



Vaginoplasty Surgery Checklist

Preparing for surgery:

- Once you have been transitioning and living in the new gender role for at least one year, you may submit two letters of recommendation, one from a Psychiatrist or PhD in Psychology and the other from a source with at least a master's degree (a therapist, counselor, social worker, psychologist or psychiatrist). If you have been living full time in the new gender role for more than 5 years you may only be required to provide one letter from a PhD or MD mental health professional.
- A detailed, accurate medical history must be obtained, including an updated list of all medications and dosages. It is imperative that Dr. Taylor is made aware of any prior cardiac problems, history of diabetes, herpes or significant medical disorders. Upon receipt of your pre-admission test results, you may be asked to obtain medical or cardiac clearance prior to your surgery.
- You will be asked to go for PATs (pre-admission tests) prior to surgery, including bloodwork, HIV and Hepatitis testing, an EKG if you are over 40 and a chest X-ray if you are over 60.
- NO SMOKING. If you have a smoking history, you may be asked to have pre-operative bloodwork assessing your nicotine and cotinine levels to prove your abstinence from cigarettes right up to the surgery date. A positive test may result in postponing or cancelling your surgery, which may incur additional charges.
- Maintain a healthy body weight. A BMI greater than 30 may exclude you from being an acceptable surgical candidate.
- Inform your primary care physician or endocrinologist about your upcoming surgery. Adjust or stop your hormones accordingly; no injections within 2-4 weeks of surgery. Arrange for a follow-up visit with this doctor 3-4 weeks after your surgery.
- Electrolysis/laser hair removal is required, and should be completed prior to surgery, focusing on the scrotal sac and penile shaft area. Concentrate hair removal to the middle 2/3 of the scrotum area, leaving some hair along the sides for the labia majora and scar cover-up.
- Approximately 6 weeks of recovery is necessary. Plan accordingly with your employer and friends and family who will be caring for and assisting you. We require you to have someone with you at all times for the first two days. If your family or friends cannot provide this for you we can recommend nursing agencies to assist you.
- Disability forms, if applicable, should be given to our office staff for completion.

Hotel arrangements:

If traveling from a distance reservations should be made as soon as you secure a surgery date. We recommend the Courtyard Marriott , 245 Half Mile Road, Red Bank, 732-530-5552 and the Comfort Inn, 750 State 35 South, Middletown, 732-671-3400 (ask for our patient discount code prior to making reservations). Dr. Taylor will need to evaluate you for 2 weeks post-operatively, so plan travel and accommodation arrangements accordingly. If you have any complications, you may need to stay in the area longer.

Before surgery:

- You will return to our office 2-3 weeks prior to surgery for a pre-operative visit where you will receive further instructions as well as prescriptions for your bowel prep and post-operative medications. We will answer any further questions you may have, obtain consent and address surgical fees and payment. Limited exceptions may be made to have the pre-operative packet mailed and the instructions reviewed over the phone for those traveling from out of state.
- NOTE: You will be allowed to drink only liquids the day prior to surgery as part of the bowel prep. However, you must not eat or drink anything after midnight the day of your surgery.
- Remove nail polish/acrylic nails from both index fingers so the nailbeds are accessible to monitor your oxygen saturation during the surgery.

Packing, if traveling:

- Loose, comfortable clothing and night gowns
- Oversized cotton underwear or boxer shorts
- Bathrobe and slippers (or slip-on shoes)
- Disposable waterproof bed pads to protect sheets and mattress
- Sanitary pads and thin feminine pads to protect your underwear and clothing
- Medications and medication list
- Toiletries, including lotion, lip balm, shampoo, soap, comb, toothpaste & toothbrush
- Soft toilet paper
- Hand sanitizer, disposable baby wipes
- Cell phone, PC, charging cords, reading & writing materials
- Insurance card, driver's license, credit card, cash
- Dilators (only to be used after packing has been removed) and lubricant for dilation
- A small hand mirror
- Water and healthy snacks

Things to purchase and have upon your return home:

- Oversized cotton underwear or boxer shorts
- Dilators (i.e. Soul Source sizes #1-4)
- 15 tubes of KY lubricant
- Antibacterial soap
- Sanitary pads
- Disposable waterproof bed pads
- A small hand mirror
- Liter of white vinegar
- 2 gallons of distilled water

Vaginoplasty Discharge Instructions:

You will leave the surgical center with a vaginal stent in place, a Foley catheter in the bladder drawing urine into a bag, and a gauze dressing stitched over the top of everything. Dr. Taylor will remove the dressing 3-4 days post-operatively. You will need to empty the urine bag into a toilet several times daily depending on how quickly it fills. Be very careful not to tug on the Foley catheter or it may accidentally fall out and cause urine to soil the new vagina. Keep the Foley bag below the level of the bladder to prevent back flow of urine from the bag into your bladder.

You are advised to keep the surgical area clean and apply an antibiotic ointment to the incision lines at least 2-3 times a day for up to 3 weeks. Some antibiotic ointments are available with lidocaine to numb the incision site and alleviate post-op discomfort. All sutures are dissolvable and they may take months to fully resorb.

Wear a sanitary pad as there will be some blood-tinged discharge for at least a few weeks. Change pads as frequently as needed. There will be an odor present as the healing takes place and it may take months for the vagina to populate itself with native bacteria. However, if the odor intensifies or worsens, please contact our office.

Dr. Taylor will remove your vaginal packing and Foley catheter approximately 1 week after your surgery. You will then begin regular use of vaginal dilators and douches. It is critical that you continue to dilate as required, whereas failure to do so may result in a collapse of the vaginal vault. **DILATION IS ESSENTIAL!** Upon removal of your packing, please follow the following instructions.

Dilation Procedure

- Wash hands and start with the smallest dilator.
- Apply about 1 teaspoon of KY jelly (or any water-soluble medical grade lubricant) to the dilator and spread around. Do NOT use Vaseline.
- Hold the dilator with the dots on top (curved upwards).
- Gently insert the dilator into the entire length of the vagina and hold in place for 15 minutes, applying firm pressure to ensure adequate depth. This should NEVER be forceful.
- After the 15 minutes, slowly remove the dilator.
- We ask that you initially dilate 3 times per day.
- On your last dilation of the day, apply a small amount of antibiotic ointment to the tip of the dilator and spread the lubricant on the rest of the dilator. Insert, turning the dilator from side to side to distribute the ointment. Continue this practice for 4-6 weeks.
- Once passing the small dilator (#1) becomes easy, progress to the next size. Generally, you will use each size for 10-21 days. The largest dilator (#4) may be used at your discretion following this period. This size may not be necessary or comfortable for everyone.
- Listen to your body. Once the dilation becomes simple, you may progress to the next size.
- Wash the dilators after each use with a nonabrasive, antibacterial soap in warm water and dry thoroughly. DO NOT place in dishwasher or clean with alcohol (they may crack).

Dilation Frequency

- Dilate 3 times per day for 15 minutes at a time for the first 3 months.
- After 3 months, you can go down to twice a day for 15 minutes at a time.
- After 6 months to 1 year, you can dilate once a day for 15 minutes.
- Thereafter, you may experiment with a less frequent dilation schedule but not so infrequently where you may lose depth. We recommend dilating at least once a week.

Hygiene

- It is very important that you maintain good hygiene. Shower or wash daily.
- 15 minute warm baths beginning 3 weeks after surgery are recommended.
- Add a handful of Epson salts to the bath to help healing and maintain cleanliness.
- When washing or wiping the genital area, you should always wipe from front to back (clean to dirty). This will avoid contamination of the vaginal area.

- Avoid wearing tight pants and panty hose for long periods of time. Friction on the genital area can cause bacteria to be brought up to the urethral opening.

Douching

- Reusable douche kits can be purchased at most drug stores.
- Put a cap of white vinegar in ½ liter warm distilled water.
- Draw up water in 60 cc syringe and attach to red rubber catheter.
- Insert tip of catheter just a few inches into the vagina and gently push on the top of the syringe.
- You may repeat.
- Clean and dry your douche kit.
- This is usually easier if it is performed in the shower.

Douching Schedule

- Daily for 2 weeks and as needed up to 6 months

Douching Information

- For the first few weeks post-op, you may experience a yellowish-brown discharge. This is normal. There may also be an odor present. The discharge and odor should gradually subside.
- Call our office if the odor intensifies after 6 months, as an antibiotic gel may need to be prescribed to treat an overgrowth of bacteria.

Activity

- Increase your activity as your body allows.
- No lifting more than 10 pounds for 4 weeks after the surgery.
- You may resume vigorous exercise after 6 weeks.
- No driving while you are taking narcotic pain medication.

Sexual Activity

- We recommend you wait 6-8 weeks after surgery to have intercourse. Be liberal with the lubrication and take it slowly. The tissue is sensitive and the healing evolves over months.
- Bladder infections are much more common in women because of the shorter urethral length so always void before and after intercourse or sexual activity. They are treated with antibiotics.
- Yeast infections are also not uncommon and can be treated with over-the-counter meds.

Prostate

- The prostate atrophies once you've been taking hormones, but it can still be felt through the vagina on physical exam.
- A baseline PSA (Prostate Specific Antigen) is suggested 1 year after surgery.

Medical Follow-up

- Follow-up with Dr. Taylor at 1, 3, 6 and 12 months after your surgery.
- Your primary care doctor or gynecologist should do a pelvic and speculum exam yearly.
- PAP smears are not necessary.

Possible Complications

Please call us if any of the following should occur, along with anything else that does not seem normal to you (office 732-483-1800). Your safety, well-being and satisfaction are our main concerns.

- Fever >100.5 F
- Redness of the skin, increasing in area or persisting for >24 hours
- Worsening pain along the incision lines, not relieved by analgesic medication
- Bleeding or a hematoma (organized collection of blood beneath the skin) presenting as a firm, tender swelling in one or both of the labia
- Separation of the skin along the incision line, with possible formation of granulation tissue
- Scar thickening and contracture
- Shorter than desirable vaginal depth
- Fistulas from the bladder or bowel into the vagina
- Partial skin necrosis
- Stenosis of the urethra