Department of Urology
Phone: 503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
www.ohsu.edu/transgender-health

Department of Urology
Transgender Health Program

Vaginoplasty Information

Department of Urology
Phone: 503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
www.ohsu.edu/transgender-health

Usage Statement

These patient education materials were developed by the OHSU Transgender Health Program and the Department of Urology and are intended for use for the surgical program at OHSU only.

These materials are being updated regularly as the program is continuously engaged in program evaluation and improvement.

Please credit the OHSU Transgender Health Program if replicating or duplicating these materials.

Sincerely,

OHSU Transgender Health Program &
Department of Urology

Department of Urology
Phone: 503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
www.ohsu.edu/transgender-health

Table of Contents

Section 1: Introductions

Section 2: Before Surgery

Section 3: During Surgery & Hospital Stay

Department of Urology
Phone: 503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
www.ohsu.edu/transgender-health

Section 4: After Surgery

Section 5: Resources

Materials in Back Pocket

- Checklists
  - Surgery Scheduling Checklist
  - Preparing for Surgery Checklist
  - Social Readiness Plan Checklist/worksheet
- Letter of Support Template
  - *This is good to give to your mental health provider to guide letter writing*
- THP Patient Education Classes Flier
- Dilator Tracking Table
- Pain management tracking table

Department of Urology
Phone: 503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
www.ohsu.edu/transgender-health

WELCOME!

From the Urology Department:

Welcome to the gender-affirming surgery division of the Urology Department. We know that you have probably waited a long time for this appointment and we are very happy to meet you today.

Here in the Urology Department, we provide gender-affirming surgeries that include vaginoplasty, vulvoplasty, orchiectomy, and metoidioplasty. We also offer revision surgeries, and assist the plastic surgery department with certain stages of phalloplasty.

Our team consists of surgeons, a physician assistant, medical assistants, our surgery scheduler, resident physicians, and **you**. That's right, you! We value your input, your perspective, and all of the work that you are and will be doing to prepare for and recover from surgery. We are excited to get know you better and to learn ways that we can assist you.

We look forward to helping you as you prepare for surgery, making the surgical process as smooth as possible. We also look forward to caring for you as you recover from surgery, answering any questions that you have, and ensuring that you have the best possible outcome.

Preparing for and recovering from surgery is a long process with a lot of steps. We have created this informational binder to assist you in navigating this process. We have separated it into 3 sections: 1) Before surgery 2) During surgery and your stay at the hospital, and 3) after surgery. Please see the Table of Contents to look up specific topics related to your surgery.

Please read more about *us* on our "bios" page!

From the Transgender Health Program:

The gender-affirming surgery team in the Urology department is one part of a bigger team called the Transgender Health Program. At the OHSU Transgender Health Program, we are committed to your health and well-being. We know that high-quality health care in affirming, welcoming environments can be lifesaving.

The Transgender Health Program — THP for short — provides support, information and advocacy. We can connect you with OHSU providers who are international leaders in caring for gender-diverse patients of all ages.

We also strive to increase access to health care for the transgender and gender-nonconforming communities at OHSU and beyond. We work with community partners to provide advocacy, to shape policies and to train health care professionals.

The THP offers monthly classes on gender-affirming surgery. Classes feature slides and photos to review anatomy, genital reconstruction and surgical outcomes. Classes are free, but registration is required and available on our website.

Patients, at any stage of considering surgery, and are welcome to bring a guest to class. (Please contact us if you would like to bring more than one guest).

Classes are offered in partnership with the Kaiser Permanente Gender Pathways clinic.

Please read more about *us* on our "bios" page!

From Pelvic Floor Physical Therapy:

All patients are encouraged, but not required, to work with one of the specially trained physical therapists at OHSU before and after surgery. Physical therapists work with muscles, joints and nerves. The muscles at the base of the pelvis, also called the pelvic floor muscles, will be affected by surgery. These muscles are very important because they are used for bowel, bladder and sexual function.

Before surgery the physical therapist will ask many questions about your bowel and bladder habits to better understand how your pelvic floor muscles are working. If there any problems, such as constipation, pain, urinary or fecal accidents, they will give you exercises and strategies to improve your symptoms before surgery so that your recovery is easier. They will also give you exercises and strategies to help prepare for surgery and teach you things to do while you are in the hospital to make yourself more comfortable.

At your appointment before surgery, the physical therapist may suggest doing an exam of the pelvic floor muscles to get more information on how the muscles are working. This could be done through a rectal exam or by touching the muscles over clothing. No exam is necessary and you can always choose to not have an exam of the pelvic floor muscles.

After surgery you are encouraged to see the physical therapist at three weeks and five weeks post-op, or more if needed. During these appointments, your physical therapist will teach you strategies to help relax your pelvic floor muscles to make using the dilators easier. They will also help you solve any problems related to dilating and teach you how to progress to the different dilator sizes. If you are experiencing any difficulty with bowel and bladder function, but physical therapist will help you this is. They will also help guide you back into exercise and your normal activity level.

Please read more about *us* on our "bios" page!

Department of Urology
Phone: 503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
www.ohsu.edu/transgender-health

Urology Department Bios

Daniel D. Dugi , III, M.D., FACS (he/him)

Who I am and why I do this:

I am a Board-certified urologist, a specialist surgeon of the genitals and urinary system. After finishing medical school and then five years of training to specialize in urology, I completed an additional year of fellowship training in Reconstructive urology. This is a subspecialty of Urology which focuses on surgery of complex issues of the genitals and urinary tract such as urethral narrowing or strictures, genital trauma or birth defects of the genitals. I do complex genital surgery every week, and my colleagues and consulting physicians refers the most difficult reconstructive genital and urinary problems to me.

I feel strongly about providing access to gender-affirming surgical procedures in Oregon and feel it is an honor to be trusted by my patients during such an important part of transition. I first began treating trans patients when I joined OHSU in 2009. These were generally people who had had complications after gender-affirming surgery performed elsewhere. I learned a lot from my early patients and this prompted me to co-found the OHSU Transgender Health Program in 2012. After this, I responded to a challenge from one of my patients to begin offering these surgeries in Oregon. In preparation to start offering gender =affirming genital surgery at OHSU, I spent nearly two years studying and learning techniques, including visiting several world-renown transgender surgery centers. I began performing these surgeries in May 2016.

Geolani Dy , MD (she/her)

Who I am and why I do this:

I completed a 6-year residency in urologic surgery at the University of Washington, followed by a fellowship in gender-affirming surgery, reconstruction of the genitals and urinary tract, and robotic surgery at New York University under Drs. Lee Zhao and Rachel Bluebond-Langner in 2019. I have visited high-volume transgender centers within the US and abroad over many years to understand the best techniques in feminizing and masculinizing genital surgery.

I am committed to bringing compassionate, high-quality and cutting-edge surgical care to the transgender/non-binary (TGNB) community. Growing up in the San Francisco Bay Area, I was introduced to the fight for LGBTQIA+ rights at a young age, and sought opportunities to learn about health disparities among vulnerable populations, especially gender and sexual minorities, in college and medical school. The ability to advocate for TGNB patients in my everyday life, through surgery, research, and policy, is one of the most rewarding parts of my career. I am grateful for the opportunity to partner with patients through such important moments in their journeys through transition.

Department of Urology
Phone: 503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
www.ohsu.edu/transgender-health

Working with my partners in the Transgender Health Program, I provide feminizing procedures including: robotic-assisted peritoneal flap vaginoplasty, traditional penile inversion vaginoplasty, vulvoplasty, robotic-assisted vaginal canal revision, and orchiectomy; and masculinizing procedures including: metoidioplasty, scrotoplasty, vaginectomy, urethroplasty, erectile and testicular implant placement, and management of complications. My research focuses on patient-centered and patient-reported outcomes in gender- affirming genitalsurgery.

Jyoti Chouhan , DO, PharmD (she/her)

Dr. Chouhan is a reconstructive urologist that specializes in the management of urethral stricture disease, male stress urinary incontinence, fistulas of the urinary tract and male voiding dysfunction.

Dr. Chouhan works with our Transgender Health Program by performing gender-affirming orchiectomy surgery. She is also researching fertility preservation in transgender patients seeking sterilizing gender-affirming surgeries.

Dorian Scull, PA-C (they/them, he/him)

Dorian joined our team in November of 2019 after graduating with their master's degree in Physician Assistant studies from OHSU. Dorian came out as transgender in 2016 and is passionate about improving the health outcomes of their community through providing quality, culturally competent care. They also give lectures to current and future medical professionals on the topic of transgender health care. Dorian works closely with Dr. Dugi and Dr. Dy in the clinic and you are likely to see them at your initial consult, while in the hospital, and at your follow- up appointments.

When not working, you can find Dorian on their bicycle, hiking in the mountains with their wife and 2 dogs, traveling, or woodworking in their garage

Jessica Grigsby, Surgery Scheduler (she/her)

Jessica joined OHSU in June of 2018 as a patient access specialist. In November of 2019 she switched to becoming a full-time surgery scheduler with the gender-affirming surgery team in the urology department.

Prior to joining OHSU, she worked as a special education teacher for 10 years. She loves to bake, kayak, and go camping with her husband and future dog. When asked what she likes most about her job she says, without skipping a beat, "I love making people happy…making dreams come true".

Jessica is an excellent resource for all things related to surgery scheduling!

Department of Urology
Phone: 503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
www.ohsu.edu/transgender-health

Transgender Health Program

Provider & Staff Bios

Amy Penkin , M.S.W., L.C.S.W. (she/her)

Amy Penkin serves as the Program Coordinator for OHSU's Transgender Health Program She has been a clinical social worker for 20 years and throughout her career has provided direct care, advocacy, and education in community mental health and healthcare environments. Amy has a history of providing and overseeing care for the LGBTQ community and is dedicated to promoting health equity for these and other underserved populations experiencing health disparities.

Amy is an advocate for transgender health, an ally for the transgender community, and she is an excellent resource as you navigate our health care system.

Jess Guerriero , M.A., M.S.W. (they/them)

As one of the social workers for OHSU's Transgender Health Program), Jess Guerriero works to improve experiences for OHSU community members. Jess can assist folks with identifying affirming care providers within and outside of OHSU. They also provide accompaniment to visits throughout the OHSU system. In addition to being an excellent resource for all of our adult patients seeking gender affirming surgical care, Jess also is highly involved with patients seeking care from Pediatric Endocrinology and pursuing phalloplasty. Jess is also an ally and an advocate and is excellent resource for you as you navigate our health care system.

Mary C. Marsiglio , Ph.D. (she/they)

Mary Marsiglio, PhD is the OHSU Transgender Health Program Clinical Psychologist whose practice centers on adults and young adults seeking gender-affirming medical and surgical care. Dr. Marsiglio also provides training, education, and consultation for healthcare providers specific to LGBTQ and trans-health within a resiliency framework. Dr. Marsiglio is passionate about using a trauma-informed approach to treatment and understanding individual symptoms through a systemic lens.

Department of Urology
Phone: 503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
www.ohsu.edu/transgender-health

Pelvic Floor Physical Therapists Bios

Caitlin McNeely Smigelski PT, DPT (she/her)

Caitlin is a physical therapist with advanced training in the rehabilitation of the pelvic floor muscles. She specializes in the care and management of adults with pelvic floor conditions, including issues with bowel and bladder function and pelvic pain. Caitlin is active with the American Physical Therapy Association Academy of Pelvic Health where she helps to teach a course on gender affirming care and is a teaching assistant for courses on obstetric physical therapy. Caitlin is also a member of the World Professional Association for Transgender Health (WPATH). In her spare time, Caitlin enjoys climbing, cycling, and gardening.

Sandi T. GallagherP.T., W.C.S. (she/her)

Sandi has advanced training in evaluating conditions of the pelvic floor including bowel and bladder problems and pain. She works with people of all ages and gender identities. She teaches with the APTA Academy of Pelvic Health on the topic of physcial therapy during pregnancy. She also has presented nationally and internationally about physical therapy and gender affirming care. She has extensive experience with the LGBTQ community and works with our vaginoplasty patients to understand the muscles of their pelvic floor and improve dilation outcomes. Sandi enjoys working with people and having the opportunity to teach them how to improve the quality of their activities. In her spare time, Sandi enjoys gardening, cycling and other outdoor activities.

Department of Urology
Phone: 503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
www.ohsu.edu/transgender-health

Overview of Vaginoplasty

What is Vaginoplasty?
Vaginoplasty is a surgery to create the external female genitalia (vulva) and an internal space (vagina). This includes a sensitive clitoris and female-positioned urethra. We use skin to create the vagina using a version of the "penile inversion" technique.

Expectations
We know that this surgery is extremely important. It takes incredible trust to allow a surgeon to perform this operation. We want you to know that we are humbled by that trust and take it very seriously.

- **"I want my results to look like this…"**
  You may have been waiting your entire life for this, and you may have an image in mind of what you want your results to look like. Some people have brought in pictures from the internet of what they think their results should look like. Other people have told us they felt their results didn't look like a "normal woman" or "natural". We want you to be happy with your results but we may not be able to meet 100% of your expectations.

- **Our surgical technique**
  Our goal is to create natural-appearing and functional female genitalia, the vagina and external parts (vulva). We use techniques that we believe to be as safe as possible for you to protect sexual, urinary, and bowel function, as well as to look natural.

- **How will I know what my results will look like?**
  This is a complex surgery and every person has different anatomy; your results will be different from every other person's results. No two vulvas are alike, and no one is perfectly symmetric. In our experience, the aesthetic results are highly related to a person's individual anatomy before surgery. As much as we would like to be able to match results to what you might expect in your mind's eye, what we can realistically deliver is limited by a person's anatomy and safe surgical techniques.

What if I need a 2nd surgery?

- We aim to create all the important structures at the main operation ("one stage"): vagina, outer and inner labia, clitoris and hood, and new urethral position.
- Due to swelling of tissue during surgery and the unpredictable nature of healing, whether you will need a second surgery cannot be known ahead of time.

Department of Urology
Phone: 503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
www.ohsu.edu/transgender-health

- Some well-known vaginoplasty surgeons report nearly half of patients need a second surgery to fix complications or for aesthetics; some surgeons tell everyone that two surgeries are always necessary.
- We will submit to insurance that we plan a 2-stage operation so that if you choose a 2nd operation, this should hopefully not be difficult to get insurance to cover.

Details of Surgery:

Initially, as a baby develops before birth, all the genital parts are the same. Through the influence of hormones, the genitalia then develop differently. Wherever possible, we will use the tissue that *would have* been the female part to make the new female part.

- For instance, the basic structures of the penis and clitoris are the same. The glans, or head, of the penis with its nerves and blood supply is used to make the clitoris.
- Skin from the penis and the urethra will be used to make the area around the clitoris, the smaller or inner labia, and vagina.
- Likewise, the scrotal skin is used to make the larger, outer labia. Skin from the scrotum is also used for the vagina.

- Occasionally, some people may need to have additional skin used from the lower belly to help create the vagina.

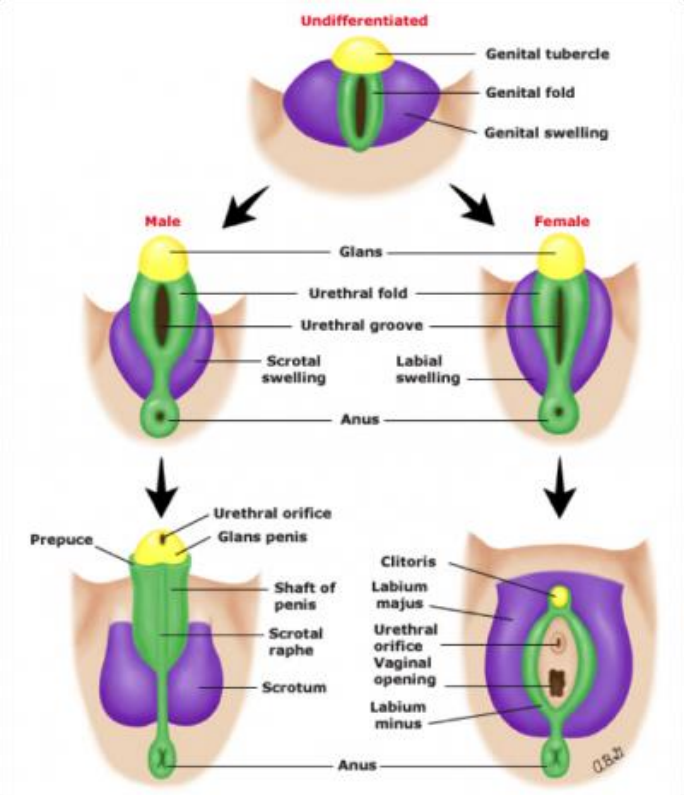
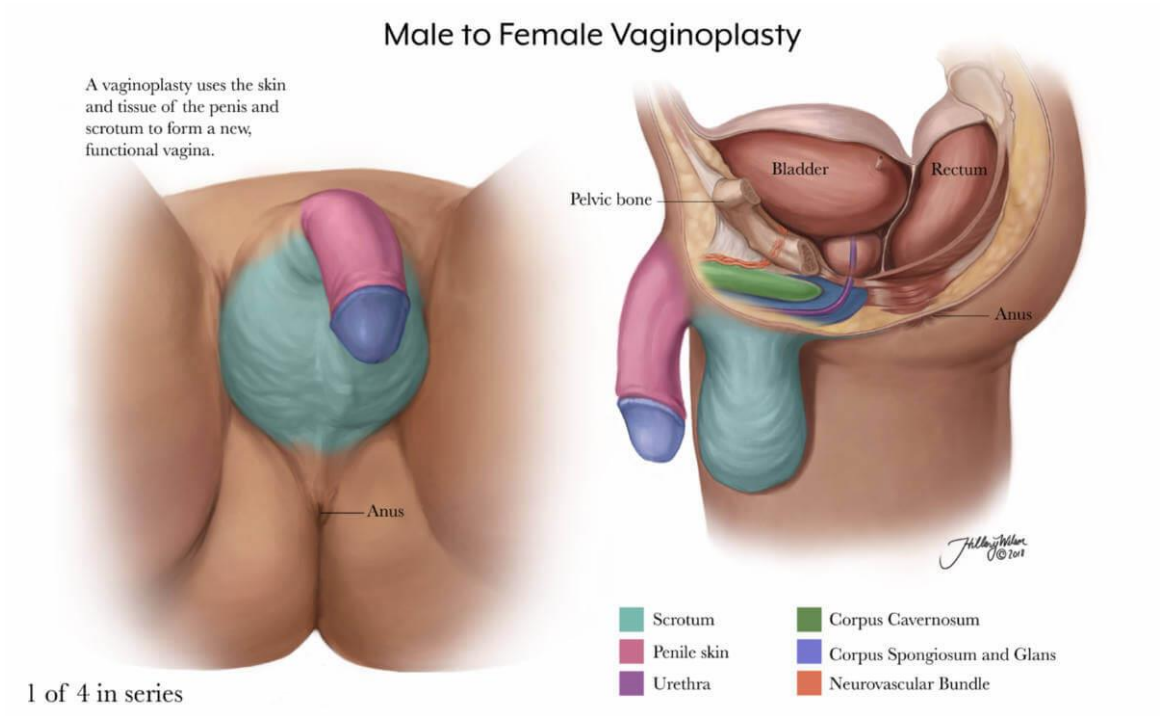
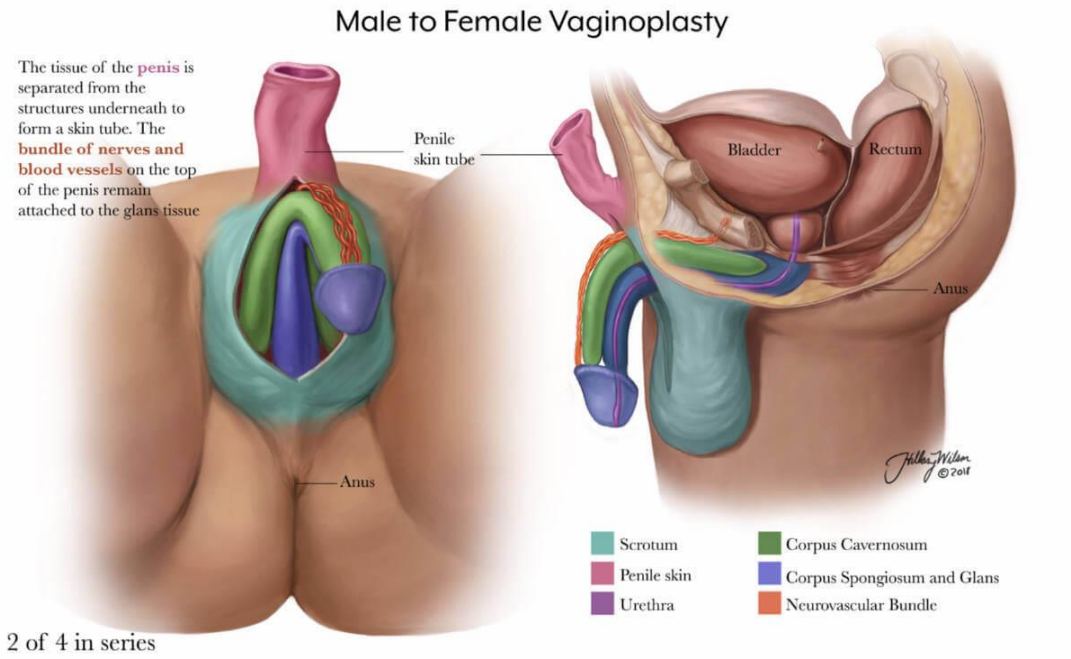


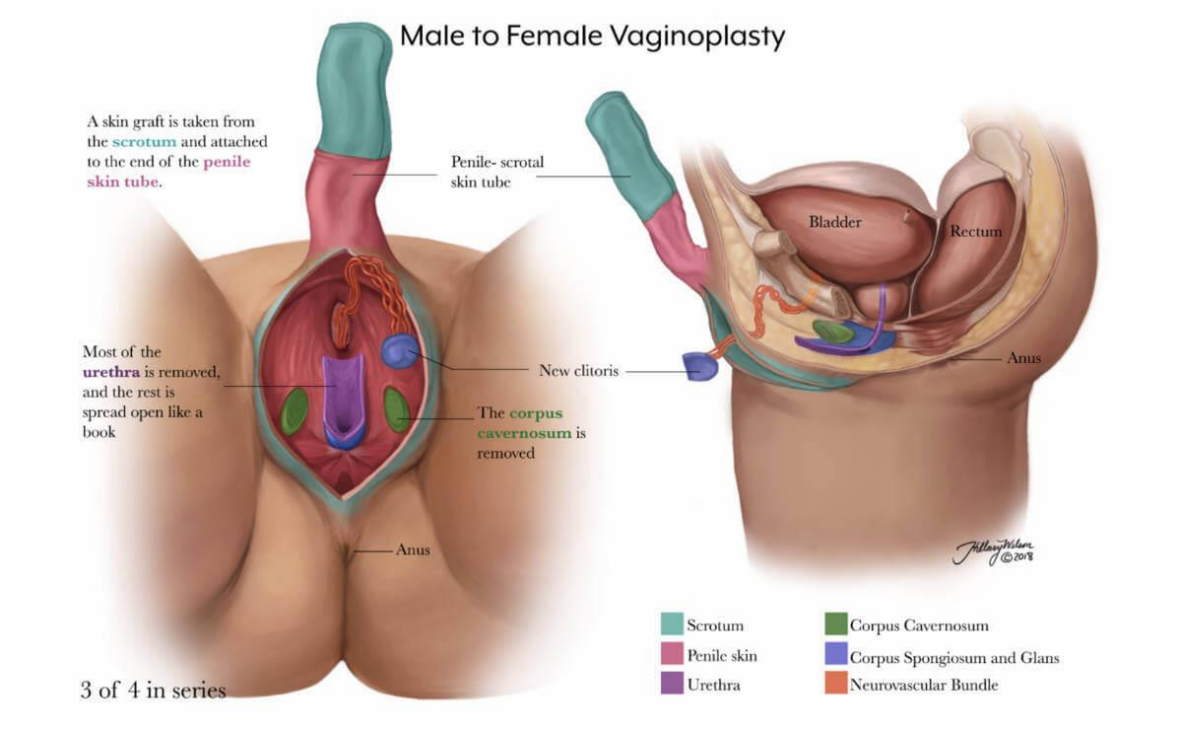
Image credit: https://pedclerk.bsd.uchicago.edu

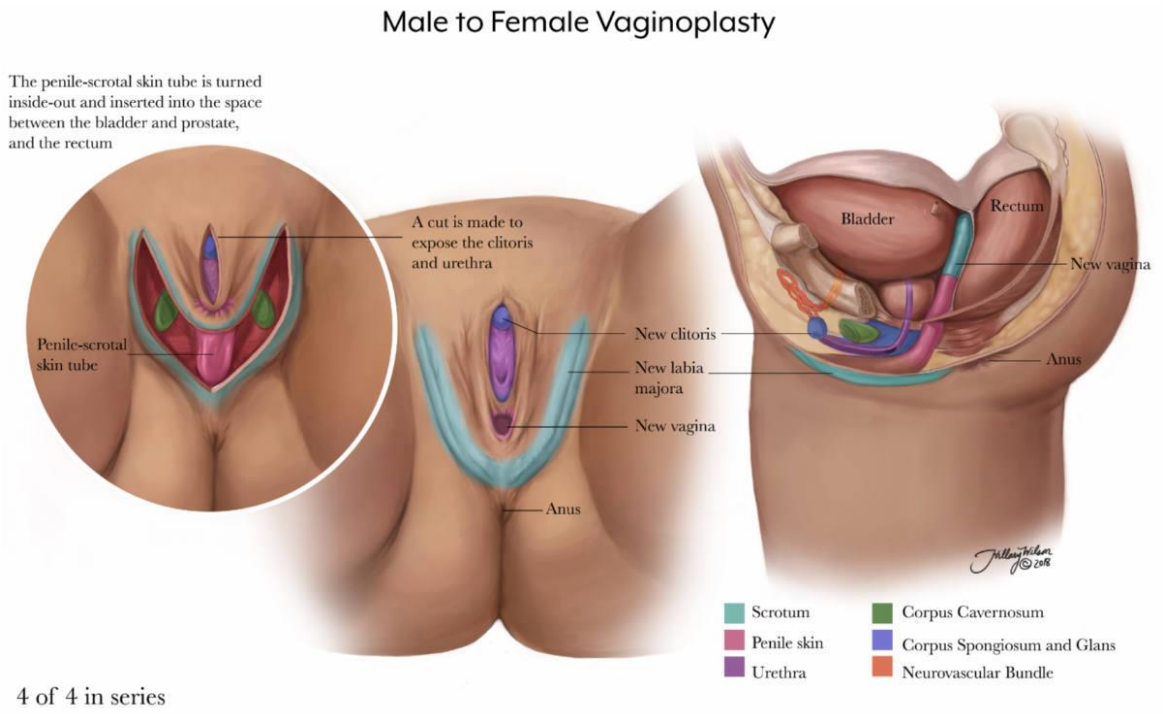
Department of Urology
Phone: 503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
www.ohsu.edu/transgender-health





Department of Urology
Phone: 503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
www.ohsu.edu/transgender-health

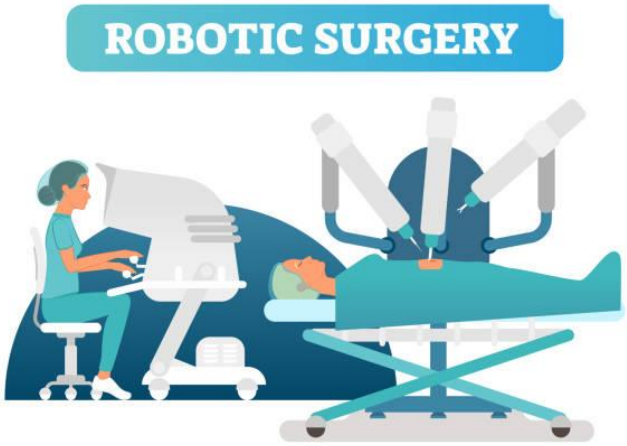




Department of Urology
Phone: 503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
www.ohsu.edu/transgender-health

Robotic Approach Vaginoplasty:

- This is performed by Dr. Dy and Dr. Dugi as a team.
- The same techniques are used to create the vulva, or outer portion of your genitals that you can see.
- The robotic arms are inserted through small incisions around your belly button and side of the belly, and are used to create the space for your vaginal canal between your bladder and your rectum.
- Flaps of tissue from the inner lining of your belly, or peritoneum, are made taken and used to create the top of the vagina, like a cap on top of the internal vaginal canal.
- This technique was initially developed for cisgender women born without vaginas, and has been adapted for transwomen.
- This is the main technique used at NYU, where Dr. Dy trained.
- It does not provide lubrication, and the post-op care (including dilation) will be the same regardless of technique.
- Both “traditional” and “robotic” vaginoplasties are a “one stage” operation, meaning we aim to create all the important structures at the main operation: vagina, outer and inner labia, clitoris and hood, and new urethral position.



Department of Urology
Phone: 503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
www.ohsu.edu/transgender-health

The Beauty of Diversity

We have included this picture to highlight that vaginas come in all shapes and sizes. We will do our absolute best to give you a result that you are happy with, but keep in mind that no two vaginas are alike, and no vagina is perfectly symmetrical.

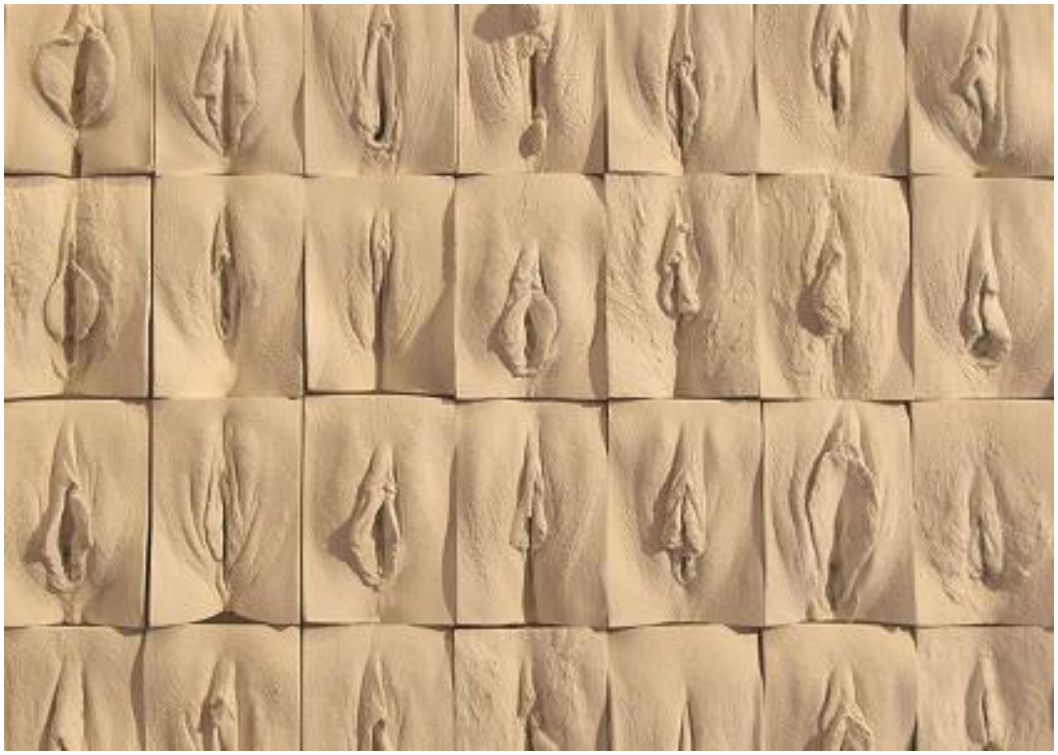


Image Credit: T*he Great Wall of Vagina* at La Triennale di Milano by artist Jamie McCartney

Department of Urology
Phone: 503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
www.ohsu.edu/transgender-health

Risks & Complications

Fortunately, serious complications are uncommon, but to choose to have surgery is to choose to accept that risk. We do everything within our ability to minimize the risk of complications during and after surgery.

Wound Healing Complications:

- **Wound separation –** This is one of the more common complications after surgery. Wound separation happens in places where we have stitched 2 areas of skin together but the skin edges pull apart after surgery. This typically heals on its own with keeping the site clean and dry. If you have wound separation, we will ask you to perform regular dressing changes with roll fluff gauze every time you use the bathroom and after your twice daily shower.

- **Granulation tissue – –** This is an area of bright red/pink tissue around an incision where healing wasn't complete.. It can sometimes present as painless bleeding or spotting at the surgical site. This is also quite common, and we can treat this easily in the office at your follow-up appointment.

- **Tissue Necrosis –** This sounds scary but is usually minor. This is another one of the more common complications after surgery. This occurs when there is not enough blood to supply healing tissue. If you have tissue necrosis, we will ask you to perform regular dressing changes with roll fluff gauze every time you use the bathroom and after your twice daily shower. If this results in unsatisfactory functional or cosmetic outcomes, we can usually fix this with a 2nd, revision surgery.

- **Graft failure –** Total graft failure is rare, with a <1% occurrence rate. We would have to perform an additional surgery to correct this. More often than not, small areas of the graft may fail and this would typically resolve on its own without any procedures or further complication.

Urinary Complications:

- **Urine Spraying –** This is one of the more common long-term complications. About 1/3 of people in published studies report problems with urine spraying. Often patients find that it can take over 6 months before the urine stream is more directed. If you find that you still have bothersome spraying of urine after 6 months – then we can often correct this with a revision surgery

- **Urine retention/ Difficulty emptying bladder –** About 1 in 5 people notice that it is difficult to empty the bladder after having the Foley catheter removed. If this happens, then the nurses will replace the catheter and we will remove it at your first follow-up visit.

- **Urinary urgency/frequency –** This is a feeling of having to pee suddenly and often. This is common soon after surgery due to bladder irritation. This typically resolves on its own.

- **Urine Leakage –** Sometimes people will experience urine leakage after surgery. This can happen without warning, but more likely it will happen when increasing pressure in the abdomen such as with coughing, laughing, or sneezing. This usually gets better on its own as you heal. Pelvic floor physical therapy can help also help with this.

Department of Urology
Phone: 503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
www.ohsu.edu/transgender-health

Surgery Risks:

- **Infection –** Infections after surgery are not common but can be very dangerous. The area that we operate on during this surgery tends to have a lot of bacteria, which increases the chance of infection. The risk of infection is higher for those people who have diabetes or are overweight. You will be given antibiotics at the time of surgery to prevent infection, but we ask that you shower twice daily and keep the area clean and dry.

  If you have diabetes, be sure to take extra care and be diligent about checking and correcting your blood sugar – because the stress of surgery can make it more difficult to control blood sugar.

- **Hematoma –** This is localized bleeding outside of blood vessels. If you develop a sudden, asymmetric swelling and/or bruising at the surgical site, you may have a hematoma. Small hematomas typically resolve on their own. Very large hematomas may need to be drained, but this is rare. Remember, you will have a lot of swelling at the surgical site and this is normal, but sudden asymmetric changes are not.

- **Blood clots (sudden swelling of one leg** or **difficulty breathing) –** Blood clots can form during and after surgery due to prolonged inactivity. We ask that you stop estrogen 2 weeks before surgery to help prevent blood clots. We also place special squeezing devices on your legs while you are in the hospital to prevent this. When you go home, getting up and moving around periodically will help to prevent blood clots.
  If you notice that one of your legs swells suddenly, or if you suddenly have a hard time breathing – then you may have a blood clot. You should go to the Emergency Department immediately

Risks Specific to Vaginoplasty:

- **Vaginal stenosis (narrowing) –** Extreme narrowing of the vaginal canal, in patients that are dilating 3 times per day, 30 minutes each session, is rare. More often we see this in patients that struggle with dilation for one reason or another. Pelvic floor Physical Therapy can teach you to relax your pelvic floor muscles to make you more successful wit dilation. If you develop vaginal stenosis or canal shortening, an additional surgery is often required to fix this.

- **Rectal injury –** Because we are creating a space for the vaginal canal very close to the rectum, there is a chance for injuring the rectum during surgery. This is a small risk and if it occurs, it will be repaired at the time of surgery and should not cause any further complication.

- **Fistula –** Even more rarely, an unwanted connection can form between the vagina and the rectum. This has happened in <1% of our cases but if this does happen, it is serious and will require another major surgery to fix. If you notice fecal matter (poop) coming from the vagina, then you may have a fistula and should notify us right away.

Department of Urology
Phone: 503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
www.ohsu.edu/transgender-health

Department of Urology
Phone: 503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
www.ohsu.edu/transgender-health

SURGERY SCHEDULING CHECKLIST

Once your initial consult is complete, we have no way of knowing if you are ready for surgery until we hear from you that all steps for preparation are complete. We have created a checklist to help guide you in preparing for surgery. All items will need to be complete before surgery can be scheduled. We recommend keeping this checklist handy as it can serve as a guide and a reminder for things that you may still need to work on.

Things to do (and send us) to be eligible for surgery scheduling:

- ☐ Complete and return Social Readiness for Recovery questionnaire (included with this letter)

- ☐ Two letters of support
  - Written by certified mental health providers
  - Following WPATH criteria
  - Please visit the Transgender Health Program website for more information on mental health referrals and/or to give your provider our WPATH letter template
  - Contact the Transgender Health Program if you need assistance getting connected to a mental health professional.

- ☐ Your health plan (insurance) requires one of your two letters of support must be dated within 1 year

- ☐ Documentation that hair removal is 80% complete (**vaginoplasty only**)
  - Have your hair removal provider complete the *Hair Removal Attestation* document located in the pocket of this binder - then mail, email, or fax it to us

- ☐ Documentation of recent A1C <6.5% (**diabetic patients only**)

- ☐ Successful nicotine cessation
  - Must be nicotine free for a minimum of 10 weeks prior to surgery
  - Nicotine levels will be tested twice prior to surgery

- We kindly ask that, as you complete items on the checklist, you contact us to let us know and/or send in the required documentation.
- Once we have documentation that the items on the checklist are complete, we can schedule you for surgery. If we do not have documentation that the items on the checklist are complete we will not move forward with scheduling your surgery. You can call the clinic to determine what we have on file and what will still be needed to complete your checklist.

Department of Urology
Phone: 503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
www.ohsu.edu/transgender-health

SOCIAL READINESS FOR RECOVERY WORKSHEET

We hope this worksheet helps you prepare for recovery. Please complete this and return it to us so we know more about your recovery plan and can assist you, if needed. There is an extra copy in the pocket of this binder

Your name: _____ **Date of birth:** _____

HOUSING: You will need to have stable housing for the first 6 weeks after surgery. This should be a place that is physically and emotionally safe. If you are having vaginoplasty, you should also have a comfortable, private space where you can perform dilation for 30 minutes, 3 times per day.

Do you currently have stable, safe housing?

☐ Yes ☐ No

What is your plan for stable, safe housing during recovery from surgery?

- ☐ Your own home
- ☐ A friend or family member's home
- ☐ Hotel
- ☐ Rood Family Pavilion (your reservation been accepted and confirmed)
- ☐ Other, please specify: _____

_____

SUPPORT: You will need to have someone who is physically present for you to help with day to day activities for at least several hours a day for a week after surgery.

Do you have a "support person or team" – someone(s) to assist you in aftercare?

☐ Yes ☐ No

Is your support person(s) available to be with you for several hours or more for the first week after surgery?

☐ Yes ☐ No

Please check all the ways your support person(s) are prepared for your recovery:

- ☐ Transportation: take you to and pick you up from the hospital, help you get to follow up appointments
- ☐ Food: grocery shopping, meal preparation, food clean up
- ☐ Hygiene/Wound care: someone to help you to the bathroom, showering, and simple wound care
- ☐ Supplies/errands: picking up supplies such as medications or other household items
- ☐ Household chores: laundry, housecleaning, taking out the garbage, checking the mail
- ☐ Dependent care: someone to help with any responsibilities you have to provide child care, pets, or other caregiver duties
- ☐ Companionship: someone to keep you company so you are not isolated or lonely during recovery

Department of Urology
Phone: 503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
www.ohsu.edu/transgender-health

Please provide the contact information for your support(s):
Name: _____ Phone number: _____
Name: _____ Phone number: _____

You should have a back-up support in case the person named above is unavailable to assist you as planned. Please provide the contact information for you back-up support person(s):

Name: _____ Phone number: _____

FINANCIAL PLANNING

If you are working, are you able to take up to 4 weeks, possibly more, time off from work to recover from surgery?

☐ Yes ☐ No ☐ Unsure

Please check all the ways you are financially prepared during recovery by indicating you have money set aside or expect your usual income for:

- ☐ rent/mortgage
- ☐ food
- ☐ phone and other utilities
- ☐ medication/medical supplies
- ☐ transportation
- ☐ other bills (credit cards, insurance premiums, school loans, etc)

SOCIAL WORK SUPPORT

Are you interested in speaking with a Transgender Health Program social worker to assist with any of the following?

- ☐ housing
- ☐ social support
- ☐ finances
- ☐ mental health
- ☐ other (please specify): _____

_____

_____

Please return this worksheet to us either:

1. In the envelope provided
2. Emailed to us as a PDF or JPEG at *urologyTHP@ohsu.edu*

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Finding a Mental Health Therapist

The Transgender Health Program does not consider being transgender or gender-nonconforming a disorder or diagnosis. Instead, we recognize that mental health professionals can offer support and guidance. They can also provide the ***letters of support*** needed for some surgeries.

Transgender Health Program services: The THP offers psychological services for shorter-term assessment and support, including providing letters of support. We can also help you find a therapist in the community if you're interested in ongoing care.

Searchable database: Psychology Today maintains a Find a Therapist tool at https://www.psychologytoday.com/us/therapists . You can click on your state and filter by ZIP code, specialty area (such as transgender care) and type of insurance, such as the Oregon Health Plan.

Letters of Support

Why do we require 2 Letters of Support?
We follow the World Professional Association for Transgender Health (WPATH) "Standards of Care" guidelines. This requires that you have two letters in support of your transition surgery written by mental health providers prior to scheduling the surgery. Insurance also requires this and many insurance companies will not cover the cost of surgery without these two letters.
One of these letters should be written by a mental health professional who knows you well.

The requirement for letters of support is not meant to be a barrier, a burden, or stigmatizing. In addition to being an insurance requirement, we also see the value in making sure people have considered all the implications of such a major and irreversible surgery on one's identity, physical health, sexual function, and fertility. Furthermore surgery and recovery from surgery is an extremely stressful time, and it is important to have a relationship with someone who can help with the stress after surgery, if needed.

Do the letters ever expire?
Insurance often requires that at least one of these letters be dated within 1 year of surgery. Due to current waiting times for surgery, you may have to have one or both letters updated about 3 months before surgery to satisfy your insurance company's requirements. We apologize for any inconvenience and are always working to improve this process and decrease wait times.

Who can write the letters?
Only a certified/qualified mental health provider can write the letters of support. Here are some examples of mental health professionals who can write your letter:

- LCSW or LICSW (Licensed Clinical Social Worker)
- CCMHC (Certified Clinical Mental Health Counselor)
- LSWAIC (Licensed Social Work Associate & Independent Clinical)
- QMHP (Qualified Mental Health Professional)

Your primary care provider cannot write the letter.

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

What needs to be included in the letters?
According to WPATH, the recommended content of the referral letters for surgery is as follows:

1. The client's general identifying characteristics.
2. Results of the client's psychosocial assessment, including any diagnoses.
3. What surgery or surgeries the patient is seeking.
4. Duration of time the patient has been on hormone therapy and living in gender role
5. The duration of the referring health professional's relationship with the client, including the type of evaluation and therapy or counseling to date.
6. An explanation that the criteria for surgery have been met, and a brief description of the clinical rationale for supporting the patient's request for surgery.
7. A statement that informed consent has been obtained from the patient.
8. A statement that the referring health professional is available for coordination of care and welcomes a phone call to establish this.

Make sure that your certified mental health professional is familiar with the WPATH Standards of Care and includes all of the above information. Consider giving them a copy of these guidelines to assist them in writing your letter.

Is there a template that my mental health provider can use to write the letter?
YES!!! We have made a template that your mental health professional can fill out online and then mail or fax to us. This can be found on our Transgender Health Program webpage at:
https://www.ohsu.edu/transgender-health/patient-guide-gender-affirming-care

- Under "letters of support"

It can also be accessed directly here:
https://www.ohsu.edu/sites/default/files/2019-06/thp-letter-of-support-template.docx

We have included a copy of this template at the front of this binder for your reference and for your mental health professional to use as a reference.

Where do I or my Mental Health Professional send the letters?
Please fax, mail, or email a PDF of the **signed** letters to us at:

OHSU Department of Urology
3303 S.W. Bond Avenue, 10th Floor
Portland OR, 97239

Ph: (503) 346-1500
Fax: (503) 346-1501
Email: urologyTHP@ohsu.edu

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Nicotine Cessation, Diabetes Control, & Weight Loss

Nicotine Cessation

Why is it important?

Nicotine is a very powerful drug that constricts your blood vessels and decreases blood flow to the tissues that we are operating on. This can cause a number of complications including poor wound healing, delayed wound healing, and graft failure. Research shows that people who smoke even 1 cigarette per day have a **10-time increased risk of surgery failure.**

How long do I need to be nicotine free?

We require that people not smoke or use any nicotine or tobacco products for at least **6 weeks before surgery**.

What about nicotine patches, gum, e-cigs, etc?

All of these products are a healthier alternative to smoking tobacco, but they all contain nicotine and still have the same negative effect on wound healing that smoking nicotine does. Therefore we require that you not consume any of these products for 6 weeks prior to surgery

How do you test for nicotine?

We have you take a blood test as part of your perioperative medicine appointment approximately 4 weeks before surgery. This test can detect nicotine use as far as several weeks prior. Even if you are not using nicotine, second-hand smoke can cause you to have a positive test result. Therefore it is important to avoid second-hand smoke for 6 weeks before your surgery.

We also test for nicotine on the day of surgery to make sure that you remain successful in your nicotine cessation in the month leading up to surgery.

What resources are available to help me quit using nicotine?

Your primary care provider and tobacco cessation groups can be very helpful. Your primary care provider can prescribe nicotine replacement such as patches and gums. They can also connect you with behavioral health to assist you in the process. If you are interested in tobacco cessation groups, please contact the Transgender Health Program or look online for groups in your area.

Also consider the **Oregon Tobacco Quit line**, open 24/7 **1-800-QUIT-NOW** (800-784-8669) or **quitnow.net/oregon** . These resources may specifically reference tobacco, but they may be helpful with quitting nicotine in any form.

What about marijuana?

If you use cannabis, please do not SMOKE for at least 4 weeks before surgery to avoid the carbon monoxide poisoning that comes with inhaling any type of smoke. It is better to use edibles and other forms of cannabis. ***While there are no studies showing cannabis use is safe in surgical recovery, especially when combining with narcotic pain medication, we do not prohibit it or test for it. Please be cautious.***

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Diabetes Control

Why is it important?

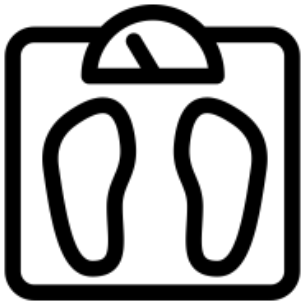
People with diabetes may have greater risk of poor healing and infections. Especially if their diabetes is not well-controlled. Your primary care provider or endocrinologist can help you make sure that your diabetes is under good control before surgery.

What are the requirements for surgery?

A lab called Hemoglobin A1c (HgA1c) can help show what you blood sugar control has been like over the past 3 months. At the time of surgery, your **HgA1c should be 6.5 or less.**

Weight loss

We understand that beauty comes in all shapes and sizes and you don't have to be skinny to be healthy. The term ideal body weight is a medical term used to describe the weight associated with the lowest mortality for person's height, body frame, and gender. There are online calculators to help you determine what your ideal body weight is.



Why is it important?

You will have the best result from surgery if you are as close as possible to your "ideal body weight". Structures like the clitoris, urethra, and vagina have to be placed near the pelvic bones, and if you are obese, they will be more buried by the extra tissue, just like in ci-gender women. But more importantly, it will be much more difficult to make the vagina. This is because the heavier a person is, the further skin is away from the opening of the new vagina, and it can be very difficult to have enough skin to cover the new space. If we don't have enough skin from the penis and scrotum, then we will need to take tissue from other areas of the body.

Also, being severely overweight increases your risk for complications such as breathing problems, infections at the surgery area, and blood clots in the legs and lungs.

What is the cut-off?

Some surgeons use a strict number to cut-off for who can have surgery using Body Mass Index (BMI). BMI is calculated based on a ratio between you height and weight. We believe that individual variations in how body fat is distrbuted are more important than the BMI number. We do not use a strict cut-off, but we think people have the best results when the BMI is less than 35, and we have performed only a few vaginoplasties for people with BMI over 40. You track your BMI with online calculators.

What resources are available to help me lose weight?

Contact your primary care provider to discuss healthy ways to lose weight. They might be able to refer you to a nutritionist, dietician, or a gym. There are also some prescriptions that can help with weight loss when used in conjunction with a healthy diet and exercise. We like to reserve weight-loss surgery as a last resort, because certain abdominal surgeries can make our surgery more difficult. That being said, we have recommended patients look into this option and we have operated on patients after successful weight loss following weight-loss surgery.

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Hair Removal Facts, FAQs, and Guide

Why do I need hair removal for Vaginoplasty?
The skin of the penis and the scrotum are used to make the new vagina. In order to avoid having hair inside of the new vagina, it needs to be permanently removed. If there is remaining hair inside of the new vagina, this can cause problems with hygiene, can lead to discomfort during dilation and intercourse, and can create a less-desirable appearance. Having a few hairs inside of the new vagina is generally not problematic, but there are no good options for removing hair from the inside after surgery is complete - if hair is bothersome to you.

Some surgeons offer hair removal (electrolysis or "follicle scraping") in the operating room. We do not believe these are reliable ways of removing hair from the skin used to make the new vagina.

How do I get my Insurance to cover the cost of hair removal?
Generally, insurance requires that you have had a consult with your surgeon before covering the cost of hair removal. If you have this binder, then you have had your consult and you have met that requirement. We will provide you with **a letter of medical necessity** that you can give to you insurance company. If you are interested in seeing someone within the OHSU Transgender Health Program, we can place a referral for you.

What is the difference between electrolysis and laser and how do I know which is best for me?

	ELECTROLYSIS	LASER
How it works	Uses electricity delivered to hair follicles to stop new hair from growing	Uses heat and light to damage the hair follicles
Will it work for me?	Works on all skin types and hair colors	Since laser targets the pigment in the hair, it typically works best for people with dark hair and light skin. Not as effective at treating blonde, gray, or red hair.
Is it permanent?	Yes, electrolysis is permanent	Not always; laser generally makes the hair lighter and thinner but people oftenfollow-up or treatments or even a change to electrolysis.
How long does it take?	Electrolysis sessions take longer because each individual hair follicle needs to be targeted individually	Laser sessions are relatively quick because the laser targets a general area of the skin
Cost Comparison	More expensive in comparison	Cheaper in comparison
Pain	Typically bearable, but the groin is a very sensitive area and everyone has a different tolerance for pain	Typically more painful, but the sessions do not last as long
Preparation required	Hair needs to be unshaven and ~1mm long	Must shave before each session

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Where can I get hair removal?
We have included a list of hair removal providers in this binder based on feedback from patients who have seen them. We do not specifically endorse any of the providers outside of OHSU Transgender Health Program but we want to make available the names and contacts provided by our patients and to provide you with options that me be easier for you to access.

How long does hair removal take?
Hair removal can take anywhere between 6 months to over 1 year. Sometimes it can take several months to even get a first appointment with certain providers that take your health insurance. That means that, in some cases, hair removal can take almost 2 years! That being said, everyone is different and these time estimates can vary greatly.

While laser treatment tends to be faster, it will not work on all skin types and hair colors, and you will need to factor in enough time to be sure that the results are permanent.

What areas need to be hair-free?
The following areas need to be hair free:

- The shaft of the penis
- The scrotum
- Beneath the base of the penis
- Between the thigh creases
- The perineum (space between scrotum and 1 inch above the anus)

There is a **hair removal diagram** that shows the areas that need to be free of hair included in this binder. It is a good idea to bring this with you to your electrolysis or laser hair removal appointment so that your provider knows the areas to treat

How do I know when I am done with hair removal?
It is impossible for us to determine at any one point in time if your hair removal will be permanent. This is because each of your hairs is in a different stage of growth at any given point in time and some hairs may be inactive, or not actively growing now, and then actively growing 1 month later.

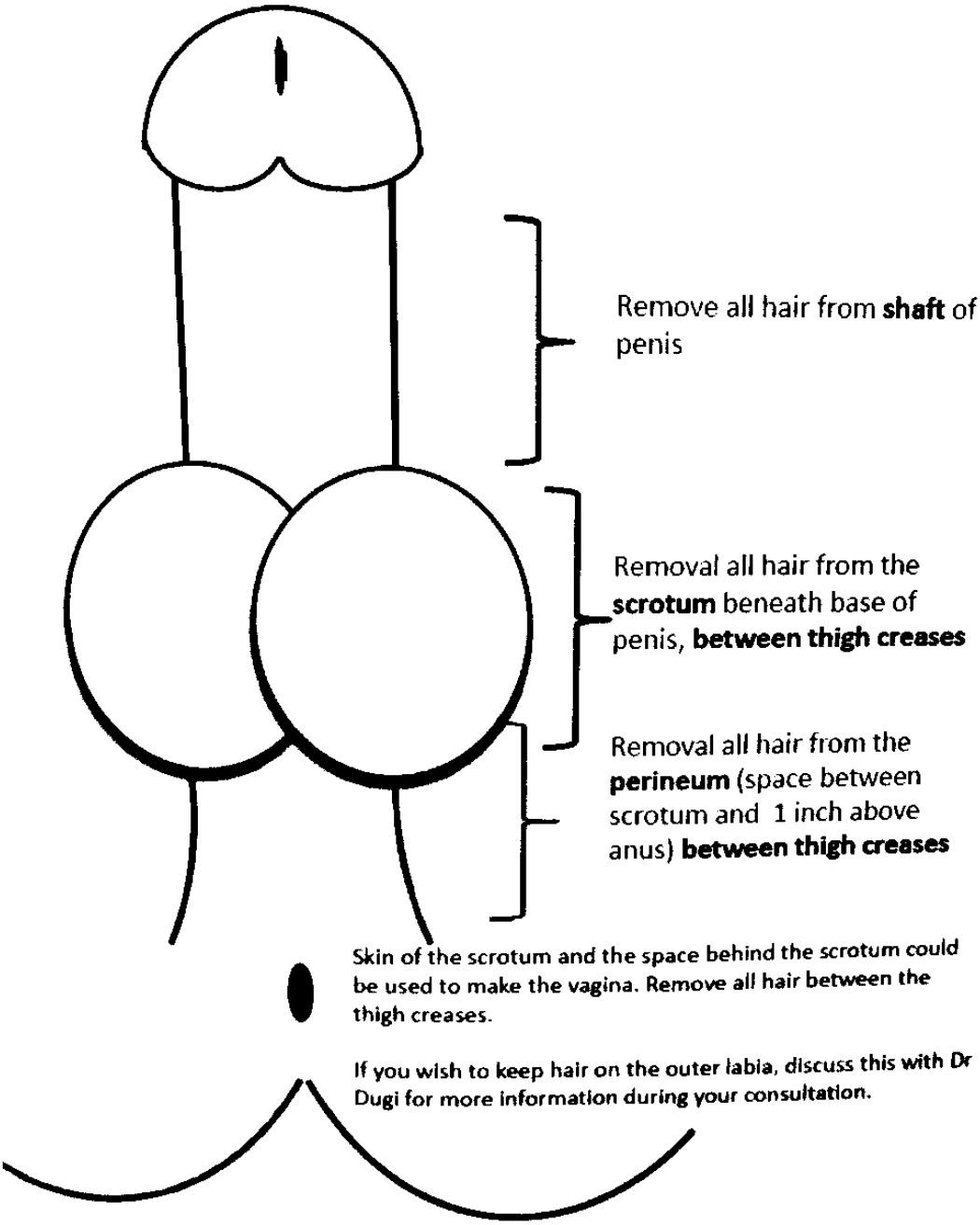
The best approach for a good result is to discuss this with your electrolysis/laser provider and go through several cycles of complete clearance of the area separated by 4-6 weeks, then a period of time (3-6 months) to see if you have significant regrowth of hair**.**

Keep track of your progress and **once you are at 80% completion - have your hair removal provider fill out and sign the *Hair Removal Attestation form* (located in the back pocket of the binder), then call Jessica, the urology scheduler, so that we can schedule your surgery**.

It is ultimately your decision and responsibility to decide if it is OK to proceed with surgery with the level of hair removal that you have completed. Once the skin is on the inside, there is no effective way of removing it!

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Permanent Hair Removal Prior to Vaginoplasty



Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Preoperative Appointments

The following appointments will be scheduled when you get scheduled for surgery. We do our best to schedule them all on the same day and around the same time so that you only have to make one trip for you preoperative assessment

1. Urology Department

About 1 month before surgery, you will return to the urology clinic, on the 10th floor of CHH, to meet with our physician assistant, Dorian Scull. This appointment is to provide you with the opportunity to ask any last-minute questions before surgery. It can be easy to forget what questions you wanted to ask, so we find it helpful to make a list and bring it with you.

- ☐ Last minute questions? – Bring a list
- ☐ Any recent surgeries? – Bring that information
- ☐ Any recent changes to medical history? – Bring that information
- ☐ If you have **FMLA paperwork**, be sure to bring that to this appointment.

2. Preoperative Medicine

This appointment is created to do preoperative lab work (including a nicotine test), to check on your general health, and to give you instructions on what medicines to take or not-take leading up to surgery.

- ☐ Any recent changes to medications? – bring updated medication list
- ☐ Any recent surgeries? – bring that information
- ☐ Nicotine free? – you will be tested for nicotine
- ☐ Prepared for blood draw? – come hydrated and ready

You will be instructed to ***stop taking estrogen for two weeks before surgery***. We understand that this can be stressful and unpleasant, but it is important to reduce your risk of having dangerous blood clots after surgery. You can restart approximately 1 week after surgery, when you leave the hospital. You ***do NOT need to stop taking spironolactone or progesterone*** before surgery.

3. Pelvic Floor Physical Therapy

Pelvic floor muscles are the muscles that will surround the new vagina. You'll need to learn to relax these muscles to allow dilation of the vagina after surgery or to allow sexual activity with the vagina.

You will meet with a physical therapist, on our Marquam Hill campus, who specializes in the muscles of the pelvic floor and who works closely with us and our patients. You will meet with them approximately 1 month before surgery and again 3 weeks after surgery to maximize your success.

On this first visit, the physical therapist (PT) will talk with you about your general health and pelvic muscle health. This includes questions about bowel and bladder function, any pain issues, or any history of

trauma. If you are comfortable, the PT will do a pelvic muscle exam. The exam is optional. It can give important information about how your pelvic muscles function and what can be improved with pelvic

physical therapy to make dilation easier. The PT will discuss different exam options with you, including only looking the muscle contractions and relaxation, touching the muscles on the outside, EMG biofeedback, or rectal exam of the muscles. You will be able to choose which, if any, of the exam methods are used.

- ☐ Any problems with urination? - The PT will want to know about this
- ☐ Any problems with bowel movements? – The PT will want to know about this
- ☐ Any pain? – Be sure to let the PT know
- ☐ Come prepared to discuss pee, poop, and genitals
- ☐ Come prepared for a pelvic muscle exam
- ☐ Any history of trauma? – If you don't feel comfortable with any suggested parts of the exam – let the PT know. We want you to be totally comfortable. There is still a lot that we can achieve if you prefer to keep your clothes/undergarments on or if you prefer not to be touched on certain parts of your body

OHSU Rehabilitation: (503) 494-3151

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

PREPARING FOR SURGERY CHECKLIST:

We have created this checklist to help guide you in preparing for surgery. Check off the boxes as you complete the items to make sure that you don't miss any important preparations.

Things to do after you get scheduled and before your surgery:

- ☐ Complete Hair removal (vaginoplasty only)
- ☐ Continue nicotine cessation
    - You will be tested ~1 month before surgery and again on the day of surgery
- ☐ Keep diabetes under control (if applicable)
    - You will have A1C ~1 month before surgery
- ☐ Finalize time off of work/school/volunteer work (if applicable)
    - You will need to request 6-8 weeks off
- ☐ Finalize details of post-surgery care plan
    - ☐ Confirm care team and assign roles to caregivers
    - ☐ Maintain safe, stable housing
    - ☐ Have a ride to and from the hospital
    - ☐ Have some money saved to help with expenses (supplies, food, copays, transportation, unforeseen expenses)
- ☐ Start SDI paperwork and Bring **completed** FMLA paperwork to 1 month pre-op appointment (if applicable)
- ☐ Review Dilation Instructions & Agreement
- ☐ Attend the 3 pre-op appointments (we try to schedule these on the same day)
    - ☐ 1 month pre-op with Urology department
        - ☐ Bring FMLA paperwork (if applicable).
        - ☐ You will sign the dilation agreement at this appointment
    - ☐ 1 month pre-op with pelvic floor PT
    - ☐ 1 month pre-operative medicine appointment for labs and nicotine test
- ☐ Purchase recommended supplies (see list in this binder)
- ☐ Read through what to expect during your hospital stay and **re-read discharge instructions**
- ☐ Clean house, do laundry, create easy pathway to bathroom
- ☐ Meal prep (cook and freeze meals)
- ☐ Pack hospital bag (see suggested items in this binder)
- ☐ Finalize ride to the hospital the day before (this will be a **very early** morning)
- ☐ Practice stress reduction exercises

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Supplies to Get Before Surgery

Roll Fluff Gauze
This is helpful to have on hand to place on the surgical site as it is healing. After surgery, you will have a fair amount of drainage and discharge. This helps to absorb that drainage, keep the wound clean and dry, prevent infection, and protect your undergarments. It is especially useful if you have any areas of wound separation that need a little extra attention. We recommend purchasing about 10 of these. They can be purchased on Amazon.com for about $1 per roll when searching for "fluff gauze roll".

Donut Pillow
Sitting, even for short periods of time, can be very uncomfortable after surgery because it places pressure on the surgical site. Some patients have found that sitting on a donut pillow, hemorrhoid pillow, U-shaped neck pillow, or "portalbe gel seat" makes this more comfortable.

Maxi Pads
Again, you will have some drainage or small amount of old blood that drains from the surgical site for a while after surgery. You may have to use large maxi pads as needed at first. Having a maxi pad placed inside a snug pair of underwear can place a little pressure on the site, which is a good thing to help with swelling, but this should not be too tight. You can switch to smaller pads as the drainage slows down

Water-based Lubricating Jelly
At your first follow-up visit, you will be given your set of vaginal dilators and a hand-mirror to help you see the area after surgery. You will need lubrication to perform dilation. Since you will dilating the vagina 3 times per day for at least the first 6 weeks, you will need to have a good supply of **water-based, gel lubricant** on hand! This does not need to be surgical grade, but should not be a thin/runny sensual lubricant.

Once you start back to work or school, you can decrease the frequency of dilation to 2 times per day. There is more information on dilation in other sections of this binder.

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

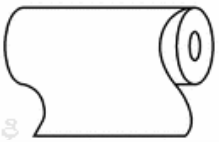
Additional Supplies you may need:

Lots of Toilet Paper!
You are likely to spray urine after surgery. This can be messy and you will want a large supply of toilet pap er on hand for wiping.

Extra Pairs of loose or mesh underwear
With maxi pads, and dressings, your regular underwear may be too tight. You also may have some drainage that might ruin your underwear. For this reason, we recommend having loose-fitting, inexpensive underwear on-hand

Stool softeners
The opioid pain medication and inactivity is likely to cause some constipation. You may want to have some extra stool softeners on hand to prevent constipation. We recommend a gentle, non-stimulant stool softener such as Polyethylene Glycol (Miralax is the brand name)

Ice Pack
Keeping the surgical site cool can reduce swelling, inflammation, and pain. Using an ice pack on top of a towel can be helpful



Paper Towels
This can be helpful with cleaning up after dilation, placing under ice-packs, and general ease- of cleaning.

Absorbent Bed Pads (Chux)
Dilating can be quite messy because you will use a lot of lubrication and you will have some discharge and drainage. These can be helpful to sit on when dilating to keep you bedding or uholstery clean. Puppy training pads also work!
You can also use a towel, which is cheaper, but needs to be cleaned regularly. If you have old towels, sheets, or blankets lying around – this would be a good use for them and would help cut down on plastic wast in our landfills.

Peri-Bottle
For the first few weeks after surgery - We advise you to shower twice daily with gentle soap and water, using your hand rather than a washcloth, to clean the surgical site.
Some patients find this product, that was originally designed for post-partem mothers, to be a gentle, helpful way to clean the vagina after surgery, in addition to showering twice daily.

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

PACKING YOUR BAG FOR THE HOSPITAL

Here is a list of things that you will need during your stay in the hospital. Remember that you will be bed-bound for 5 days after surgery. While that may sound nice, it can be very uncomfortable and boring. You will receive regular meals that you can order from our cafeteria, but be sure to bring additional things to snack on between meals.

- ☐ ID
- ☐ Paperwork
- ☐ Payment Method
- ☐ Wear comfortable, loose fitting, low hassle clothing
- ☐ Leave valuables at home, including jewelry
- ☐ Items that make you comfortable
    - Favorite blanket, pillow, aromatherapy, eye pillow, massager…
- ☐ Items that keep you entertained
    - Games, music, books, puzzles…
- ☐ Chargers for electronics
- ☐ Snacks

FOOD & DRINK RESTRICTIONS BEFORE SURGERY

- ☐ Only clear liquids the entire day before surgery
    - Examples: Jello, Gatorade, coffee (no cream), broth
- ☐ No food or drink starting at midnight the night before surgery
    - It's Ok to take small sips of water with medications

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

4A Welcome and Tip Sheet

Welcome to 4A! 4A is a surgical unit at OHSU. Our patient population consists of kidney and liver transplant, urology and reconstructive surgery patients. We also care for all of the gender-affirming surgery patients who need to stay in the hospital after surgery. This is a basic guide to your stay and may help answer some of your questions.

Who's who?

Providers:

- These are your surgeons, surgical residents, physician assistants and nurse practitioners.
- They are the ones who perform your surgery and/or create the pathway for your recovery.
- They will visit you daily to answer your questions, see how you are doing, and to make changes to your plan, if needed.

RNs:

- These are your nurses.
- They are the people you see the most during your stay.
- They will bring you your medications, monitor your recovery and help you stay comfortable.
- They will check in on you throughout the day and night and are available to answers questions about your plan and your recovery.

CNAs:

- These are your nursing assistants.
- They will check your vital signs (temperature, blood pressure, heart rate, etc) periodically.
- They will help you get cleaned up, with positioning and toileting and they will be checking in on you throughout the day and night.
- You can ask them about how to get comfortable, for water or snacks, or if you need to go to the bathroom

Room Service Attendants:

- These people bring you your food and take away your tray.

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Medications

You will have two different sets of medications:

1. **Scheduled Medications** – some of your medications are ordered to be given at certain times and on a schedule.
    - Your nurse will bring them to you at a set time of day (typically 9am and 9pm).
2. **PRN or *as needed* medications** – These medications are given to you on an as-needed bases to help make you more comfortable.
    - For example, if you are experiencing breakthrough pain, sore throat, gas pain, bladder spasms, constipation, or heartburn.
    - If you are experiencing any of these symptoms tell your nurse and they can give you a medication that should help

Eating

It is important to eat what you have an appetite for, however – we have a few recommendations:

- Protein is good because it is important for healing. Protein can be found in meat such as chicken, fish, pork, and beef. Nuts, whole grains, beans, and legumes are also a good source of protein.
- Since you are in bed and not up moving around like normal your bowels will be slowed down. It is good to stay away from heavier foods (fried, greasy etc.) because they are harder to digest and may lead to gas pain.

To order food you call **4-1111** from your room phone. It usually takes about an hour to get your food after you order so call before you get too hungry.

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Toileting

You will be using a bedpan to have a bowel movement (poo). This can be intimidating for some people but it is a totally normal thing that happens in hospitals all of the time so don't worry!

- **Practice makes perfect!** - It is a good idea to practice sitting on the bedpan before you actually have to go so when the time comes you will know what to expect.
- **What about urinating (pee)?** You will have a urinary catheter (tube) that will be draining your bladder so you should not feel the need to pee.
- *If you feel like you have to pee you may need to have the nurse adjust your catheter so the urine flows more easily.*

Why do people keep coming into my room?

- Your nurse will come in to your room a few times a day and do an assessment. They will listen to your heart lungs and belly and ask you questions about how you are feeling. The more we know about how you are feeling the better we can help you.
- A nursing assistant will also come take your vital signs every few hours as well.

What if I need help?

You will have a button you can press to call us if you need anything. Don't be afraid to call if you need anything.

How Can I Prevent Lung Infections?

Your nurse will give you an incentive spirometer and teach you have to use it. This helps you open up your lungs and prevent lung infection. Try to use this 10 times an hour while you are awake

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Hospital Schedule

This is a general guide of what to expect during your stay in the Hospital. Everybody's healing is different. This schedule, including what medications you get, may change based on your unique medical needs.

Day of surgery - before surgery

- No food or drink!
- Arrive and check in
- Meet your surgery team, including the anesthesiologist
- Sign paperwork for surgery
- IV put in arm

Day of surgery - after surgery

- Doctor will talk to friends/family after surgery
- PACU for 2-3 hours
    - PACU = post-anesthesia care unit
    - Staff will keep a close eye on you to make sure you are recovering safely from anesthesia.
    - You might feel: nauseous, elated, groggy, tearful, hungry, thirsty
- Move from PACU to hospital room in 4A
    - 4A is the floor of the hospital where most of our patients recovering from gender-affirming surgeries stay.
    - The staff on 4A is trained in how to provide culturally competent and gender-affirming care and is very familiar with the recovery process from these procedures.
- What's on my body?
    - Urinary (Foley) catheter - tube to drain urine
    - Dressing on the surgical area
    - Vaginal stent/dressing - keeps the new vaginal skin pressed against the surrounding tissue while it starts to "take" or heal
    - Drains - tubes that takes extra blood and fluid out of your body and collect it in a bag
    - SCDs (sequential compression devices) on your legs. These are cuffs around your legs that fill with air and squeeze your legs to increase blood flow and prevent blood clots.
    - IV in arm
- Medications
    - You will be given antibiotics before surgery and IV pain medication during surgery
    - If you feel nauseous after surgery, we can give you a medication to help
    - You may be able to press a button to control how much narcotic pain medication you get through your IV. This is called patient-controlled analgesia (PCA).

- If you are having trouble having a bowel movement after surgery, we can give you additional stool softeners

- Food and drink
  - Start with ice chips because your throat might be sore.
  - Drink water slowly. If you drink too much you might feel sick to your stomach.
  - Move to small bites of food, and then regular meals when you feel ready (maybe the next day).
  - Eating yogurt can help build up good bacteria after taking antibiotics.

Day 1 after surgery

- You are on strict bed rest. This means you can't get out of bed, but it is ok to slowly move around in bed. You can sit up in bed, move side to side lay on your side, whatever feels comfortable. ***The reason for bed rest is to avoid movement inside the vagina, so avoid big, rapid leg movements.***
  - Rolling over in bed is most comfortable if you do a "log roll." The nurse can show you how to do this.
  - The head of the bed should be raised to 45 degrees or less.
- Start bed exercises from physical therapy
  - Lying on your back, with feet slightly elevated
  - Ankle pumps, quad sets, gluteal squeezes
  - For 5-10 minutes every hour
- If you feel gas and bloating, start abdominal massage exercise from physical therapy. 5-15 minutes, 1-3 times per day.
- Pain medication
  - You will be given Acetaminophen (Tylenol) 650mg, by mouth, every 6 hours
  - You will be given Toradol (an NSAID similar to Ibuprofen) 15 mg, by IV, every 8 hours
  - You can be given Oxycodone (a narcotic pain medication) 5-15 mg, by mouth, every 4 hours, ***as needed***, for moderate pain.
  - If you are still in pain after taking the oxycodone, of if your pain is very sudden and severe – notify your nurse
- You will be given Miralax (a stool softener) to prevent constipation
- You can have a bed bath if you want.
- ***If you need to have a bowel movement, you will have to use a bed-pan until day 5***

Day 2 after surgery

- Bed rest continues.
- There are no changes to your treatment plan between day 1 and day 2.
- Do bed exercises from PT, every hour you are awake. Do abdominal massage if you want.

Day 3 after surgery

- Bed rest continues.
- Pressure dressing (external dressing on vulva) is taken off. You might feel more comfortable after this because you can open your legs a little bit and move your hips from side to side a bit more.
- Pain medication
    - You will be given Acetaminophen (Tylenol) 650mg, by mouth, every 6 hours
    - You can be given Ibuprofen, 600mg, by mouth, every 8 hours, ***as needed***, for mild pain.
    - You can be given Oxycodone (a narcotic pain medication) 5-15 mg, by mouth, every 4 hours, ***as needed***, for moderate pain.
    - If you are still in pain after taking the oxycodone, of if your pain is very sudden and severe – notify your nurse
- You will be given Miralax to prevent constipation
- Do bed exercises from PT, every hour you are awake. Do abdominal massage if you want.
- You can have a bed bath if you want.
- ***If you need to have a bowel movement, you will have to use a bed-pan until day 5***

Day 4 after surgery

- Bed rest continues.
- Do bed exercises from PT, every hour you are awake. Do abdominal massage if you want.

Day 5 after surgery

- Internal dressing (stent) taken out
- Drains maybe taken out – depends on how much fluid is still draining out
- Bladder catheter taken out
    - Removing the catheter is quick. You might not feel anything, or you might feel briefly uncomfortable.
    - Try to pee. Your bladder will be empty at first and it will take a while to fill. Expect for the pee to go all over the place - not a steady stream!
    - 1 in 5 people can't pee at all, or can't pee well enough. If this happens*, we put the catheter back in. We will take it out at your first follow-up visit in the office.
    - Tips to pee
        - Run the sink or shower water. The sound can help.
        - Put your hands in warm water. This can help you relax.
        - If allowed, use a small container to pour warm water over the skin between your legs.
- ***If you had robotic approach vaginoplasty – you will also learn to dilate your new vagina at this time. Dorian, our physician assistant, will be there to go over this with you.***

- Stand up and walk, with the help of the nurse
    - Most people feel a little dizzy getting up for the first time after 5 day of bed rest. Begin by raising the back of the bed more upright to begin adjusting.
    - Call the nurse when you feel ready to try to walk. They will take off the SCDs on your legs and help you move.
    - First you will sit on the edge of the bed and dangle your feet. Next you will stand up for a little bit. Then you will try to walk.
    - You might feel dizzy at first.
- Take a shower, with the help of the nurse
    - Use warm water for this first shower, not hot water because hot water can cause your blood pressure to drop and make you dizzy.
    - Rub the soap on your hands to get them soapy. Use your hands to clean all the folds and creases between your legs. Be gentle, but clean yourself as well as you can. It will feel very sensitive. Don't scrub hard, don't use a washcloth.
    - Let the water flow over your vulva to wash away the soap. If you use a handheld shower, spray the water on your belly and let it flow down between your legs.
    - Gently pat the skin dry with a towel. Don't rub. If you can, let the skin air dry.
    - Sit on a shower chair if you feel dizzy or tired. The nurse can bring you one.

**How do we know if you can pee well enough? After the nurse takes out the catheter, your bladder is empty. It takes a couple hours for the bladder to fill up again – drink lots of water! The nurses will give you plenty of time to try to go to the bathroom. After you go to the bathroom, the nurses will do a scan of your bladder to see how much urine is left over. Some people can pee a bit, but not enough – too much urine stays in the bladder. The surgery and the anesthesia can affect your nerves and make it hard for you to empty your bladder. You're not doing anything wrong if you have trouble peeing. We might have to put the catheter back in, so you are safe when you go home.*

Before Discharge

- You and your caregiver should read your discharge instructions. Ask questions about anything you don't understand.
- Your caregiver will pick up your prescription medications before you leave the hospital.
- Make appointment for first follow-up visit.

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Exercises for Your Hospital Stay

(from our colleagues in Physical Therapy)

While in the hospital you will be on bedrest for 5-6 days. This means you will stay in bed and not be up and walking around. Sometimes this can cause fluid to collect in your legs. The following exercises will help to decrease the swelling in your legs while also increasing your circulation to help with healing. Perform these exercises for 5-10 minutes every hour that you are awake. Your physical therapist will review these with you at your appointment before surgery.

Deep Belly Breathing: 5-10 reps

Movement: Breathe in deeply, allowing your belly to expand. Exhale slowly, allowing your belly to drop back down.

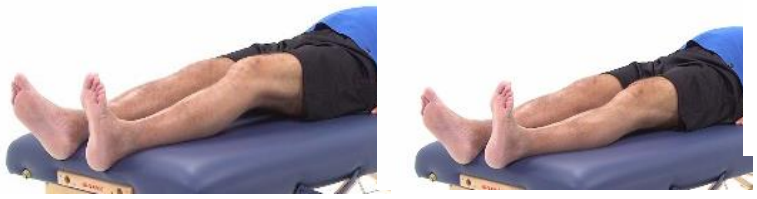
Tip: Make sure to keep your breaths even and gentle. Try breathing in through your nose and out slowly through your lips.

Ankle Pumps 20-30 reps

Movement: Slowly pump your ankles by bending and straightening them.

Tip: If possible, elevate your legs. Try to keep the rest of your legs relaxed while you move your ankles.

Quad Sets 20-30 reps



Movement: Tighten the muscles in the thigh to push your knee into the bed and straighten your leg. Hold, then relax and repeat.

Glute Sets 20-30 reps

Movement: Tighten your buttock muscles, then release and repeat.
Tip: Make sure not to arch your low back during the exercise or hold your breath as you tighten your muscles.

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

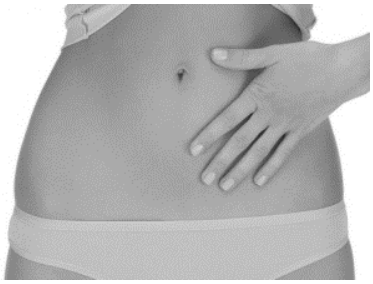
Abdominal Massage for Bowel Regularity & Bloating

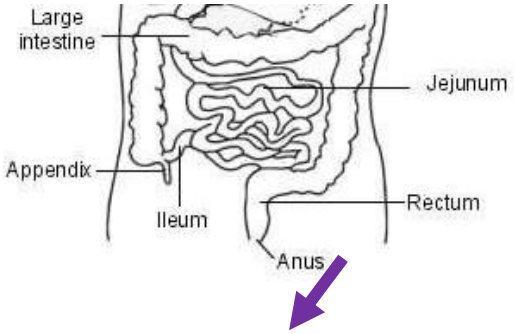
(from our colleagues in Physical Therapy)

Purpose: After surgery you may experience constipation or bloating. Abdominal massage can help relieve constipation by stimulating the large intestine to improve bowel motility. It can also be helpful to relieve bloating and gas. Your physical therapist will review this with you at your appointment before surgery. ***If you had robotic vaginoplasty, you will not be able to do this because of the incisions on your belly where the robotic instruments were inserted.***

Directions: Perform for 5-15 minutes, one to three times per day while lying on your back. All steps should be pain free.

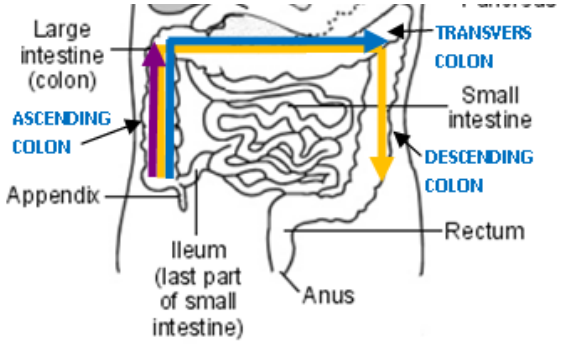
Step 1: To relax, soothe your abdomen by gently move your hands across your belly from one hip to the other. Breathe slowly and gently.
Step 2: Provide firm downward pressure on the lower left side of your abdomen. Hold for a few seconds and repeat.





Step 3. Make small clockwise circles with firm pressure over the large intestine from your lower left side to your lower right side (Continue the circles up, over and down to make a "U" shape)

Step 4. Now starting on the lower right side provide firm, long strokes in an I, L and U motions over your abdomen. ("I Love You" strokes)



Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Discharge Instructions

Diet:

- **No restrictions to your diet.**
- You will be going home with stool softeners to help with the constipation that can come from taking narcotics. Keep in mind to drink plenty of fluids and maintain a well-balanced diet.
- Take Miralax (polyethylene glycol), 1 capful, dissolved in 8-12oz of water for 1 month to prevent constipation and straining for bowel movements
- Avoid bearing down or straining with bowel movements.

Activity:

- **Limit walking to 2,000 steps/day** for the first 4 weeks
- You will be able to go up/down stairs, just take one step at a time slowly (both feet on the step).
- Do not lift anything greater 10 lbs for the first 4 weeks.
- No driving while on narcotics or with urinary catheter in place.
- You will find yourself getting tired easily as your body is recovering, make sure you are taking the time to rest and limit activities
- No anal, oral, or vaginal sex for 3 months after surgery
- Please refer to the *Getting Back to My Normal Routine* of this binder for more information on activity restrictions

Pain Control:

- Please take Tylenol 625 mg on a schedule (whether in pain or not), every 6 hours until your first follow-up appointment
- Please take ibuprofen 600 mg every 8 hours for moderate pain that persists after taking Tylenol. Do this until your first follow-up appointment
- We will provide you with a limited supply of oxycodone 5mg tablets. This is a narcotic pain medication. Take 1-2 tablet, but mouth, as frequently as every 6 hours. This for severe pain that "breaks through" after taking Tylenol and Ibuprofen first. Take this only as directed.
- **Do not drive while taking narcotics**
- Apply ice packs to the mons (the fatty tissue over the pubic bone) for 20 mins every 1-2 hours. Place a cloth between the ice and your skin. Do not apply directly to your skin.
- Apply lidocaine patch, 1 patch per day. Cut in half and place one half on each inner thigh/ inguinal area for 12 hours/day and then remove. A nurse will show you how to do this

Please see our section on pain management for more information

Wound Care:

- **You will have some drainage when you go home**.
- Some small bloody or white drainage will be expected. Make sure you have sanitary pads with you as you may be wearing them until your wounds have healed.
- You will need to **shower twice a day** for the first 6 weeks.
- DO NOT submerge in a tub or pool for 3 months after surgery or until cleared by surgeon.

- When showering, lather hands with soap and clean surgery site gently but thoroughly. DO NOT scrub incisions. After cleaning, pat dry or air dry.
- Hypoallergenic soap or mild soap without fragrances may be less likely to irritate your already sensitive skin.

Estrogen:

- **Restart when you are home**
- Keep in mind that you may need to make an appointment with your hormone provider as they will sometimes need to adjust your dosage after the surgery.

Drains or Catheters

- IF you are going home with a Foley catheter or additional drains, they will be removed on the day of your first follow-up clinic appointment. Instructions on management of drains/catheter will be provided at discharge.
- Refer to the ***Drainage Chart*** in this binder for more information

Dilation:

- **You will not be dilating while you are in the hospital (robotic vaginoplasty is exception)**
- You will be given a set of dilators and start dilating on your first follow up visit
- This appointment should already be a scheduled visit when you leave the hospital.
- We are aware of the importance of dilation early after recovery and believe that there are no negative effects to waiting the 2 weeks after surgery to dilate.
- ***If you had robotic vaginoplasty – you will start dilating on your last day in the hospital***

Sexual Activity

- No vaginal, anal, oral sex for 3 months after surgery.
- You can do a gentle massage to area to help desensitize overstimulated nerves, only do so as tolerated.
- You can also use a vibrator at any point after surgery, if you find it pleasurable. As you are healing, it is better to use a vibrator than your hand for stimulation to prevent injury. Avoid too much pressure on the tissue or rubbing.

How will the surgery site look?

- You will have a lot of swelling and bruising after surgery. It will look puffy. It can take many months for the swelling to go down
- You will know how the area will look in 6 to 12 months after surgery.
- You will have stitches. They will dissolve and fall out on their own.
- Use ice to help with swelling. Cover the ice pack with a thin towel or shirt. Leave it on the surgical site for 15-20 minutes. Take it off for 15-20 minutes. Repeat.

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Drainage Chart

- If you go home with one or both drains, we would like you to keep track of how much comes out.
- The nurses may show you how to secure the bulbs to your pants or clothing. Always be aware of where the bulbs are at all times before pulling pants/clothing down.
- Measure output from each drain in the morning and in the evening to get a 24 hour measurement.
- If output is less than 30 ml from both drains combined, for 2 days or more then the drains can be removed in clinic. (*see example below*)

Day: 1			
AM	**Left**	**Right**	**Total**
	4	**5**	**9**
PM	**Left**	**Right**	**Total**
	5	**10**	**15**
			24 ml

Day: 2			
AM	**Left**	**Right**	**Total**
	5	**8**	**13**
PM	**Left**	**Right**	**Total**
	1	**4**	**5**
			18 ml

Example- Day 1: In the AM, the combined (left and right) total output was 9 ml. In the PM, the combined output was 15 ml. The total output in a 24 hour period was **24 ml.**

Because **total output for 2 days in a row has been less than 30 ml**, it is acceptable to assume the drains can be removed. Drains should be removed in clinic.

Please call the Urology Clinic at (503) 346-1500 with any questions or concerns. When calling, please be as detailed as you can with our staff so they can relay the information to our nurses, on call residents, and/or Dr. Dugi.

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Drainage Chart

Day:			
AM	**Left**	**Right**	**Total**
PM	**Left**	**Right**	**Total**

Day:			
AM	**Left**	**Right**	**Total**
PM	**Left**	**Right**	**Total**

Day:			
AM	**Left**	**Right**	**Total**
PM	**Left**	**Right**	**Total**

Day:			
AM	**Left**	**Right**	**Total**
PM	**Left**	**Right**	**Total**

Day:			
AM	**Left**	**Right**	**Total**
PM	**Left**	**Right**	**Total**

Day:			
AM	**Left**	**Right**	**Total**
PM	**Left**	**Right**	**Total**

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Caregiver(s) Role and FAQ

What tasks will my caregiver(s) need to help me with and for how long?

Everyone responds to the trauma of surgery in different ways. Some people bounce back very quickly and require very little assistance, while others are slower to heal and may require extra assistance. It is impossible to know how you will respond to surgery so we ask that your caregiver(s) be prepared to provide assistance with the following tasks:

- ☐ **Drive/assist you home from the hospital**
  - Carry your bags
  - Get you situated at home
    - help you get into a comfortable position and make sure that water, food, phone, and supplies are within reach

- ☐ ***Be available to*** **provide 24-hour support** (~2 weeks after leaving the hospital)
  - Most patients do not need 24-hour care after leaving the hospital.
  - Most patients need someone present for several hours per day for the first 2 weeks after leaving the hospital.
  - Sometimes folks need additional support so be sure to have someone(s) prepared to provide 24-hour care, if needed.
  - Make sure your caregiver(s) are available either in person or by phone and close by

- ☐ ***Be available for*** **emergencies** (~2 weeks after leaving the hospital)
  - Be available 24/7 to take you to the hospital or urgent care, if needed
  - Be mentally prepared and available to make phone calls to doctors or emergency medical personnel if needed
  - Be available to provide extra support or wound-care, if needed
  - Make sure your caregiver(s) are available either in person or by phone and close by

- ☐ ***Be prepared to*** **help with cleaning, dressing, looking at the surgical site** (~4 days)
  - Many patients can provide their own wound care but sometimes it is difficult to see or reach the site, or it is too painful or mentally difficult to do this at first.
  - For this reason, you will need someone on your support team that feels comfortable with blood, genitals, pee, and poo.
  - This needs to be someone that you feel comfortable with assisting you with genital care and going to the bathroom

- ☐ **Run errands** (~3 weeks after leaving the hospital)
  - Pick up medications
  - Go grocery shopping
  - Walk your dog
  - Other errands that require driving or a lot of walking

- ☐ **Help around the house** (~3 weeks after leaving the hospital)
  - Tidying up
  - Child care
  - Laundry
  - Any lifting over 10lbs

- ☐ **Drive you to appointments** (~3 weeks after leaving the hospital)
  - Remember not to drive while taking narcotic pain medication
  - You driving skills and reaction time are likely to be compromised by the trauma to your body and discomfort you experience after surgery

- ☐ **Keep you company**
  - Recovering from surgery can be very lonely.
  - It's nice to have someone available to talk with, listen to, or watch movies with

What if I don't have a caregiver(s) or anyone I can ask?

- Try reaching out to online support groups and communities for help.
- If you still aren't having any luck - contact the Transgender Health Program

Where can my caregiver(s) get support?

- ☐ For questions related to wound care or complications from surgery – call the Urology Dept.
- ☐ For mental/emotional support (because caregiving can be emotionally draining)

- Brave Space LLC has parent/caregiver community group meetings. For more information contact:
  BRAVE SPACE, LLC
  Phone: 503-486-8936
  Email: Info@BraveSpaceLLC.com

What events/ appointment can my caregiver(s) attend?

Only you can determine how comfortable you are with your caregiver attending your appointments. Here is a list of appointments that caregivers can attend and what to expect so that you can determine how involved you want your caregiver to be:

- ☐ Surgery information class (see schedule in pocket of binder)
  - We go over the details of surgery, preparing for and recovering from surgery
  - We recommend that you bring your main support person to this. If you need to bring more than one person, just let us know when you sign up for class
- ☐ Pre and post-op appointments
  - There is a genital and wound-check exam at every appointment (except for the immediate pre-op appointment)
  - If you feel comfortable with your caregiver(s) at these appointments, then they are welcome to attend
- ☐ Pelvic Floor PT
  - Depending on your comfort level, the physical therapist will also need you unclothed from the waist-down
  - You will get the most out of these appointments if you feel, comfortable, relaxed, and safe. That should guide whether or not you would like your caregiver(s) present.

Can my caregiver(s) stay overnight with me in the hospital?

- ☐ Yes. If you would like your caregiver to stay in the hospital with you overnight, an extra bed can be set up to accommodate this.
- ☐ Space will be limited, however, so you may not be able to have more than 1-2 people stay with you in the hospital.

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Urination & Bowel Movement Strategies

(from physical therapy)

Strategies for Urination After Surgery:

While you are in the hospital and on bed rest, you will have a catheter to drain the bladder. Typically, around day 5, the catheter will be removed. At first, some may find it difficult to urinate. Below are a few tips to help if you are having a hard time voiding. If you are unable to urinate, you may need to go home with a catheter.

- Go on a short walk. Being upright can help stimulate the bladder.
- While sitting on the toilet, take slow deep breaths.
- Try running the sink or the shower. Hearing the sound of water may help the bladder start.
- Put your hands in a basin of warm water. This can help relax the pelvic floor to allow the bladder to begin.
- Ask the nurse for a peri bottle and fill it with warm water. Gently pour the water over your vulva (external part of the vagina) and let the water drip into the toilet.
- Take a shower and try to void in the shower
- **When trying to urinate, make sure you are sitting on the toilet with your feet flat on the ground. Take deep breaths. Do not strain, hold your breath or push to urinate.**

Correct posture for emptying bladder

Strategies for Bowel Movements after Surgery:

If you need to have a bowel movement while you are on bed rest, the nurse will help you use a bedpan. Typically, after 5 days you will be able to use a toilet. It is important not to strain or push when having a bowel movement. You will be given a stool softener to help make bowel movements soft and easy. If bowel movements are difficult, try the following:

- If you feel constipated or have bloating, refer to the abdominal massage handout.
- Make sure you are staying hydrated and eating whole grains, fruits and vegetables.
- Place your feet up on a step stool or box so that your knees are above your hips. Lean forward to rest your elbows on your knees. This improves the angle of the rectum to allow stool to pass more easily.
- Take a few slow deep breaths to help relax.
- If you need to push, avoid straining and holding your breath. Instead exhale gently as you tighten your stomach muscles.
- Sometimes it can be helpful to support your vulva and vagina with your hand if you need to bear down to have a bowel movement.

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Pain Management

Everyone handles the pain from surgery in different ways. The level of pain and the number of days you experience pain or discomfort can vary from person to person. You may have an idea of your own pain threshold based on previous surgeries, but this can vary based on the type of surgery. You should expect some degree of pain and discomfort for several weeks after surgery. This will be the worst immediately after surgery and for several days afterward as you become more active. We want you to be prepared for this pain and discomfort and to know that it is a normal part of the healing process.

However, we don't want you to be in so much pain that it prevents you from resting/sleeping and/or doing basic activities around your home. We also know that relying heavily on narcotic pain medication can be dangerous for a number of reasons:

- You can become physically and/or mentally dependent to narcotic pain medication
- It can cause constipation and/or intestinal blockage
- It can make your pain more difficult to manage long-term
- It puts you at risk for accidental overdose which can lead to death
- It is not safe to drive or operate heavy machinery while taking narcotic pain medication

We have put a lot of thought and consideration into your post-operative pain management. Our hope is to manage your pain and discomfort using a variety of treatments and medications and minimize the amount of narcotic pain medication that you need to take.

- For example, we recommend that you take Acetaminophen (Tylenol®) on a regular schedule, supplement with Ibuprofen (Motrin®, Advil ®), ice packs, and lidocaine patches.
- If you are still having pain after trying all of these things, then we recommend taking the narcotic pain medication (oxycodone) to help with what we call "breakthrough pain" – meaning that it is so severe that it is still "breaking through" even after trying the other treatments first.

Acetaminophen (Tylenol):

- Take 650 milligrams (mg) (that's 2 regular strength (325 mg pills) every 6 hours on a schedule (meaning take it consistently, even if you are not in pain).
  - Do this until your first follow-up appointment.
  - If you have liver disease, reduced function of your liver, and/or an allergy to the active ingredients – do not take this medication.
- **Do not take more than 4,000 mg Tylenol® (acetaminophen) in a 24-hour period**.

Be aware that this is a common ingredient in narcotic pain medication such as Vicodin and Percocet and is also in over-the-counter medications so be sure to read the ingredient labels

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Ibuprofen (Motrin®, Advil®):

- Take 600 mg (that's 3 regular strength (200 mg) pills) every 8 hours as needed for mild pain.
  - If you still feel pain after taking acetaminophen, then supplement with Ibuprofen. Do this until your first follow-up appointment.
- If you have kidney disease, reduced kidney function, only 1 kidney, history of stomach ulcers or bleeding in your stomach or intestines, or an allergy to the active ingredient – do not take this medication.

Oxycodone (narcotic pain medication):

- We will give you a limited prescription of oxycodone 5mg. These are to be taken, as directed, and only as needed for severe pain.
- You can take as often as every 6 hours, but we strongly urge you to limit this to the times when you need it most. Many patients find that they can tolerate some pain while awake during the day, and only need the narcotic pain medication to help them rest/sleep at night.
- There is a risk for accidental overdose, dependency, nausea, drowsiness/sleepiness, and constipation while taking this medication. Do not drive or operate heavy machinery while taking this medication.
- If it appears that you will run out of this medication before your next clinic visit and need a refill, please call the Urology Office during business hours. ***Give us 24-48 hours to prepare the prescription***. You will likely need to send someone to the office to pick up the prescription, so plan ahead.

Ice Packs:

- Apply ice packs to the site for 20 minutes every 1-2 hours, as needed. This can help reduce pain and swelling. Place a cloth/towel between the ice pack and the skin.

Lidocaine Patches:

- We will give you a prescription for lidocaine patches to help with the pain. These can be bought over-the-counter but we will write you a prescription. Some insurance companies do not cover the cost of lidocaine patches, so you may want to investigate this.
- Each lidocaine patch can be cut in half and applied 1-2 inches away from each labia majora. A nurse will show you how to do this before you leave the hospital.
- You should use one patch per day and only apply it for 12 hours at a time. We say "12-hours on, 12-hours off" – meaning apply the patch for 12 hours, then remove it for 12 hours before re-applying it.
- If you experience discomfort and/or burning with application of this product, please remove it and do not continue to use it.
- You can use 1 patch per day until your first follow-up visit

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Polyethylene Glycol (Miralax):

- This is stool softener.
- Taking pain medication, and even Tylenol and Ibuprofen, can cause you to become constipated. This can cause discomfort and intestinal blockage, if left untreated. It can also make you want to strain (or push) to have a bowel movement, which could cause serious complications with healing.
- Pour 1 capful of powder in 8-12 ounces of water or juice daily for 1 month after surgery
- If your stools become too soft, you can decrease use to every other day.

Below, we have provided you with a pain management tracking table to keep track of how you are managing your pain. Please fill in the times that you take each medication so that you don't accidentally double-up on dose or forget to take something.
There are additional copies of this in the pocket of the binder, if you need them.

Pain Management Tracking Table

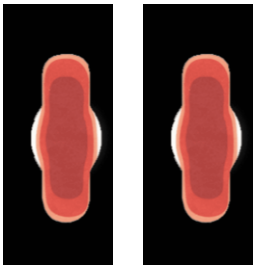
Name of Medication	**Dose**	**Frequency**	**Notes**	**Schedule** *write down the time you took the medication*			
				AM	**Mid-day**	**PM**	**Bedtime**
Acetaminophen (Tylenol)	625mg	Every 6 hours	Take on a schedule whether in pain or not. **Do not exceed 4,000mg in 24-hour period.**				
Ibuprofen (Motrin)	600mg	Every 8 hours	Only take as needed for moderate pain				
Oxycodone	1 tablet (5mg)	Every 6 hours	Only take as needed for severe pain				
Ice	N/A	20 mins every 1-2 hours	Place ice pack on cloth over the mons (not touching skin)				
Lidocaine patches	1 patch - up to 12 hrs	1 patch per day	Cut in half – place ½ on each labia. "12 hours on, 12 hours off"				
Polyethylene Glycol (Miralax)	1 capful in 8-12oz liquid	Every day	Take daily to prevent constipation for 1 month				

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

"Is This Normal or Should I Be Worried?"
Frequently Asked Questions after Surgery

Questions Related to Bleeding/Discharge:

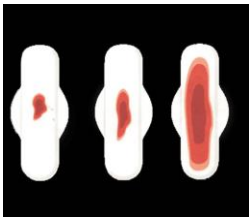
If I have a constant, gushing, stream of bright red blood – I am soaking through 2 large pads every hour. What should I do?



Apply firm, direct pressure to the site with a clean rag or gauze x 10 minutes.

- If the bleeding has stopped and you don't feel dizzy or lightheaded, then you should be fine but be sure to rest and limit activity to keep the site from bleeding again.
- If the bleeding slowed down but didn't stop – try applying firm, direct pressure for another 10 minutes to see if it stops
- Perform douching in the shower (or irrigation with water) to release blood clots, then repeat firm, direct pressure where there is bleeding
- If you can't get the bleeding to stop with these things – call the Urology clinic during business hours or call our evening/weekend number
    - **If you feel dizzy or lightheaded – go directly to the ER, but do not drive yourself**.

I am still bleeding regularly and having to wear pads, but the bleeding isn't super heavy – is this normal?



It is normal to have bleeding, oozing, and discharge from the surgical site for up to 1 month after surgery, possibly longer.

- Increasing pain or redness with or without fever or chills is NOT normal. This could be the sign of an infection and you should call the Urology clinic or our evening/weekend number.
    - **If you also feel dizzy or lightheaded – go directly to the ER, but do not drive yourself**

I am having bleeding when I dilate. Is this normal?

It is normal to have some bleeding with dilation. This could be the sign of granulation tissue in or around the vaginal canal.

- We can treat this in the clinic with silver nitrate

I have noticed an increase in discharge since I started dilating. Why is this?

- As the water-based lubricant warms to your body temperature, it turns to liquid and comes out of the vagina as discharge.
- The lubrication often takes dried blood and dead skin cells with it as it exits the vaginal canal.
- For this reason the color of your discharge could be anything from slightly cloudy/off-white to red or brown, depending on your skin color.
- This is all normal and is part of cleaning the vagina.

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

I see an open red wound in the surgical site. It's not bleeding very much and it is not very painful. Should I be concerned?
This is most like an area of wound separation or granulation tissue, which is not an immediate concern. Begin applying gauze to this area after each shower and change the gauze after each trip to the bathroom. Use a small amount of gauze but have it be directly touching the area of concern.
Bring this up at your follow-up visit for us to examine.

Questions Related to Swelling:

I am more swollen than I think I should be. How much swelling is normal and for how long?
It is very normal to have significant swelling at the surgical site. The appearance of the vagina can be quite shocking at first.

- By 3 months – the swelling should be calmed down but may come and go with activity
- By 6 months –you should have no further routine swelling and less swelling in response to activity. Beginning to see what final appearance will be but may continue to change/improve with more time.
- By 1 year – all of the swelling should be resolved and you will know what your vagina will look like long-term by this point

I developed sudden swelling and pain. What should I do?
Sudden swelling and pain could be either a hematoma or an infection. Call the Urology clinic or our evening/weekend number.

- **If you also feel dizzy or lightheaded – go directly to the ER, but do not drive yourself**

Urology clinic: (503) 346-1500
Evening/weekend (urology resident on call): (503) 494-9000

Questions Related to Pain:

How long should I have pain and how can I manage it?
Everyone responds to surgery and feels pain in different ways. Some patients recover very quickly and report minimal pain, while others take more time and experience much more bothersome pain levels.

- After 2 weeks, the worst of the pain should be over. You will still have significant discomfort but things should be calming down.
- You may notice that the more you are active, the worse your pain and swelling is. This is your body telling you to slow down.

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

My pain is getting worse and I am almost out of the narcotic pain medication. What should I do?
If you are running low on narcotic pain medication, try these things first:

1. Supplement narcotics with Tylenol and/or Ibuprofen and/or lidocaine patches as suggested in pain management section of this binder
2. Apply ice to the site for 20 minutes each hour.
3. Limit activities that increase pain and swelling.

***If you are still having pain that is not controlled with trying these things, call the Urology clinic

Urology clinic: (503) 346-1500

Evening/weekend (urology resident on call): (503) 494-9000

Questions Related to Smell:

I have noticed that my vagina is starting to smell bad. It does not hurt and I feel fine otherwise. Is this normal?

A foul smell from the vagina could indicate that there is an area of tissue necrosis. Small areas of tissue necrosis are not uncommon.

- Bring this up at your follow-up visit.
- We will have you treat this with regular dressing changes.

It could also be the sign of poor wound hygiene.

- Be sure to gently wash the surgical site and the folds of the labia and in between your legs with mild soap and water twice daily.
- Do not use a washcloth or scrub aggressively for the first 6 weeks.

Signs of a Possible Surgical Site Infection:

- Increase in redness, swelling, pain
- Fever over 101 F
- Chills

If you have these symptoms, please call the Urology clinic or our evening/ weekend number

Urology clinic: (503) 346-1500
Evening/weekend (urology resident on call): (503) 494-9000

If you have these symptoms and also feel dizzy or lightheaded - **go directly to the ER, but do not drive yourself**

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Questions Related to Peeing/ Catheter:

There is a little bit of blood and/or sediment coming out of my catheter. Little specks of blood, or some pink tinged blood. Is this normal?

This is normal – your bladder is irritated because there is a catheter inside us. Call us if you have any concerns.

Other Possible Problems with Catheter:

- Catheter is not draining (no urine coming out of your body)
- Catheter starts leaking
- Urine is thick and cloudy, or has blood or sediment in it
- There is no urine in 6-8 hours
- You have pain or burning in your urethra, bladder, or belly
- There is a steady stream of blood coming out the catheter

*****If you notice any of the above mentioned problems with your catheter, call the Urology clinic or our night/weekend number*****

I am spraying all over the place when I pee. Is this normal? Will it get better?

- This is common after bottom surgery.
- Often times, this will resolve on its own after the swelling has down. Sometimes it persists due to an asymmetry or excessive tissue.
- If it persists at 6 months – bring it up in your follow-up visit. We may be able to improve this with a small, revision surgery

I haven't been able to pee for more than 8 hours. I feel like I have to pee but can't, and it's starting to hurt. What should I do?

Go to the Emergency Room.

- If you can't empty your bladder on your own, you will need to have it drained with a catheter to keep your urine from backing up into your kidneys and causing damage to your bladder or kidneys.
- We will do some tests to figure out why you are having trouble peeing so that we can treat it.

Signs of a Possible Urinary Tract Infection:

- Blood in urine
- Burns when you pee
- Fever or chills
- "Flank pain" - pain in your upper belly area, or back and sides, usually worse on one side of the body.

If you have these symptoms, please call the Urology clinic or our evening/ weekend number

Urology clinic: (503) 346-1500
Evening/weekend (urology resident on call): (503) 494-9000

If you have these symptoms and also feel dizzy or lightheaded - **go directly to the ER, but do not drive yourself**

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

What to Expect on Follow-up Visits

It is important for you to show up to all your follow up visits as this is the time we are able to assess your healing, teach you about dilation and/or wound care. We understand that it can be time consuming, especially if you are coming from far away, but it is an expectation we ask from our patients to ensure the best possible outcome.

- **First Follow-up Visit (2 weeks from surgery)**
  - Usually occurs 1 week after you are discharged. This is a **30 min** visit where we will be going over how to dilate. You will be given a set of dilators in this visit and we will help you demonstrate how to use the smallest dilator. **Bring your dilators with you to all your future follow-up visits, including physical therapy visits!**
  - If there are any wound concerns, it will likely occur between your first and second follow up visit. If this does occur, we will go over how to properly dress wound issues that come up.
  - *If you had robotic vaginoplasty, you will begin dilating during you last day in the hospital. This visit will be a good opportunity to ask any questions about dilation that you may have.*

- **Physical Therapy Visit (3 weeks from surgery)**
  - This is a good time to ask our pelvic floor physical therapist questions regarding dilation, relaxation techniques during dilation, etc. They are an invaluable resource during your recovery process. Bring your dilators
    An additional visit with physical therapy may be helpful if you have more concerns you would like physical therapy to help with.

- **Second Follow-up Visit (4 weeks from surgery)**
  - Usually occurs 4 weeks after your surgery. This is a shorter, 15 min visit in where we are making sure you are healing well and answering any questions you may have.

- **Second Physical Therapy Visit (5 weeks from surgery)**
  - Beneficial if you had additional concerns about dilation.

- **Third Follow-up Visit (6 weeks from surgery)**
  Usually occurs 6 weeks after your surgery. This is a 15 min visit where we will want to see how you are doing, how your pain has been and where you are in your dilation.

- **Fourth Follow-up Visit**
  Occurs either 3 or 6 months from your last visit. This is a 15 min visit where we would like to see your progress and see how you are healing. It is also a good opportunity to answer some questions you may have.

- **One Year Follow-up Visit**
  - This is a 15 min visit to see how you are doing one year after surgery.

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Getting Started with Dilators

Your physical therapist will review this information with you at your 3-week post op visit. They will also provide strategies to help with any difficulties you are having.

Why should I dilate?

Your body naturally wants to close your vagina after surgery, just like it naturally wants to close up your skin when you have a scrape or cut. Dilating will gently stretch the vagina and keep the depth created by the surgery

When to start dilating

Start dilating at your first follow-up visit, about 2 weeks after surgery (on day 5 post-op for robotic vaginoplasty). We will give you a set of 4 dilators and teach you how to use the smallest dilator on your first follow-up visit.

For this first follow-up visit, please:

- Take pain medication before your visit. (Do not drive if you take narcotics!)
- Bring your donut pillow to sit on.

What does dilation feel like?

It will be uncomfortable because you are stretching your vagina. It should NOT hurt. We often hear that it is “not bad” or “weird more than painful.”

How deep to insert your dilator

The dilators help to keep the vaginal depth and increase the vaginal width. We will tell you the target depth at your first follow-up visit. Do not push through pain or resistance to gain depth. Dilation cannot create depth

You will insert the dilator to see ___ dots. Be sure you reach this depth each time you dilate.

How often to dilate

Dilate 3 times a day, for 30 minutes each time for the first 12 weeks after surgery (or until your doctor says that you can change to 2 times a day). Spacing dilation to every 8 hours is best. You might need to vary that for your schedule. The longer the time between dilation the more time you will need to get to your vaginal depth.

Lubricant

Use water based, medical grade lube. Any brand is ok. After 3 months, you can use thinner water-based lube like Astroglide.

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

What if I miss a dilation session?

Dilate 2 times a day, for 45 minutes each time. Try to dilate 3 times a day as often as you can.

Positions to use

Find a position that will let your legs, hips and pelvic floor relax. Good options are:

- Lying on your back, with your feet flat and knees bent, pointing toward the ceiling. Use pillows under your, shoulders, and head.
- Lying on your side, with pillows under your head, knees bent with the bottom leg resting on the floor and the top leg knee pointing toward ceiling or resting on the wall or back of the sofa.
- AVOID using a butterfly pose with your knees out wide. This can strain the tissue.
- AVOID slumped sitting. This can make it difficult for the bones of the pelvis to move.

How to insert the dilator

Using the hand mirror, identify the vaginal opening below the urethra. Cover the dilator with plenty of water-based lubricant. Slowly insert the dilator at a 45-degree angle with the dots facing up toward you. As the dilator continues to insert the angle will flatten and the dots will point toward the ceiling. Take slow deep breaths. If you feel pain or significant tightness, pause and take deep breaths to let the tissues stretch and relax. After a minute or two try to gently insert the dilator more until you reach you target depth. Avoid lifting your head up or straining as this will make dilating more difficult.

When can I move to the next size dilator?

Move to the next size dilator when it is easy to use the current one to your full depth a couple of times in a row. See “Changing Your Dilator Size and Schedule” below for more guidance on this.

How to track your progress

Use the “Dilation Tracking Table” handout to keep track of your progress with dilation.
Each time you dilate, you will rate it as easy, medium, or hard.

- Easy: Inserts to target depth in less than 1 minute. Only a little resistance or discomfort.
- Medium: Inserts to target depth within 5 minutes. Some resistance.
- Difficult: It takes longer than 5 minutes to reach your target depth. Pain during or after.

Here is an example of how to fill out your Dilation Tracking Table.

Time:	9:00 AM
Dilator(s):	orange
Duration:	30 minutes
Depth:	See 2 dots
Difficulty:	medium

How to clean the dilators

Wash the dilator with gentle soap and water. Dry it off, and put it back into the pouch.

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

How to clean your body

(1) Before dilating, you can put a towel, paper towels, or a disposable absorbent pad under you to make clean up easier. Puppy pads can be a cheap option.
(2) Pee after dilating. Wipe front to back. (This helps stop bladder/urinary tract infections.)
(3) Shower after dilating, if you want to. Make sure to gently pat the area dry.

What kind of vaginal discharge will I see?

After you start dilating, you will see more discharge. When you put the lube inside your vagina, it will turn to liquid and come out as vaginal discharge. The lube helps to clean the skin inside your vagina. Some may experience bleeding after dilating. This is ok as long as the bleeding is slow or stops on its own. If you bleed through 2 pads in an hour, call urology and seek urgent care.

Changing Your Dilator Size and Schedule

Can I make my vagina deeper with the dilator?

No. You can't make it deeper. You can make your vagina wider by using larger size dilators.

What is my "goal size"?

Your "goal size" is the size dilator that you want to keep using for the rest of your life. Many people choose the blue or green dilator as their goal size. There is even an extra-large orange dilator available for those who need it. Other people are happy with a smaller goal size. It's your decision. If you think you might want a larger goal size in the future, consider trying to get to that goal within the first year, while the tissues are still easier to stretch. It will be harder to change to a new goal size after years have gone by and your vagina has fully healed.

When to move up to a bigger size dilator

When it feels easy to insert your dilator to your target depth (see ____ dots) for 3 sessions in a row, you can move up to the next size.

How to move up to a bigger size dilator

First time:

- First, use the orange dilator for 20 minutes.
- Second, use the purple dilator for 10 minutes.
    - Put lube on the purple dilator
    - Slowly insert the purple dilator as deep as you can comfortably. It's ok if it can't go as deep as the orange dilator.
    - Do NOT push past resistance
    - There might be some discomfort or stretch. Don't push into pain.
- Your total time dilating is 30 minutes.

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

IF it went well, the next time:

- Use the orange dilator for 15 minutes.
- Use the purple dilator for 15 minutes.
- Try to go a little deeper with the purple dilator than you did the first time, if it's comfortable. Your goal is to gradually reach the same dot as you can with the orange dilator.
- Your total time dilating is 30 minutes.

Slowly increase the time and depth with the purple dilator. Continue using the orange dilator so you can keep the depth of the vagina. After you can get to your target depth with the purple dilator, you can stop using the orange dilator.

When it is easy to get the purple dilator to the full depth of your vagina, continue to the blue dilator, and then green (if you want). Use the same steps.

Do I have to stop using the smaller size dilators?

No. You can keep using the smaller dilators to "warm up" for a few minutes. Some people use the orange dilator to start their dilation sessions for their whole life. It's your decision.

When to use dilators less often

Change to dilating 2 times a day after:

- 12 weeks (or more) after surgery
- You can insert your "goal size" dilator to the full depth of your vagina
- AND your doctor says yes

Dilate 2 times a day, 30 minutes each time. Keep track of:

- How deep you can dilate
- How long it takes to reach the full depth
- Symptoms: resistance, discomfort, soreness after dilating

If your symptoms stay the same, keep going with dilating 2 times a day.

If it gets harder to insert the dilators, go back to dilating 3 times a day. After a couple weeks, try again to change to dilating 2 times a day.

Continue like this to gradually decrease the frequency over time.

Long-term dilation schedule

Here is a general guide to help gradually decrease your dilator frequency. **Everyone is different so go at your own pace**. If you need to dilate more often than this, that's fine!

5-6 months after surgery	Dilate 1 time per day 30 minutes each time
6-12 months after surgery	Dilate 5 times per week, then 3 times per week, then 2 times per week etc. 30 minutes each time
1 year after surgery, and for the rest of your life	dilate 1 time per week 30 minutes each time

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Can I move the dilator around inside my vagina?
Yes. You can:

- Move the dilator in and out gently
- Squeeze your muscles around the dilator
- Gently press the dilator straight down (toward your anus) and hold for 30 seconds to stretch the muscles more.
- You can spin the dilator slightly inside your vagina but avoid spinning it more than 30 degrees in each direction due to the bend at the end.

Can I substitute sexual activity for dilation?
Some people can use vaginal penetration with a toy or penis to keep the depth and width of their vagina, without needing dilators. Even with regular sexual activity, keep checking that you can use your "goal size" dilator comfortably for 30 minutes. Typically after 1 year, we recommend using a dilator one time per week.

Contact Information

- Urology clinic: (503) 346-1500
- Evening/weekend (urology resident on call): (503) 494-9000
- Physical therapy (Sandi Gallagher or Caitlin Smigelski): (503) 494-3151

Call the urology clinic with questions, concerns, or any of these symptoms:

- Fever
- Chills
- very upset stomach (severe nausea)
- pain that does not go away with your usual medication
- drainage or bleeding from the incision site
- sudden numbness, weakness, or difficulty talking

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Dilation Instructions & Agreement

1. Select the smallest orange dilator
2. Prior to insertion into the vagina, make sure your dilator, your hand, and the area where you will be dilating is clean
3. Wash your dilator and your hands with warm water and antibacterial soap. Rinse them thoroughly and dry both well with a clean cloth.
4. Apply a generous amount of water-based gel lubricant, such as KY Jelly or SurgiLube, to the pointed tip of your dilator prior to insertion. Apply the lubricant to approximately 1/3 of the length of the dilator. You may also apply some lubrication to the entrance of the vagina.
5. Position yourself in a comfortable position on your back, with your knees bent and your legs lightly open. You can try bringing your kneed closer together to open the pelvis. Make sure your pelvic muscles are relaxed to assist with the ease of dilating.
6. We recommend that you use a hand mirror to watch your genital area while you begin the dilation process to make sure that you are inserting the dilator into the correct area.
7. Gently insert the dilator into the vagina by slightly tilting the dilator approximately 45 degrees downward until it is under the pubic bone and then lower the dilator slightly to slide under the pubic bone. Continue to use light pressure to insert it straight inward until you have it fully inserted into your vagina and meet resistance.
8. Expect to feel a *small* amount of resistance and tenderness. Sometimes additional lube and/or rotating the dilator back and forth to distribute the lubrication is required to achieve full insertion.
9. Insert the dilator into the full depth of the vagina (until you feel moderate pressure or resistance). Check to see how many dots are visible on the dilator to be sure you are at full depth (we will go over this at your 2 week post-op appointment). Once inserted to full depth, leave the dilator in place for 30 minutes.
10. Follow the dilation schedule below:
    - Start dilating 3 times per day (30 minutes each time) for the first 6 weeks - starting at day 5 post-op (your last day in the hospital)
    - After 6 weeks you can decrease frequency to 2 times per day (45 minutes each time) in order to get back to work, school, or your normal routine, but still dilating for a total of 90 minutes each day.
    - You can increase the size of the dilator as tolerated. We typically recommend that you start with the smaller size, which your body has adjusted to, and use this for the first 15 minutes of dilation and then slowly insert the larger size dilator and keep that in place for the duration of your dilation session. As your body adjusts to the new, larger size dilator – you can reduce the amount of time you start with the smaller size dilator. Eventually you will be using the larger size for the entire dilation session.
    - After 6 months, if you are comfortable dilating to full depth with your goal-size dilator twice daily for 45 minutes each time, you can slowly begin to decrease how often you dilate. We recommend starting with dilating once daily for 1 month, then once every other day for 1 month, then once every 3rd day for 1 month – until you reach once weekly dilation that is comfortable with your goal-size dilator.

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

- Your vagina will always be prone to losing width and depth if not dilated at regular intervals or regularly used for receptive intercourse. We advise you to dilate for 30 minutes at least once weekly with your goal-sized dilator for the rest of your life.

11. If the vagina begins to get tight at any time, please call the office immediately for instructions.
12. Shower twice daily for the first 6 weeks. Use a gentle cleanser to wash the skin of the mons pubis, labia majora, labia minora, and area between your rectum and vagina and rinse well.
13. After 6 weeks, you can resume your normal shower schedule but be sure to rinse very well in the shower for the rest of your life to maintain good hygiene.
14. You may find it necessary to wear a feminine hygiene mini-pad or panty-liner for several weeks after your surgery to protect your undergarments from any slightly bloody drainage you may experience. It is important to change these pads several times per day in order to keep the site clean and prevent infection. Avoid scented products to prevent possible irritation.

Please contact our office if you have any questions or are not sure if you are dilating correctly to ensure you do not damage your vagina or other internal organs.

I, ( ), have read the instructions for dilation of my neo-vagina and fully understand the instructions at this time. Dr. Dugi, Dr. Dy, or Dorian Scull, PA-C personally instructed me on the dilation process and witnessed me successfully performing the dilation process. All of my questions were answered concerning this process to my complete satisfaction. I further understand that I have been advised to contact the OHSU Urology Department office should I have any questions during the dilation process following my surgical procedure. I agree to return for all post-operative visits as requested and to follow the recommendations of my surgeon regarding pre and post-operative care.

_____ _____

Patient's Signature Date Signed

I certify that I have explained to the patient each of the above listed items in detail and to the patient's understanding. Additionally, all questions have been answered and the answers are understood by the patient

_____ _____

Doctor's Signature Date Signed

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Douching

Douching is an optional practice and not something that we routinely recommend to our patients. Each time that you dilate, you are getting water-based lubrication into the vagina. As this warms to body temperature, it becomes thinner and drains out of the vagina. As it drains, it carries dead skin cells and debris from the vaginal canal. This can make the discharge after dilating range in color from off-white (skin color) to pink or blood-tinged. ***We feel that, in addition to bathing twice daily, dilating with water-based gel lubrication is often enough to clean the inside of the vagina.***

Some people prefer to douche (wash the inside of the vagina) in addition to dilation. If you decide that you would like to douche the vagina, we ask that you wait until 4 weeks post op (?) and we have some recommendations.

We recommend that you DO NOT:

1. Do not use over-the-counter douche solution for **the first 3 months after surgery**
    - This contains scents and chemicals which may be irritating and cause inflammation
2. Do not use a squeezable douche bottle for **the first 3 months after surgery**
    - This type of bottle may cause suction on and damage the delicate healing tissue inside of the vagina

If you decide that you want to douche, **we recommend that you DO:**

1. **Use homemade saline solution** (salt & water) for the first 6 weeks – 3 months after surgery
    - ½ teaspoon table salt for every 8 oz (1 cup) of water.
    - After 3 months you can switch to plain tap water.
2. **Use a douche-bag** that you can fill and hang from your shower head, allowing gravity to gently deliver the solution to your vagina
    - This is much more gentle to the tissues healing inside of the vagina

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Getting Back to My Normal Routine

When will feeling come back?

- It can take 6-9 months for the nerves to heal after surgery.
    - Nerves don't regrow for the first 3-4 weeks after surgery. Then they grow at 1 millimeter per day (about 1 inch per month).
    - The speed and amount of nerve regrowth is different for different people. Younger people usually get more nerve regrowth.
- You might feel numb (no feeling at all) in some areas of the surgical site.
- Nerves re-growing, or "waking up," can feel like pins and needles, tingling, or a quick electric shock feeling.
- It might take a while to get feeling back in your clitoris – or it might be annoyingly over-sensitive.

What if touching my vagina/clitoris is too sensitive or painful?

- This could be a sign that your nerves are healing, inflamed, or over-sensitized.
- Sometimes gently touching or massaging the vulva (area outside the vagina) can send a signal to your brain that touch is "safe" and "not harmful". This can help if it is too sensitive
- Doing it during dilation is a good time.

Resuming Normal Activity

- We ask that you limit your walking to 2,000 steps/day for the first 4 weeks. This is about 1 mile or 20 minutes of walking for the whole day.

    - After **4 weeks** you can begin to gradually increase the number of steps/day. You may notice that the more active you are – the more swelling, pain, and fatigue you experience. This is your body telling you to slow down. Listen to your body and don't overdo things

- We ask that you shower **twice daily for the first 6 weeks** - Using a gentle cleanser to wash the skin of the mons pubis, labia majora, labia minora, and area between your rectum and vagina and rinse well.

    - After **6 weeks**, you can resume your normal shower schedule but be sure to rinse very well in the shower for the rest of your life to maintain good hygiene

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

- Do not lift anything over 10 lbs for the first 4 weeks. After 4 weeks you can begin to slowly increase the amount of weight you lift.

- No working out, running, strenuous yard work, heavy lifting for **6 weeks** after surgery. After 6 weeks you can slowly begin to re-introduce these activities into your routine.

- No bicycling for **3 months** after surgery

- No swimming, bathing, hot-tubs for **3 months** after surgery

- See our section on *sexual activity after surgery* for more information on resuming sex

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Sexual Activity after Surgery

- If you can orgasm before surgery, you can probably orgasm after surgery.
- Most people say it takes longer to orgasm after surgery and "feels different".

- Consider using a vibrator instead of your fingers to explore early after surgery. A vibrator is gentler on the healing skin.
    - You can start using a vibrator as soon as you tolerate it/ find it pleasurable.
    - Many patients find that stimulating the mons (the area of fat on the pubic bone) to be pleasurable very soon after surgery

Lubrication:

- You will need to use lubrication for vaginal penetration / sexual intercourse.
- This is common for many cis women as well and will reduce the risk of the vagina prolapsing (protruding out of the vaginal canal)
- We recommend a water-based jelly lubricant such as Surgilube or KY Jelly while dilating for the first 3 months.
    - After 3 months, it is OK to switch to a more slippery water-based lubricant, such as Astroglide – for dilating and for intercourse.

When Can I start having sex again?

- ***Wait 3 months before having oral sex, vaginal sex, or anal sex.*** This will protect you from infection and let your body heal.
- Make sure that the first time you have receptive intercourse with your vagina, you are with someone that you feel safe with and trust.
- Start sex again slowly and gently and see how your body reacts. You may need to stop to take a moment to relax your pelvic floor muscles. You may need more lubrication. You may need to stop altogether. Listen to your body.
- If you having receptive intercourse with a penis, you will still need your partner to use some form of barrier protection to prevent STI's. This is because the original genital skin is still present, plus there is no way of knowing if there are areas of skin breakdown or cuts inside the vagina that might provide access for certain STIs.

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Long-term Care of Your Vagina

Do I need regular pelvic exams?

- Getting regular pelvic exams (exams of the vagina) is your choice. You don't need to. Some people like to be seen regularly for pelvic exams to make sure everything looks ok and make sure you don't have an infection. You can get these exams with a gynecologist or your primary care doctor.
- You do not need a pap test.
- If you have a sudden change in your vagina such as discharge, bleeding, odor, and/or sensation – notify us – we may need to look inside with a speculum or run some tests to come up with a treatment plan.

Will I have to dilate my vagina for the rest of my life?

- ***YES. You will dilate your vagina for the rest of your life.*** After a year, most people dilate once a week, for 30 minutes.

How do I get to the point where I am dilating only once per week?

- After 6 months, if you are comfortable dilating to full depth with your goal-size dilator twice daily for 45 minutes each time, you can slowly begin to decrease how often you dilate.
- We recommend starting with dilating once daily for 1 month, then once every other day for 1 month, then once every 3rd day for 1 month – until you reach once weekly dilation that is comfortable with your goal-size dilator.
- Your vagina will always be prone to losing width and depth if not dilated at regular intervals or regularly used for receptive intercourse. We advise you to dilate for 30 minutes at least once weekly with your goal-sized dilator for the rest of your life.

If I am using my vagina for sex regularly, do I still need to dilate weekly?

- You may be losing depth or width without knowing it if you don't "check-in" with your goal-size dilator periodically.
- We recommend checking your depth and width once a week, while having regular receptive intercourse, to be sure that you are not losing depth or width.
- If you can use your goal-size dilator with ease and to full depth, then you may not need to dilate for the full 30 minutes every week.

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Scar Massage

(from physical therapy)

Scar massage can help loosen scar tissue, soften your scars, and make them more comfortable and less visible over time. Your physical therapist will teach you these and other strategies to massage the surgical scar.

Begin at 5-8 weeks post op, once the wound is closed. Perform daily for up to 5-10 minutes. ***Scar massage should not be painful.***

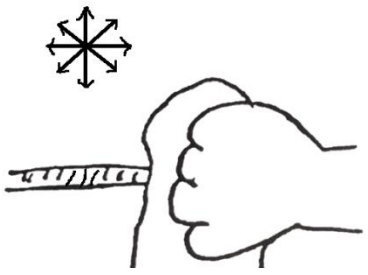
If the scar is painful to touch, begin with desensitization strategies:

1. **Desensitization**: Use a tissue, light cloth, dry or wet towel, or your fingertips to gently rub or tab on the scar in all directions. Use light pressure so that it is not painful. Gradually use firmer pressure. This will decrease the sensitivity of the scar and you will become more comfortable touching it.

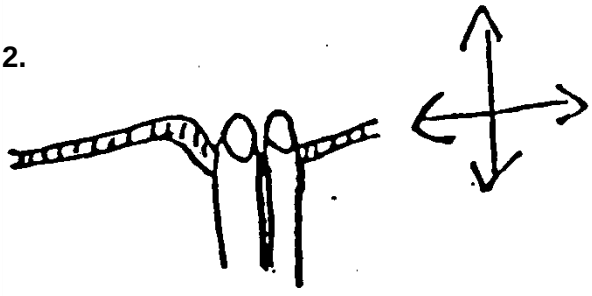
When the scar is no longer sensitive to touch use the following massage techniques:

2. **Push and Pull:** Place 2 fingers directly on that scar and move it slowly straight up until the skin stops moving. Hold firm pressure for 20-30 seconds. You might sense a strong pulling sensation but do not cause pain. Repeat in the downward direction and to the left and right. Continue with these 4 motions along the length of the scar. You may notice a direction or spot that feels especially "stuck." Spend more time holding in these directions to free up the stuck tissue.
3. **Skin Rolling:** Gently pinch the skin on either side of the scar to lift up the skin and the scar. Start at either end and move forward and backward, rolling and raising the skin as you move. A stuck scar dimples inward and a free scar will lift easily.
4. **Plucking:** Put your index finger on one side of the scar and your thumb on the other side. Attempt to pick up the scar, separating it from the underlying tissue. If you can pick up the scar move your fingers up and down and side to side. Continue along the length of the scar.

1.

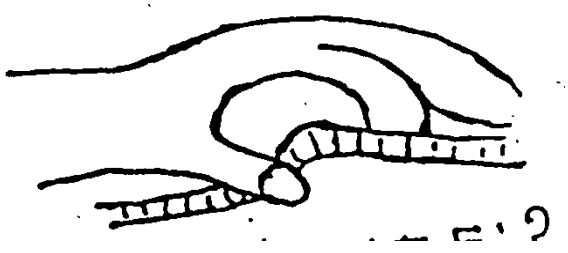


2.



3.

4.



Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

HAIR REMOVAL PROVIDERS

This listing has been prepared by the OHSU Transgender Health Program based on feedback from patients who have seen the above named providers. The OHSU Transgender Health Program does not specifically endorse any of the providers outside of the THP as listed above but wants to make available the names and contacts provided by our patients.

If you would recommend anyone be added to this list, please contact transhealth@ohsu.edu or call 503-494-7970 to let us know of your recommendation

---

OHSU Transgender Health Program:

Electrolysis:

Michelle Cappadona
OHSU Transgender Health Program, Division of Plastic & Reconstructive Surgery
https://www.ohsu.edu/xd/health/services/providers/index.cfm?personID=3768
503-494-6687
Insurance accepted: OHP, Moda
(South Waterfront)

Laser Hair Removal:

Heather Onoday, NP
OHSU Transgender Health Program, Dept of Dermatology
http://www.ohsu.edu/xd/health/services/providers/index.cfm?personID=2021
503-494-6483
Insurance accepted: OHP and private insurance
(South Waterfront)

Portland Metro Area:

Shelia Ahearn
Electrolysis Clinic of Portland
http://www.electrolysisclinicpdx.com/
503-227-6050 Insurance accepted: OHP
(downtown)

Alice Berry
Transformations Electrolysis
http://www.transformationselectrolysis.com/
503-597-1323
Insurance accepted: OHP
(Westside)

Jaimee Bloom
Portland Electrolysis and Skin Care
http://pdxelectrolysis.com/
503-224-3300
Insurance accepted: OHP
(Downtown)

Lana Blue
Plucky Girl LLC
http://www.pluckygirl.com
503-914-7890
Self-pay only
(Northeast)

Barbara Failing
1605 NE Broadway
503-281-0311
Insurance accepted: unknown
(Northeast)

Meribeth Malone
Electrolysis and Skin Care
http://www.mmelectrology.com
971-295-6687
Insurance accepted: OHP
(Northeast)

Laine Celedon
Celedon Electrolysis
http://www.cepdx.com
2928 SE Hawthorne
503-734-9236
Insurance accepted: unknown
(Southeast)

Tangee Holub and Shyanne Holub
Eastside Electrology
http://www.eastsideelectrology.com
1635 SE Malden
503-539-9953
Insurance accepted: unknown
(Southeast)

Beaverton:

Alice Berry
Transformations Electrolysis
http://www.transformationselectrolysis.com/
alice@tranformationselectrolysis.com
503-701-4900
1975 NW 167th Place, Suite 100-29
Beaverton, OR
Insurance accepted: OHP

Brenda Cox
Cox Electrology
http://www.coxelectrology.com/Transgender.html
503-574-3136
8196 SW Hall Blvd., Suite 213
Beaverton, OR 97008

Oregon City:

Oregon City Electrolysis
Carol Cranfill, Owner
https://www.oregoncityelectrolysis.com/copy-of-treatments
503-557-2912
1001 Molalla Ave, Suite 2016
Oregon City, OR 97045

Eugene:

Tami Benjamin-Kanning
Electrolysis by Tami
http://www.electrolysisbytami.com/
541-514-4857 3575
Donald St, Suite 630
Eugene, OR 97405
Insurance accepted: OHP

Lacey Keeney
Willamette Valley Esthetics and Electrolysis
https://willamettevalleyeande.com/
541-221-5175
1623 Oak St. Eugene, OR 97401
Insurance accepted: OHP

Bend:

Bend Electrolysis
Tana Anderson and Traci Benjamin
http://www.bend-electrolysis.com/electrolysis-by-tana/
369 NE Revere Ave
Tana 541-233-6619
Traci 541-815-8615
Insurance accepted: unknown

Corvallis:

Linda DJ Easter Electrology
http://oregonhairremoval.com/hair-removal-for-transgender.html
541-231-2959
415 SW Twin Oaks Circle
Corvallis, OR 97333
Self-pay only (cash or check)

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

Mental Health Resources

Crisis and Support Lines

Transition can be a liberating experience. It can also be scary, feel unsafe, create more dysphoria, disrupt personal relationships, and generally be an emotional roller coaster.
Several organizations offer immediate help if you are in a crisis, just need to talk to someone or have questions. Their confidential services are available 24/7.

Trans Lifeline: Trans Lifeline, which offers emotional and financial support to transgender people, has a peer support hotline for trans and questioning callers. The hotline is staffed by transgender volunteers.

Phone: 877-565-8860
translifeline.org/hotline

The Trevor Project: The program offers crisis intervention and suicide prevention for LGBTQ people younger than 25.

Phone: 866-488-7386
thetrevorproject.org
Online instant messaging: TrevorChat
Text-based support: TrevorText

National Suicide Prevention Lifeline: This national network of local crisis centers has a hotline to provide emotional support to anyone in suicidal crisis or emotional distress.

Phone: 800-273-8255
suicidepreventionlifeline.org

Support and Information Groups

In Oregon

- **Basic Rights Oregon:** Statewide LGBTQ advocacy and social justice organization, basicrights.org
- **Brave Space LLC:** Creates community and connects transgender and genderqueer children, teens, adults and allies with expert providers, bravespacellc.com
- **Central Oregon Coast Trans Community:** Newport-area support group for transgender people and their families, on Facebook
- **Human Dignity Coalition:** Bend-based group seeking equality for the LGBTQ community and allies, humandignityco.wordpress.com

- **Northwest Gender Alliance:** Nonprofit social, support and educational group, nwgenderalliance.org
- **Outside In:** Offers resources for name and gender change on identity documents, outsidein.org
- **Portland Q Center:** Provides a safe space to support and celebrate LGBTQ diversity, visibility and community building, pdxqcenter.org
- **Rainbow Youth:** Salem-area organization that offers welcoming spaces where LGBTQ and gender-diverse young people and their friends can connect, rainbowyouth.org
- **Sexual and Gender Minority Youth Resource Center (SMYRC):** New Avenues for Youth safe, supervised space with activities for sexual and gender minorities ages 13 to 23, newavenues.org/smyrc
- **SO Health-E:** Southern Oregon group dedicated to improving access to health care across lines of race, gender, sexual orientation, disability and income, sohealthe.org. It includes the LGBTQ+ Equity workgroup, which seeks to remove barriers to health care in Jackson and Josephine counties for people in the lesbian/gay/bisexual and gender-diverse communities.
- **TransActive Gender Project:** Provides support groups, information, advocacy and other services to families of Portland-area transgender and gender-diverse youths ages 4 to 18.
- **Trans*Ponder:** Eugene nonprofit that offers support, education, advocacy and other services for transgender and gender-diverse people, transponder.community.

National and international

- **National Center for Transgender Equality:** Social justice advocacy organization for transgender people, transequality.org
- **National LGBT Health Education Center:** Provides education, resources and information to health care organizations to improve LGBT health care, lgbthealtheducation.org
- **Transgender Law Center:** Civil rights organization led by and working to advance transgender self-determination, transgenderlawcenter.org
- **Transgender Youth Equality Foundation:** Works to advance the rights of transgender, gender-nonconforming and intersex youths ages 2 to 18, transyouthequality.org
- **World Professional Association for Transgender Health:** Promotes evidence-based care, education, research, advocacy, public policy and respect in transgender health, www.wpath.org

Department of Urology
503-346-1500
Transgender Health Program
503-494-7970
transhealth@ohsu.edu
https://www.ohsu.edu/transgender-health

THP Class Schedule

Gender-affirming surgery class:

- The THP offers monthly classes on gender-affirming surgery. Patients, at any stage of considering surgery, and one guest are welcome.
- **Vaginoplasty/vulvoplasty classes** are held on the **3rd Tuesday** of every month
- Classes feature slides and photos to review anatomy, genital reconstruction and surgical outcomes.
- **We recommend that everyone considering vaginoplasty or vulvoplasty attend this class!**
- Classes are free, but registration is required. Classes are offered in partnership with the Kaiser Permanente Gender Pathways clinic.
- Please refer to the website for the calendar and to sign up!

https://www.ohsu.edu/transgender-health/transgender-health-program-classes-and-events

Fertility and Assisted Reproduction:

- We offer free **quarterly** classes about fertility and reproductive options for gender-diverse people and their partners or allies.
- People of all gender identities and/or at any stage of transition are welcome. Classes include a question-and-answer session.
- Classes are free, but registration is required.
- Please refer to the website for the calendar and to sign up!

https://www.ohsu.edu/transgender-health/transgender-health-program-classes-and-events