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# health in focus: transition-related surgery (TRS) post-surgical care

An evidence review and  
practical guide designed for  
healthcare providers  
and researchers

## PURPOSE

This *Health in Focus* educational resource was created to highlight the post-surgical care needs of trans and non-binary clients accessing Transition-Related Surgery (TRS).

This document will help you to identify barriers to post-surgical care for trans and non-binary clients who are recovering from TRS and strategies that can be used to improve post-surgical experiences.



## TABLE OF CONTENTS

<b>3</b>	Summary
<b>4</b>	Gaps in TRS post-surgical care
<b>12</b>	In detail: Clinical perspectives on TRS post-surgical care
<b>15</b>	Implications for service providers
<b>16</b>	Recommended resources to learn more
<b>16</b>	Appendix A: TRS post-surgical supply checklists
<b>17</b>	References

## summary

To optimize TRS post-surgical health outcomes in trans and non-binary communities, healthcare providers (HCPs) should be aware of gaps in TRS post-surgical care. Across Ontario, trans and non-binary TRS post-surgical experiences are mixed. While many report positive post-surgical experiences with few or no complications, others report having difficulty navigating post-surgical care for various reasons, with minor to major complications that may be acute or chronic in nature. Understanding the barriers to TRS post-surgical care and strategies for mitigating the burden of these barriers will improve post-surgical experiences in trans and non-binary communities seeking TRS.

**When providing services to trans and non-binary clients who are recovering from TRS, service providers' care will be enhanced by learning about the gaps in TRS post-surgical care regarding:**

1. **follow-up:** post-surgical experiences, post-surgical complications, unique considerations in rural settings and recommendations to improve follow-up care;
2. **support systems:** home care set up, financial resources and recommendations to ensure post-op support is adequate; and
3. **mental health:** managing expectations, post-surgical depression and recommendations regarding mental health supports.



## gaps in TRS post-surgical care

To better understand the post-surgical care needs of trans and non-binary people recovering from TRS, Rainbow Health Ontario (RHO) interviewed 15 trans and non-binary people who have had TRS approved by OHIP about their post-surgical experiences. Details regarding participant demographics are listed below:

**TABLE 1. PARTICIPANT DEMOGRAPHICS**

VARIABLE	CATEGORY	N	%
Age	17-29	6	40%
	30-40	6	40%
	41-50	0	0%
	51-60	1	7%
	61+	2	13%
Gender	Transmasculine/FtM	9	60%
	Transfeminine/MtF	3	20%
	Non-binary/genderqueer	2	13%
	2-Spirit MtF	1	7%
Ethnocultural Background	Caribbean	1	7%
	French Canadian	1	7%
	Korean	1	7%
	Metis	1	7%
	White	11	73%
Education	College	2	13%
	Graduate	5	33%
	Undergraduate	8	53%
Occupation	Part-time	7	47%
	Full-time	5	33%
	Unemployed	2	13%
	ODSP	1	7%

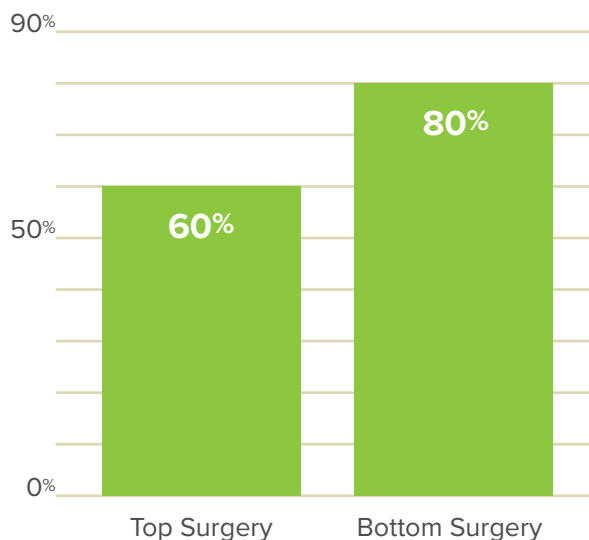
## FOLLOW-UP

Post-surgical follow-up with HCPs is necessary for improving the experiences and mental, emotional, physical and sexual health outcomes of trans and non-binary people recovering from TRS. During interviews with trans and non-binary people who had TRS, 60% of participants expressed the need for improved post-surgical follow-up. More specifically, trans and non-binary clients highlighted:

- uncertainty about where to seek trans affirmative healthcare services if complications were to occur;
- HCPs visibly displaying discomfort and confusion regarding TRS healing processes during healthcare visits;
- feeling responsible for being the ‘medical expert’ in TRS when HCPs lacked trans health-related knowledge and experience;
- poor communication with TRS patients from surgical providers post-surgery; and
- difficulty recalling post-surgical care instructions provided from the surgical provider due to medications prescribed post-surgery.

From the experiences described by trans and non-binary people, protocols regarding follow-up differed based on surgery type and surgery clinic location. For those recovering from top surgeries, 60% reported follow-up with their surgical provider, while 80% recovering from bottom surgeries reported follow-up with their surgical provider.

### % OF PATIENTS WHO REPORTED FOLLOW-UP



## POST-SURGICAL EXPERIENCES

Of the trans and non-binary people who had top surgery, 40% reported inadequate or no follow-up during their post-surgical recovery. Their specific experiences included:

- provision of printed resources with instructions that were difficult to understand;
- virtual follow-up meetings that provided bandage changing and other post-surgical hygiene instructions too quickly for clients to process this information;
- instructions that were provided when clients’ memories were impacted by post-surgical medication;
- instructions that were provided in a format that was not suitable for people who are neurodivergent; and
- uncertainty about whether or not to wear a binder during post-surgical recovery.

According to one participant (transmasculine, age 17-29), “I didn’t feel like I could call the clinic for follow-up. The surgeon was no

longer working at the clinic, so I couldn't even follow-up, and there is no way to prepare or anticipate this happening.”

Of the trans and non-binary people who had bottom surgery, 20% reported inadequate or no follow-up during their post-surgical recovery. Their specific experiences included:

- poor or lack of communication with surgical staff after discharge from facilities, specifically when complications occurred; and
- difficulty understanding printed resources with post-surgical care instructions. This included:
  - lack of clarity regarding process for dilations, sitz bath and douching;
  - confusion about purpose of distilled water in post-surgical care; and
  - confusion about vaginal intercourse and need for dilations.

## POST-SURGICAL COMPLICATIONS

Prior to undergoing TRS, trans and non-binary clients must be aware of potential complications associated with TRS and how to reduce risk of developing complications once discharged from surgical centres.<sup>(1)</sup> Post-surgical complications and the risk associated with the development of complications will vary based on surgery type.<sup>(1)</sup> Distance from follow-up locations, lack of HCPs competent in providing trans-specific care, and reliance upon government funding for TRS may increase risk of developing complications.<sup>(2)</sup>

From the experiences of trans and non-binary clients who were interviewed, few serious complications were reported and complications requiring surgical revision were revised during later stages of TRS. Most clients reported difficulty understanding what to expect when self-assessing for complications, which contributed to stressful post-surgical experiences. This stress was exacerbated for racialized trans and non-binary clients who were uncertain about what healing looked like for their bodies.

## RURAL SETTINGS

Following TRS, trans and non-binary clients residing in rural communities may have limited or no access to trans-specific health care.<sup>(3)</sup> From the survey of experiences with surgery readiness and TRS among trans people living in Ontario, 57% of respondents reported travelling greater than 2 hours for TRS.<sup>(2)</sup> This can be challenging when clients living in rural settings are reliant upon follow-up with surgical centres for guidance during post-surgical recovery. More specifically, self-reported post-surgical complication rates increased by 20% for clients travelling greater than 2 hours to a surgical centre.<sup>(2)</sup>

While many trans and non-binary clients who were interviewed reported travelling out of province or out of country for TRS, one participant (transfeminine, age 61+) highlighted post-surgical experiences while residing in northern Ontario. They described their experience as, “entering a void, there is nothing, an absence of follow-up information and guidance,” when returning to a rural setting following TRS.

Prior to TRS, HCPs must consider the implications of living in a rural setting on post-surgical recovery. Clients who travel greater than 2 hours for TRS may be at increased risk for post-surgical complications with reduced access to trans-specific health care. Trans and non-binary clients recommend:

- improving surgical follow-up when clients live in rural settings or have limited access to trans-specific health care;
- increasing the number of HCPs competent in trans health; and
- creating post-surgical recovery spaces for trans and non-binary clients in rural and northern areas of Ontario.

## RECOMMENDATIONS

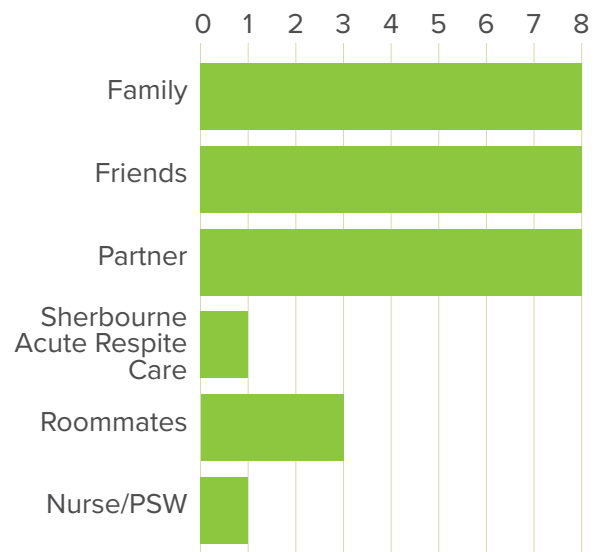
To improve post-surgical follow-up for trans and non-binary people seeking TRS, HCPs must be aware of recommendations made by trans and non-binary clients, such as the following:

- provide post-surgical care instructions in multiple formats (i.e., print outs, pre-recorded videos, email, etc.);
- revise all post-surgical care instructions with the incorporation of plain language;
- consider the impacts of prescribed post-surgical medication on health literacy;
- arrange one to two virtual or in-person follow-up appointments with the surgical centre or ensure clients have arranged a follow-up appointment with another HCP if follow-up with the surgical centre is not possible;
- develop an online communication system to facilitate better communication with surgical centres during post-surgical recovery; and
- expand the network of HCPs who are competent in trans health and TRS post-surgical care.

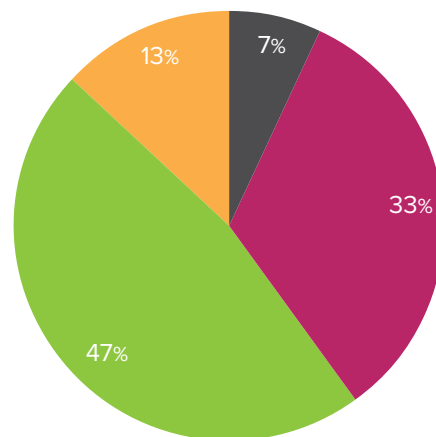
## SUPPORT SYSTEMS

Following TRS surgery, having access to adequate support systems is a necessary component of post-surgical care.<sup>(4)</sup> Various forms of support may be required during post-surgical recovery and will depend on surgery type and the social network that is available to that person.

**FIGURE 2. SUPPORT SYSTEMS REPORTED DURING POST-SURGICAL CARE (N=15)**



**FIGURE 3. NUMBER OF SUPPORT SYSTEMS AVAILABLE DURING POST-SURGICAL CARE (N=15)**



- 33% ● 1 Type of support system
- 47% ● 2 Types
- 13% ● 3 Types
- 7% ● 4 Types

The number of support systems available during post-surgical care, as reported by those interviewed by RHO, was consistent with similar findings regarding surgery readiness among trans people living in Ontario. Eighty per cent of trans and non-binary clients who were interviewed reported having at least one or two types of support available during post-surgical care.<sup>(2)</sup>

Family, friends and partners were the most common types of support systems reported. For those who did not have access to these forms of support, post-surgical care was provided by roommates, home care nurse/Personal Support Worker (PSW), or Sherbourne Health's Acute Respite Care (ARC) program.

## HOME CARE SET-UP

While awaiting TRS, anticipation can distract trans and non-binary clients from preparing for post-surgical care. Understanding what post-surgical care may look like and what support will be needed is important for improving post-surgical experiences. Trans and non-binary clients reported feeling like they could have been more prepared for post-surgical recovery. HCPs can help trans and non-binary clients prepare for post-surgical recovery by discussing, recommending and/or arranging:

- post-surgical transportation;
- assistance with food preparation;
- assistance with activities of daily living (ADLs) (i.e., groceries, laundry, childcare, pet care, etc.); and
- support for bandage changing and hygiene.

When considering who will be able to provide support to trans and non-binary clients recovering from TRS, HCPs must be aware of the strain post-surgical care may take on relationships. Two participants reported increased stress and anxiety related to relationship strain during post-surgical care.

The first participant, whose partner provided post-surgical support, stated, "this situation put lots of stress on my relationship, probably the beginning of the end because my partner had to spend three to four weeks being a nurse."

Another participant mentioned, "I relied upon roommates for care, which led to conflicts and an unsafe environment. This interfered with my mental health, isolation and recovery."

## FINANCIAL RESOURCES

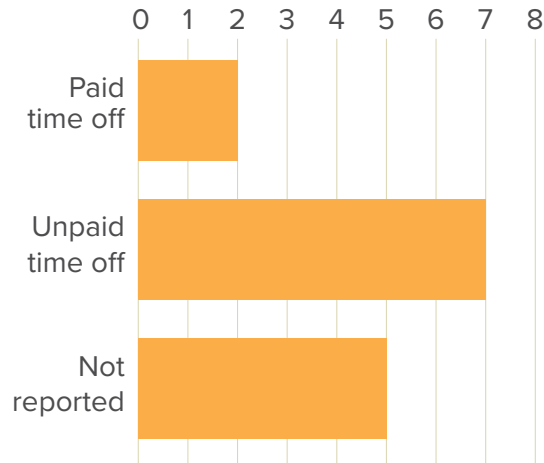
There are many unexpected costs associated with TRS that can have negative implications on post-surgical recovery and financially burden trans and non-binary clients. From the survey of experiences with surgery readiness and TRS among trans people living in Ontario, 60% of respondents considered the costs associated with TRS to be burdensome with some respondents spending up to \$10,000, not including the cost of surgery.<sup>(2)</sup> This is particularly concerning as the trans and non-binary population experiences higher rates of unemployment and are more likely to be living in poverty.<sup>(5)</sup> Of those who were interviewed, only 33% reported full-time employment and approximately 20% reported being unemployed or receiving Ontario Disability Support Program (ODSP) income support.

For trans and non-binary people who are employed, arranging time off work to recover is an expectation of TRS post-surgical care. The time off required for optimizing post-surgical recovery can range from a few weeks to a few months depending on factors such as surgery type and job requirements.<sup>(6)</sup>

Prior to TRS, trans and non-binary clients should anticipate the financial cost of post-surgical care and allocate financial resources accordingly. Of those who were interviewed, only two participants reported receiving paid time off work. This can create financial barriers to TRS for individuals unable to accumulate financial resources in anticipation of lost income during post-surgical recovery.



**FIGURE 4. FINANCIAL SUPPORT DURING POST-SURGICAL RECOVERY (N=15)**



Without incoming financial resources during post-surgical recovery, trans and non-binary individuals may experience increased stress when encountering unexpected costs of TRS post-surgical care.

Some clients highlighted post-surgical experiences related to their finances when interviewed:

**“Considering the financial burden of having to take time off work for surgery otherwise— I’m not proud of this, but— after surgery, my partner and I took public transit back.”**

(transmasculine, age 17-29)

**“I was not financially prepared and did not expect the financial burden.”**

(non-binary, age 17-29)

## RECOMMENDATIONS

To improve the post-surgical experiences of trans and non-binary people, HCPs must be aware of the support systems available to each client within their geographical location and the type of support they may require based on the surgery they have. HCPs can support trans and non-binary clients recovering from TRS by:

- ensuring post-surgical transportation has been arranged;
- providing recommendations on how to rearrange living spaces to be more accessible (i.e., objects placed at counter height, no stairs, etc.);
- recommending devices for physical support (i.e., extra pillows, bed table, etc.);
- consulting upon modifications to diet for optimal post-surgical recovery;
- assessing availability of post-surgical support systems;
- informing available support systems of the type of support that will be required for post-surgical recovery and how to perform aftercare;
- connecting clients with trans resources/networks for support with post-surgical care; and
- directing clients who require financial support to appropriate resources (i.e., ODSP, Employment Insurance, benefits, etc.).

When trans and non-binary clients lack post-surgical support systems or may need extra support, HCPs should consider:

- arranging for homecare support or a PSW who is experienced in service provision for trans and non-binary clients recovering from TRS;<sup>(1)</sup> and
- referring clients to TRS post-surgical recovery spaces such as Sherbourne’s ARC program.

## MENTAL HEALTH

Following TRS, access to mental health services is essential. On average, trans and non-binary clients spend eight hours receiving post-surgical mental health support.<sup>(7)</sup>

While TRS is known to improve mental health outcomes and quality of life overtime,<sup>(8, 9)</sup> challenges navigating post-surgical recovery can contribute to acutely worsening mental health. From those who were interviewed, 47% expressed the need for improved post-surgical mental health support. More specifically, trans and non-binary clients reported:

- difficulty managing post-surgical expectations of appearance compared to actual surgical outcome;
- internalized transphobia and invalidation;
- increased body dysphoria related to weight gain during post-surgical recovery; and
- increased stress and anxiety regarding potential complications.

## MANAGING EXPECTATIONS

When preparing for TRS, trans and non-binary clients may seek information via online platforms to achieve a better understanding of potential post-surgical outcomes. Based on anecdotal evidence from trans and non-binary clients who were interviewed, expectations were heightened when viewing desirable images of TRS post-surgical outcomes which may not be achievable for all body types. Trans and non-binary clients highlighted:

- a lack of images of diverse body types, including images of racialized trans and non-binary people and TRS post-surgical results;
- the formation of expectations of TRS surgery outcomes based on images of unrepresentative and desirable post-surgical outcomes; and
- disappointment with TRS outcomes when outcomes did not match expectations.

Following TRS, 20% of participants reported they were unhappy with their post-surgical outcomes. Their specific experiences included:

- disappointment with post-surgical outcomes, specifically when the waiting period for TRS was long;
- belief that TRS would help reduce the mental health burden of other life obstacles; and
- difficulty navigating the various stages of healing and managing the impact on mental health.

## POST-SURGICAL DEPRESSION

When recovering from surgery, experiencing symptoms of depression is common.<sup>(10)</sup> For clients recovering from TRS, experiencing post-surgical depression can be invalidating and lead to internalized transphobia. Based on the experiences of trans and non-binary people who were interviewed, this may happen for several reasons, including feelings of regret and experiences of body dysphoria.

The process leading up to TRS can be exhausting for trans and non-binary clients who are required to divulge how they came into their identity. When trans and non-binary clients experience post-surgical depression, they may question their certainty about receiving TRS. In fear of being invalidated by others, trans and non-binary clients will not disclose symptoms of depression, contributing to internalized transphobia. More specifically, trans and non-binary clients report:

- not feeling 'trans' enough when experiencing post-surgical depression or temporary regret;
- feeling unprepared to experience post-surgical depression because TRS is highly anticipated; and
- feeling alone when experiencing post-surgical depression to avoid being invalidated by others.

Following TRS, clients who were interviewed also reported experiencing body dysphoria. For similar reasons, trans and non-binary clients were reluctant to disclose post-surgical body dysphoria in fear of being invalidated by others. While there is evidence that demonstrates body satisfaction increases following TRS,<sup>(1)</sup> this may not be true for all trans and non-binary individuals immediately after TRS. For clients who reported body dysphoria during post-surgical recovery, this was related to weight gain, inability to exercise and disappointment with results.

## RECOMMENDATIONS

To improve post-surgical mental health outcomes of trans and non-binary clients seeking TRS, HCPs can help set realistic expectations of post-surgical outcomes and address post-surgical depression. Having temporary concerns within the first year after surgery is common, but HCPs must be able to recognize and address persistent regret.<sup>(1)</sup> Trans and non-binary people recommend HCPs be aware of:

- mental health risks associated with incongruence between expectations and actual post-surgical outcomes;
- strategies for discussing and managing unrealistic post-surgical expectations; and
- post-surgical experiences of internalized transphobia and invalidation.

Additionally, HCPs must consider incorporating mental health support into routine TRS post-surgical care. HCPs can:

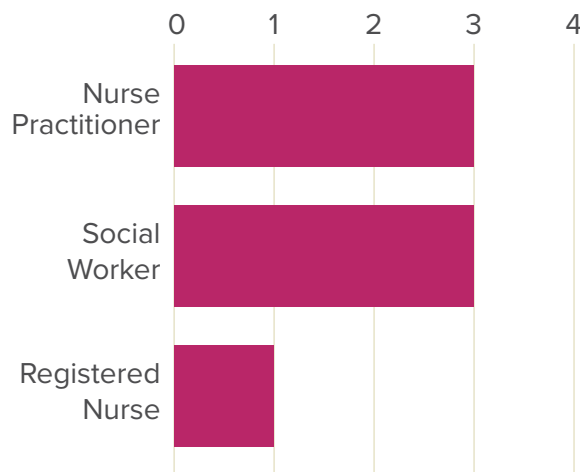
- assess risk associated with unrealistic post-surgical outcome expectations and other underlying mental health concerns;
- provide pre-surgery education regarding post-surgical outcomes and body type;
- refer trans and non-binary clients to post-surgical mental health support; and
- connect trans and non-binary clients to peer-support groups.



## in detail: clinical perspectives on TRS post-surgical care

To identify gaps in TRS post-surgical care from a clinical perspective, RHO interviewed seven service providers with roles in TRS assessment and post-surgical care. Details regarding the types of service providers who were interviewed can be found in the figure below:

**FIGURE 5. TYPE OF SERVICE PROVIDERS (N=7)**



### IMPROVING POST-SURGICAL EXPERIENCES

To improve post-surgical experiences, HCPs must be aware of steps they can take to better prepare trans and non-binary clients during pre-surgery stages of TRS. From a clinical perspective, recommendations from service providers caring for trans and non-binary clients include:

- providing educational TRS resources to primary care physicians or other HCPs providing post-surgical care;
- building care teams with various HCPs who will be able to support the client when appropriate (i.e., urologist, gynecologist, social worker, etc.);

- creating post-surgical care plans with trans and non-binary clients prior to TRS; and
- connecting trans and non-binary clients to resources they may require post-surgery (i.e., mental health support, financial resources, peer groups, etc.).

### CARE TEAMS AND PLANNING

When preparing for TRS, ensuring trans and non-binary clients have a network of HCPs who are proficient in trans health will improve TRS post-surgical experiences. Service providers caring for trans and non-binary clients reported having many clients who had poor post-surgical experiences when their HCPs were not aware of TRS post-surgical needs. One service provider (Nurse Practitioner, Toronto) highlighted the need for diverse care teams, which may include several physicians or other service providers with varying expertise, depending on TRS type: “Build your care team, have an understanding of what you will do after you leave the surgery centre and who your care team will be.”

HCPs may also anticipate that many clients may not know what to ask or how they need to prepare for TRS. Providing a general overview of common questions and reviewing several aspects of post-surgical care with trans and non-binary clients can help improve TRS post-surgical experiences. One service provider (Nurse Practitioner, Toronto) said, “Provide as much information as possible pre-surgery. Receiving most of this information post-op when you are feeling bad, overwhelmed and on medication is difficult.” Service providers recommend developing a post-surgical care plan with clients to help them prepare for what they may need following TRS. Details outlining a post-surgical care plan can be found in the table on the following page.

## TABLE 2. POST-SURGICAL CARE PLAN

### PRE-SURGERY

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- Arrange transportation to and from surgical centre
- Prepare meals to be stored in freezer and/or arrange for someone to prepare meals during post-surgical care
- Prepare home, make space more accessible (i.e., move items to counter height)
- Allocate financial resources for time spent off work
- Stock up on household necessities (i.e., toilet paper, hygiene products, etc.)
- Stock up on post-surgical supplies; consider what will be necessary based on surgery type
  - See [Appendix A](#) for a detailed list of post-surgical supplies
- Arrange support for ADLs and IADLs
  - Who will clean your home? (Clean sitz bath tub?)
  - Who will grocery shop?
  - Who will do your laundry?
- Arrange support for child care and pet care
- Consider alternative options if support systems are unexpectedly unavailable to provide support
- Evaluate if support from PSW/homecare nurse or stay at Sherbourne Health ARC program is necessary

### DAYS BEFORE TRS

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- Clean home, laundry and bed sheets
- Shower the evening before surgery

## REALITIES OF POST-SURGICAL CARE

From a service provider perspective, helping trans and non-binary clients seeking TRS make informed decisions about surgery type and technique can be challenging. Historically, mental health and other service providers have been viewed as ‘gatekeepers’ to TRS or other medical transition methods.<sup>(12)</sup> To prepare for TRS, clients must understand how demanding post-surgical care can be. Service providers preparing clients for TRS don’t want to instill fear, but do want to ensure they are realistic about what post-surgical recovery will look like.

While trans and non-binary clients may be excited to receive TRS, service providers must ensure clients are prepared to navigate post-surgical recovery. Recommendations from service providers include the following:

- Provide as much information pre-surgery as possible because most of this information will be too overwhelming to process post-surgery.
- Be transparent about the healing process.
  - Ensure clients understand how much time they will spend each day performing post-surgical care.
  - Explain expectations for healing during various stages of post-surgical recovery.
- Validate experiences of trans and non-binary clients post-surgery as they manage post-surgical care.

## ADDRESSING MISINFORMATION

Among the trans and non-binary community, seeking information regarding TRS from peers is common. While information gathered through community channels can be helpful, there is some risk of this information being inaccurate and potentially harmful to trans and non-binary clients navigating TRS. Service providers highlighted how reliance upon information circulating through the community may be particularly high when follow-up with surgical centres is poor, post-surgical instructions are unclear, or instructions are provided too quickly for clients to process. To reduce the spread of misinformation, service providers can work in collaboration with the trans and non-binary community to create validating and safe TRS resources.

From the perspective of one client,

**“It would be good to have an understanding of the community knowledge and have a medical professional confirm which aspects of community knowledge are safe.”**

(genderqueer/  
non-binary, age 17-29)



## implications for service providers

To effectively identify and address gaps in TRS post-surgical care, HCPs must consider the post-surgical experiences of all trans and non-binary clients who have had TRS. From the perspective of trans and non-binary clients who were interviewed, improving TRS post-surgical follow-up, effectively arranging post-surgical support systems, and increasing accessibility to mental health resources were identified as ways to address gaps in TRS post-surgical care.

From a clinical perspective, service providers emphasized preparing trans and non-binary clients for post-surgical recovery by helping them understand what post-surgical care will look like and what resources they will need to prepare in advance. Using a patient-centred approach to care will help HCPs identify the specific needs of each client seeking TRS and aid them in planning for post-surgical recovery prior to TRS.<sup>(13)</sup>

HCPs must also consider incorporating intersectional and gender-affirming aspects of care into routine practice when supporting trans and non-binary clients.<sup>(14)</sup> Experiences accessing health services are improved when HCPs are competent in trans and non-binary health and affirm gender by using correct pronouns and chosen name.<sup>(15)</sup> This was consistent with experiences reported by trans and non-binary clients accessing TRS-related services.

### CREATING SAFE AND AFFIRMING SPACES

Most trans and non-binary clients reported feeling safe within surgical centres and when accessing services related to TRS. Normalizing TRS, using correct pronouns and chosen name, and having access to HCPs to discuss questions/concerns helped trans and non-binary clients feel safe.

Some clients felt unsafe when HCPs were unfriendly, did not offer adequate time to address questions/concerns, and misgendered clients. From the experiences of two non-binary clients who were interviewed, both reported being misgendered and addressed by the wrong name by HCPs and other staff. HCPs must be aware of the particular needs of genderqueer and non-binary people and incorporate best practices for affirming this community during service provision.<sup>(15, 16)</sup>

### POSITIVE TRS EXPERIENCES

Despite the need to identify and address gaps in TRS post-surgical care, trans and non-binary clients highlighted several positive aspects of the TRS process which contributed to overall positive experiences. Some specific experiences include the following:

**“Surgery is important because it helps align someone’s body with their identity. If this surgery wasn’t covered by the government, I wouldn’t have been able to get it done otherwise. The work is being done and it doesn’t go unnoticed and it is appreciated.”**

(transfeminine, age 30-40)

**“Prioritize recovery time over everything else. It is hard to stop doing what you are used to doing every day. You need to make sure you are mentally healthy because sitting in bed and not moving your arms is difficult. You might be gender dysphoric at times because surgery is a huge step towards your gender development. Stay positive because the positives outweigh the negatives. I am very happy I had the surgery.”**

(transmasculine, age 17-29)

## recommended resources to learn more

1. [Rainbow Health Ontario - Transition Related Surgeries Summary Sheets<sup>\(6\)</sup>](#)
2. [Rainbow Health Ontario – Trans Health Knowledge Base](#)
3. [Trans Care BC - Navigation Guide for Vaginoplasty and Vulvoplasty Surgery](#)
4. [Trans Care BC – My Workbook for Chest Construction Surgery in BC<sup>\(17\)</sup>](#)
5. [Trans Care Project - Care of the Patients Undergoing SRS](#)

## appendix A: TRS post-surgical supply checklists

### Chest Reconstruction

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- Bandages and other medical supplies
- Binder
- Supportive back pillow for bed rest
- Zip/button-up clothing to reduce arm/shoulder movements
- Electric toothbrush to reduce arm/shoulder movements
- Bed table to eat or work on

### Vaginoplasty

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- Douche applicator
- Normal saline or distilled water (250 mL/day)
- Small handheld mirror to assist with dilations
- 10 tubes of lubricating water-based gel, approximately 50g/day
- Antibacterial soap for dilator cleaner
- 1 box of disposable blue pads to protect bed linens and for use during dilations
- 4 packs of unscented sanitary napkins (light absorption)
- 2 packs of non-perfumed baby wipes, 4 wipes/day
- Sitz bath
- Liquid soap that is non-perfume, non-alcohol based
- Air donut for pelvic positioning
- Portable tub for sitz bath if necessary



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