

GENDER AFFIRMING SURGERY – VAGINOPLASTY

# Enhanced Recovery After Surgery (ERAS)

Your Guide to Healing



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Patient Name

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Surgery Date/Time to Arrive

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Surgeon

We want to thank you for choosing UVA Health for your surgery. Your care and well-being are important to us. We are committed to providing you with the best possible care using the latest technology.

This handbook should be used as a guide to help you through your recovery and answer questions that you may have. Please give us any feedback that you think would make your experience even better.

Please bring this book with you to:

- Every office visit
- Your admission to the hospital
- Follow-up visits

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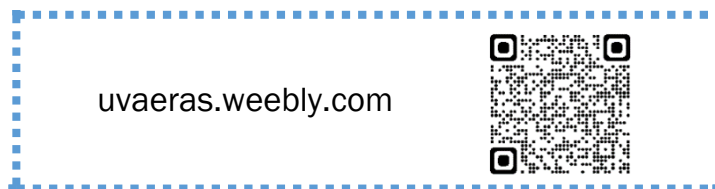
# Contact Information

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Main hospital address:  
UVA Health  
1215 Lee Street  
Charlottesville, VA 22908

Contact	Phone Number
Plastic Surgery Clinic Dianna Gibson RN Gender Affirmation Care Coordinator	434.924.5078
If no call for surgery time by 4:30pm the day before surgery, call:	434.982.0160
Anesthesia Perioperative Medicine Clinic	434.924.5035
UVA Main Hospital	434.924.0000 (Ask for the Plastic Surgery resident on call)
Lodging Arrangements Hospitality House	434.924.1299 434.924.2091
Parking Assistance	434.924.1122
Interpreter Services	434.982.1794
Hospital Billing Questions	800.523.4398
Medical Record Requests	434.924.5136

For more information on ERAS, helpful links for getting ready for your surgery, and to view this booklet online, scan the QR code or visit:



If you have questions or concerns between 8:00am and 4:00pm, Monday through Friday, please call [434.924.5078](tel:434.924.5078) or send a MyChart message to your plastic surgeon's office.

After 4:00pm and on weekends or holidays, call [434.924.0000](tel:434.924.0000). Ask to speak to the Plastic Surgery resident on call. The resident on call is managing patients in the hospital so it may take longer for your call to be returned.

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# Enhanced Recovery After Surgery (ERAS)

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## What is Enhanced Recovery?

Enhanced recovery is a new way of improving the experience of patients who need major surgery. It helps patients recover sooner so life can return to normal as quickly as possible. The ERAS program focuses on making sure that patients are actively involved in their recovery.



There are four main stages:

1. Planning and preparing before surgery– giving you plenty of information so you feel ready.
2. Reducing the physical stress of the operation – allowing you to drink up to 2 hours before your surgery.
3. A pain relief plan that focuses on giving you the right medicine you need to keep you comfortable during and after surgery.
4. Early feeding and moving around after surgery – allowing you to eat, drink, and walk around as soon as you can.

It is important that you know what to expect before, during and after your surgery. Your care team will work closely with you to plan your care and treatment. You are the most important part of the care team.

It is important for you to participate in your recovery and to follow our advice. By working together, we hope to keep your hospital stay as short as possible.

# Introduction to Vaginoplasty

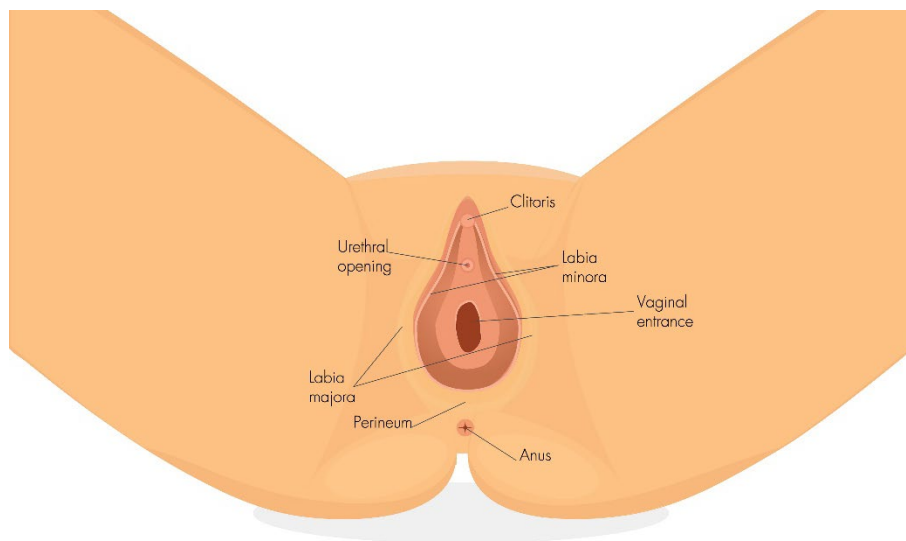
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## What is a vaginoplasty?

A vaginoplasty is the creation or repair of a vagina, using your own genital tissue, for the purpose of gender affirmation. Creation of a functional vagina, cosmetic appearance, and sexual sensation are important objectives in vaginoplasty. The plastic and urological surgeons work as a team during this procedure.

The plastic surgeon will create the clitoris, labia minor, labia majora, and vaginal canal. The clitoris will be created from a portion of the tip of the penis and will position it appropriately. The labia minora and majora will be created using skin from the penis, scrotum, and groin. The vaginal canal will be created using penile and scrotal tissue.

The urological surgeon will assist in creating the internal vaginal canal and will connect the new vaginal canal to a membrane in your abdomen called the peritoneum. This will provide additional depth for the vaginal canal. The Urologist completes this part of the surgery using the DaVinci Robot. This minimally invasive surgery is performed through small incisions (cuts) in your abdomen. A small camera and long instruments allow the surgeon to reach all surgical areas while protecting the surrounding tissues.



## Hair Removal Before Surgery

You will need to undergo **hair removal of the genitals prior to surgery**. This is important so hair does not grow in the neovagina (new vagina). Hair removal will need to be performed on the: penile shaft, scrotum, and perineum (area between scrotum and anus). Hair removal typically requires multiple sessions and usually takes 6-9 months to complete. It is recommended to use a combination of laser hair removal and electrolysis to complete your needed hair removal.

## Quitting Smoking Before Surgery

If you smoke, you will need to stop smoking before we will submit to insurance for authorization/approval. A urine nicotine test will be ordered to confirm you are nicotine free. **You can perform this test 4 weeks after the last use of nicotine.** We ask that you continue to be nicotine free before, during, and for 6 weeks after surgery.



This is important to:

- Improve wound healing after surgery
- Help avoid complications during and after surgery

Some Long-Term Benefits of Quitting May Include:

- Improved Survival
- Fewer and less serious side effects from surgery
- Faster recovery from treatment
- More energy
- Better quality of life
- Decreased risk of secondary cancer

Some key things to think about before your surgery, as you begin to think about quitting:

- All hospitals in the United States are smoke free. You will not be allowed to smoke during your hospital stay
- Your doctor may give you medicine to help you handle tobacco withdrawal while in the hospital and after you leave.

Here are some tips to help you throughout your journey:


- Speak with your provider about medications that can help you with transitioning from a smoker to a nonsmoker.
- Identify your triggers and develop a plan to manage those triggers.
- Plan what you can do instead of using tobacco. Make a survival kit to help you along your quit journey. In this kit have: nicotine replacement therapy, sugar-less gum or candy, coloring books, puzzles, or bubbles for blowing.


Keys to Quitting and Staying Smoke Free:

- Continue your quit plan after your hospital stay
  - Make sure you leave the hospital with the right medications or prescriptions
- Identify friends and family to support your quitting

You Don't Have to Quit Alone!

Please call your Primary Care Provider to discuss Tobacco Cessation

 1.800.QUITNOW

 <https://smokefree.gov/>

# Before Your Surgery

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## Clinic

During your clinic visit we will discuss goals of surgery and what type you will need. You will work with our entire team who will help you prepare for surgery:

- The surgeons, who may have residents or medical students working with them
- RN Gender Affirmation Care Coordinator
- Nurse Practitioners and Physician Assistants
- Registered nurses (RNs)
- Patient Care Techs & Medical Assistants
- Administrative assistant

During your clinic visit, you may:

- Answer questions about your medical history
- Have a physical exam
- Sign the surgical consent forms
- Be screened for snoring and sleep problems like obstructive sleep apnea (OSA).

You will also receive:

- Instructions on preparing for surgery
- Special instructions for what to do before surgery if you are on any blood thinners

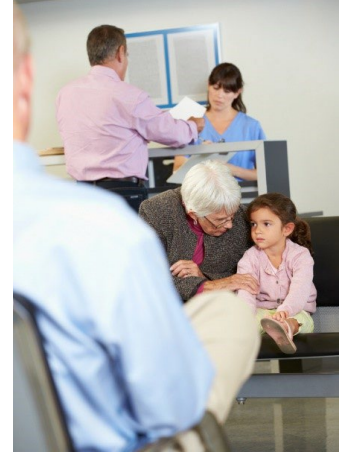


## Anesthesia Perioperative Medicine Clinic

The Anesthesia Perioperative Medicine Clinic will review your medical and surgical history to determine if you will need an evaluation prior to surgery.

If an in person anesthesia evaluation is needed the Anesthesia Perioperative Medicine Clinic will notify you.

- An appointment will be scheduled for an office visit a few weeks prior to the surgical date.
- Your medications will be reviewed.
- You may have a blood test, test of the heart (EKG), and/or other tests the surgeon or anesthesiologist requests.
- For questions or if unable to keep the appointment with Anesthesia
- Perioperative Medicine Clinic, please call **434-924-5035**. Failure to keep this visit with Anesthesia Perioperative Medicine Clinic before surgery may result in cancellation of surgery.



There may be times that you are instructed to go to the Anesthesia Perioperative Medicine Clinic after your appointment with your surgeon. If this is the case you are welcome to a same day appointment but please allow for up to 2 hours.

**Do you take anticoagulant/antiplatelet (blood thinner) medication?**



If so, you will need to notify the doctor that prescribed it to you and let them know you will be having surgery. It is the prescribing provider's responsibility to provide instructions for how long you can safely be off this medication. Please be sure that your surgeon is aware as well.

It is very important to follow the instructions given to you to prevent your surgery from being postponed or cancelled! ***If you have any questions on the instructions you received, call your surgeon's office right away.***

# Preparing for Surgery

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You should expect to be in the hospital for **5 days**. You will have a wound vac, a vacuum device that helps the cuts to heal faster, applied to the genitals and a urinary catheter, a tube to drain and collect urine from your bladder. You will also be given antibiotics. The wound vac, urinary catheter, and antibiotics will be stopped before you are discharged home from the hospital.

When you leave the hospital after your surgery, you will need some help from family or friends. It will be important to have help with meals, taking medications, etc.

You can do **a few simple things before you come into the hospital** to make things easier for you when you get home:

- Clean and put away laundry.
- Put clean sheets on the bed.
- Put the things you use often between waist and shoulder height to avoid having to bend down or stretch too much to reach them.
- Bring the things you are going to use often during the day downstairs. Remember you **WILL** be able to climb stairs after surgery though.
- Buy the foods you like and other things you will need since shopping may be hard when you first go home.
- Cut the grass, tend to the garden, and do all housework.
- Arrange for someone to get your mail and take care of pets and loved-ones, if necessary.
- We recommend you have the following non-prescription medications & supplies at home before your surgery:
  - Supplies can be purchased at drug stores, most Dollar Stores, and Amazon\*
    - Tylenol (acetaminophen) 500mg tablets (for pain)
    - Advil/Motrin (ibuprofen) 200mg tablets (for pain)
    - Colace (docusate sodium) 100mg tablets (stool softener)
    - Miralax powder (for constipation)
    - Abdominal pads (ABD pads) OR Kotex maxi pads: change 2 times daily until follow up appointment
    - Mesh disposable underwear: change as needed until follow up appointment.
- Stop taking any vitamins, supplements, and herbs 2 weeks before your surgery.
- Stop taking ibuprofen (Motrin® or Advil®) and naproxen (Aleve®) 1 week before surgery. You may continue to take acetaminophen (Tylenol®).
- Eat healthy food before your surgery - this helps you to recover faster.
- Get enough exercise so you are in good shape for surgery.



## Pre-Surgery Checklist

### What you **SHOULD** bring to the hospital:

- A list of your current medications.
- Any paperwork given to you by the doctor
- A copy of your Advance Directive form, if you completed one
- Your “blood” bracelet, if given one
- A book or something to do while you wait
- A change of comfortable clothes for discharge
- Any toiletries that you may need
- Your CPAP or BiPAP, if you have one



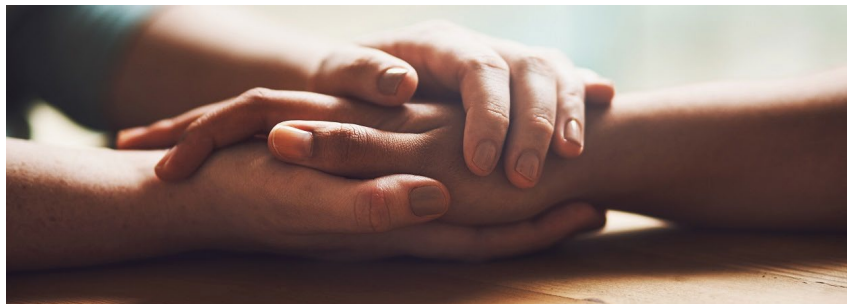
### What you **SHOULD NOT** bring to the hospital:

- Large sums of money
- Valuables such as jewelry or non-medical electronic equipment

\*Please know that any belongings you bring will go to “safe keeping.”

### For your safety, you should plan to:

- Identify a Care Partner for your stay in the hospital.
- Have a responsible adult with you to hear your discharge instructions and drive you home. If you plan to take public transportation, a responsible adult should travel with you.



# Days Before Surgery

## Hormone Therapy

Please follow up with your hormone provider before surgery.

## Bowel Preparation

In order to prepare your bowels for surgery, we ask that you purchase Senna and MiraLAX and take these per the instructions on the package for 3 days before your surgery. This will help to get your bowels regular.

We will also ask you to continue taking senna and MiraLAX for up to 2 weeks after your surgery so please purchase enough.



You **will need to complete a fleet enema 30-60 minutes before you leave to come to the hospital on the morning of surgery**. You can purchase a fleet enema over-the-counter at your local pharmacy. Follow the instructions on the packaging for how to perform the enema.

## Day Before Surgery Diet

To help with Bowel Preparation, you **must** follow a clear liquid diet **one day before** your scheduled surgery. Please drink at least the following, you are welcome to drink more clear liquids than listed below.

- ✓ **Beginning at midnight (12am):** only clear liquids after this time
- \_\_\_ **8 am:** drink a clear liquid meal
- \_\_\_ **9 am:** drink 8oz of a clear liquid
- \_\_\_ **10 am:** drink 8oz of a clear liquid
- \_\_\_ **11 am:** drink 8oz of a clear liquid
- \_\_\_ **12 pm (noon):** drink a clear liquid meal
- \_\_\_ **1 pm:** drink a clear liquid meal
- \_\_\_ **2 pm:** drink 8oz of a clear liquid
- \_\_\_ **3 pm:** drink 8oz of a clear liquid
- \_\_\_ **4 pm:** drink 8oz of a clear liquid
- \_\_\_ **5 pm:** drink 8oz of a clear liquid
- \_\_\_ **6 pm:** drink a clear liquid meal



You may continue to drink clear liquid fluids through the night until approximately 2 hours prior to your surgery. The phone call nurse will provide you with instructions as to what time you have to stop drinking.



Clear Liquid Meals ALLOWED	Clear Liquids ALLOWED	NOT ALLOWED
<ul style="list-style-type: none"> <li>● Clear broth</li> <li>● Consommé</li> <li>● Bouillon cube soup</li> </ul>	<ul style="list-style-type: none"> <li>● Apple juice</li> <li>● Cranberry juice</li> <li>● Cran-apple juice</li> <li>● Grape juice</li> <li>● Water</li> <li>● Lemonade made with lemon juice</li> <li>● Powdered lemon flavored drinks</li> <li>● Carbonated drinks</li> <li>● Gatorade</li> <li>● Fruit flavored ices &amp; ice popsicles</li> </ul>	<ul style="list-style-type: none"> <li>● No milk, dairy, or ice cream products</li> <li>● No milkshakes</li> <li>● No smoothies</li> <li>● No noodles</li> <li>● No orange juice</li> <li>● Nothing with pulp</li> </ul>



You will be asked to drink a 20oz Gatorade on the morning of surgery. You will drink this on your way to the hospital and finish it at the time instructed by the presurgery phone call nurse. If you are diabetic, you can drink water or Gatorade Zero.

### Scheduled Surgery Time

A nurse will call you the day before your surgery and tell you what time to arrive at the hospital for your surgery. If your surgery is on a Monday, you will be called the Friday before.

If you do not receive a call by 4:30pm, please call 434.982.0160.

Please write what time the nurse tells you to arrive on page 1 of this handbook in the space provided.



#### Other important reminders:

Follow the instructions you were given regarding blood thinners and diabetic medications.

## Instructions for Bathing

We will give you a bottle of HIBICLENS foam (body wash) to use the night before and the morning of your surgery.



HIBICLENS is a skin cleanser that contains chlorhexidine gluconate (an antiseptic). This key ingredient helps to kill and remove germs that may cause an infection. Repeated use of HIBICLENS creates a greater protection against germs and helps to lower your risk of infection after surgery.

Before using HIBICLENS, you will need:

- A clean washcloth and towel
- Clean Clothes

IMPORTANT:

- HIBICLENS is simple and easy to use. If you feel any burning or irritation on your skin, rinse the area right away, do NOT put any more HIBICLENS on.
- Keep HIBICLENS away from your face (including your eyes, ears, and mouth).
- Do NOT shave your surgery site or your pubic hair. This can increase the risk of infection. Your healthcare team will remove any hair, if needed.

Directions for when you shower or take a bath:

1. If you plan to wash your hair, do so with your regular shampoo. Then rinse hair and body thoroughly with water to remove any shampoo residue.
2. Wash your face and genital area with water or your regular soap.
3. Thoroughly rinse your body with water from the neck down.
4. Move away from the shower stream.
5. Apply HIBICLENS directly on your skin or on a wet washcloth and wash the rest of your body gently from the neck down.
6. Rinse thoroughly.
7. Do NOT use your regular soap after applying and rinsing with HIBICLENS.
8. Dry your skin with a clean towel.
9. Do NOT apply any lotions, deodorants, powders, or perfumes after using HIBICLENS.
10. Put on clean clothes after each shower.

# Day of Surgery

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## Before you leave home

- ☑ You will need to complete a fleet enema 30-60 minutes before you leave to come to the hospital on the morning of surgery.
  - The enema will help to clean the lower bowel to prepare for surgery, to relieve distention, promote gas, and soften hardened stool for removal.
- ☑ Take another shower with the body wash provided.
- ☑ Remove nail polish, makeup, jewelry, and all piercings.
- ☑ Continue drinking water or Gatorade™ on the morning of your surgery. Do NOT drink other liquids. If you do, we may have to cancel surgery.
- ☑ Remember to drink your Gatorade™ on the way to the hospital and finish at the time specifically instructed by the phone call nurse.



## Hospital arrival

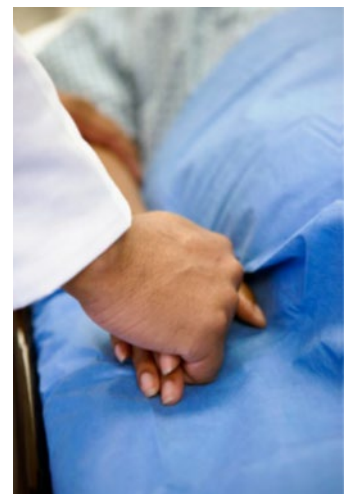
- ☑ Finish the Gatorade™ at the time specifically instructed by the phone call nurse. You cannot drink after this.
- ☑ Arrive at the hospital on the morning of surgery at the time you wrote on page 1.(this will be approximately 2 hours before surgery)
- ☑ Check in at your scheduled time in the location provided by the phone call nurse.
- ☑ Your family will get a surgery guide to explain the process. They will be given a tracking number so they can monitor your progress.

## Surgery

When it is time for your surgery, you will be brought to the preoperative area.

In the preoperative area, you will:

- ☑ Be identified for surgery and get an ID band for your wrist.
- ☑ Be checked in by a nurse and asked about your pain level.
- ☑ Be given an IV and weighed by the nurse.
- ☑ Be given several medicines that will help keep you comfortable during and after surgery. The medications may include acetaminophen (Tylenol) and celecoxib (Celebrex) to help with inflammation.
- ☑ Meet the anesthesia and surgery team where your consent for surgery will be reviewed. Your family can be with you during this time. A physician may also mark your surgical area depending on the type of surgery you are having.



## In the Operating Room

From the preoperative area, you will then be taken to the operating room (OR) for surgery and your family will return to the surgical family lounge.



Many patients do not recall being in the OR because of the medication we give you to relax and manage your pain.

Once you arrive in the OR:

- ☑ We will do a “check-in” to confirm your identity and the location of your surgery.
- ☑ You will lie down on the operating room bed.
- ☑ You will be hooked up to monitors.
- ☑ Boots will be placed on your legs to circulate your blood during surgery.
- ☑ You may also be given a blood thinner shot to prevent blood clots.
- ☑ We will give you antibiotics, if needed, to prevent infection.
- ☑ The anesthesiologist will give you a medicine to make you sleep that works within 30 seconds.
- ☑ Just before starting your surgery, we will do a “time out” to check your identity and confirm the location of your surgery.
- ☑ After you are asleep, a urinary catheter will be placed to keep your bladder empty.

After this, your surgeons will perform your surgery.

During your surgery, every 2 hours the Operating Room nurse will do their best to communicate with your family to update them.



# After Surgery

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## Recovery Room (PACU)

After surgery, you will be taken to the recovery room. Most patients remain in the recovery room for about 2 hours, and then are assigned an inpatient room.



Once you are awake:

- ☑ You will be given clear fluids to drink.
- ☑ You will be on bed rest. Turning is encouraged to help with gas pain.
- ☑ You will have a wound vac and dressings over your surgical site.

The surgeon will also call your family after surgery to give them an update.

## Hospital Inpatient Unit

Sometimes, it can take more than 2 hours to get to a room if the hospital is full and patients need to be discharged to make room for new patients. The volunteers will keep your family/friends updated and provide them with your room number so they can join you. Patients usually go to 6 East or 5 West.

**Once in your room, you will:**

- ☑ Have a small tube in your bladder called a urinary catheter. We can measure how much urine you are making and how well your kidneys are working.
- ☑ Have your temperature, pulse, and blood pressure checked after you arrive.
- ☑ Have an IV in your arm to give you fluid.
- ☑ Be allowed to drink clear fluids.



- ☑ Likely receive a blood thinner injection every day to help prevent blood clots.
- ☑ Be given an incentive spirometer (a device to help see how deeply you are breathing). We will ask you to use it 10 times an hour to keep your lungs open.
- ☑ Be placed on your home medications (with the exception of some diabetes and blood pressure medications).

## Your Care Team

In addition to the nursing staff, the Plastic Surgery team will care for you. This team is led by your surgeon and includes chief residents, residents, and 1-2 medical students.

## Pain control following surgery

Managing your pain is an important part of your recovery. It is normal for you to have some pain for a few days after surgery. The goal is to lower the pain so that you can comfortably walk and take deep breaths effectively. We will ask you regularly about your level of comfort.

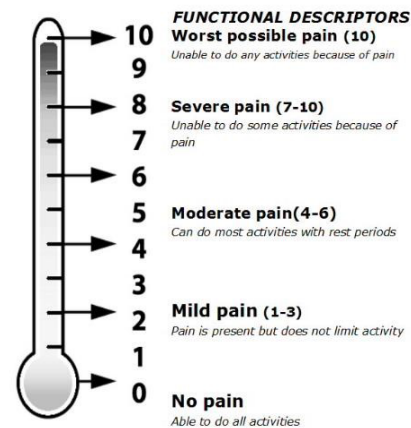
One way your care team will help you safely control your pain after surgery is by using *non-opioid* medications during your recovery. The goal is to use as little *opioid* medication as possible to control your pain. If you need stronger pain medication, it is OK. If your pain is worsening and it is not relieved with any medication, you should let your surgeon know.

- We will treat your pain during surgery with an injection at the surgery site.
- You will get several *non-opioid*, pain medications around-the-clock to keep you comfortable.
- Tylenol (acetaminophen) – is a pain killer and reduces fevers.
- Celebrex (celecoxib) or Advil, Motrin (ibuprofen) – are medications that decrease swelling and pain after surgery. These medications are known as NSAIDs and are safe for short-term use after surgery (unless you had a gastric bypass).
- You will have *opioid* pain medication as needed for additional pain.
- Opioids are powerful pain medications, with many serious side effects. Opioids (usually oxycodone) may be used after surgery only when needed for severe pain, but should not be used first to treat mild or moderate pain.
- Side effects of opioids include nausea, constipation, dizziness, headache, drowsiness, vomiting, itching, and respiratory depression.
- Prescription opioid drug use may lead to misuse, abuse, addiction, overdose and death. Your risk of opioid abuse gets higher the longer you take the medication.

We will also encourage you to use the “Splinting Technique” to minimize pain at your surgical site. To do this, press a pillow or your hand against your surgical area and support it when you take a deep breath, cough, sneeze, laugh, move, etc.

If you are on long-standing pain medication prior to surgery, you will be provided with an individualized regimen for pain control with the assistance of our pain specialists.

### UVA ADULT PAIN SCALE TO HELP YOU CONTROL YOUR PAIN



## Laparoscopic Gas Pain

You may have discomfort in your stomach, neck or shoulders for a few days after your surgery. This pain is because gas is used to inflate your abdomen during surgery. The pain will go away as the gas is reabsorbed in your body. Some ways to help with this pain are walking around, using a hot compress (heating pad), and avoiding carbonated drinks.

## Comfort Menu

Your comfort and controlling your pain are very important to us. As part of your recovery, in addition to medications, we like to offer you different ways to address your pain and help make you comfortable. Please use this list of suggestions to help you and your healthcare team understand your pain and recovery goals. Please discuss your pain control goals and comfort options with your nurse. If you need additional items or have any questions, please ask.



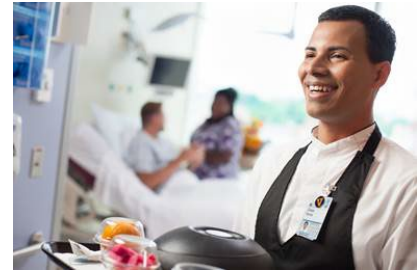
- Distraction:** focus your mind on an activity like creating art with our art supplies, doing puzzle books and reading magazines
- Ice or Heat Therapy:** ice packs and dry heat packs are available, depending on your surgery
- Noise or Light Cancellation:** an eye mask, earplugs and headphones are available for your comfort and convenience. We can also help you create a sleep plan.
- Calm App:** if you have a smart device, download the free Calm app for meditation and guided imagery. You can find it by searching in the app store.
- Prayer and Reflection:** connect with your spiritual or religious center of healing and hope through prayer, meditation, reflection and ritual. Also, ask about our chaplaincy services.
- Controlled Breathing:** taking slow deep breaths can help distract you from pain you are feeling. This can also help if you are feeling nauseated (upset stomach). Using the 4-7-8 technique, you can focus on your breathing pattern:
  - Breathe in quietly through your nose for 4 seconds
  - Hold the breath for 7 seconds
  - Breathe out through your mouth for 8 seconds
- Positioning/Movement:** changing position in your bed/chair or getting up to walk (with help) can improve your comfort.
- UVA Relaxation TV Chanel:** Turn to channel 17 on your in-room TV.
- Pet Therapy:** hospital volunteers visit the unit with therapy animals. Ask about their availability.



## First Day After Surgery

### Goals:

- ☑ Be up out of bed to chair with waffle cushion
- ☑ Walk around your room
- ☑ Advance your diet as tolerated



## Second and Third Day after Surgery

### Goals:

- ☑ Increase walking and activity as tolerated
- ☑ Monitoring for bowel movement
- ☑ Night of day 3, can begin removing external adhesive dressing

## Fourth Day after Surgery

### Goals:

- ☑ Remove external adhesive dressing and wound vac
- ☑ Remove urinary catheter
- ☑ Vaginal packing will remain in place
- ☑ Take a shower



## Fifth Day after Surgery

### Goals:

- ☑ Vaginal packing removed
- ☑ Start vaginal dilations
- ☑ Shower and douche in the shower
- ☑ Antibiotics are stopped

Remember, we will not discharge you from the hospital until we are sure you are ready. For some patients this requires an additional day or so in the hospital.



## **Complications Delaying Discharge**

### **Bowel Function**

Following surgery, your bowel can shut down, so food and gas have trouble passing through the intestines. This is called an ileus. It is a common and frustrating complication following surgery. We have designed the ERAS program to do everything possible to reduce the chance of an ileus.

If you do get an ileus, it usually only lasts 2-3 days. The best way to avoid it is to decrease the amount of narcotic pain medications you take, get up as much as possible after your surgery, and eat smaller amounts of food and drinks more often instead of three large meals.

### **Discharge**

Before you are discharged, you will be given:

- A copy of your discharge instructions.
- A list of any medications you may need.
- A prescription for pain medicine.
- Instructions on when to return to see your surgeon (2-4 weeks), depending on your surgery.

### **Before you leave the hospital**

- We will ask you to identify how you will get home and who will stay with you.
- Be sure to collect any belongings that may have been stored in “safe keeping.”



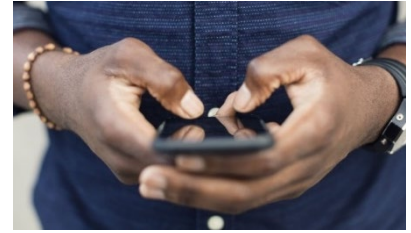
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# After Discharge

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## **When to Call**

Complications do not happen very often, but it is important for you to know what to look for if you start to feel bad.



After you leave the hospital, you should call us at any time if:

- You have a fever greater than 100.5° F
- You are vomiting and cannot keep down liquids
- You have severe abdominal pain, constipation or severe diarrhea
- Your wound opens up, has thick foul smelling drainage, or is very red and swollen.  
Please note that drainage that is watery red, pink, or clear is normal.
- Unequal swelling in your calves. This may be a sign of a blood clot and requires immediate attention.

## **Contact Numbers**

If you have concerns or questions between 8:00am and 4:00pm, Monday through Friday, please call [434.924.5078](tel:434.924.5078) or send a MyChart message to your plastic surgeon's office.

After 4:00pm and on weekends or holidays, call [434.924.0000](tel:434.924.0000). Ask to speak to the Plastic Surgery resident on call. The resident on call is managing patients in the hospital so it may take longer for your call to be returned.

## **Abdominal Pain**

It is not unusual to suffer gas pains (colic) during the first week following surgery. This pain usually lasts for a few minutes but goes away.

If you have severe pain lasting more than 1-2 hours that doesn't go away with your pain medicine, have a fever, and feel generally sick, you should contact us.



## **Pain**

You *will* alternate Tylenol and ibuprofen for improved pain control. Take over the counter medications as prescribed.

Additionally, we may send you home with a prescription for an opioid pain medication to use for severe pain only. If you would like this filled at the hospital pharmacy, please tell your nurse so it will not cause delay in your discharge home.

Since opioid pain medications can often cause nausea, you should take this medication with a small amount of food.

Your health care team will work with you to create a treatment plan based on the medications you are prescribed. It's important to remember that misuse of opioid pain medicines is a serious public health concern. If you take more of your opioid pain medication than was prescribed or more often than what was prescribed, you will run out of your medication before your pharmacy will allow a new prescription to be filled. Virginia has a Prescription Monitoring Program for these types of medications to help keep patients safe.

Ask your health care team if you have specific questions.

## **Pain Medication Weaning**

After surgery, you *may* be taking opioid medicine to help you with your pain. As your pain improves, you will need to wean off your opioid pain medication. Weaning means slowly reducing the amount you take until you are not taking it anymore. You may find that the pain is controlled by other medicines such as NSAIDs (ibuprofen) and acetaminophen (Tylenol).



Taking opioids may not provide good pain relief over a long period of time and sometimes opioids can actually cause your pain to get worse. This is important because opioids can have many different side effects including constipation, nausea, tiredness, and even dependency. The side effects of opioids increase with higher doses. Gradually weaning to lower doses of opioid pain medication can help you feel better and improve your quality of life. If you are not sure how to wean off of your opioid medication, please contact your family doctor.

To wean from your opioid, we recommend slowly reducing the dose you are taking. For example, increase the amount of time between doses. If you are taking a dose every 4 hours, extend that time:

- Take a dose every 5 to 6 hours for 1 or 2 days
  - o Then, take a dose every 7 to 8 hours for 1 or 2 days.

You can also reduce the dose.

- If you are taking 2 pills each time, start taking 1 pill each time. Do this for 1 or 2 days.
  - o Then, increase the amount of time between doses, as explained above.

Once your pain has improved and/or you have effectively weaned off opioids, you may have opioids remaining. The UVA Pharmacy is now a DEA registered drug take-back location. There is a Drop Box available in the main lobby of the pharmacy 24 hours 7 days per week for patients or visitors to safely dispose of unwanted or unused medications.

## **Bowel Function**

After your surgery, your bowel function may take several weeks to settle down and may be slightly unpredictable at first. For most patients, this will get back to normal with time.

Patients can have a variety of bowel complaints, including:

- Irregular bowel habits
- Bowel movements that are loose or constipation
- Difficulty controlling bowel movements with occasional accidents
- Continuing to feel that you need to have a bowel movement even if you've had several in a row

Make sure you eat regular meals and take regular walks during the first two weeks after surgery.

## **Constipation**

It is very important to AVOID CONSTIPATION AND HARD STOOLS after surgery. Excessive straining will cause pain, bleeding, and possibly, tearing of vaginal sutures.

To prevent constipation, it is very important to stay well hydrated and to take stool softeners.

- Drink a minimum of 64oz (8 cups) of fluid per day.
- Take 1 heaping tablespoon of Miralax powder daily (mix in 6oz of fluid). If 1 tablespoon produces too loose of stool, use less the next time (try 1 teaspoon of Miralax powder).
- If no bowel movement in 2 days, increase Miralax to twice a day and add Senna daily.
- If no bowel movement in 3 days, call our office.



## **Urinary Function**

After surgery, you may get a feeling that your bladder is not emptying fully. This usually resolves with time. However, if you are not able to urinate, have severe stinging or burning with urinating, or if there is any concern, contact us.

## **Hormone Therapy**

You will resume all home hormonal medications. Please follow up with your hormone provider after surgery to see if any medication adjustments are needed.

## Bathing and Wound Care

1. Wash hands before and after any contact with your genital area.
2. Shower daily using the chlorhexidine wash for 7 days and then transition to your normal soap. You may gently cleanse your genital region with your hand only and soapy water but do not scrub your incisions.
  - Do not use the chlorhexidine above your shoulders.
  - Do not bathe in a tub or submerge incisions underwater for 3 months post operatively unless otherwise instructed.
3. You should gently pat your vulva dry after you shower.
4. Then apply a thin layer of bactroban (mupirocin) ointment to your incisions.
5. Vaginal discharge that is red, brown, and/or yellowish is normal and should be expected over the first 4-6 weeks postoperatively. Wear a pad or dry gauze in non-compressive underwear and change as needed—expect this to be at least twice daily to keep clean.
  - If you have excessive discharge or bleeding requiring multiple dressing changes in a short period of time, please call the office for assistance.
  - Sutures (clear, white, or purple) will be visible on your vulva – these are dissolvable and do not need to be removed. They will fall off with showering over 4-6 weeks.
6. Wash hands after caring for your incisions.

It is common for your incisions (cuts) to separate after surgery, which may leave an open wound. This typically happens where two incisions meet. If this happens, continue to follow the bathing instructions above. You likely will have thin pink/red drainage from the open wound. This can be treated by covering the open wound with clean dry gauze. You will need to change the dry gauze two or more times a day so that wet gauze is not sitting on your skin which could cause more skin breakdown. **It is important to continue to dilate even if you have an open wound.**

If you experience an increase in swelling, increase in pain, new or worsening redness around the open wound, new foul odor drainage from the wound, fevers, chills, or generally feel unwell please call the office.

## Dilation Medications

- ☑ Apply Metrogel to dilator for dilations 1, 2, & 3 each day for 1 week after discharge
- ☑ Apply Santyl ointment on dilator for the last dilation of the day, each day for 1 week after discharge
- ☑ Use water-based lubricant for each dilation.
- ☑ Use lidocaine jelly for dilation as needed.

## Dilation Instructions

1. Wash your hands.
2. Prior to insertion, make sure the dilator has been cleaned with antibacterial soap and water and then dried with a clean cloth.
3. Apply water based lubricant to the dilator (Surgilube, KY Jelly, other); avoid silicone-based lubricants
  - For your first 3 days at home, place Metrogel on the end of the dilator
  - For the first 2 weeks following surgery, apply Santyl ointment on the dilator for the last dilation before bedtime
  - Lidocaine jelly 2% may also be applied to the dilator to help with discomfort for the first few weeks if needed
4. Gently insert the dilator into your vagina at an upwards angle (approximately 45 degrees) until it passes under your pubic bone and then continue inserting straight inward. Some resistance and tenderness is expected, but stop dilation if experiencing significant resistance or severe pain.
5. Insert the dilator into the full depth of the vagina and leave in place as indicated below:



Time after surgery	Dilator Color	Dilator Number	Diameter Size	How often to use?	How long to use?
0-3 Months	Violet	#1	1 1/8"	3 times a day	10-15 minutes each time
3-6 Months	Blue	#2	1 1/4"	1-2 times a day	10-15 minutes each time
6-9 Months	Green	#3	1 3/8"	1 time a day	15 minutes each time
9-12 Months	Orange	#4	1 1/2"	1-2 times per week	15 minutes each time

6. If your vagina begins to feel tight, increase the frequency of your dilation schedule. The above schedule is a general guide. If comfortable, you may advance to bigger dilator size as tolerated.
7. Use saline or gentle soap and water to cleanse the vaginal canal after each dilation.
8. Wash your hands.

## **Hobbies and Activities**

### **You SHOULD NOT:**

- Stay in bed.
- Do any heavy lifting, aerobic exercise, vigorous activity, or play contact sports for 6-8 weeks. (no more than a gallon of milk = 10 lbs.).
- Swim or bike ride for 3 months.
- Have penetrative vaginal sexual intercourse for at least 3 months after your surgery when you are cleared by your surgeon.
- Have penetrative anal intercourse until 3 months after your surgery.

### **You SHOULD:**

- Plan to walk around and do not stay in bed. Walking is one of the best things you can do to speed your recovery.
- Use your dilators that are provided as instructed on the prior page. Dilation is an essential and life-long part of your recovery process and activity.
- Be able to climb stairs from the time you are discharged.
- Return to hobbies and activities that you are able to soon after your surgery.



It is safe to sit after surgery; however, it may be uncomfortable. For the first 4-6 weeks after surgery you may wish to sit on a donut sitting pillow or ring. This may help to relieve pressure and discomfort at the surgical site.

Remember, it can take up to 2-3 months to fully recover. It is not unusual to be tired and need an afternoon nap 6-8 weeks following surgery. Your body is using its energy to heal your wounds in the inside and out.

## **Work**

You should be able to return to work 6-8 weeks after your surgery. If your job is a heavy manual job, you should not perform heavy work until 6-8 weeks after your operation. You should check with your employer on the rules and policies of your workplace, which may be important for returning to work.

If you need a “Return to Work” form for your employer or disability papers, ask your employer to fax them to our office at the number below: 434-924-8118.

## **Driving**

You may drive when you are off narcotics and pain-free enough to react quickly with your braking foot. For most patients this occurs at 2-4 weeks following surgery.

