

### PRE-OPERATIVE BOWEL PREPARATION

#### SUPPLIES

You will need to purchase the following items from your pharmacy. If the pharmacy does not have in stock an item you need, it can usually be ordered and available in 1-2 days. Many of these items can be ordered online (Amazon, Walgreens.com).

❖ **Magnesium Citrate Oral Solution, 10 oz.**

If possible, take the Magnesium Citrate 24 hours prior to your scheduled surgery time. If you are finishing your pre-operative visits at this time, start your Magnesium Citrate as soon as you get home (or back to the hotel). If you prefer, you can mix the Magnesium Citrate with fruit drink or soda.



❖ **Two (2) Fleet Enemas**



❖ **Two (2) Dulcolax Tablets**



#### INSTRUCTIONS

**Two days before your surgery stop eating the following types of food:**

- Fruit
- Peas
- Red meat
- Coarse cereal
- Nuts
- Beans
- Fried food
- Dairy

**On the day before your surgery:**

- Take the magnesium citrate *24 hours prior* to your surgical time.
- No *solid* food **THE DAY BEFORE SURGERY** and drink only clear liquids.
- Clear liquids include:
  - Water - drink as much water as possible throughout the day
  - Sports Drinks (not red or purple)
  - Apple Juice or White Grape Juice
  - Ginger Ale, Sprite, 7Up
  - Black Tea or Coffee
  - Jell-O or Popsicles (not red or purple)
  - Clear Broth
- Take two Dulcolax tablets before bedtime on the night before your surgery.
- Use one of the fleet enemas on the night prior to your surgery.
- Use one of the fleet enemas upon awakening on the morning of your surgery.
- **Do not eat or drink or chew gum after midnight.**

## MEDICATIONS TO AVOID 2 WEEKS PRIOR TO SURGERY

- Do not smoke cigarettes or use any products containing nicotine (nicotine patch, nicotine gum, chewing tobacco, vape pen) for at least 1 month prior to your surgery date and for at least 1 month post-operatively, as this may seriously compromise your health and safety during and after the operation. Nicotine can lead to serious wound healing problems, delayed wound healing, scarring, infection, abscesses, and complications associated with general anesthesia such as lung infection and pneumonia. Use of tobacco products at the time of your operation may result in cancellation of your surgery.
- **There is no need to stop your hormones for the operation. If your daily dose of estrogen is 4 mg or less, then maintain that dose—there is no need to modify it. If your daily dose is > 4 mg, then decrease it by half, 2 weeks prior to the operation. If you are using injectables, implants, or patches, then just maintain your usual dose. PLEASE DISCONTINUE PROGESTERONE TWO WEEKS PRIOR TO SURGERY.** There is no need to completely stop your hormones, though we will make adjustments on a case-by-case-basis depending on your medical history. Thyroid replacement is OK. If using Spironolactone, continue using up till the day of your operation (ie., your last dose will be the day before the operation.). You will continue your hormones after the operation. Bring your hormones with you just in case the hospital/recovery facility does not have your formulation of hormones. You should follow-up with your hormone prescriber 2-3 months post-op to check your hormone blood levels, and adjustments to your dosing will be made at that point if needed.
- You **may continue** taking Tylenol and Tylenol-based pain medications prior to surgery.
- **Avoid** decongestants containing pseudoephedrine (Sudafed) a few days before your surgery.
- **Avoid** aspirin and aspirin-containing products such as:
  - Aspirin
  - Bayer
  - Ecotrin
  - Alka-Seltzer
  - Percodan
  - Excedrin
- **Avoid** anti-inflammatory medications including:
  - Celecoxib (Celebrex)
  - Naproxen (Aleve)
  - Ibuprofen (Advil, Motrin)
  - Diclofenac (Voltaren)
- You must **inform us** if you are taking any medications, especially:
  - Anticoagulants (blood thinners) such as Coumadin, Heparin, and Plavix
  - Aspirin for a heart or clotting condition
  - Corticosteroids
  - Medications for high blood pressure or poor circulation

## ALIGN SURGICAL ASSOCIATES



- Medications for any other medical conditions
- **Avoid** supplements (capsules, tablets, medicinal teas, etc.) such as:
  - Fish Oil
  - St. John's Wort (do not stop suddenly)
  - Turmeric
  - Ginkgo Biloba
  - Ginseng
  - Vitamin E

### VAGINOPLASTY AFTERCARE

#### GENERAL INSTRUCTIONS

- No strenuous physical activity of any type for 6 weeks after surgery. This means no vigorous bending, pushing, pulling, straining, running, or excessive walking. You should, however, walk for 10-15 minutes 3 times a day during the first week after leaving the hospital, and then gradually increasing your activity over the following month.
- No swimming or bike riding for 3 months.
- DO NOT take baths or submerge yourself in water for 8 weeks after surgery. You may start taking baths after 8 weeks.
- You may resume taking showers after your first postoperative visit.
- Do not lift anything that weighs more than 20 pounds for 6 weeks after surgery.
- For the first month after surgery, sitting for extended periods of time may be uncomfortable (but not unsafe). For comfort, it is recommended you purchase a donut ring prior to your operation, and even bring it with you to the hospital. This will help relieve pressure on the surgical site.
- Resume your regular diet as tolerated.
- Avoid excessive alcohol intake.
- Avoid smoking for 1 month after surgery.
- Drink plenty of water or other fluids to avoid dehydration.
- Continue using Spironolactone up until the day before your operation (i.e, take Spiro the day before the operation, but not on the day of the operation). After the operation, you will no longer need to take this medication.
- Although your vaginal sutures are absorbable, some of them may be removed for comfort at your 2<sup>nd</sup> or 3<sup>rd</sup> postoperative appointments.
- There will be large amounts of gauze (typically attached to the skin of the surgical site with black sutures), vaginal packing, and a foley catheter inserted during surgery. You will leave the hospital with all of these in place, typically by the third day after the operation. You will be instructed on how to take care of the foley catheter during your stay in the hospital/rehabilitation facility. These will be removed at your first postoperative appointment, which is typically 7-10 days after the operation. After removal of the packing, you may start cleaning the genital area daily, and you will be instructed on how to do this at your post-operative appointment.

## ALIGN SURGICAL ASSOCIATES



### AFTER THE FIRST POSTOPERATIVE APPOINTMENT

After packing is removed, please refer to the following instructions regarding care for the genital area:

- Shower daily. Wash area gently with a mild bland soap (such as Dove or Ivory). Use your hand to gently cleanse the area. It is okay to touch. For first month, avoid using anything abrasive, such as a Loufah, to this area.
- Expect a lot of drainage (of many different colors), particularly for the first 6 weeks. Change your Maxipads as frequently as needed to keep the surgical site dry (it is not unusual to have to change the Maxipads every 2 hours initially).
- After urination or bowel movement, gently rinse the genital and rectal areas with soap and warm water. Pat dry. Do this for 2 weeks postoperatively. If rinsing the area is difficult, you can also use a spray bottle with water mixed with a few drops of liquid soap, if that's easier. Alternatively, you can also use Baby Wipes or a moistened towel or cloth to cleanse the area after urination and bowel movements (this is a good option if you are travelling).
- For the first 2 weeks after the operation, apply BACITRACIN antibacterial ointment to the incision lines and to the clitoris 3 times daily.
- Douche with water and vinegar or Massengill® non-scented pre-mixed douche starting after your first post-operative visit. As a less expensive option, you can make your own douche mixture by mixing 1 tablespoon WHITE vinegar (5 ml) with 1 cup tap water, and place into enema/douche bottle. Apply a small amount of lube to tip of douche and place 1"-2" into vagina. Give a very firm squeeze. If having difficulties using over the counter douche kits, we can provide you with a large syringe with a tapered tip that may be easier to use. Best time to douche is while sitting on toilet, or as you are taking a shower. Douching regimen:
  - First 2 Weeks: Douche daily.
  - 2 Weeks to 3 Months: Douche twice a week.
  - After 3 months: Douche once or twice a month, or as needed.
- Begin dilation as directed. See below for instructions.

### DILATION INSTRUCTIONS

- We will provide you your dilator set.
- Prior to insertion into the vagina, ensure the dilator is clean.
- Clean the dilator with warm water and soap. Rinse well and dry with a clean paper towel or cloth.
- Apply Surgilube or K-Y Jelly to the dilator prior to insertion. Only use water-based lubrication. Avoid silicone-based lubricants.
- Gently insert dilator into the vagina at an angle of 45 degrees until under the pubic bone, and then flatten the angle of the dilator and continue inserting straight inward. Once you are under the pubic bone, imagine aiming the tip of the dilator toward your belly button.
- Expect to feel a small amount of resistance and tenderness. Stop immediately if there is too much resistance or severe pain.
- Insert the dilator into the full depth of the vagina (until you feel moderate pressure or resistance) and leave in place for *30 minutes*.
- Continue *dilating three times daily for three months* beginning the day the vaginal packing is removed.
- You may start using the next size dilator after three months of dilating. You should use the next size for three months.
- If your dilator is going in very easily on a consistent basis, it is okay to start using the next size dilator.
- Typical depth is anywhere between 2 -5 dots on the dilator. This is based on your own anatomy, the amount of swelling you have, the quality of your skin, and many other factors. It is typically not until 6 – 12 months post op that you will maintain a consistent depth. Prior to that, place the dilator in as far as it goes and apply firm but gentle pressure once you feel resistance. Do not be fixated on the number of dots initially, because this will fluctuate for the first few months. However, if dilation becomes extremely painful or tight, or you cannot get to the first dot, let us know.
- If the vagina begins to feel tight, increase the frequency of the dilation schedule.
- If you are engaging in penetrating sexual activity, which you may start doing at 3 months post op, and doing so 1-2 times per week, this can count as dilation. Prior to this, do not engage in sexual activity (anal/oral/vaginal).
- If at any point the vagina feels tighter than usual, increase the frequency of your dilation.

## ALIGN SURGICAL ASSOCIATES

- Please be aware that each person's dilation schedule may vary.
- General Guidelines for Dilation:

<u>Months Since Surgery</u>	<u>Color/Diameter of Dilator</u>	<u>Frequency</u>
0 – 3	<b>VIOLET</b> 1□” Dia.	3x Daily
3 – 6	<b>BLUE</b> 1¼” Dia.	2x Daily
6 – 9	<b>GREEN</b> 1□” Dia.	1x Daily
9 – 12	<b>ORANGE</b> 1½” Dia.	Every other day

## DIET

- **AVOID** Constipation. Lack of activity postoperatively, as well as narcotic pain medications, can contribute to constipation. Take a Stool Softener for the first month after surgery. Use Prune Juice regularly, as needed. Miralax (1 capful mixed with juice/water 1-2 times per day) is strongly recommended.
- **AVOID** Metamucil or other fiber drinks, as they may contribute to more constipation during the period of reduced activity.
- **MODERATE** Caffeine and Chocolate are ok.
- **DRINK** plenty of water. This will help decrease incidence of urinary tract infections. Avoid soda and artificial drinks as they can cause an encrustation of the internal end of the suprapubic tube and make it painful to remove.

## POST-OPERATIVE PAIN CONTROL

- We will provide prescriptions for strong opioids (typically Percocet, Norco, or something related) and most patients will consistently have to use them every 4-6 hours for 1-2 weeks to keep the pain under control. Everyone has a different response to pain, and we will work with you to establish an appropriate regimen.
- Ibuprofen (i.e, Advil, Motrin) and other NSAIDs should generally be avoided for several days after the operation due to the potential for increased bleeding. However, depending on how your surgical site looks, we may start the use of NSAIDs much earlier, since they work very well in minimizing swelling and pain, without the side effects of opioids (nausea, constipation). Our surgeon and staff will let you know when it is safe to start using NSAIDs post-operatively.
- Ice over the surgical site is very helpful, particularly for the first week.

## ALIGN SURGICAL ASSOCIATES



- Naturopathic medications, such as Arnica and Bromelain, are helpful in minimizing inflammation, and are typically started 2 days prior to the operation (described on separate page).
- We may provide additional pain medications/anti-anxiety medications depending on your medical history, allergies, prior response to medications, and post-operative recovery.

### PRESCRIPTIONS TO BE PROVIDED TO YOU AT YOUR PRE-OP VISIT

- Pain medication (typically Percocet, or something related)
- Antinausea medication (Zofran, or something similar)
- Antibiotics
- Depending on your medical history, we will provide additional medications or modify the prescriptions we provide.
- We advise that you obtain fill your prescriptions PRIOR to your operation so you have them readily available.

### SUGGESTED POSTOPERATIVE SUPPLIES TO PURCHASE

- Massengill® or vinegar non-scented douche, or plain white vinegar
- Maxi Pads or Incontinence Diapers (brands: Always or Depends)
- Comfortable Cotton Underwear (avoid silk or synthetic underwear for first 3 months. Avoid anything tight and non-breathable for first 3 months. It can lead to yeast infections.)
- Spray bottles
- Water-based jelly lubricant (K-Y or Surgilube)
- BACITRACIN antibiotic ointment (Avoid Neosporin [Neomycin] because this can cause allergic reactions in many people)
- 4"x4" gauze
- Baby Wipes



## IMPORTANT ADDITIONAL INFORMATION

**For routine, medical and other questions, please phone the office during normal business hours.**

**Office Phone:** (415) 530-5335

**Office Hours:** Monday – Friday, 8:30 AM to 5 PM

**If you experience problems associated with any of the following situations, please phone the office during normal business hours.**

- Labial swelling is normal and will gradually resolve within 6-8 weeks postoperatively. Swelling may be aggravated by long term sitting or standing. During the first week after the operation, applying ice on the perineum for 20 minutes every hour can assist in relieving some of the swelling.
- Wound separation is normal, particularly at the lower part of the perineum. This tends to occur at the second week post op in many patients. This is a normal process of the healing process (given the constant motion, friction, and stress in this area), but with standard care, it will heal in on its own. It is rare and inadvisable to attempt surgical closure of any separated wounds (traps bacteria, leading to infections/abscesses).
- You may resume sexual intercourse 3 months after surgery, unless you have been instructed otherwise. No sexual activity prior to this (oral/anal/vaginal).
- Maintaining personal hygiene is very important postoperatively. Please wash your hands before and after any contact with the genital area. You should shower or wash daily. When washing the genital area, always wipe from front to back in order to avoid contamination of the vaginal and urethral area with bacteria from the anal region. Please also avoid wearing tight clothing as friction may also facilitate bacterial transfer.
- Vaginal discharge that is brownish yellow should be expected in the first 6-8 weeks postoperatively. Bleeding and spotting should be expected in the first 8-12 weeks postoperatively. Regular douching should help to reduce this.
- You may notice an odor. If it becomes strong, and is associated with fevers/redness, please contact the office.
- Urination will normalize after 6 months, once swelling has decreased and sensation has returned.
- Numbness throughout the area is normal, and may be until 1 year that full sensation has returned.
- You may begin a liquid diet and increase to your usual diet as tolerated. Dr. Satterwhite will prescribe an anti-nausea medication to be taken as needed.

## ALIGN SURGICAL ASSOCIATES



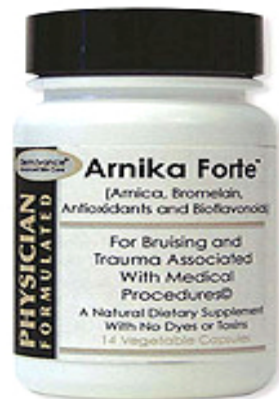
- Narcotic pain medication can cause constipation in some patients. You may take a stool softener such as Colace to help prevent constipation.
- You will experience postoperative pain and this is normal. Dr. Satterwhite will write you a prescription for pain medication. The pain medication is to be used as prescribed and you may switch to Extra Strength Tylenol at any time.
- Dilation is an extremely important part of your recovery. Our office will provide you with dilators and provide you with instructions regarding dilation in your postoperative period.
- Postoperative pain is a normal postoperative occurrence; please take the medication as prescribed. Do not take NSAIDs or aspirin as this can contribute to postoperative bleeding. You can start NSAIDS or aspirin after your first postoperative appointment, or as advised by your surgeon.
- Postoperative pain medications cannot be called into pharmacies. Please contact our office before noon on Friday in order to arrange pick up of a paper prescription if you anticipate needing additional medications. Medications will not be called in over the weekend.
- Itching is a normal side effect of postoperative pain medication. If you experience itching without a rash, you may take over the counter Benadryl. Alternatively, you may stop taking the postoperative medication and switch to extra strength Tylenol. If a rash is present with itching, discontinue the medication and take Benadryl as directed.
- Nausea is a normal side effect of postoperative pain medication and constipation. Make sure you are moving your bowels daily. If you experience nausea from constipation, take Miralax or over-the-counter magnesium citrate.
- Constipation is a normal side effect of postoperative pain medication for which you may take an over the counter laxative or stool softener.

*When the office is closed and there is a medical question that requires a same day response, please contact our answering service at (415) 968-5794.*

**For any life-threatening emergencies please call 9-1-1**



**PRE-AND POST OPERATIVE CARE RECOMMENDATIONS  
(OPTIONAL)**



An anti-bruising and anti-swelling agent, Arnika Forte, has proven to be an effective healing agent for patients recovering from surgery. Arnika Forte is the only product on the market that features both Arnica montana and bromelain as active ingredients.

Arnica montana is a European flowering plant that belongs to the sunflower family. Although its mechanism of action remains largely unknown, health care professionals use Arnica montana as a homeopathic pain relief agent. Scientists believe it also helps to boost the immune system and reduce inflammation.

Bromelain is an enzyme that occurs naturally in the juice and stem of the pineapple. This enzyme has proven anecdotally successful in the reduction of swelling after surgery or injury.

**DIRECTIONS: TAKE ONE CAPSULE ORALLY TWICE A DAY.  
START 2 DAYS PRIOR TO PROCEDURE AND CONTINUE FOR 5 DAYS POST  
PROCEDURE.**

This product can be purchased at our clinic for \$20.