the nozzle of the douche into your vaginal cavity;
6. Gently squeeze the douche bottle to completely empty the contents into the vaginal cavity;
7. Remove the vaginal tip and allow the remaining liquid to drain freely;
8. Wipe from front to back with a clean towel and wash your hands;
9. Allow to air dry for as long as possible, but at least 30 minutes.

CLEAN YOUR EQUIPMENT

1. Clean the douche bag and nozzle with dishwashing soap and rinse thoroughly under running water;
2. Allow the container to dry in a clean, dry place.



16.12 DILATIONS

This is the primary treatment which will allow you to maintain the opening of your vaginal cavity and keep a good depth.

You shall never stop dilating, despite the pain and difficulties encountered during the first few months. This pain is mainly due to the inflammation inside the cavity, which makes it difficult to insert the dilator.

Stopping the dilations would cause your vaginal cavity to close and could be irreversible. In addition, abrupt cessation of dilation can lead to serious complications. If a problem occurs during your dilations, contact us.

Dilations are performed using 3 dilators of different diameters. During each treatment, at least 2 dilators must be used and most of the treatment will be done using the dilator with the largest diameter.

A detachable schedule, including reminders and explanations, can be found at the end of this information booklet. **You will need to follow the dilation schedule** and spread the treatments out over the day to optimize the results.

During your first dilations, a member of the nursing staff will accompany you to support you, guide you, and answer your questions.

When dilating, it is important to **rely on the sensation felt at the bottom of the vaginal cavity**. As the swelling in the labia majora decreases, you may feel that your cavity is shallower because the labia majora will have lost thickness. The dots on the dilator, therefore, are not a valid indicator of the depth of your cavity.



PERFORM DILATIONS

Get ready

1. Wash your hands and make sure your dilators are clean;
2. Prepare your tray with all the necessary material;
3. Put an underpad on your bed and sit on it;
4. Relax by taking deep breaths.

Doing the dilations

5. Hold the dilator by the base, pointing upwards ;
6. Apply approximately 1/2 tablespoon of lubricant to the tip of the dilator and the entrance to the vaginal cavity ;
7. Using a mirror, locate the entrance to the cavity and begin inserting the dilator gently and slowly as follows :
 - a. Insert the first portion of the dilator (about 5 cm) at a 45° angl,
 - b. Then lower the angle so that it is parallel to the bed and continue insertion,
 - c. When the bottom of the cavity is reached, exert a constant gentle pressure,
 - d. Do not apply excessive pressure, as this may cause injury ;
8. Keep the dilator in place for the required time and according to the established schedule ;
9. Gently remove the dilator and place it on the underpad;
10. Clean the remaining lubricant from your genitals ;
11. Wash your hands ;
12. Follow with douching as described in 3 .11.

CLEAN YOUR EQUIPMENT

1. Clean your dilators with dishwashing soap and rinse them thoroughly under running water.
2. Dry the dilators and store them in their case.

16.13 REST AND DAILY ACTIVITIES

A balance between rest and daily activities will be essential. Take time to rest and resume your daily activities gradually and according to your tolerance.

IMPORTANT

- For the first month after the surgical procedure, avoid lifting objects weighing more than 4.5 kg (10 lbs).
- Wait two months after your surgery to engage in physical activities and sports. It is important to resume these activities gradually.
- We strongly advise you to walk at least a total of one hour a day, as soon as your condition allows it.
- Two months after your surgery, and if your wounds are well healed, you will be able to swim in a pool, hot tub, or lake.

16.14 BOWEL ELIMINATION

Taking narcotic analgesics as well as a decrease in physical activity contributes to constipation, which can lead to bleeding or the sudden opening of your wounds when you have a bowel movement.

Here are some guidelines to avoid constipation:

- drink at least 2 to 3 litres of water per day, unless otherwise noted by your surgeon.
- increase your daily consumption of fibre (dried prunes or prune juice, All-Bran Buds®-type cereals, fruits and vegetables, etc.).
- reduce your intake of foods high in fat and sugar.
- avoid eating junk foods.
- avoid soft drinks and alcohol as they contribute to dehydration.
- establish a physical activity routine.
- take acetaminophen (Tylenol®) on a regular basis to reduce your narcotic intake.
- take Senokot® as needed, a natural laxative, as prescribed by your surgeon.

Each time you will need to thoroughly cleanse the perineal and anal area from front to back using disposable wet towels.

If the problem persists, consult your pharmacist.

16.15 DRIVING

We advise you to wait **at least two weeks after your surgery before driving a vehicle** and are thus able to carry out unpredictable movements without restriction and to avoid excessive pressure on your genitals and pain.

When you start driving again, do so over short distances. If you have to drive a long distance, make frequent stops to walk and urinate.

Remember that it is illegal to drive a motor vehicle while taking narcotic pain medication.

16.16 SEXUAL INTERCOURSE AND ORGASM

Please wait at least three months and until there is no more vaginal discharge before having oral sex or sex with vaginal and anal penetration.

If you still have pain at this stage, we recommend consulting a pelvic floor physiotherapist.

Reaching orgasm is different for each person. Use a mirror to explore your genitals and touch them to rediscover your erogenous zones.

17. POSSIBLE POST-OPERATIVE COMPLICATIONS

17.1 URINARY TRACT INFECTION

Vaginoplasty is a procedure that changes the anatomy of your urinary system. As a result, you will be at greater risk of developing a urinary tract infection.

Please refer to the table in section 3.8 of this information booklet for more information on the prevention and detection of a urinary tract infection.

As soon as you suspect a urinary tract infection, please consult your family doctor.

17.2 VAGINITIS

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

HERE ARE SOME GUIDELINES TO HELP YOU AVOID VAGINITIS:

- Keep your genitals clean;
- Use a mild soap without fragrance (Dove®, Ivory®);
- Avoid scented bath foam or shower gels, scented sanitary pads;
- Use fragrance-free, water-based lubricants;
- Wear loose, comfortable clothing;
- Wear white cotton underwear such as bikinis or boxer shorts . Avoid panties that are too tight;
- Sleep without underwear at night;
- Avoid prolonged dampness such as wearing a wet swimsuit for too long;
- Add yogurt or probiotics to your daily diet to improve the bacterial flora.

SIGNS AND SYMPTOMS OF VAGINITIS:

- Irritation, burning, itching or inflammation in the vaginal cavity and the surrounding area (labia minora, labia majora and perineum).
- The presence of vaginal secretions in the form of a thick, whitish or yellowish discharge with a strong odor.

If you suspect a vaginal infection, you should immediately consult your family doctor for proper treatment. Never use non-prescription pharmacy medication without consulting your family doctor first.

COMMONLY OBSERVED PROCESS OF VAGINITIS DEVELOPMENT:

- Accumulation of dead skin in the vaginal cavity due to poor hygiene; Appearance of inflammation, thick, yellowish vaginal discharge, and bad odor;
- Appearance of a sore in the vaginal cavity, more abundant, malodorous, bloody vaginal discharge, accompanied by pain when dilating; and
- Deterioration and enlargement of the wound surface, vaginal infection that must be treated as soon as possible.

CONSEQUENCES:

- Dilation stops and the process of closing the cavity begins.
- Slowdown of the healing process.

17.3 HYPERGRANULATION

During the normal healing process, excess granulation tissue may be found on the outer region of the vulva and inside the vaginal cavity. This is commonly referred to as hypergranulation

Symptoms related to this condition are usually yellowish and/or bloody discharge. It slows down the normal healing process and causes pain during dilation or sexual intercourse.

If visible, the hypergranulation tissue will appear to be bright red, shiny, granular in texture and will bleed easily.

If you suspect the presence of hypergranulation, consult your family doctor for appropriate treatment.

Your surgeon prefers treatment with **silver nitrate** combined with a specific anti-inflammatory cream.

It is also important to maintain douching, and to keep using the NaCl saline solution as in during the first few months following the surgical procedure if you notice the presence of yellowish and/or bloody discharge.

Do not hesitate to contact us if you have any additional questions.

17.4 DEHISCENCE (REOPENING) OF THE WOUND

Wound dehiscence is an opening at the surgical incision. It can occur in the first few weeks after surgery.

If you find an opening in the incision, be aware that there is no surgical procedure indicated to close the wound. The healing period will be longer, but the wounds will naturally close from the inside out.

In the event of a greenish discharge from the wound, please consult your family doctor immediately.

In the presence of a dehiscence, it will be essential to clean the open area with a mild soap twice a day, tap dry and air dry for at least **30 to 45 minutes** after each vaginal douche.

17.5 URINARY DISORDERS

It is of utmost importance to monitor the onset of urinary disorders. These can lead to major complications such as vaginal bleeding.

WHAT ARE THE SIGNS TO MONITOR?

- Absence of relief when urinating: you still feel the need to urinate after urination.
- Slowing of urinary flow.
- Frequent urination in small quantities.
- Persistent urge to urinate.
- You feel like you must strain to empty your bladder.

Call our team promptly at 514 333-1572 and leave a message on voicemail for follow-up.

17.6 ACTIVE BLEEDING

Active bleeding from the vaginal cavity

1. Lie back.
2. Take the largest dilator that can be inserted into the vaginal cavity.
3. Insert it fully, for 20 minutes, as if you were dilating.
4. After 20 minutes, slowly remove it.

Persistent bleeding

Reapply the above protocol for a further 20 minutes. After 20 minutes, slowly remove the dilator.

The bleeding has stopped

Bedrest for an hour before resuming care and activities.
Exceptionally, do not do a vaginal douche until your next dilation.

If the bleeding has stopped:

Bedrest for an hour before resuming care and activities.
Exceptionally, do not do a vaginal douche until your next dilation.

If the bleeding is still persistent:

Reapply the above protocol for a final 20-minute period.

At this point, contact your local emergency services and bring your dilators with you. When at the hospital, it is important to:

- Inform us of your situation as soon as possible (514 333-1572, leave us a voicemail).
- Provide us with the name and contact number of the doctor in charge of your care. It is important that our surgeons speak with the doctor.

Active bleeding from the clitoris or the vulva

1. Lie back.
2. Apply a dry gauze on the site of the bleeding.
3. Apply ice wrapped in a cloth and apply a pressure on the site with the ice.
4. After 20 minutes, slowly remove the ice. Do not pull on the gauze if it is stuck with dry blood.

Persistent bleeding

Reapply the above protocol for a further 20 minutes. After 20 minutes, slowly remove the gauze. Do not pull on the gauze if it is stuck with dry blood, it will fall by itself.

The bleeding has stopped

Bedrest for an hour before resuming care and activities.

If the bleeding has stopped:

Bedrest for an hour before resuming care and activities.

If the bleeding is still persistent:

Reapply the above protocol for a final 20-minute period.

At this point, contact your local emergency services and bring your dilators with you. When at the hospital, it is important to:

- Inform us of your situation as soon as possible (514 333-1572, leave us a voicemail).
- Provide us with the name and contact number of the doctor in charge of your care. It is important that our surgeons speak with the doctor.

17.7 HAIR GROWTH IN THE VAGINAL CAVITY

Although our team carefully cauterizes the hair of the skin grafted inside the vaginal cavity, it is possible for hairs to grow back inside the vaginal cavity after surgery.

Hair regrowth in the vaginal cavity is not a health problem.

If you suspect hair inside the vaginal cavity or if your doctor confirms it during your gynecological examination, you can have it removed manually (with tweezers) or have it burned (cauterized) by a healthcare professional. Refer to your family doctor.

Please note that we do not perform this treatment. **NEVER use the CO2 laser** in your vaginal cavity.

17.8 LOSS OF VAGINAL DEPTH

A loss of depth may occur after your procedure. There are several possible causes for this condition:

- not following the dilation schedule prescribed by the surgeon.
- a natural contraction of the graft inside the cavity.

If you suspect a loss of vaginal depth, continue your dilations to maintain the remaining depth and circumference. You should also continue douching to keep your vaginal cavity clean.

One year after your initial surgery, if you still suspect a loss of depth in your cavity, you can make an appointment with your surgeon to evaluate the possibility of corrective surgery.

Please note that the white dots on the dilators cannot tell you the true depth of the cavity because of the presence, for several months, of edema on your external genitals.

18. POST-OPERATIVE FOLLOW-UPS

In the weeks following your return home, we will follow up by email to make sure your recovery is progressing well.

18.1 APPOINTMENTS TO PLAN

- **With the CLSC, a medical clinic, or your healthcare professional**
 - If you leave Asclépiade with your urinary catheter, you must schedule an appointment for the removal, according to your prescription.
 - If you live in Québec, this appointment must be made with your local CLSC.
 - Some individuals may require psychosocial support after surgery. We encourage you to contact your healthcare professionals as needed.
- **With our team**

If you would like a follow-up because of a complication, please contact us at 514 333-1572, extension 200, or via email at asclepiade@cmcmontreal.com.

If you live in Québec or close to the province of Québec, a follow-up consultation with your surgeon could be planned one month after your surgery. If you live further away, this consultation may be planned over the phone. Please contact our team to schedule a follow up appointment by calling 514 288-2097.

- **Consult your hormone prescriber two months after surgery to ensure that the prescription is adjusted.**
- **Continue your annual visits with your family physician.**
 - Ask them to proceed to an annual gynecological examination. They can communicate with our team, should they have any questions.

18.2 CANCER MONITORING AND PREVENTION

Following vaginoplasty it is essential to follow public health recommendations and your healthcare professional's indications for monitoring and preventing prostate cancer. Please note that prostate palpation is also possible through the vaginal cavity.

18.3 CONTACTS DURING HOME RECOVERY

You and your doctor or nurse at your clinic or CLSC may contact Asclépiade for any questions you may have about your surgical procedure or your post-operative care.

Maison de convalescence Asclépiade: 514 333-1572
asclepiade@cmcmontreal.com

Call 911 or go to the nearest hospital if you believe it's an emergency.

RESOURCES


Info-santé Service in your region	Québec: 811
Emergency Service in your region	Canada: 911
Your family doctor	
Your pharmacist	
Local community service centre (CLSC) in your region	
Action Santé Travesti(e) et Transsexuel(le)s du Québec (ASTT(e)Q)	www.astteq.org
Aide aux Trans du Québec	aideauxtrans.com /info@aideauxtrans.com
Ligne d'écoute et d'intervention (24 h, sans frais)	1 855 909-9038, poste 1
24-hour toll-free helpline	855 909-9038, option 1
Fondation Émergence Inc.	www.fondationemergence.org
Coalition des familles LGBT	www.familleslgbt.org
Interligne	www.interligne.co
Ligne d'écoute (service offert en français et en anglais)	1 888 505-1010


Scan or click on the code below to access our satisfaction survey.

Please complete the survey only after your surgery.



999, rue De Salaberry, Montréal (QC) H3L 1L2

 514 288-2097

 514 288-3547

www.grsmontreal.com

19. DETACHABLE MEMORY AID

MONTH 1		Date: _____	
AM	NOON	PM	EVENING
<ul style="list-style-type: none"> • Dilation : <ul style="list-style-type: none"> <u>Option 1:</u> #3 – 5 min #4 – 20-25 min <u>Option 2*:</u> #2 – 5 min #3 – 20-25 min • Shower • NaCl vaginal douche • Air drying (at least 30 minutes)** 	<ul style="list-style-type: none"> • Dilation : <ul style="list-style-type: none"> <u>Option 1:</u> #3 – 5 min #4 – 20-25 min <u>Option 2*:</u> #2 – 5 min #3 – 20-25 min • Sitz bath • NaCl vaginal douche • Air drying (at least 30 minutes)** 	<ul style="list-style-type: none"> • Dilation : <ul style="list-style-type: none"> <u>Option 1:</u> #3 – 5 min #4 – 20-25 min <u>Option 2*:</u> #2 – 5 min #3 – 20-25 min • NaCl vaginal douche • Air drying (at least 30 minutes)** 	<ul style="list-style-type: none"> • Dilation : <ul style="list-style-type: none"> <u>Option 1:</u> #3 – 5 min #4 – 20-25 min <u>Option 2*:</u> #2 – 5 min #3 – 20-25 min • Sitz bath • NaCl vaginal douche • Air drying (at least 30 minutes)**

*Choose option 2 if option 1 causes you significant pain. Return to Option 1 as soon as possible. The goal is to insert the largest dilator (#4) for as long as possible.

****In the presence of fibrin or dehiscence, add 15 minutes drying time.**

MONTH 2		Date: _____	
AM	PM	EVENING	
<ul style="list-style-type: none"> • Dilation: <ul style="list-style-type: none"> #3 – 5 min #4 – 20-25 min • Shower • NaCl vaginal douche • Air drying (at least 30 minutes)** 	<ul style="list-style-type: none"> • Dilation: <ul style="list-style-type: none"> #3 – 5 min #4 – 20-25 min • Sitz bath • NaCl vaginal douche • Air drying (at least 30 minutes)** 	<ul style="list-style-type: none"> • Dilation: <ul style="list-style-type: none"> #3 – 5 min #4 – 20-25 min • Sitz bath • NaCl vaginal douche • Air drying (at least 30 minutes)** 	

****In the presence of fibrin or dehiscence, add 15 minutes drying time.**

MONTH 2 – MESSAGES AND EXPLORATION

- Begin scar massage
- Begin exploring the clitoris area with your fingers.

After 2 months, you can stop using salt water **if the water that flows out of your vagina is clear**. You can then use tap water. **However, if you notice the presence of colored discharge, continue with the saline water.**

MONTH 3

Date: _____

AM	PM	EVENING
<ul style="list-style-type: none"> • Dilation: <ul style="list-style-type: none"> #3 – 5 min #4 – 20-25 min • Shower • Vaginal douche • Air drying (at least 30 minutes), if wounds are not closed and healed. 	<ul style="list-style-type: none"> • Dilation: <ul style="list-style-type: none"> #3 – 5 min #4 - 20-25 min • Vaginal douche • Air drying (at least 30 minutes), if wounds are not closed and healed. 	<ul style="list-style-type: none"> • Dilation: <ul style="list-style-type: none"> #3 – 5 min #4 - 20-25 min • Vaginal douche • Air drying (at least 30 minutes), if wounds are not closed and healed.

MONTHS 4 TO 6

Date: _____

AM	EVENING
<ul style="list-style-type: none"> • Dilation: <ul style="list-style-type: none"> #3 – 5 min #4 – 20-25 min • Shower • Vaginal douche 	<ul style="list-style-type: none"> • Dilation: <ul style="list-style-type: none"> #3 – 5 min #4 – 20-25 min • Vaginal douche

MONTH 7 -12

Date: _____

ONCE A DAY
<ul style="list-style-type: none"> • Dilation: <ul style="list-style-type: none"> #3 – 5 min #4 – 20-25 min • Shower • Vaginal douche

AFTER ONE YEAR

Date: _____

ONCE A WEEK
<p>Starting in the 12th month, you can gradually decrease the frequency of dilations from once a day, to once every 2-3 days and so on, to once a week.</p> <ul style="list-style-type: none"> • • Dilation: #4 – 25-30 min <p>If you notice a difference in the depth or circumference of the cavity, please add one or more dilations to your routine.</p> <ul style="list-style-type: none"> • • Daily vaginal douche while taking shower.