Phalloplasty
What to Expect in the Hospital

Note: The following information was collected from postoperative patients. Your experience may differ. The day of Surgery is called Postoperative Day 0. The day after surgery is called Postoperative Day 1, etc.

Day 0: After your 8-12 hour operation, you will go to the recovery room, possibly to the ICU (Intensive Care Unit), and at some point you will likely be transferred to the TICU, a ward with care intermediate between the ICU and a regular ward. You may be connected to a LOT of things:

Oxygen -- by nasal prongs or a mask

An I.V. – an intravenous catheter to deliver fluids and medication

PCA (Patient-Controlled Analgesia) Pump – This is a button that you can press with your finger while lying in bed. It is connected to a bag that has pain medicine in it. When you press the button, pain medicine goes through your IV and into your vein, so you get pain relief within a minute. You can press the button as often as every 6 minutes, as needed for your pain.

Suprapubic Catheter - a catheter that comes out of your bladder directly through the skin of your lower abdomen. The catheter drains your urine into a bag that hangs on the side of your bed. The catheter has a small balloon that has been inflated inside your bladder to keep it in place. Do **not** attempt to remove this.

Doppler – a device that measures the blood flow going through your new phallus. This makes a whooshing sound like "white noise" that you and your nurses and doctors can hear 24 hours a day to assure there is good blood flow right where you need it. (The doctors and nurses will also periodically use a hand-held Doppler for the same reason.)

Drains – used to drain fluids from the areas where Dr.Crane operated. A variety of drains may be used, but all serve the same purpose. Do **not** attempt to remove this.

A finger monitor – this constantly monitors your blood Oxygen level.

A heart monitor – this is an EKG, which gives constant information to the nurses about your heart function.

A splint – if skin from your forearm was used in your operation, you may have a splint on your arm to keep you from bending your wrist or moving your fingers excessively.

Leg Wrapping – you may have elastic stockings and/or pressure wrapping on your legs, to help prevent blood clots from forming.

Days 1-3: You will stay in the TICU as you begin to recover. The nurses will check you every hour initially, less frequently as you get farther out from surgery. The doctors, both Dr. Crane and the doctors of the Microsurgery team, will visit several times a day, and drains may be removed. You will stay in bed the entire time, though you will be encouraged to wiggle your toes and feet. You won't eat or drink anything during the first 24 hours. This is so your stomach will be empty in case you need to go back to the operating room to deal with complications. Once 24 hours have passed, however, your diet will be gradually advanced from clear liquids to full liquids to solid food. (If you have had surgery involving the inside of your cheek, you will need to be limited to soft foods.) The nurses will do the care of your surgical sites, bathe you, and take care of all you needs.

Day 4 (approximately): Transfer out of TICU to a regular hospital room. You may still be confined to bed at first. As you will not have been out of bed for several days, your legs will be weak, but at some point, you will be encouraged to get out of bed, first to a chair, and then you will walk with assistance. While in the hospital, you will still have frequent nursing checks and Doppler checks of your phallus, and will be transitioned to oral medication in preparation for leaving the hospital.

Day 5 (approximately): Date of discharge. Once you can walk and take all your medications orally, you will be discharged from the hospital, but you will need to stay in the San Francisco area for several weeks for follow-up visits and to be nearby in case complications arise. You will see both Dr. Crane and a doctor from the micro-surgical team for follow-up visits, and may have other visits depending on which donor site(s) were used for your surgery. Because you will be receiving narcotic pain medication, you may not have a bowel movement while in the hospital.

After Leaving the Hospital

General:

1. No strenuous physical activity of any type during the first 6 weeks after surgery. This means no vigorous bending, pushing, pulling, straining, running, or excessive walking. You should, however, do light exercise, walking for 10-20 minutes 3 times a day during the first week after leaving the hospital, and then gradually increasing your activity over the following month.
2. Do not lift anything that weighs more than 20 pounds for 6 weeks after surgery.
3. Resume your regular diet as tolerated.
4. Avoid excessive alcohol intake.
5. Drink plenty of water or other fluids to avoid dehydration.
6. No smoking for at least one month after surgery.
7. Use pain medications as needed for pain or discomfort.
8. Take antibiotics, stool softeners, aspirin, or other prescribed medication as directed.
9. Don't shower until given permission to do so, usually not until 10-14 days after surgery. When showering is permitted, use plastic wrap (like Saran wrap) wrapped around your donor site(s) to keep the area(s) dry and away from the direct shower stream.
10. Driving should be avoided while taking any narcotic pain medication or while you still have significant pain in the genital area.

Care of the Phallus, Scrotum, and Genital Area:

NOTE: The doctors and nurses may refer to this part of your surgery as your "flap" or "free flap".

1. Avoid pressure on this area until the surgical site is well-healed. Pressure can interfere with blood flow to the transplanted tissue.
2. If possible, try to elevate the phallus to decrease swelling and improve circulation. A rolled surgical dressing can be useful to prop the phallus up.
3. Keep incisions clean and dry. Unless directed differently, incisions and surrounding skin can usually be lightly washed with soap and water. Dressings, if present, may be re-applied as needed.

4. If drains are in place, you may sponge bathe, lightly washing around the drains with soap and water. After cleansing, place a piece of surgical gauze around the drain site to prevent soiling of clothing. Safety pins can be helpful in securing drains to clothing.
5. Ice should not be applied to this area. Cold temperatures should be avoided for the first few weeks after surgery. Moderate temperatures are recommended during this period.
6. It is not generally necessary, in the immediate post-operative period, to apply any ointments or topical compounds to the incisions, as these can inhibit normal healing. Only apply ointments if specifically directed to do so.

Suprapubic Catheter Care:

1. DO NOT pull or dislodge the suprapubic (urinary) catheter. There is an inflated balloon inside the bladder, and pulling on this can do internal damage to the bladder.
2. Empty the urine bag at least 3 times daily or when it gets close to full.
3. At some point, after directions from the doctor, you will start to plug the catheter instead of having it connected to the drainage bag all day. This allows the bladder to regain its tone and elasticity prior to the time the catheter is completely removed. When your bladder feels uncomfortable, remove the catheter plug and drain the bladder into the toilet.
4. When instructed, usually about 2 weeks after surgery, you can start to urinate through your phallus. After each time you urinate through the phallus, you should then empty the bladder completely through the suprapubic catheter by removing the plug. The amount of urine drained through the catheter will gradually decrease as the urination through the phallus increases.

Drain Care:

1. Do not pull on drains. The doctors will remove them, or they may sometimes slip out on their own.
2. The Jackson-Pratt plastic drains have large plastic reservoirs at the end of the tubing. Empty the drain reservoirs every 4 hours and measure and record on paper how much drainage comes out. Compress the reservoir before reclosing, for continued suction drainage.

Donor-Site Wound Care:

1. Keep the dressing over the grafted area clean and dry. In most cases, the dressing will be removed 5 to 7 days after your surgery, before leaving the hospital. Skin grafts require early immobilization, and it is important that the dressing not be removed prior to this, as it could increase the risk of graft loss.
2. Following removal of the dressing, the area should be kept clean. The grafted area and surrounding skin can be gently cleansed with soap and water, avoiding trauma to the grafted site. Avoid soaking the area until it is well-healed. Care should be taken to avoid direct contact between the shower stream and the graft, until it is well-healed.
3. If possible, the site should be elevated above the level of the heart to decrease swelling and discomfort. This is helpful for about 2 weeks after surgery.
4. After the initial dressing is removed, a yellow Xeroform dressing may be placed over the site. Change this every 1-2 days, as directed by the doctors, and wrap it gently with surgical gauze.

5. A neutral moisturizing lotion, such as Eucerin, can be applied beginning at about 2 weeks after surgery. Lotion should NOT be applied to any portion of the wound that remains open. If there are small areas that remain open, a thin layer of antibiotic ointment, such as Neosporin or Bacitracin, can be applied.

Skin Graft Donor-Site Wound Care:

1. The site where the split-thickness skin graft was taken is usually covered with an adherent yellow medicated gauze (Xeroform) or a clear adhesive dressing (appearance of Saran wrap).
2. If you have a Xeroform dressing, it is usually initially covered by a white gauze dressing, but this will be removed in the hospital. After that, leave the Xeroform dressing open to air. Do not put any moisturizers, creams, medications, or water on it, and DO NOT REMOVE THE DRESSING!! The Xeroform will become incorporated into a scab over the donor site. It will peel up from the edges as healing occurs; the edges can be trimmed with scissors as needed, and will eventually fall off on its own. A hair dryer with low or no heat can be used for 10 minutes twice a day to promote drying of the Xeroform/donor site.
3. If you have a clear adhesive cover, this should be left clean and dry. Fluid may accumulate under this dressing (it can be drained in the office if it is a large collection) or it may leak out from under the dressing. If it is leaking, leave the dressing as it is and reinforce the area with dry gauze and tape to control drainage.
4. As the Xeroform dressing is trimmed away at the edges, the uncovered areas should have lotion applied to keep the new skin moist. Lotion should be applied to the entire donor site after the dressing falls off.

Troubleshooting – What to Look For

Signs of Infection: Increasing redness, pain, warmth, swelling, or drainage with pus at the surgical site. Fevers and chills could be signs of infection. Antibiotics are usually prescribed for the first 7-14 days after surgery. Infection of the grafted or donor sites may require premature removal of the dressings placed at the time of surgery. Failure to address this issue can lead to graft loss, so contact Dr. Crane as soon as possible to determine the appropriate treatment course.

Signs of Bleeding: Sudden increased swelling or mass effect at any of the surgical sites, drainage of blood (as opposed to red-tinged thin liquid, which is normal drainage) from the wound, or severe bruising around the surgical site. Drainage of a small or moderate amount of blood-tinged fluid is not uncommon and is not indicative of active bleeding. If there does appear to be active bleeding at the donor site, direct pressure on the site can be helpful. If there is bleeding of the phallus, however, direct pressure should only be done if absolutely necessary, as pressure on the blood supply to the phallus can be potentially detrimental. An accumulation of blood under the graft at the donor site can also lead to partial or total graft failure at the donor site; this can be treated in the office. Blood coming from the urethra at the tip of the phallus is normal drainage. If you suspect significant bleeding, contact Dr. Crane to determine appropriate treatment.

Seroma is an accumulation of fluid at a surgical site. If a significant fluid accumulation occurs under the skin graft at the donor site, it can cause loss of part of all of the graft. Removal of this fluid can be performed in the office.

Graft Failure: Portions, or rarely all, of the graft at the donor site can appear to "slough" from the wound. In this case, the graft is no longer adherent to the wound bed, and it loses its blood supply, resulting in the loss of that portion of the graft. Small portions of graft loss are not uncommon and usually heal well with the appropriate wound care. If there are small open areas, due to partial graft loss, antibiotic ointment (Neosporin or Bacitracin) can be applied to these areas.

Wound Healing Problems can show up as separation of the wound edges at the surgical site. This can be caused by a variety of factors, and is usually a problem that can be managed by dressing changes and wound care. Keep the area clean with soap and water and place a gauze dressing over the area to keep the area dry. Contact Dr. Crane to discuss the need for further evaluation or treatment options.

Suggested Supplies

Xeroform Gauze 5"x9"- used in dressing changes on the graft site; can be purchased on amazon.com, or most durable medical equipment stores
Hand Mirror – allows you to view the surgical area while changing dressings.
Neosporin with Pain Reliever – a topical pain reliever that may provide relief and comfort where new skin is exposed.
Vitamin E Oil – may improve skin elasticity
Q-Tips, Non-Stick Gauze, and Cotton Balls – for applying ointments and dressings
Thick Pillow or Medical "Donut" – for comfort while sitting or traveling.
Extra Underwear – initially, mesh briefs or Depends can be used to help hold the dressings in place as well as to help keep the phallus elevated. After healing, most patients prefer underwear that is looser and seamless, to avoid rubbing.
Sweat Pants and Loose Jeans – for comfort and to accommodate the catheter with drainage bag and drain that will still be present postoperatively.
Cushiony Cup or Pad for inside Underwear – past patients have purchased soft cups from Andrew Christian. A heavily padded bra cup will also suffice. As patients have transitioned to wearing tighter briefs, these pads provided comfort.
Lap Desk – this may allow you to accomplish tasks and serves as protection against pets/children on your lap.
Extra-strength Tylenol (Acetaminophen) – transition to Tylenol for relief from mild to moderate pain. Do not take Tylenol concurrently with your narcotic pain medicine, as that medicine also contains Tylenol, and large amounts of Tylenol can cause liver damage.
Super-absorbent Maxi-Pads or Men's Depend Pads – to absorb any drainage after dressings are removed.
Roll of Self-sticking Surgical Elastic Wrap – for applying compression around the gauze dressing. A self-stick wrap sticks to itself, not to skin.
Medical Cloth Tape – used for a variety of reasons, including but not limited to taping your dressings and taping your catheter/drainage bag/drain to your leg.
Safety Pins – can be useful for pinning catheters or drains to your underwear, but be careful to unfasten the pins before taking the underwear off.

Diet

Avoid Constipation: Lack of activity postoperatively, as well as narcotic pain medications, can contribute to constipation. Take a Stool Softener for the first month after surgery. Use Prune Juice regularly, as needed. Miralax may be used in the event extra help is needed.

AVOID Metamucil or other fiber drinks, as they may contribute to more constipation during the period of reduced activity.

AVOID Caffeine and Chocolate, until OK'd by your doctors. No caffeine means no: caffeinated coffee, caffeinated tea, or caffeinated soft drinks.

Drinking cranberry juice, along with water, may lead to a decreased incidence of urinary tract infections.

IF you have had a buccal mucosa harvest (tissue taken from the inside of your cheek), you need to be on a soft diet. You may have broth, soup, ice cream, pudding, mashed potatoes, and other very soft foods.

Important Contact Information:

****For medical or logistical questions, please phone the office during normal business hours****
Office Phone: 415.625.3230
Office Hours: Monday - Thursday, 9:00 am- 3:00 pm
Friday, 9:00 am- noon

For any of the below situations, please phone the office during normal business hours with any questions.

****Swelling** is a normal postoperative occurrence; please elevate your phallus as much as possible to encourage circulation and decrease swelling. Do not put the phallus in the waistband of your pants. You can expect swelling for 4-6 weeks postoperatively in the phallus and scrotum.

****Postoperative pain** is a normal postoperative occurrence; please take the medication as prescribed-- do not take NSAIDs or aspirin as this can contribute to postoperative bleeding

****Itching** is a normal side effect of postoperative pain medication; if you experience itching without a rash, you may take over the counter Benadryl or stop taking the medication and switch to extra strength Tylenol. If a rash is present with itching, discontinue the use of medication and take Benadryl as directed.

****Nausea** is a normal side effect of postoperative pain medication; if you experience nausea please contact our office for an antiemetic prescription.

****Constipation** is a normal side effect of postoperative pain medication; you may take an over the counter laxative or stool softener.

Blood in urine for the first 6 weeks is normal following surgery.

If your **catheter is not draining, please reposition the urine bag below the bladder level to see if this affects the drainage. If repositioning is not effective, flush the catheter with water.

Postoperative incontinence is normal while your urethra is swollen. The urethra will be swollen for up to 12 weeks postoperatively.

****When the office is closed and there is a medical question that requires a same day response, please phone Dr. Crane's cell. DO NOT TEXT. ****
Dr. Crane's Cell Phone: xxx.xxx.xxxx

For any emergencies please call 9-1-1.

If any of the situations listed below occur outside of business hours, please contact Dr. Crane on his cell phone ONLY in the following events:

****Fever over 101° F**
****Pus or drainage from the incision sites coupled with a foul odor**
****Total inability to void after the catheter is removed**