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Informed consent and instructions for Sexual reassignment surgery.

GENITAL FEMINIZATION (Vaginoplasty):

This is an informed consent document that has been prepared to assist your plastic surgeon in informing you about Vaginoplasty (reconstruction of external genitals, vagina, lips, clitoris and urethral meatus), risks and alternative treatments, as provided by General law of Health published in the BOE of 29-4-86- nº 102, aptdo. 6 of article 10, which reads: "... the prior written consent of the user is required for the performance of any intervention ...".

This team adheres to the criteria of the Harry Benjamin International Gender Dysphoria Association regarding the requirements for a patient to be a candidate for sex reassignment surgery. It is necessary that you understand as a patient that you must meet certain criteria, **since the changes the patient will experience are irreversible:**

- Referral letter and diagnosis by an experienced psychologist or psychiatrist.
- Be of legal consenting age (18 y.o.).
- 12 months of hormonal treatment.
- 12 months of continuous and satisfactory real-life test.
- Progress in the consolidation of interpersonal relationships in the new role.
- Informed consent including complete information about the procedure.

It is also essential to have followed a correct assessment by specialists accredited in the field of Endocrinology and Psychology, as well as having the relevant reports to be able to proceed to the surgical reassignment of sex.

Preparing for surgery:

- ✓ It is convenient to be aware about **your pelvic floor muscles** and the conveniences of reinforce them before surgery. We recommend you go to visit a physiotherapist prior to surgery.
- ✓ It is also convenient to be into **acceptable healthy weight**. To be eligible for vaginoplasty you better be between 18 and 30 of BMI (Body mass Index). BMI represents the relationship between the height and weight of your body. Patients under 18 or over 30 BMI have an increased risk of thrombosis, delayed wound healing and wound infection.
- ✓ It is essential that you **quit smoking at least 6 weeks before surgery**. Smoking is directly related to wound healing delay and skin flaps necrosis. It is on your own risk if you do not stop smoking.
- ✓ **Recreational drugs consume** may increase the risk of trans or post-operative complications or worsen them if they occur.
- ✓ It is **very important to stop female hormone therapy 4 weeks before** your surgery, and this should be done gradually, though antiandrogen treatment can be continued. Hormone therapy increases the risk of venous thrombosis.

- ✓ It is convenient to wear during the surgery and the days after, compression stockings as they help minimizing the risk of venous thrombosis.
- ✓ It is highly convenient to have the hair of your genitalia permanently removed at least from the perineal and penis base areas. It will facilitate post-operative rinsing of the vagina, aftercare and sexual relations.
- ✓ The new vagina will need dilation for life. A set of dilating cylinders should be acquired before surgery to have them ready after surgery.
- ✓ The colon has to be cleaned out with the taking of laxatives and enemas, as it will be exposed during surgery.
- ✓ Two days before the patient should sustain a fiber-free diet.
 - **You can eat:**
 - Eggs and pasta.
 - Potatoes and boiled rice.
 - Fiber free soups.
 - Fiber free biscuits and toast.
 - White bread.
 - Clear fruit juice.
 - Coffee, milk and tea.
 - Dry cheese and oil.
 - Gas-free drinks.
 - **You CANNOT eat:**
 - Vegetables, salads and fruits.
 - Cooked food with sauce.
 - Stews.
 - Cakes.
 - Chocolate.
 - Soda drinks.
 - Dry fruits.

Hospital admission:

- Admission is usually done one day before. When admitted to the hospital you should deliver the next documents:
 - Pre-operative tests: Blood test, X-Ray thorax, and ECG.
 - Surgical informed consent read and signed 1 week before surgery.
 - Anesthesia informed consent read and signed 1 week before surgery.
 - Copy of the referral letter and diagnosis.
- Perineal and genital hair shaving.
- Fleet enema the night and morning before surgery.
- Fraxiparine shot the afternoon before.
- Antibiotic prophylaxis.
- You are not allowed to eat or drink anything 8 hrs before your surgery.

The surgery: Vaginoplasty by penile skin inversion technique.

This is a surgical procedure by which a neovagina is created with inverted penis and scrotum skin in a virtual space that has been created between the rectus and urinary bladder. Major labia are reconstructed from the scrotum skin, and the clitoris (with his neurovascular bundle) and its skin cap are created from a piece of gland, prepuce and the dorsal penis nerves and vessels. It allows having erogenous sensations and

orgasms. The urethra is shortened and placed where it should anatomically be, between the clitoris and anus.

1st post-operative day: You should rest all day and night at bed but keep moving your legs and foot. All the genital area will appear reddish and swollen. Slight bleeding from the urethra or clitoris can be considered normal. Occasionally, a blood exam is done.

2nd and 3rd post-operative days: You continue resting in bed but you are now allowed to lay on your sides with a pillow between your legs. More movements are allowed, and on your third day you can even sit on the bed's sides. Clitoris or urethra can still bleed. We will start to disconnect your urinary catheter to train your bladder start functioning independently. Medication to recover your bowel movement will be administered.

4th post-operative day: You are allowed to sit, stand up and start walking in your room. You are also allowed to go to the toilet and have a shower. If you recover your bowel movements we will stop that specific medication.

5th post-operative day: To day you should start walking outside your room. Drainages, vaginal tampon and the stitches and compresses used to fill the new vagina are removed. You will be shown how to rinse your vagina with Betadine solution (it should be done twice a day), and how to explore your new vagina with your fingers, always conveniently lubricated. The urinary catheter closed to be open at will. If everything is all right you will be discharge on that afternoon.

6th post-operative day: If you were not discharged the previous day, 1 extra day will be spent to allow you more time to recover strength and be familiar with the daily care of your new vagina. Before being discharged you will be given prescriptions for painkillers, antibiotics or other medications as well as instructions about the immediate post-operative cares.

Post-operative cares:

Immediate post-operative care is specially addressed to vaginal rinsing and dilations. The new vagina should be maintained clean and competent. Hormonal therapy can restart 2 weeks after surgery.

At discharge you will be given a prescription for painkillers and instructions about the physical activities you are allowed to do or not to do. During this period heavy lifting or sports is not recommended.

You will receive an appointment for after 5 to 7 days to have your genital area revised and dressed.

You may resume the hormone treatment 2 weeks after surgery.

Possible complications:

Like all surgical acts, it involves a certain degree of risk for both the anesthetic and the surgical part. Being an elective surgery one of the alternatives is not to undergo surgery. Within the surgical risks are the **complications** derived from all interventions in general such as

- ✓ **Continuous bleeding.** Slight bleeding may be present during the first days. If major bleeding or big hematomas are present, a second operation may be needed to stop bleeding and remove clots. Even blood transfusion may be exceptionally needed.
- ✓ **Infection of surgical wounds** is another complication that may occur. Antibiotics, extra dressings and cares and even a new intervention may be needed.
- ✓ **Wound dehiscence:** It means opening of a sutured wound and can delay a

successful outcome though it usually heals by itself. It is more frequently seen in smokers.

- ✓ **Colon perforation:** The accidental opening of the colon (large intestine) is always a possibility. If the colon is clean it is immediately sutured and repaired. If the perforation remains open after some weeks, a secondary revision will be needed.
- ✓ **Narrowing of the vagina.** It can appear after some weeks or months and it is usually related to poor post-operative cares and dilations. It may need a secondary revision.
- ✓ **Loss of feeling/orgasm.** Nerves have been isolated and relocated to create the new clitoris, and in the process, they become swollen and compressed. Feeling of the clitoris could take weeks or months to recover and if they have been seriously damaged, feeling of orgasm cannot be recovered.
- ✓ **Hypertrophic scars or keloids.** Skin healing differs from one person to another, and excessive scarring can appear. Usually it only takes time to see them improving so much.
- ✓ **Compressive syndrome.** Though extremely rare, one case has been reported. This syndrome consists in a severe inflammation of one or both lower legs affecting muscles and nerves that may require de-compressive surgery by fasciotomy that may leave visible scars in the calf and require post-operative rehabilitation therapy.

Budget considerations.

The cost of surgery results from various charges for services rendered. The total includes the surgeon's fees, their assistants, surgical material, anesthesia, and hospitalization and operating theatre charges.

There may be additional costs for you if there are complications arising from the surgery, if the operating time or hospital stay is lengthened or if you need a revision under anesthesia.

In case of having to make corrections or subsequent interventions secondary to a complication or problem of his intervention, Dr. Alberto Musolas and his team undertake not to collect personal fees.

Informed consent documents are not intended to frighten or discourage you, they only provide you with truthful information about the proposed surgical treatment and show the risks and alternative forms of treatment. Your Specialist, based on your personal characteristics will expand upon this information.

As the patient, I acknowledge to have been sincere in the data provided to the physician and to follow under my responsibility the pre and post-operative indications.

Date and Signature of the patient

Dr. Alberto Musolas. Col. nº 19.820