

Date _____

name _____

DOB _____

Patient education for metoidioplasty

- 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 is not required to make complete legal transition in California. (Some states or countries require specific surgery to change birth certificate information.)
- Effects of surgery are permanent and irreversible
- 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.
- Phalloplasty can be done successfully for some patients who have had metoidioplasty in the past.
- 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
- 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 with metoidioplasty
- 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
- Insertive sexual penetration is very rarely possible with metoidioplasty
- If the capability of insertive sexual penetration is a high priority than phalloplasty should be considered
- If a phallus greater than 4-6cm is a high priority than phalloplasty should be considered
- 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 is not minor surgery
- Metoidioplasty usually takes 2-5 hours in the operating room depending on the procedure and may require 2 different surgeries to complete.
- Metoidioplasty is an outpatient procedure and typically does not require overnight hospital stays.
- 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 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)"
- Metoidioplasty usually requires 2 weeks of recuperation before being able to go back to desk work and no strenuous activities for 4 wks
- Sexual feelings and orgasm are usually described as different after metoidioplasty. 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.
- It is recommended that before undergoing metoidioplasty patients look at photos of the results for the surgeon they choose and other surgeons.
- Cigarette smoking may interfere with wound healing and stopping smoking is highly recommended before surgery. Some surgeons require smoking cessation 1 month 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.

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

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

Clinician name and signature