

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guarantor Name (if different): \_\_\_\_\_ Date completed: \_\_\_\_\_

## **Patient Education for Phalloplasty 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 Phalloplasty Surgery?***

- Phalloplasty is a surgical procedure involving tissue and skin grafts from donor sites on a person's body to create a penis.
- 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.
- 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.
- Phalloplasty procedures usually include creation of a scrotum. This is sometimes done at the time of phalloplasty surgery or at a second surgery.
- Phalloplasty procedures may include vaginectomy, 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.
- 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.
- Metoidioplasty with urethral reconstruction is an alternative to allow standing urination for some patients.
- Phalloplasty can be done successfully for some patients who have had metoidioplasty in the past.
- Phalloplasty requires skin and tissue grafting from donor sites. There are several possible donor sites and scarring is always a result.
- The size of penis created by phalloplasty depends on patient request and the surgical technique used.
- Hair removal by electrolysis or laser is highly recommended before surgery and may need to be done after phalloplasty surgery.
- Erection is not possible with phalloplasty unless penile implant is done.
- 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.
- Penile implants are not covered by Medi-Cal. Penile implants may be covered by Medicare and other insurance.
- Phalloplasty may include hysterectomy during surgery, depending on the patient preference.
- Phalloplasty usually takes 8-12 hours in the operating room.
- 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.
- Phalloplasty is complex and major surgery.

### ***What is Aftercare for Phalloplasty Surgery like?***

- Phalloplasty may require 2 or more different surgeries to complete.
- Phalloplasty is done in a hospital operating room and typically requires admission to the hospital for about 5 days.
- Phalloplasty requires multiple follow up visits at the surgeons office
- Phalloplasty causes moderate to severe pain immediately after and during recovery from the surgery especially in the graft donor site.
- Extensive wound care and use of a compression garment for 6-12 months on the donor site are required.
- 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.)
- 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)"
- Phalloplasty usually requires 4 weeks of recuperation before being able to go back to desk work and no strenuous activities for 6-8 weeks or more.
- Complete instructions for pre-op preparation and post-operative care will be provided by the surgeon.

### ***What are the risks and possible complications of Phalloplasty Surgery?***

- Effects of surgery are permanent and irreversible.
- Sensation in the new penis created by phalloplasty is dependent on the type of surgery. Phalloplasty done with nerve reconnection usually takes 6-9 month for full touch and sexual sensation to occur (although there is a risk that sensation may only be partial or not occur).
- Sexual feelings and orgasm are usually described as different after phalloplasty.
- Patients who have had phalloplasty with microsurgical nerve reconnection usually gain sexual sensation over 6-9 months 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.
- If hysterectomy surgery is performed during phalloplasty surgery, this causes irreversible loss of fertility. This will cause permanent sterility.
- 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, or more after surgery.
- 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.
- 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.
- Excessive stress, mental health disorders and substance use disorders 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.
- If hysterectomy surgery is performed during phalloplasty 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 Phalloplasty Surgery?***

- There is high probability that patients will undergo various surgeries for up to 2 years after initial phalloplasty surgery date.
- Patients are recommended to prepare and create supportive networks for ongoing procedures.
- Insertive sexual penetration will most always require prosthesis implant.
- It is possible to store egg cells to preserve the possibility of fertility for the future but this requires hormone manipulation therapy, minor surgical procedures, and is costly and usually not covered by health insurance and may not be work.

***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 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.***

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Provider Name and Signature