

## **Going Home after Gender Reassignment Surgery**

### **Problems**

Now that you've had your operation, and are going home, I hope and expect that there will not be any problems. I do however recognise that some patients will need to make contact regarding queries and or problems which concern them before the date of their follow up clinic. If you are worried about anything, I would suggest you try the following;

- 1) Go to see your GP. Although the surgery is highly specialised, my experience is that most GP's manage superficial infections and similar problems very well. Your GP will also be able to contact me for advice if he/she is concerned.
- 2) Call the ward in the Hospital where you had your operation. Many problems are easily sorted out over the phone by an experienced member of the nursing staff. They will also be able to ask me for advice.
- 3) Call me! The phone line to my Office is open 24 hours a day (020 8241 1637). If the office is unmanned, you will be given instructions by the answering machine to enable you to make contact with me. Less urgent queries may be dealt with by email. Between 9.00 and 4.30, my NHS Secretary (020 8383 0160) will usually be able to track me down.

Clearly, there may be occasions at weekends or during the night, when you feel that more urgent care is needed. Even then, it is often best to try to see your GP first, or contact the ward for advice. If neither of these is possible, you may need to go to your local hospital Casualty Department. If you do this, please take this sheet with you, so that contact numbers and names are available to the staff who see you. On the (very rare) occasions when I am not personally available, I will have left contact details for another extremely experienced surgeon who should be able to help.

### **Care for your new anatomy**

- 1) Dilation. Before you left hospital, I will have shown you how to use the dilators. Initially, these should be inserted 3 times a day. Use the small dilator first, leave it in for 1 or 2 minutes after pushing it as far as it will go comfortably, then insert the large dilator and leave it in place for a minimum of 10 minutes. The process is often uncomfortable at first, and may be accompanied by a small amount of bleeding. Many patients find it easier to dilate in the bath, and this is quite acceptable. Usually by 2 months it is possible to reduce the frequency to twice daily, and you will know that this is the case if dilation is becoming very easy. Initially drop the "lunchtime" dilation. If the evening dilation is still relatively easy, you can safely go down to twice a day. Similar reductions in frequency at around 4 and 6 months are usually possible, so that most patients are only dilating 2 or 3 times a week by 9 months. These are general rules only, however, and there is great variation between individual patients, so you should try out each reduction in dilation frequency for yourself, and be prepared to stay on a higher frequency for longer if necessary. Remember that you will need to keep dilating for the rest of your life!
- 2) Hygiene. If possible, you should bathe twice daily for the first month to 6 weeks. There is often a little infected looking matter on the surface, which

may easily be removed by gentle washing with water and simple soap. Strong detergents are best avoided, as are strong antiseptics, although there is no harm in *very* dilute “Dettol” or similar in the bathwater if you wish. You should aim to douche daily for the first month. In my view the best solution to use is mains tap water (i.e. from the kitchen tap), as this is nearly bug free. You should have been given a suitable syringe before you went home. In addition, you will have been provided with Betadine pessaries to use twice weekly for the first 10 weeks. One should be inserted in the evening after the last dilation.

- 3) Sex. It is unusual for patients to feel up to sexual contact within 2 months of the operation, and, while healing is still in progress, sex should be avoided. If the inclination and opportunity arise after 2 months you should be able to start gently and with care.
- 4) Hormones. Hormones may safely be restarted on discharge from the hospital. You will typically need only one third to one half of your preoperative dose. You will no longer need to take anti-androgens such as Cyproterone, Casodex and Finasteride, and these can be discontinued. Your final dose of oestrogen may be tailored to your needs by the person who supervised your pre-operative hormone therapy (typically your GP or Psychiatrist).

**Good Luck!**