

Patient Name: _____ Date of Birth: _____

Guarantor Name (if different): _____ Date completed: _____

Patient Education for Metoidioplasty Surgery

Gender Affirming Surgical and Clinical Considerations

- 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.
- Surgery may have unexpected or unintended impact on gender dysphoria in some patients.
- Surgery is not required to make complete legal transition. (Some states or countries require specific surgery to change birth certificate information.)

What is Metoidioplasty Surgery?

- Metoidioplasty is the extending and repositioning of the clitoris to create a small phallus.
- Metoidioplasty is an alternative to phalloplasty that is less expensive, less scarring, less complicated for the surgeon and patient, has faster recovery time, and has less risk of complications.
- There are at least 5 different types of metoidioplasty procedures that can be done depending on patient values and preferences, patient body type and anatomy. Consultation with a surgeon is required for further information about the most appropriate procedure as well as expected phallus size and capabilities.
- Some metoidioplasty procedures include urethral reconstruction and others do not. If urinating standing up is a high priority than a procedure with urethral lengthening is required
- Some metoidioplasty procedures include creation of a scrotum at the time of the surgery; others require a second surgery for this.
- Some metoidioplasty procedures include vaginectomy at the time of surgery, others do not.
- Best results of the metoidioplasty occur when a patient has clitoral growth from regular testosterone use. This may require a year or more of testosterone use.
- Metoidioplasty usually takes 2-5 hours in the operating room depending on the procedure and may require 2 different surgeries to complete.
- It is recommended that before undergoing metoidioplasty patients look at photos of the results for the surgeon they choose and other surgeons.
- Phalloplasty can be done successfully for some patients who have had metoidioplasty in the past.
- Metoidioplasty is not minor surgery.

What is Aftercare for Metoidioplasty Surgery like?

- Metoidioplasty usually takes 2-5 hours in the operating room depending on the procedure and may require 2 different surgeries to complete.
- Metoidioplasty causes moderate to severe pain immediately after and during recovery from the surgery
- Metoidioplasty 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.)
- Metoidioplasty is an outpatient procedure and typically does not require overnight hospital stays, but is dependent on the patient, surgeon and procedure.
- Metoidioplasty usually requires 2 weeks of recuperation before being able to go back to desk work and no strenuous activities for 4 weeks.
- Return to work and normal activities depends on the type of procedure and usually ranges from 2-6 weeks after surgery.
- Complete instructions for pre-op preparation and post-operative care will be provided by the surgeon.

What are the risks and possible complications of Metoidioplasty Surgery?

- Effects of surgery are permanent and irreversible.
- Metoidioplasty 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 metoidioplasty.)
- Cigarette smoking may interfere with wound healing and stopping smoking is highly recommended before surgery. Some surgeons require smoking cessation 6 months before surgery and 6 months after.
- 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 metoidioplasty and a surgeon will consider both weight and height as well as body shape.
- If hysterectomy surgery is performed during metoidioplasty surgery, this will cause irreversible loss of fertility.
- If hysterectomy surgery is performed during metoidioplasty surgery, this will cause irreversible decrease in estrogen and therefore hormone therapy with estrogen or testosterone will be necessary to prevent osteoporosis.

What are the limitations of Metoidioplasty Surgery?

- The ability to urinate while standing is contingent on anatomy and is not always possible. People who are over their ideal body weight will, often, not be able to urinate standing up after metoidioplasty.
- Insertive sexual penetration is very rarely possible with metoidioplasty.
- If the capability of insertive sexual penetration is a high priority then phalloplasty surgery should be considered.
- If a phallus greater than 4 - 6cm is a high priority then phalloplasty surgery should be considered.

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

Patient / Client Name and 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.

Provider Name and Signature