

VAGINOPLASTY GUIDEBOOK: WHAT TO EXPECT

Introduction

Penile inversion vaginoplasty is the most common technique used by surgeons to create a vagina. It is the technique currently offered at Women’s College Hospital (WCH). With this technique, new space for the vagina is created between the bladder and the rectum. The skin from the shaft of the penis is inverted and attached to a scrotal skin graft that has been shaped into a dome-like shape. This is used to line the newly created vagina. The penile, scrotal and perineal skin are rearranged to make a vulva. See picture on the next page.



The table below shows how the original genital tissues will be used to create the new genitals.

The intended results of this surgery are to:

- Reduce gender dysphoria by aligning anatomy with gender identity
- Create the appearance of a “female” genital anatomy
- Eliminate the main source of testosterone production (if orchiectomy was not already done)
- Eliminate or greatly reduce the need for androgen-blockers
- To preserve sensitive tissues so that the ability to have an orgasm is maintained
- Allow for receptive penetrative sex if desired

Original Genitals	New Genitals
Penile/perineal skin	Labia majora, vaginal entrance and clitoral hood
Glans Penis (tip of penis)	Clitoris
Urethra	Labia minora and inner lining of vulva (vestibule)
Scrotum	Vaginal cavity and labia majora

See the RHO vaginoplasty summary sheet for more information about other techniques, side effects, risks and benefits.

www.rainbowhealthontario.ca/wp-content/uploads//woocommerce_uploads/2017/09/FINAL-Vaginoplasty.pdf

Vaginoplasty Schedule

The **following schedule** is a guideline of what your surgical journey might look like. It is not the same for everyone but will give you an idea of the major milestones so you can prepare.

Initial Visits	<ul style="list-style-type: none"> You will have a consultation with the surgeon and nurse practitioner You will need to sign consent
Pre Anesthesia Clinic	<ul style="list-style-type: none"> This appointment usually occurs in the weeks/days before your surgery You will meet with many different members from the TRS team which may include physiotherapy, nursing, pharmacy, anesthesia You will need to purchase dilators from WCH (approx. \$250)
Tasks before surgery	<ul style="list-style-type: none"> Stop taking Estrogen/Progesterone one to two weeks before surgery No hair removal activities three weeks before surgery (including shaving) Blood work and COVID-19 swab 72 hours before surgery (will be arranged with Access Centre) unless fully vaccinated Pick up medications from pharmacy (fleet enema and chlorhexidine 4% body wash) and prepare home for recovery
Day before surgery	<ul style="list-style-type: none"> Fleet enema the night before surgery Nothing to eat or drink after midnight
Day of surgery	<ul style="list-style-type: none"> Arrive at the hospital two hours prior to your scheduled surgery time Surgery usually takes about six hours After surgery you will go to the Post Anesthesia Care Unit and then transferred downstairs to the Acute Ambulatory Care or In Patient Unit for the night

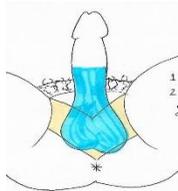
Day after surgery	<ul style="list-style-type: none"> You will be on bed-rest today You will have a tube in your urethra to empty urine and the vaginal packing and dressing will remain in place You will start a light diet
2 Days after surgery	<ul style="list-style-type: none"> The outside dressing will be removed You will sit up and begin to walk
3 Days after surgery	<ul style="list-style-type: none"> The IV and drain will be removed You will be going home and the focus will be on preparing you for this transition You will be discharged with the catheter and vaginal packing still in place.
Clinic Visit 7 days after surgery	<ul style="list-style-type: none"> Visit with surgeon, nurse practitioner and physiotherapist Removal of catheter and vaginal packing You will be given your new dilators and taught to dilate with the help of the pelvic physiotherapist You will start dilating three times daily You can shower!
Clinic Visit 2-4 weeks after surgery	<ul style="list-style-type: none"> Bring your dilators to this appointment. We will be checking in on your progress including how dilations are going. Hormones should be re-started at this time (see your hormone prescriber)
8 Weeks after surgery	<ul style="list-style-type: none"> You should be able to go about your daily routine and you have no weight lifting restrictions Your incisions should be closed at this point You can begin scar maintenance
12 Weeks after surgery	<ul style="list-style-type: none"> You can decrease dilations to twice a day You can start more focused sexual exploration including penetrative sex If your wounds are completely healed you can now swim in a pool, hot tub or lake

Preparing for Surgery

The following information has been developed to help you prepare for and recuperate from your surgery. Some people find preparing for surgery overwhelming; the sooner you start planning, the better you may feel.

Hair Removal

Prior to vaginoplasty you should consider hair removal strategies. At WCH, not having had hair removal will not prevent you from having surgery. During the operation, the surgeon will use multiple strategies to remove all the hairs. For most people, this is enough to ensure that the hair will not grow back. However, not everyone will have permanent hair removal with these techniques and there may be hair growth after surgery. Although hair growth in the vagina is not an impairment, for some people the thought of hair inside the vaginal cavity is very distressing. It can induce dysphoria, can pull when you are dilating or having sex and can occasionally cause irritation and discharge. If you want to ensure that you will not have hair growth, we recommend electrolysis or laser hair removal. Research suggests that four to six sessions of laser hair removal (for darker coarser hair) or five to eight sessions of electrolysis along with hair removal strategies intra-operatively is sufficient for permanent hair removal. If you do proceed with hair removal before surgery, ensure that you stop any sessions three weeks prior to your surgery. See picture below on where to focus:



Scrotum Sac (most important): Follicles will be scraped and electrolyzed during surgery, but hair growth cycles prevent us from getting all of the dormant hair. Remove hair from the top portion of the scrotum to just above the perineum, and along the midsection extending to the groin crease. **Penile Shaft** (important): Skin from the penile shaft and mid-scrotum will be utilized in creation for the new vagina.

The down side of hair removal is:

- It can be difficult to find a provider in your community who you feel comfortable working with
- It can be quite expensive, in both time and money (i.e. could total over 10 hours at \$100/hr)
- It can take a long time to complete, sometimes up to a year

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Smoking

Smoking interferes with how our tissues heal. Smoking anything (including cannabis) or consuming any product containing nicotine can result in delayed tissue healing and complications. It is recommended that you avoid smoking anything or consuming any nicotine containing products for at least three months prior to surgery. It is strongly advised that you also not smoke anything or consume any nicotine containing products for at least six weeks after your surgery

Alcohol

It is best to consume alcoholic beverages in accordance with Canada's Low-Risk Alcohol Drinking Guidelines. No alcohol should be consumed in the week prior to surgery and for at least a month after surgery.

Nails

If you are wearing artificial or acrylic nails, please remove them. Your fingers will be used to monitor blood oxygen saturation during surgery.

Medications

You will need to discontinue taking estrogen and/or progesterone two weeks prior to your surgery. Please ensure you have reviewed an up-to-date list of medications with your surgeon and your healthcare team. Also make sure to bring this list, or all your medications in their original containers, in to your Pre-Admission Appointment.

Some medications interfere with the blood's ability to clot. Two weeks before surgery do not take:

- Aspirin
- Ibuprofen (Motrin, Advil) or Naproxen (Aleve, Naprosyn)
- Vit E or Multivitamins
- Herbal preparations

Time off work

It depends on what kind of work you do but most people should anticipate needing about eight weeks off work for recovery. This time is needed to allow the tissue to heal and for you to regain your strength. Each person's recovery period is different. Inform your employer that you may require some flexibility in returning to work.

Support

After this surgery, your focus will be on healing and rest. You will need someone to help you with moving around, meal preparation and getting to and from medical appointments. Having someone stay with you to assist you after surgery is necessary. Once you are discharged from hospital, someone will need to be with you 24 hours a day – with the exception of short intervals – for the full week (seven days) following your surgery. If you have more than one person you can ask for support, now is the time to reach out to them.

What to bring to the hospital

Have the following list of things to bring to the hospital:

- Two sets of clothing changes and ensure that the clothing items are loose fitting. While you are in the hospital, it is easier to wear a hospital gown/clothing
- Bring comfortable clothing to leave the hospital in. An easy to slip on dress/skirt is ideal for the day of discharge.
- Non-skid slippers with a rubber sole
- Personal items: toothbrush, toothpaste, comb, brush, unscented lotion, pocket change, credit card, wallet, health card.
- Containers for your dentures, glasses/contacts, hearing aids, which much be removed prior to surgery
- A luggage that is medium sized (maximum 40 lbs) for our staff
- Bring all your current medications (except hormones) in their original containers as well as the medications you only take occasionally
- Items to make your three day stay at the hospital comfortable – your cell phone and charger, computer, books/magazines, crossword puzzles – things to keep you entertained during your hospital stay. Save up some good TV or a good book for this time.

The hospital is not responsible for any lost or stolen items but we will provide a locker for you.

Supply list for home

Have the following list of items prior to your surgery date:

- Purchase the vaginal dilators from WCH (done during the pre- anesthesia visit)
- 10 tubes of lubricant for dilation: KY Jelly or another water based lubricant (use approximately 50g/day)
- Thin Maxi Pads – non deodorant (will need 4-6 per day once the vaginal packing is removed)
- Bed pads to protect sheets or a towel
- Free standing mirror
- Liquid antibacterial soap – like a hand soap - for washing dilators
- One pack of disposable non-perfume baby wipes
- Doughnut ring cushion/neck pillow
- Comfortable clothing and underwear
- Tight pair of shorts if you have them (i.e. bike shorts)
- Prune juice or high fiber products (i.e. All Buds)
- Easy to eat foods: apple sauce, toast, smoothies.
- One vaginal douche applicator for future refills of douching solution
- Betadine x 1 bottle (3oz), NS 250ml/day, White vinegar
- WCH "Kit" available for purchase: **2 tubes of lube, one pack of maxi pads, bed pads, mirror, antibacterial soap, baby wipes, seat cushion, vaginal douche, betadine, NS**

Preparation for Pre-admission

The pre-admission clinic is located at 76 Grenville Street on the 8th floor. If you need to call the Pre-admission clinic you can contact them at (416) 323-6260. Your pre-admission appointment will take place before surgery and will take approximately 2 hours.

What will the Pre-admission clinic assessment include?

- Pre-registration for your surgery
- Interview with a nurse who will complete a health assessment
- Anesthesia and medical consults (if required)
- Pharmacy consult (if required)
- Assessment with a pelvic physiotherapist
- Pre-operative tests (if required)
- Instructions to prepare you for your surgery, your hospital stay and your discharge home
- On-boarding to post-op monitoring app
- On-boarding to My Chart – the hospital's electronic patient record system
- You will purchase your vaginal dilators (you can do so by calling the business office at (416)323-6400 ext 4411
- You will be given instructions to purchase a Fleet enema and Chlorhexidine 4% body wash

What should I bring to the Pre-admission clinic visit?

- Health Card
- Any medications you are taking – including all herbal/vitamin supplements and over-the-counter medications (in the original containers) or an accurate up-to-date medication list

- Forms from your surgeon, such as your history and physical form and pre-operative questionnaire
- Letters/tests from specialist if indicated by your surgeons
- Payment method (a credit card or cash – to purchase the vaginal dilators)
- Support person (if desired)

Post-op monitoring

You will be using your myHealthRecord account, through the web or the myChart app, to connect with us post-op. You may already be using your MyChart app to receive pre-op educational content and questionnaires from us. If you have not yet signed up for myHealthRecord, please refer to the [myHealthRecord Patient QuickStart Guide](#).

You may send messages to us in the four days between discharge and when you return for your one week follow up visit. Please follow these steps:

- On myHealthRecord, go to "Messaging"
- Go to "Message Centre"
- Select a subject
- Select TRS Provider

Responses from your provider can be found in the "Message Centre."

During the four days, you may also share photos with your provider if needed. Please follow these steps:

- On myHealthRecord, go to "Messaging"
- Go to "Questionnaires"
- Select "Photo Upload Questionnaire"
- Upload your photos directly from your computer or mobile device.

After your one week follow up visit, you will continue to receive questionnaires from us through the MyChart app so we can monitor your recovery.

Surgery

The day before surgery

- The day before surgery keep yourself well hydrated. Drink a lot of water and other fluids.
- Do not drink any milk or dairy products, orange juice or other citrus juices. Do not drink any alcohol
- Do not eat or drink after midnight. This includes gum, candy or water.
- Complete your fleet enema this evening as per instructed by your healthcare team

On the day of surgery

- You should bathe or shower the night before and the morning of surgery using an antibacterial soap
- Do not put on any make-up, wigs, jewelry, scents or creams
- Wear some loose fitting clothes to the hospital and bring your luggage with the things that you will be needing during your time in the three days following surgery. Please bring only one suitcase and small bag.
- You may take your medications as instructed by the physician on the day of surgery with a small sip of water
- Due to the limited waiting room space, we recommend that only one or two supports accompany you to the hospital. Your supports are not required to stay at the hospital while you are in surgery. During COVID, visitors may not be allowed in with you.
- Check-in at the surgery reception desk on the 8th floor. You must arrive two hours prior to your surgery time, unless instructed otherwise
- After you check in, you will be brought to a changing area where you will get into a surgical gown. You can leave your valuables in a locker here and your other items will be safely secured.
- After you are dressed in the surgical gown you have two options of where you would like to wait. 1. You can wait in the public waiting room with your family/supports or 2. You can wait in the internal wait room where there will only be a few other patients. Family/supports are unable to wait with you here.

Do not wear

- Jewelry; remove all body piercings
- Perfume/cologne, deodorant, body lotion/cream or scented products of any kind
- Makeup
- Coloured nail polish on fingers or false nails (nail polish on toes is acceptable)

Your stay in the AACU

After surgery you will stay in an area close to the OR called the Post Anesthesia Care Unit (PACU). You will stay here for a few hours and then when you are well enough, you will be transferred down to the Acute Ambulatory Care Unit(AACU) or the In-Patient Unit where you will stay for three nights. Three days after surgery you will be discharged to home or to an otherwise arranged place of care.

If you have someone close to you that has offered to help e.g. support, assist with comfort care, assist with hygiene, then this person can have no restriction to visiting IF the no visitor restriction policy is lifted. This person will require security access after 6pm as the AACU/In Patient Unit is locked down after this time. After 7pm, all entrances at WCH are by access card only. All visitors will need to use front entrance doors at this point and will be let in by using the intercom. If you have family and friends who just want to come and visit to see how you are doing, the visiting hours are between 10am to 9pm (when visitation ban is lifted)

You will have access to free WiFi during your time in the AACU so you can watch TV or check in with friends virtually:

WCH Wifi | **User:** WC_Guest **Password:** WomensCollege

After Surgery

You will wake up and have **an IV, a urinary catheter, a drain, vaginal packing and a dressing over your genitals**. You must stay in bed for more than 24 hours after your surgery. Light diet and oral fluids will be started on the first day after surgery. You will start sitting up and walking two days after your surgery. You will be helped by the staff to do that. During the first 48 hours, you should expect to have some bleeding on the dressing over your genitals which is normal. You will also notice swelling and bruising. The bruising can spread up to the navel and down to the thighs. It can take several weeks to resolve.

The outside dressing will be removed on the second day. The IV will be removed on the second or third day after surgery when you are eating and drinking well and no longer require medications through the IV. The drain will be removed on the third day and you will leave the hospital with the vaginal packing and urinary catheter in place.

Urinary Catheter

The urinary catheter is a “drain” installed in the bladder during surgery. The catheter is held in place by a balloon inflated inside the bladder and serves to drain urine from the bladder. You will be discharged to home or to a care facility with the catheter still in place. Your catheter will be connected to an overnight collection bag (see picture). It is connected at the blue connector (1) to the foley catheter that extends out approximately 7 inches from your urethra. The foley catheter will be draining continuously into the collection bag. While in the Hospital, the nurses will empty this bag regularly for you. When you are at home, you will need to empty this bag yourself. You empty it by pulling the drainage tube (2) out of its little pocket, undoing the clamp and releasing the urine contents of the bag into the toilet or urinal. It is good to keep on a schedule and empty the bag several times a day, always before bed and when you wake up.

It is normal for urine to leak a little around the catheter. If this bothers you, wear a sanitary pad and change it regularly.



To take care of the urinary catheter

- Always wash your hands before and after handling the urinary catheter
- Ensure the catheter is secure, projects forward, is not pulled or under tension, kinked, bent or compressed in any way
- Ensure that the bag is always resting below your waist to ensure urine is flowing down into the bag
- You can bring the catheter with you in in a tote bag to help with ease of moving around
- Drink two to three litres of water per day and avoid alcohol and caffeine containing beverages (tea, coffee, soft drinks etc)

Call your healthcare team/seek medical help if you have any of the following problems:

- No urine flow despite good fluid intake
- Large amounts of blood/blood clots in the urine
- Severe belly cramping pains

Urinary Catheter Removal

The catheter will typically come out one week after surgery. After the catheter is removed, you will be able to void while sitting. The sensation to void is unchanged. Occasionally, patients may not be able to void after the catheter is removed. This is a temporary problem often caused by swelling around the urethra. The catheter will be put back in the urethra at this point and left in until the swelling decreases. Once the catheter has been removed, your urine stream may flow in an irregular manner (i.e. spray) for several months and is not cause for alarm. This typically improves with time.

The urethra is shorter and more susceptible to acquiring urinary tract infections (UTI). If you think you have a UTI – please call or visit a healthcare provider immediately. Signs of UTI include:

- Intense and frequent need to urinate
- Burning sensation when urinating
- Frequent urination in small quantities
- Cloudy appearing urine, or that is brownish in colour and foul smelling
- Pelvic, back or rectal pain
- Chills and fever of over 38.5C (101F) for more than 24 hours

Packing and Dressing

At the end of surgery vaginal packing (a stent) is placed inside the vagina and is then covered with a dressing that is placed outside the genitals, over the vulva. It is common to have some blood on the outside dressing in the first 48 hours. This dressing will be removed two days after the surgery. Following this, a sanitary napkin inside the underwear is adequate. The vaginal packing remains in place as a result of the pressure from the space it is inside. Occasionally some of the packing can come out. If it is just a small strip, do your best to put it back in place or if you like - you can trim it. If you are unsure or it is a large amount – contact your TRS team. The packing will be removed by someone from the TRS team about one week after surgery. Removing the packing is generally well tolerated and people note a sense of relief once it is out. You will start vaginal dilation at this time and will have an education session with the pelvic physiotherapist to learn this skill.

Vaginal Dilation

Please see the **vaginal dilation handout**. You will start dilating with your smallest dilator three times a day. It is important that vaginal dilations never be stopped without a conversation with your surgeon.

Sutures

Once the dressing, catheter and stent are removed, all the outside and inside sutures will resorb. The sutures may take up to 3 months to fully dissolve. All sutures are expected to dissolve although there may be a few externally that become loose. Some sutures may even “poke out.” It may be possible for your provider to trim the end of the suture, however, if both ends of the suture are in the skin it needs to be left alone.

Pain and Medication

The pain one feels varies from one person to another. You want to keep your pain under control so that you can go about your daily activities without too much difficulty and so that you can sleep well. Some things that might help include:

- Apply ice to the sore area as frequently as possible. Ice should not be applied directly to skin. After about one week, it may be advised to switch to sources of warmth/heat to help things reabsorb.
- Rest. Rest maximizes the effects of medication, reduces stress and facilitates healing.
- Try other non-medical methods of pain relief like relaxation, music, talking to a friend, or a good TV show
- Take Acetaminophen (Tylenol) regularly for a maximum period for

two weeks. Follow your prescription and consult your TRS team or pharmacist to ensure safe use of acetaminophen

- Take the prescription opioid analgesics if your pain becomes too uncomfortable

Swelling

All patients will have some swelling of the external genitals and labia to variable degrees. Keeping ice on the perineum for the first few days after surgery can reduce this. Swelling takes approximately 12 weeks and sometimes longer to go down. The area over the pubic bone may remain swollen and firm for several months. When it no longer feels tender you may massage that area for 10 minutes a day. This may help the swelling come down faster. Tight underwear can also be helpful to reduce swelling by mobilizing fluids in the tissues. The vulva will approach its final appearance around six months to a year. Total healing of scars will take approximately one to one and a half years.

Bruising

Bruising is normal after surgery. It can be limited to the genitals or be more extensive: thighs, lower abdomen and over the flanks. It can be purple, gold or yellow--not to worry.

Bowel Function and Constipation

Taking opioids and the reduction of physical activity can lead to constipation. Constipation may cause you to strain when having a bowel movement – something to avoid. To reduce constipation and ensure you are regular:

- Drink at least two to three liters of water a day
- Increase your daily intake of fiber: fresh or dried prunes or prune juice, All-Bran buds type cereal; fruit and vegetables
- Reduce consumption of foods high in fat and sugar
- Reduce consumption of caffeinated beverages
- Reduce consumption of dairy
- Avoid alcohol
- Establish a regular routine of physical activity
- Take Tylenol regularly for pain to minimize your use of opioids – which are constipating

Diet

After surgery, begin with a light diet to prevent nausea. Opt for foods like broth or soups, crackers and Jell-O. Gradually resume a regular and balanced diet. Ensure you choose a diet high in fiber and drink plenty of fluid. Avoid foods that are high in sugar and fat. In preparing for surgery, stock your kitchen with some high fiber items such as prune juice, lots of fruits and vegetables and some easy to prepare nutritious food items

Physical Activity

A balance between rest and activity is essential. Rest and resume your daily activities as soon as possible and according to your tolerance. Do not lift objects weighing more than fifteen pounds (or where you feel like you are straining) until two months after surgery.

We strongly recommend walking for 15-20 minutes two to three times a day. Walk as much is comfortable. It helps to relieve pain, stimulate blood circulation in the legs and can be important to prevent blood clots. Blood clots continue to be a higher risk for the first three months after surgery so ensure you are up and moving around frequently if you plan a long trip somewhere. Having a doughnut, a neck pillow or a very well-padded surface can also help with the discomfort of sitting, especially in the first six weeks.

Hygiene

Until your vaginal packing is removed, you will only be able to have sponge baths. After the packing and foley are removed you can start taking showers. Let the water run indirectly over your genitals for the first four weeks. After this time, you can use a mild, unscented soap to wash the genital area. Be sure to thoroughly clean all parts of the vulva, including the labia majora and the labia minora. Thoroughly rinse excess soap. During your shower is a good time for douching to take place if you are douching. After the shower, carefully pat dry your genitals with a clean towel and allow them to dry in the open air for about 15 minutes.

Keep the genital region clean and dry at all times. Leave your genitals exposed to open air when you are in bed for the first couple of months after surgery.

Driving

Because driving requires the ability to perform unimpeded, unpredictable movements, and because driving can place pressure on your genitals,

causing pain, we recommend waiting two to four weeks after your surgery before driving a motor vehicle. You will need to make arrangements to have someone drive you to and from appointments with the clinic. WCH will supply you with taxi chits for your first follow up visit, but after this you will be required to find your own transportation – either a support or a taxi. Once you begin to drive again, make short trips. Should you have to drive a long distance, make frequent stops to walk a little and to empty your bladder. Both will help to reduce the pressure on your genitals.

Scar Maintenance

In order to stimulate blood circulation and improve the flexibility of the tissue surrounding the surgical site, it is important to begin massaging your scars once they have closed. Massage in the direction of the scar with a silicone based product or a product approved by your healthcare team. Never apply oil to your scars. Remember to wash your hands before and after touching your genitals.

Sensation

During the early phases of healing, it is not unusual to have some areas of numbness of the labia and mons. This should improve over the first few months after surgery. Permanent numbness of these areas is very rare. Sensory nerves sometimes take 12-18 months to heal.

Sexual Function

If penetrative sex including penile vaginal intercourse or insertion of a dildo, finger or sex toy is desired, this is possible 3 months after surgery. For very few, there is enough lubrication from existing glands. For most individuals, you will need to use lubrication during penetrative and other types of sex. Other types of non-penetrative sex include hand-to-genital or oral sex are also encouraged to explore around this time (perhaps earlier). It is encouraged to do some exploration of your clitoris and vagina on your own prior being with someone else so that you are knowledgeable about what works well for you. Masturbation and using a vibrator is encouraged. Remember that many of the nerves are now just above the clitoris so try massaging or using a vibrator over this area.

Hormones

Hormones can be re-started around two weeks after surgery as long as you are active. You should speak with your hormone prescriber about re-starting and at what dose. Dosing after vaginoplasty tends to decrease as the body is more responsive to lower doses

Common Complications

Bleeding

Bleeding is a common complication after surgery. Some of the tissues used in this surgery bleed very easily. Occasionally there is also some blood noted when removing the foley catheter. In general, applying light pressure on whatever seems to be bleeding is all it takes to stop the problem. There is naturally some oozing of old, darker blood from the incision sites, as well as discharge of varying colors, mostly yellowish to blood-tinged. Although rare, call your healthcare team if you experience a rush of blood, especially if clots are noted.

Wound Separation

Wound separation or dehiscence remains the most common problem. You should let your healthcare team know if this happens as it will require closer follow-up. Common areas for this to happen are at the entrance of the vagina, along the suture lines and inside the vagina. These can be treated with a topical antibiotic ointment and should heal relatively quickly despite this complication causing potential pain and discomfort. Keeping the area open to air for longer periods of time, rest and applying ointment is often all that is required and usually this complication heals itself, without intervention. Occasionally we may advise a barrier cream like Zinc Oxide or a prescription medication to support its healing. Following showers, pat the area dry and consider using a hair dryer.

Vaginal Discharge

Vaginal discharge is expected following surgery although it should not turn green. A brown/yellow discharge is expected for the first eight weeks as the inside of the lining of the vagina heals. Also skin sloughing (skin graft residue) can come out - especially during the first month. Occasionally we may advise the addition of new antibiotics until your own bacterial flora has established itself. Using a dab of Metrogel, at the beginning of each dilation session may also be helpful. There are other things you can do to reduce vaginal discharge after surgery – like starting to douche, increasing douching frequency or a changing the douching solution.

If you are having this issue – please see your healthcare team for an assessment to determine a plan.

Granulation Tissue

Granulation tissue is fleshy, red and bleeds easily. If bleeding is experienced six months or more after surgery, you should see your healthcare team at the hospital or your primary care provider. Whether present on the outside or on the inside, granulation tissue is easily treated with a combination of excision of the tissue in the office and/or with a local application of silver nitrate. The treatment can be mildly uncomfortable, but most tolerate the procedure very well and have no need for pain medications or experience any functional limitations after treatment.

Vaginal Hair

Vaginal hair inside the vaginal cavity is possible but is normally minimal. You are more likely to have hair if you did not have permanent hair removal prior to surgery. If you do have hair it is usually not overly bothersome. You can have hair manually removed on 6-12 month basis by your primary care provider or your TRS team. Finding a permanent hair removal solution after surgery can be very challenging.

Follow-up After Surgery

Final Appearance

The final appearance of your results depend on many factors but especially time. You will feel that the appearance is at its worst about one week after returning home. About three months after surgery you'll notice an improvement in appearance although the healing and swelling will continue to improve even up to a year and a half after surgery. By six months after surgery, if you don't like the appearance of your genitals, please talk about this with your healthcare team. Sometimes touch-up work can be done through secondary procedures. These procedures are often ambulatory with short recoveries. Unfortunately, these procedures are typically not covered through the Ontario Health Insurance Plan. A thorough conversation about realistic expectations, cost and risks and benefits should be had.

Follow-up

We will follow you closely the first year after surgery and we also encourage regular follow-up care with your primary care provider (PCP). Long term follow up is necessary and an internal exam on an annual basis is encouraged. Talk to your PCP about this. You should continue to have prostate exams which can be done through the vagina.

