

Date \_\_\_\_\_

name \_\_\_\_\_

DOB \_\_\_\_\_

### Patient education for phalloplasty

1. Some transsexual, transgender, and gender non-conforming people choose to have surgery to treat severe gender dysphoria and others do not. This is a choice based on personal preferences and medical need.
2. Surgery is not required to make complete legal transition in California. (Some states or countries require specific surgery to change birth certificate information.)
3. Effects of surgery are permanent and irreversible.
4. Phalloplasty is a surgical procedure involving tissue and skin grafts from donor sites on a person's body to create a penis.
5. Phalloplasty is an alternative to metoidioplasty. is more complex for the patient and surgeon, causes scarring from the donor site, and has a slower recovery time and more risk of complications than metoidioplasty.
6. Phalloplasty can be done successfully for some patients who have had metoidioplasty in the past.
7. There are many different types of phalloplasty procedures that can be done depending on patient values, health status, and preferences, and patient body type and anatomy. Consultation with a surgeon is required for further information about the most appropriate procedure as well as expected penis size and capabilities.
8. Phalloplasty procedures can include urethral lengthening and reconstruction to allow urination standing up. If urinating standing up is a high priority than a procedure with urethral lengthening is required.
9. Metoidioplasty with urethral reconstruction is an alternative to allow standing urination for some patients.
10. Phalloplasty procedures usually include creation of a scrotum. This is sometimes done at the time of phalloplasty surgery or at a second surgery.
11. Phalloplasty procedures may include a procedure to remove or permanently close the vagina at the time of surgery. This will depend on the particular surgery done and patient values and preferences.
12. Hair removal by electrolysis or laser may need to be done before or after phalloplasty.
13. Some people find that insertive intercourse is possible after phalloplasty with the use of 2 condoms or with use of an external device
14. Erection is not possible with phalloplasty unless penile implant is done.
15. A penile implant is usually required to allow necessary rigidity for insertive sex. The semi-rigid penile implant or inflatable erectile penile implant can be done at least 9 months after phalloplasty in a separate surgery.
16. Penile implants are not covered by medi-cal. Penile implants may be covered by medicare and other insurance.
17. The size of penis created by phalloplasty depends on patient request and the surgical technique used.
18. Phalloplasty requires skin and tissue grafting from donor sites. There are several possible donor sites and scarring is always a result.
19. Extensive wound care and use of a compression garment for 6-12 mo on the donor site are required

20. Phalloplasty is complex and major surgery
21. Phalloplasty usually takes 8-12 hours in the operating room depending on the procedure and may require 2 or more surgeries to complete.
22. Phalloplasty is done in a hospital operating room and typically requires admission to the hospital for about 5 days.
23. Phalloplasty requires multiple follow up visits at the surgeons office
24. Phalloplasty causes moderate to severe pain immediately after and during recovery from the surgery especially in the graft donor site.
25. Phalloplasty with urethral lengthening requires a suprapubic catheter for urination that remains in place anywhere between 1 and 5 weeks. ("a superpubic catheter is a tube that drains the bladder from a small hole in the lower abdomen rather than through the urethra.")
26. Phalloplasty with urethral lengthening has a risk of stricture and fistula that would require further treatment. (A stricture is a narrowing of the urethra making urination difficult or impossible. A fistula is a false opening in the genital area where urine leaks from the urethra instead of going out through the tip of the penis)"
27. Phalloplasty usually requires 4 weeks of recuperation before being able to go back to desk work and no strenuous activities for 6-8 wks or more.
28. Sensation in the new penis created by phalloplasty is dependent on the type of surgery. Phalloplasty done with nerve reconnection usually takes 6-9 mo for full touch and sexual sensation to occur (although there is a risk that sensation may only be partial or not occur).
29. Sexual feelings and orgasm are usually described as different after phalloplasty.
30. Patients who have had phalloplasty with microsurgical nerve reconnection usually gain sexual sensation over 6-9 mo after surgery. Most patients report ability to experience orgasm at the same or improved levels after surgery but there is a small risk that orgasm may be more difficult or rarely even impossible.
31. It is recommended that before undergoing phalloplasty patients look at photos of the results for the surgeon they choose and other surgeons. It is important to view photos of both the new penis and the scarred donor graft.
32. Cigarette smoking may interfere with wound healing and stopping smoking is highly recommended before surgery. Most surgeons require smoking cessation 1 month or more before surgery and 6 months or more after.
33. Obesity may create complications and interfere with wound healing. Some surgeons have maximum BMI (body mass index – a measure of obesity) that they perform surgery on. Body shape may have a large effect on the possibility of successful phalloplasty and a surgeon will consider both weight and height as well as body shape.
34. Poor physical condition and various medical conditions (diabetes, cardiovascular diseases, etc.) may create complications and interfere with ability to safely undergo surgery and interfere with wound healing. Starting or continuing regular exercise, healthy diet, and adhering to prescribed medical treatment are advised.
35. Excessive stress, mental health disorders and substance abuse may create complications and interfere with ability to safely undergo surgery and interfere with recovery from surgery. Starting or continuing with stress management and mental health care when needed are advised.

All of the information on this form has been reviewed with me and I understand it and have had any questions answered

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patient / client signature

I have reviewed all of the information on this form with my patient / client and I am confident that my patient / client understands this information

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Clinician name and signature

DRAFT