

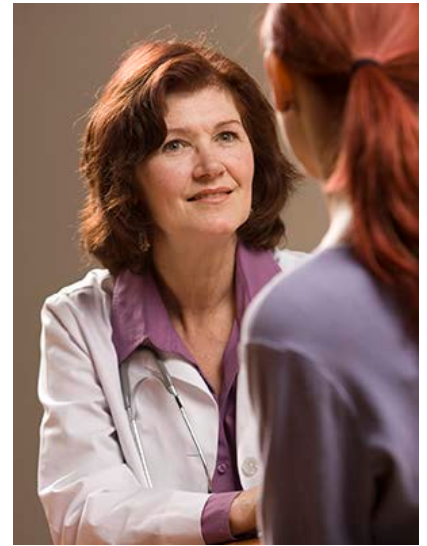
Before and After Your Surgery

For patients having transgender top surgery

This handout gives important instructions for you to follow before and after having transgender top surgery at UW Medicine Northwest Hospital in Seattle, Washington.

Visit with Your Surgeon

- **Tell your surgeon** about any herbal products, vitamin E, diet pills, or blood-thinners you are taking. These include aspirin, ibuprofen (Advil, Motrin), furosemide (Lasix), naproxen (Aleve, Naprosyn), and other *nonsteroidal anti-inflammatory drugs* (NSAIDs).
- **Your surgeon's office will give you a bottle of Chlorhexidine (CHG) soap** and explain how to use it. You will shower using this soap both the night before and the morning of your surgery. Doing this can reduce your risk of infection.



Be sure to ask your surgeon any questions you have about your top surgery.

Planning Ahead

- Plan how you will get to the hospital and back home on the day of your surgery. You **must** have a responsible adult drive you home. **You cannot drive or take a bus or taxi by yourself.** The medicine you receive at the hospital will make you drowsy. It will not be safe for you to drive or travel by yourself.
- You may need to stop taking some medicines if they pose a risk to your surgery. Do **not** stop taking any medicines unless your surgeon or admitting nurse has told you to.
- Before your surgery day, set up your first follow-up visit with your surgeon. We want to be sure you are able to talk with your surgeon if you have any questions or concerns after your surgery.
- Our admitting nurse will call you to go over your arrival time and instructions. If it is 2 days before your surgery and you have not received a call from our admitting nurse, please call 206.368.6746.

- To make sure you will be comfortable at home after your surgery:
 - Make sure you have plenty of healthful whole foods on hand.
 - Buy some straws to help you drink fluids and stay hydrated.
 - Have extra pillows on hand to prop yourself up in bed.
 - Buy or borrow some good movies or books to help you relax.

Day Before Surgery

- Eat only **light meals** on the day before your surgery.
- **Do not eat or drink anything after midnight the night before your surgery.** This includes no chewing gum or eating mints or candy, unless your surgeon or admitting nurse told you otherwise. Eating or drinking before surgery can cause serious problems. If you do eat or drink after midnight, we may need to postpone your surgery.
- **Take a shower** using the CHG soap you were given. Follow the instructions you received from your nurse.

Day of Surgery

At Home

- **Take another shower** using the CHG soap. Put on clean clothes.
- **Bring with you a list of your current medicines.** Include the dose of each one, and when and why you take them.
- **Follow the instructions from your surgeon and admitting nurse** about what medicines to take or not take before surgery. If you must take medicines, take them with **only** a small sip of water.

At the Hospital

- Check in at your assigned arrival time.
- A nurse will take you to the pre-op area. While you are here:
 - Your family or a friend can be with you.
 - We will place an *intravenous* (IV) line in your arm to give you medicines and fluids.
 - We will give you a heating blanket to keep you warm, improve healing, and lower infection risk.
 - Your nurses will review your current medicines. Your doctors will review your health history and answer any questions you may have.
 - The Anesthesia team will talk with you about the *anesthesia* (sleeping medicine) you will receive during surgery. They will also explain an *epidural catheter*, if it will be used for pain control.

- The Anesthesiology team will take you to the operating room.
- We will take your family or friend to the surgery waiting room.

What to Expect After Surgery

You will wake up in the recovery room. After several hours, when you are awake and your vital signs are stable, we will move you to a hospital room.

You will have:

- An IV in your arm to give you fluids and medicines.
- Leg wraps that fill with air from time to time, to help blood flow and lower the risk of blood clots.
- A *Foley catheter* (tube) in your bladder to drain urine.

Your nurse will:

- Help you sit up on the edge of your bed.
- Remind you to take sips of clear liquids and chew on ice chips and gum to get your digestion working.
- Teach you how to use an *incentive spirometer* (blue breathing device).

Self-care at Home

Bathing

- Do **not** shower for 48 to 72 hours after surgery (see “Incision Care” on page 4).
- You may sponge bathe as needed.

Pain Medicines

- Take your pain medicine as prescribed. To help your body heal, it is very important to control your pain during the first few days to 1 week after surgery.
- Do **not** drive while taking *opioids* (prescription pain medicines).
- To avoid nausea, always take your pain medicines with food.

To Avoid Constipation

- Take a stool softener as prescribed while you are taking pain medicine.
- Do not go 3 days or longer without having a bowel movement. You can buy a laxative at your local drugstore without a prescription.
- Eat a high-fiber diet. Some foods that are high in fiber are prunes, apples, bran, and vegetables.

- Drink plenty of water.
- Walk every day to help keep your bowels moving.

Incision Care

- **Leave all dressings, Steri-strips (white tape), and sutures (stitches) in place.** Your surgeon or nurse will tell you when these can be removed, most likely 10 days to 2 weeks after your surgery.
- You may shower 72 hours after surgery or, if you have drains, 48 hours after your drains are removed. Carefully clean your incisions with soap and water. Gently pat them dry. Do **not** rub them.

Activities

Until your surgeon says it is OK:

- Do **not** take a bath, go swimming, sit in a hot tub or sauna, or otherwise soak your surgical site in water.
- Do **not** do anything that makes you strain or breathe hard.
- Do **not** lift anything that weighs more than 10 pounds (a gallon of water weighs almost 9 pounds).

Return to Work

When you can go back to work depends on your recovery and your job duties. If your job involves:

- Sitting at a desk, plan to be out of work for about 1 to 2 weeks.
- Physical activity, plan to be out of work for about 4 weeks.

Medicine Refills

Most patients do not need to take opioids for longer than 1 week after surgery. By then, you should be able to manage pain with acetaminophen (Tylenol), ibuprofen (Advil, Motrin), or naproxen (Aleve, Naprosyn).

If you feel you need an opioid refill, **you must make an appointment for an in-person visit with your doctor.** Federal laws do not allow us to call or fax requests for opioids or other controlled substances to your pharmacy. To set up your appointment, call us weekdays at 206.368.6746.

When to Call

Call your doctor or nurse if:

- You have a fever higher than 101°F (38.3°C).
- You have shaking or chills.
- Your incision has **thick** yellow drainage (it is normal to have some clear yellowish drainage after surgery).

- Your incision becomes more red, tender, or swollen.
- Your incision is coming apart, or has changed color.
- There is bright red blood coming from your incision.
- It has been more than 3 days since your last bowel movement.
- You have problems urinating, have urgency, or feel pain when you urinate.
- Your pain is getting worse, and your pain medicine is not working.
- Your skin becomes itchy or swollen, or you get a rash.
- Your dressings are dirty or wet.
- You have other questions or concerns about your surgery or medicines.

Urgent Care

Go to the Emergency Room right away if:

- You have chest pain or trouble breathing.
- You have heavy bleeding that soaks your dressing in less than 1 hour.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Weekdays from 8 a.m. to 6 p.m., call the Northwest Hospital Surgical Specialties: 206.368.6746.