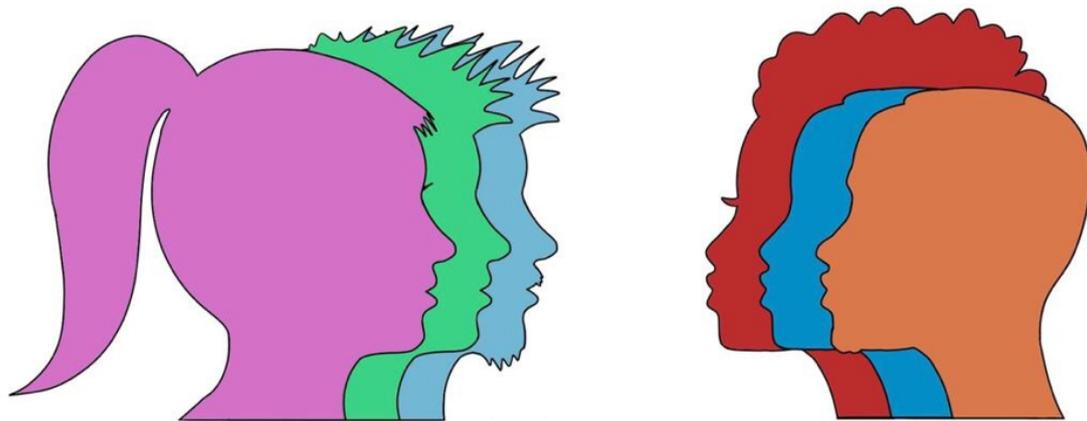


PARKSIDE

PRIVATE HOSPITAL

VAGINOPLASTY



Laura Mita

The GRS Team Consists of:

Mr James Bellringer
Miss Tina Rashid
Laura Mita

Consultant Urological Surgeon
Consultant Urological Surgeon
Lead Nurse

Below is a brief outline of the process for your journey with our team.

Now that we have received your referral letter (this occurs once you have been given the all clear to proceed to seeing a Consultant Surgeon by your GIC), we can arrange for an initial consultation with one of our Consultants, it will take place at **Parkside at Putney, Fourth Floor, 266-276 Upper Richmond Road, Putney London SW15 6TQ**

What happens now?

We suggest that you read this information and write down any questions you have for the Consultant when you see them again or contact the Lead Nurse by email.

Initial Appointment:

The initial consultation will take approximately 15-20 minutes and will involve a discussion with the Consultant and Lead Nurse, an examination of the genital area and then, all being well; you will be given a date to come in for your pre- assessment appointment, the date to stop your hormones and finally your surgery date.

It is a good idea once you've read this booklet that to write any questions down to discuss with the Consultant or with the Lead Nurse at your Pre-Assessment appointment.

Your surgery will take place at Parkside Hospital in Wimbledon. Once a date has been given, you will be asked to stop your hormones, usually four weeks prior to your surgery date. We will tell you this date when we book your operation.

If you fail to attend your appointment and do not contact a member of the team to let us know you won't be attending, you will be offered one further appointment. If you do not attend this appointment, you will then be discharged back to the GIC or in the case of a follow up appointment you will be discharged back to your GP.

Suitability for Surgery:

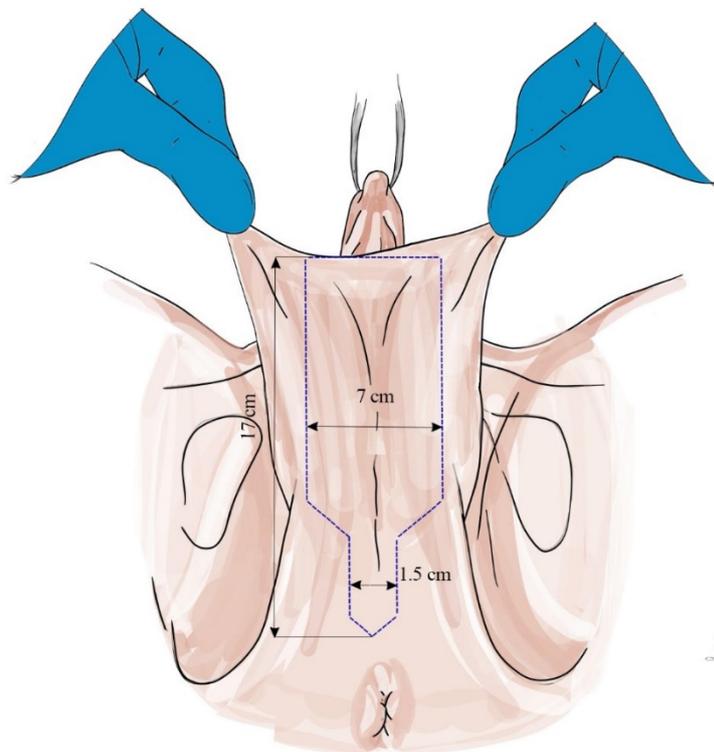
Electrolysis: Some of our patients need to have hair removal from the “donor site”. If this is the case, please let the co-ordinators know if you haven’t heard that your application is successful within four weeks. They will then follow this up on your behalf.

A database is kept with your details to ensure you are not missed and one of the co-ordinators will be in contact with you after a few months to check how your electrolysis is proceeding. To ensure everything goes smoothly it is important you contact one of the co-ordinators if there are any issues and they will do their best to assist where they can.

Usually, the therapist contacts the Lead Nurse when you are approximately three months away from completing your treatment. However, that doesn’t always happen so you could contact one of the team when treatment is nearly complete, so they can make you your pre-assessment appointment.

If there is a significant delay between your referral and surgery, you may need a “refresher” appointment with your GIC, as referrals are usually only valid for one year. This is usually a 30 minute appointment with one of the Consultants you have previously seen at the GIC to confirm you are ready to continue with your journey.

GENITAL ELECTROLYSIS



Weight Loss: Sometimes patients need to lose weight as your Body Mass Index (BMI) needs to be a maximum of 31kg/m² for your surgery. This is for your own safety. If this is the case, you will be given a “weight loss pack” and then put on a database that is held by the co-ordinators to ensure you are not “lost in the system”.

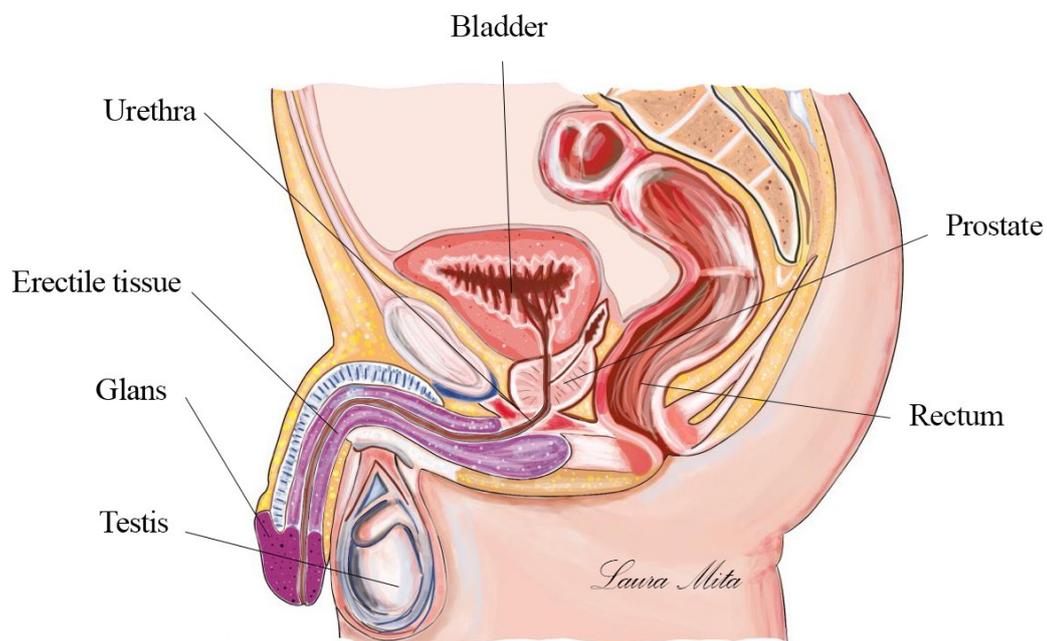
This is continuously monitored and you will receive either a phone call or email from one of the co-ordinators to see how you are getting on. Rest assured we won't hound you. Once you are almost at the target weight please contact the co-ordinators who will then make your pre-assessment appointment for you.

What is a Vaginoplasty?

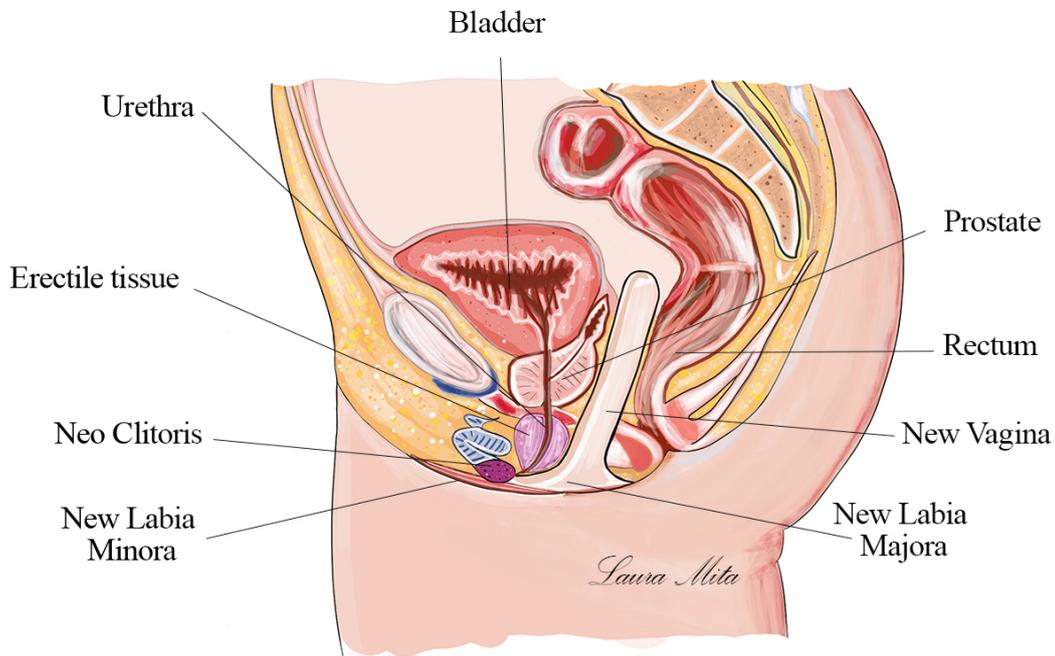
This is the usual male to female genital reconstructive operation, in which a vagina is created.

The operation will be done whilst you sleep under a general anaesthetic. During surgery, a neovagina is created by making a space between the rectum and prostate and lining this with skin from the penis and, when needed, scrotum. The erectile tissue of the penis is largely removed, as are the testicles. This is completely irreversible. The urethra (water pipe) is shortened and its opening is placed in a position to resemble female anatomy. Neo labia minora and majora (inner and outer lips) are made out of the penile and scrotal skin. An innervated (sensitive) clitoris is fashioned out of the glans penis (head of the penis). This is placed under a small hood at the front of the new labia.

THE MALE PELVIC ORGANS



VAGINOPLASTY



Are there any risks associated with Vaginoplasty?

There are potential complications, some of which may be serious. These are outlined in the consent form which you will find elsewhere in the pack. Please ensure you read it carefully, and if there is anything which concerns you, or which you do not understand, please contact the team.

Preparing for surgery

Surgery and anaesthesia put additional stress on your cardiovascular and respiratory system. Your Pre-Assessment Nurse, Anaesthetists and Consultants will need to make sure that you are fit enough in preparation for your anaesthetic and recovery.

Do make sure that you understand the risks and that you are quite happy to go ahead with the surgery. On the day of your surgery, you will be asked by your Consultant to sign the consent form.

It is important that the medical staff are aware of any underlying infections or conditions you may have and of the presence of leg ulcers, cuts, dental infection and skin conditions (e.g. eczema, psoriasis, rash and blister).

Your surgery may have to be postponed if you have a medical condition which is uncontrolled. However, once the condition is stabilised there is often no reason why your surgery should not go ahead. To have your operation postponed for a couple of weeks because of an existing infection or any other problem is a small price to pay compared to the potential risks of going ahead with anaesthesia and surgery if you are less than fully fit.

When surgery may have to be postponed:

- ***Active infection that needs to heal***
- ***Serious medical condition that needs to be optimised***
- ***Excess weight that needs to be reduced***

'NIL BY MOUTH': This term means that neither food nor drink must be swallowed. This is to prevent vomiting and choking while you are anaesthetised. You will have to be 'nil by mouth' prior to your surgery.

You may be told not to eat for 6 hours before your surgery and not to drink for 2 hours before your surgery. The Pre-Assessment nurse will discuss this with you when you attend the pre-admission clinic.

Bathing: You may like to have a bath or shower the day of the surgery after the enema, prior to being taken to theatre. You can use ordinary soap and water but you should not use moisturising cream as this may cause difficulty in using plasters on your skin. Please remove nail varnish/acrylic nails from toes and fingers.

Smoking: If you are a smoker and have not been able to cut down or stop altogether, you will be advised not to smoke in the hours before your surgery. However, you may use nicotine patches. There is extremely good evidence that smokers experience significantly more wound problems and graft loss than non-smokers. Smoking also increases the risk of post-operative chest infection.

Anaesthesia: Before you have your surgery, you will be seen by your Anaesthetist to assess accurately your fitness for surgery, and to tailor your anaesthetic to your individual needs. They will outline the techniques which they will use, and any risks associated with these.

When it is time you will be transferred downstairs to the anaesthetic room (a room next to the theatre) and there one of the staff will insert an intravenous cannula on one of your hands. The anaesthetist will then administer your anaesthetic. The drugs used are very fast acting, so before you can finish saying your full name you will be asleep! After you are asleep, you may be given a nerve block, which will numb your lower body for a few hours.

After surgery you will wake up in a place called Recovery. This is a small area in the theatre suite with a high level of specialist staff who will ensure that you wake up smoothly, and that any problems are swiftly identified and addressed.

When you wake up you will notice a few extra attachments connected to you. Starting on your hand you will have Intravenous fluids attached to a cannula that will keep you hydrated until you are able to drink on your own.

Next to your fluids you will have something called a PCA, which stands for Patient Controlled Analgesia. It's basically a pump with morphine that you can use any time you want by pressing a button that you will be given.

Is there anything I should do to prepare for my operation?

We suggest that once you have the date for your operation, you start thinking about preparations for your discharge home:

- Stock up your fridge, freezer and cupboards.
- Organise for someone to be available to help (e.g. with shopping) for at least the first 2 weeks you are home after your operation.
- Purchase pain relief such as Paracetamol and Ibuprofen and some lubricant.
- If you have pets, ask someone to take care of them while you are in hospital and also once you are at home, especially if you have a dog that needs walking.
- Make sure you have enough toiletries (including sanitary towels/panty liners and wet ones/baby wipes) and clean underwear at home.
- Make a plan for transport home. *Hospital transport is not available. Public transport is completely acceptable.*
- You will need loose clothes for travelling home

Pre-Assessment Clinic Appointment

We like to see and assess all our patients in the Pre-Assessment clinic prior to their surgery.

This will be divided into two parts:

First of all you will be seen by a Pre-Assessment Nurse. This involves taking a full medical history, and some clinical investigations including the following:-

- An ECG (Electrocardiogram) if required
- Pre-operative blood tests
- A urine sample
- MRSA swabs (nose and groin)

You will then be seen by the Lead Nurse to discuss your hospital stay, go through the consent form and to answer any questions you may have. You will be shown the dilators you will use in the post-operative period.

Remember to bring any relevant medical reports that you may have at home and a list of any medication that you are taking with you when you come for your appointment. If you have any heart problems, you must provide your past cardiac investigation.

✓ **Please could you complete the Pre-Assessment Health Questionnaire.**

Allow at least 1½ hours for this appointment.

A guide to your stay in hospital

Admission day: This may be the evening before or the morning of surgery. You will be booked into the ward with routine checks by the nursing staff.

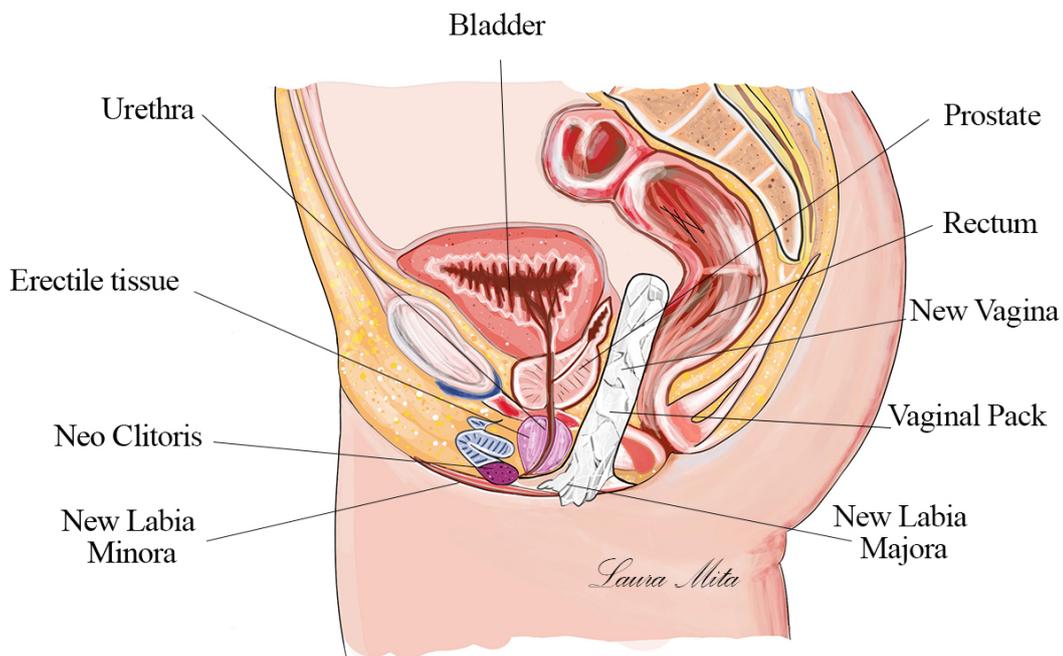
If your operation is in the morning, you will be admitted at 16:30 the day before your surgery. If your surgery is in the afternoon you will be required to be on the ward by 10:30am on the day of surgery. In either case you need to fast, both food and liquids. For an admission the day prior to your surgery you need to fast from midnight the night prior to your surgery for food and from 06:00 for liquids. This will normally be supervised by the nursing staff. For patients admitted on the morning of surgery you need to fast from 06:00 for food and 10:30am for liquids on the day of your surgery.

You will have the first of your daily injections for prevention of Deep Vein Thrombosis (DVT) if your operation is the following day. Patients admitted on the day of surgery will usually get this first dose after they are asleep.

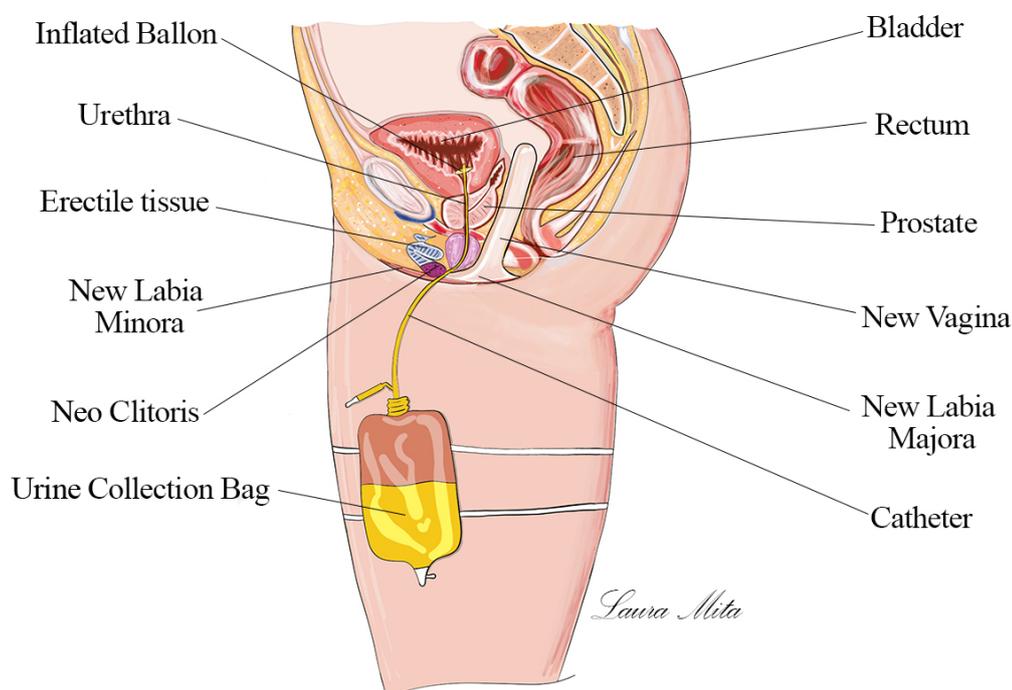
Surgery Day: You will be given an enema and can take a shower. Unless the Consultant has visited the previous day, your Consultant will arrive to see you and sign your consent forms with you. The Anaesthetist will also see you. You will be given anti-thrombosis stockings to wear, which will remain on throughout your stay. One of the nurses will take you down to the operating theatre for your operation.

After your time in recovery, when the nurses think it's safe you will be transferred back to the ward. You may then eat and drink as normal when you feel you are able to. You must remain on the bed until the pressure dressing is removed.

VAGINAL PACK



URINE CATHETER



Day One: If you have surgery in the morning, when the Consultant comes to see you the dressings will be taken down, the 'drip' and morphine pump will be removed and the large, bulky dressing will be changed by nursing staff to a smaller dressing if all is well.

If you have surgery in the afternoon, removal of the dressing may occur on day 2. Your catheter and pack will remain in place and we will begin to administer bowel softening medicine. If all is well, you can start to mobilise on day one.

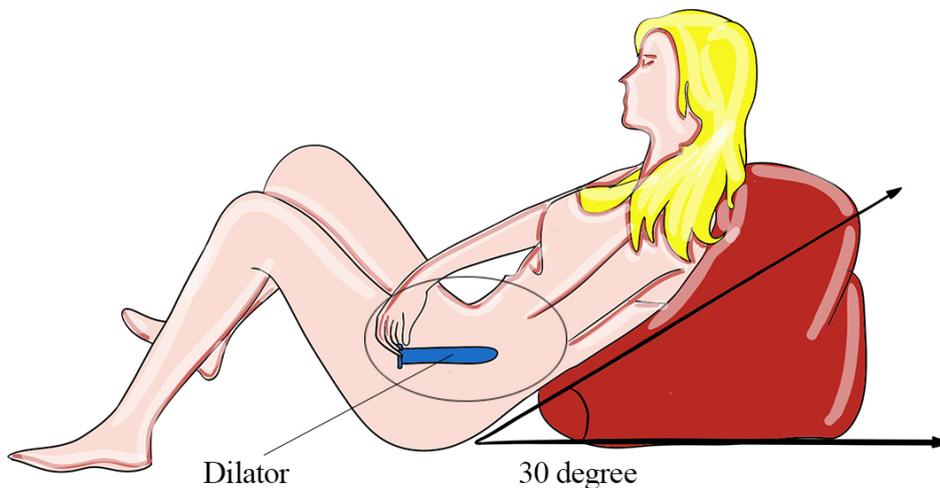
Although we do our best to reduce your chances of bleeding, there is still a small chance of this happening. If it does and you see an excessive amount of blood on your pads, bed, etc. don't panic! Tell one of the nurses looking after you. They will then remove the pressure dressing (if there is any) and apply pressure for about 15-20 minutes and then we re-apply a new pressure dressing. This new dressing will have to stay for at least a further 24 hours and you will have to remain on the bed. Very rarely this is not enough and we need to repeat the process more than once. Your Consultant will normally be involved if this happens, and may administer local injections to stop the bleeding, or occasionally sutures. If the bleeding is significant in quantity you may need a blood transfusion.

Day Two – Four: Nursing staff will check your wounds and a Consultant will visit daily. You are responsible for changing your sanitary pads and disposing of them in bins with yellow bags. During this time, you may also continue to eat, drink and mobilise. Bowels may start working but this may not happen before the pack is removed. **If you have any concerns, please discuss these with either your Consultant or the nursing staff.**

Day Five: One of the nurses will remove your pack and instruct you in dilation. Your catheter will also be removed either with your pack or later on that day.

After your first dilation, you will be able to shower. Please ensure you wash your dilators in just warm water and dry. Dilation should be done three times a day. If you need supervision with the second dilation, please ask the nursing staff for support. Now the catheter is out, you will begin to urinate on your own.

DILATION



Laura Mita

Having a urine catheter inserted for any reason increases your risk of developing urine infection. The symptoms are very easy to identify. You will experience a stinging sensation when passing urine and your frequency will increase. The colour and odour of the urine may change, it may have a cloudier and dark colour and it may have a very strong smell

If you experience one of these symptoms while you are at hospital please let us know. If you are back at home and you feel unwell, please contact your GP or the nearest A&E service as you might need antibiotics.

Day Six: On the 6th day post operatively before leaving your wound will be thoroughly checked and you will be provided with recovery advice.

Follow up Appointment: After 8 weeks you will see your Surgeon for your final follow up appointment. All being well you will then be discharged. Occasionally patients suffer with granulation problems or recurrent UTIs and need to return to our clinic. If this is the case, please contact Laura as you will have their contact details or one of the clinic co-ordinators and they will arrange a suitable appointment for you.

Gender Recognition Certificates

If you wish to change your birth certificate, this may be done under the provisions of the Gender Recognition Act 2004. For full details, you should look at; <https://www.gov.uk/apply-gender-recognition-certificate>

Unless you have one already, this will normally require you to obtain a report from a recognised gender specialist. We can arrange to issue a report, but there is a charge of £50.00 (this charge will be waived for anyone claiming benefits). Please ask our team if you would like one. Payment should be made via our team in the Putney clinic. Cheques should be made payable to: Parkside Hospital, and endorsed Parkside Nurses Education Fund on the rear. The money collected in this way is used to permit nurses to attend conferences both in the UK and abroad.

Home care advice

Once you are discharged from hospital, you will still be experiencing effects of the surgery (discharge, pain etc.), so we've prepared some advice below on what to expect along with some tips:

Wounds: all stitches/sutures are dissolvable. You can bathe or shower as many times as you wish, but must not use scented or perfumed soaps and bath oils. You will be given a douche kit to use, which you should fill with tepid tap water and wash with only warm water.

The bottom ends of the labial wounds may break down and be quite raw and sore after the procedure; they will heal. To aid in their healing, you should keep them clean and dry and open to the fresh air whenever possible, **but you must continue to dilate during this period.**

Dilation: The purpose of dilating is to maintain the depth of the vagina. This is done by applying a sufficient amount of pressure to the dilator. Remember to have an empty bladder and bowel before dilating. You can warm your dilators and gel in some warm water before using them.

Initially, start with the small dilator as a guide (in and out), and then use the bigger size for twenty minutes. Please douche after each one for the first few weeks. Give yourself time. Some patients find they no longer need the small dilator after a few weeks.

Apply lubricant on your small dilator and massage the vaginal opening.

Get the small dilator with your dominant hand.

Slide a finger of your non dominant hand into your vagina and once there, place the small dilator just under the finger at the entrance and as you remove your finger the dilator should slowly be moved in as far it can go. Lower the angle to make it parallel with the bed. The tip will naturally follow the lumen of the vagina, and should not need a lot of force to insert. To avoid injury, do not apply any excess pressure. Let the dilator find its own way, rather than trying to steer it by gripping it tightly.

Repeat this again with the big dilator and leave for twenty minutes. Never twist or rotate the dilator, but use straightforward push and pull movements.

Typically, for eight weeks dilation should be performed three times a day. After this time, you can decrease the frequency. Use trial and error; no two patients are the same! When dilation is easy, drop one of the sessions. If the next dilation is till relatively easy, continue the new frequency; if it is difficult go back to the original frequency for a week or so, then try again.

Most patients are down to once weekly dilation at around 9 months.

Douching: You should do this at least daily for 6 weeks using mains tap water. Thereafter as required for personal hygiene. A yellowish- brown discharge may be noted for the first few weeks after surgery. In addition, you may also notice sutures and debris in the discharge.

Douche Kit: Fill with warm plain water, introduce into the vagina and squeeze the water out. Your Consultant and the specialist ward nurses will go through the above with you and answer any questions you may have before you go home. Please remember that you will feel tired the first two weeks you are at home and therefore it is good to have support from family and friends during this time.

Discharge: you will have some discharge from the vagina for up to eight weeks and while the amount varies from person to person; if you have any concerns please contact the Lead Nurses

Urinating: the stream will settle down, however, sitting slightly forward can often help. After urinating, you should flush a jug of warm water over the wounds and urethral opening by parting labia whilst sat on the toilet. It is possible that you may acquire a urine infection, if you do develop increasing stinging or frequency, you should arrange to see your GP.

Pain relief: please continue to take Paracetamol and Ibuprofen. Do not take any painkillers which include Codeine or Dihydrocodeine, as these can cause very serious constipation.

Post-operative appointment: this will be sent out to you in the post, or by email. A medical certificate can be given on your day of discharge.

Hormones: Starts taking these again after you return home. You should continue with the same dose of oestrogen that you had before your operation. You should stop your GnRH analogue (Zoladex Prostag or Decapeptyl) as you no longer need it. Your blood levels of hormones should be checked 8 weeks after you restart your hormones treatment. The blood tests should be checked for Oestradiol, Testosterone, Liver function and Prolactin. Make an appointment with your doctor to have your blood tested. This is to make sure that the level of hormones is right for you and to check that there are no side effects. The target range for oestrogen is 400-600 pmol/l.

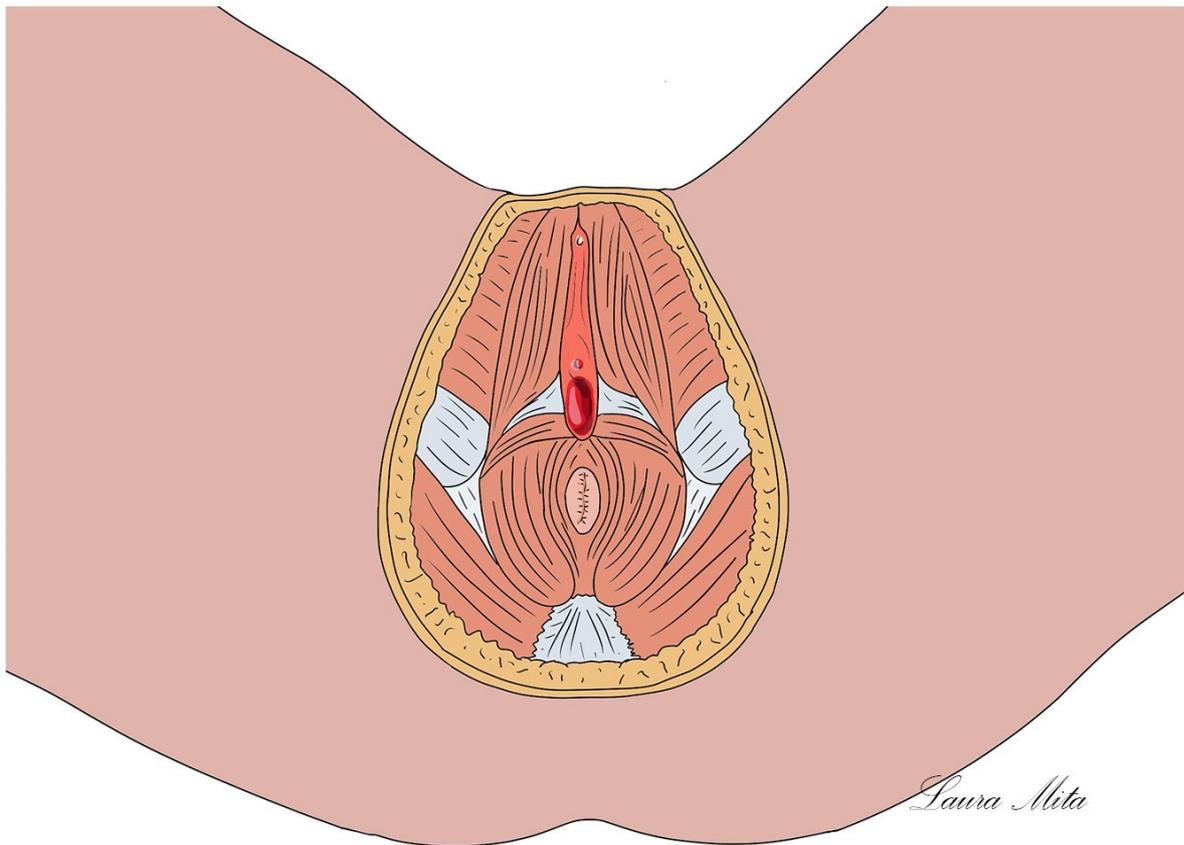
Bathing: Bath or shower as often as you like, but ideally you should aim to do this twice a day for the first week or so. Make sure that you use a clean towel to pat your wound dry. You should do this until your wound is fully healed.

Sex: Avoid having full penetrative vaginal sex until you are fully healed, and then make sure that you start carefully and gently.

Emotional and physical Reactions: Some patients experience a brief period of "let-down" or depression after surgery. Surgery affects each person differently. The most common reaction is to be depressed on the third or fourth day. Patients commonly question their decision to have surgery during the first few days after surgery. As the healing occurs, these thoughts usually disappear quickly. If you feel depressed, understanding that this is a natural phase of the healing process may help you to cope with this emotional state. However you can discuss this with your Lead Nurse and we can find the best option for you, or you may contact your GIC, or GP.

For ALL our patients, if for any reason you need to attend either your GP or A&E for post-operative complications, please can you let us know so that we can follow this up and pass on any information to the Consultants.

Pelvic Floor Relaxation



Laura Mita

Pelvic floor muscles are the layer of muscles that support the pelvic organs and span the bottom of the pelvis. You can contract or relax your pelvic floor, consciously or as a reflex. This makes it possible to have control of your bladder, bowel and sexual functioning. Relaxing your pelvic floor muscles is essential for a proper dilation of your new vagina.

- Place a warm pack outside your briefs over your pelvic floor.
- Breathe with your diaphragm
- During the dilation, try visualizing your pelvic floor muscles relaxing
- The bedroom should be an oasis of calm and tranquillity
- Try running a warm bath around an hour before dilation (some patients find dilating in the bath easier!)
- Listening to music can be an effective part of managing the pain
- Scents such as lavender and geranium are naturally calming, so invest in some essential oils to help you relaxing
- You can try to relax the muscles of the whole body, before dilation. This may involve progressive relaxation of the different muscles from the face and neck through to the feet.
- Employ body scanning for any areas of increased muscle tension and aim for complete physical relaxation.
- Correcting your Sitting Posture and Support. Minimize prolonged sitting by taking frequent rest breaks where you stand and walk around. Sit with good posture avoiding slumped posture which is known to increase pelvic tension. This means maintaining the curve in your low back when sitting. A quality support cushion can help to alleviate pelvic pressure and pain.

What to pack for your hospital stay?

We provide

Lubricant

2 Soul Source GRS vaginal dilators. The size will depend on patient comfort.

2.54 cm diameter, 2.86 cm diameter, 3.18 cm diameter

Vaginal douche

Sanitary pads

Disposable underwear

Shower gel, shampoo, conditioner, soap

Hospital gown

Dressing gown

Slipper socks

Things we suggest taking into hospital

Medicines prescribed by your GP in their original packets

Toothbrush and toothpaste

Glasses or contact lenses

Sleep mask and earplugs

Mobile phone and charger

Comfortable clothes for travelling home

Saline wipes or baby wipes

Mirror

Razor and shaving materials (not for the genitals)

Comb

Dry shampoo

Face and hand moisturisers

Nightdresses/pyjamas, if you want to wear your own, but we will not be responsible if they get stained with blood etc. The hospital gowns are perfectly adequate.

Deodorant

Donut pillow or cushion

Feel free to bring anything that might help pass the time like:

Laptop

Books or magazines

Crossword puzzles, sudoku, or brain teasers

Journal to record your thoughts

Crochet Kit

Art relieves anxiety, stress and depression. In hospital, you can try to express yourself and your experience through painting. You need only a sketchbook, pencil crayons, a pencil sharpener and a rubber or anti-stress colouring books for adults.

We would be happy to see your artworks!

Although we provide food and drink, you can bring your own refreshments with you if you like. We suggest light refreshments like cordial, fruit or biscuits.

What does the Lead Nurse do?

The Lead Nurse at Parkside Hospital is available to help and advise you at any time. The Lead Nurse is an important part of the multidisciplinary team responsible for your care now.

You will normally be seen by the surgeon in clinic 8 weeks post-surgery. However, the Lead Nurse run an outpatient clinic and Pre-Assessment clinic on certain weekdays so you can arrange to be seen there if necessary.

The Lead Nurse can help by:

- Providing information about your surgery and other aspects of your treatment.
- Spending time with you, your family and friends, offering emotional support and advice.
- Identifying sources of practice help.
- Being a point of contact if you are worried about any aspect of your care now or in the future.

The Lead Nurse is fully trained and have specialist knowledge and experience of issues relating to Genital Reconstructive Surgery.

The Lead Nurse is part of the Gender Clinic team, working closely with other healthcare professionals involved in your care, as well as liaising with family doctors (GPs).

If you require further advice, support or information, please do not hesitate to contact the Lead Nurse

0747 922 8266

or call the hospital switchboard and ask for the ward you were nursed on as the nurses may also be able to help: **020 8971 8000**

For admin queries, please email:

grs@parkside-hospital.co.uk

Or phone the Service Co-ordinator:

020 8971 8000 ext. 8400

For surgical queries please email:

gendernurse@parkside-hospital.co.uk

Please feel free to contact the Lead Nurse no matter how trivial you may think your concerns or worries are – she is there to help you.