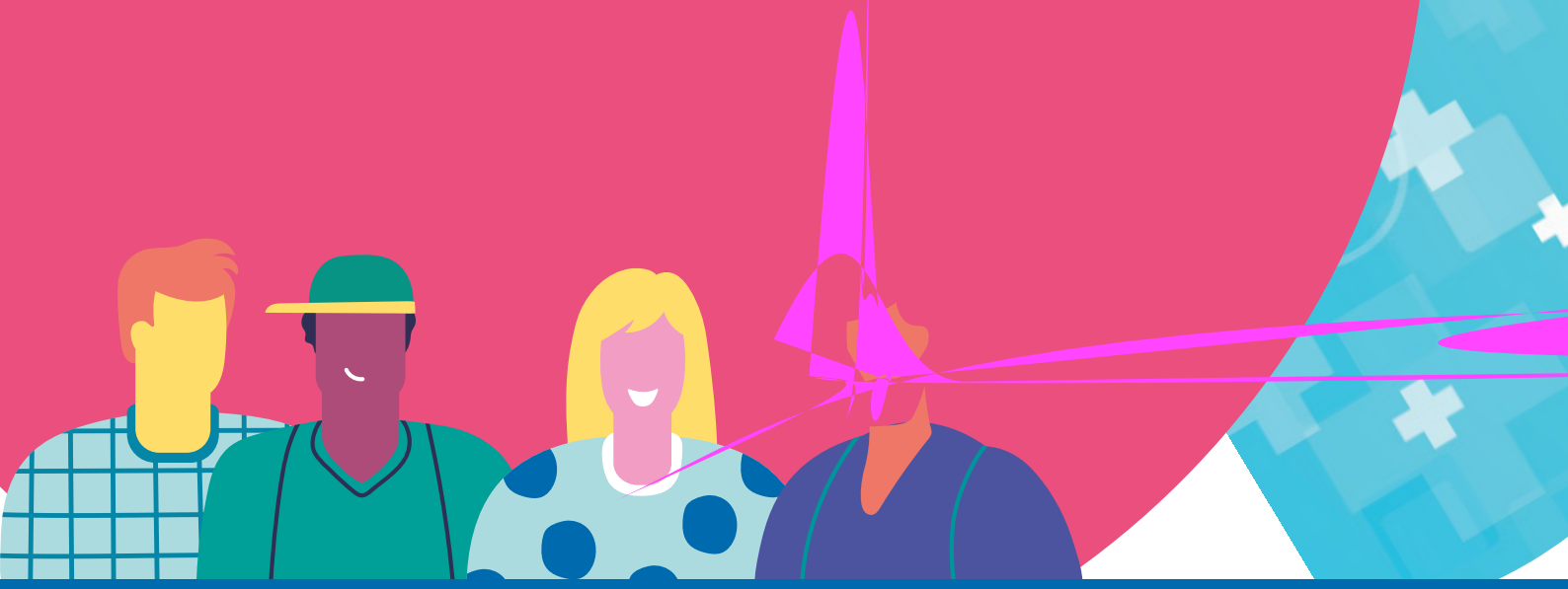
Metoidioplasty Masculinising Surgery

Process involved and after care



Some transmasculine individuals decide that they want to have surgery to permanently alter their anatomy, however not all choose to have surgery.

It is important to be aware that masculinising genital surgery is not reversible and requires considerable commitment from you throughout the process. You should aim to be as well informed as possible about this journey and consider all the options available before you make this decision.

Metoidioplasty surgery may involve several surgeries. As a result, it is important to allow plenty of time between surgeries for any reconstructed tissue to mature. This will also give you the opportunity to rest in between surgeries which is an essential part of the healing process. Therefore, it is imperative to acknowledge that this journey may take at least 18 months to complete.

The surgical technique used will depend on the size and shape of your body, your personal preference, and your goals.

Masculinising genital surgery is provided as a core component of the NHS gender identity care pathway for transmasculine individuals.

You will require two recommendations for surgery to be undertaken by two responsible clinicians from a specialist Gender Identity Clinic (GIC) that is commissioned by NHS England.

The two recommendations for genital surgery must confirm that you have had the relevant

- A documented persistent diagnosis of gender dysphoria
- The ability to make a fully informed decision and to consent for treatment
- Be at the legal age of majority; the referral can be made at the age of 17 but for surgery to take place in the UK you must be 18 or above
- If you have significant medical or mental health concerns, they must be well controlled
- 12 continuous months of living in a gender role that is in-keeping with your gender identity
- 12 continuous months of hormone therapy as appropriate to your gender goals (unless you have a medical contraindication or are otherwise unable or have concerns in relation to taking the hormones)

The NHS funded masculinising genital surgery is available for people aged 18 and above.

- **Phalloplasty (various types):** This is the surgical creation of an artificial penis (phallus), scrotal sac and testes. It involves using a flap of tissue, including arteries, veins, and nerves. (Please refer to the Phalloplasty leaflet)
- **Metoidioplasty (with/without urethroplasty, with/without scrotoplasty)**

- **Hysterectomy:** A total hysterectomy involves removing the uterus and cervix, whereas a sub-total hysterectomy involves removing the uterus but the cervix remains. This means that you will remain on the cervical screening programme.
- **Bilateral salpingo-oophorectomy (BSO):** This involves removing the fallopian tubes and the ovaries.
- **Vaginectomy:** Removal of all or part of the vagina (colpectomy) and/or closure of vaginal opening (colpocleisis).
- **Urethroplasty:** Creation of a urethra that travels through the neophallus (urinary passage through the penis). The urethral tissue can be made from skin, vaginal or oral mucosa.
- **Glansplasty:** Creation of the glans penis (circumcised appearance) – by sculpting the head of the neophallus.
- **Scrotoplasty:** Creation of a scrotum using the labia majora. The surgeon then inserts testicular prostheses later.
- **Erectile prosthesis (various types):** Insertion of a penile prosthesis.
- **Testicular prosthesis (various types):** Insertion of testicular prosthesis.

It is, however, important to acknowledge that whilst hysterectomy and bilateral salpingo-oophorectomy (BSO) may be performed along with one or other stages of this surgery, they are not available on the NHS as stand-alone procedures through this surgical pathway. You can discuss this further with your GP, who may refer you for these procedures separately if required.

Based on the recommendations of doctors at the GIC, you will be referred to a surgeon outside of the clinic who is an expert in this type of surgery.

Your responsible clinician at your GIC will also discuss pre-surgical options such as fertility and healthy lifestyle.

Fertility

Before you have your surgery, you should think carefully about whether you may wish to have children in the future.

This is because your reproductive system will change during medical and surgical treatments, such as with hormonal therapy and surgery which can cause permanent infertility.

You should discuss whether you wish to preserve your fertility with your responsible clinician at your GIC before you are referred to a surgeon.

Your clinical team at your GIC can talk to you about available options.

Healthy lifestyle

Your clinical team will additionally discuss pre-surgical requirements such as weight loss, smoking cessation (stopping smoking) and your general health. Important to note that you may not be referred for surgery until target weight / BMI is reached. This is to ensure you are fit for surgery to proceed.

We advise that you tell your surgeon of any specific physical work you regularly undertake so that they can give you the best advice possible about recovery times.

If you have a healthy lifestyle you are more likely to recover better from surgery and are more likely to have fewer complications. You should aim to be as healthy as you can by doing the following:

- **Stop smoking:** Smoking reduces blood supply and can reduce your ability to heal; it can also lead to chest infections.
- **Cannabis use:** Should also be avoided due to its estrogenic effect.
- **Weight loss:** Most surgeons will require your BMI to be less than 30 but this may vary according to which surgeon is performing the surgery. If you are overweight this can make the surgery more complicated and may lead to a higher risk of complications like delayed wound healing You can speak to your GP about a weight loss programme that is safe for you.
- **Medications:** Follow the advice from your surgeon on which medications to continue taking and which to pause or stop ahead of surgery, and when you can restart them after surgery.
- **Alcohol:** Be honest with your doctor about how much you drink, as alcohol can affect your liver and have an impact on bleeding and wound healing. It is also an important factor for Anaesthetists to consider when deciding on which General Anaesthesia (GA) medications to use.
- **Over the counter medication (OTC):** Tell your surgeon if you are taking any additional over the counter tablets, vitamins or supplements as these may influence your ability to heal and may affect bleeding.

Once you have decided where you would like your surgery to take place, you will meet with the surgical and nursing team.

You will be given information about what to take with you for both your assessment appointments and hospital admission.

The surgeon will carry out a physical examination of your genital area and will also discuss:

- **Various types of surgical options available**
- **Advantages and disadvantages of each surgery**
- **Potential risks or complications related to the surgery**
- **Follow up care you may require after your surgery**

As part of your assessment, you may be required to undergo some or all the following investigations:

- **Chest X-ray (CXR)**
- **Blood tests**
- **ECG (a tracing of your heart rhythm)**
- **Urine sample**
- **Routine observations such as: blood pressure (BP), heart rate (pulse) and your temperature recording**
- **COVID-19 screening may be required**
- **MRSA screening (nose and groin) may be required: This will involve taking some swabs from your nose and skin to see if you need to have any treatment before you have your operation. MRSA is a type of bacteria that is resistant to many antibiotics and lives on your skin. It is normally harmless, but it can affect your ability to heal if you have an operation**
- **Pregnancy test may be required prior to surgery if you still have a uterus (womb)**

Once you have the date for your surgery, you may want to start thinking about the following:

- If you are employed, you should speak to your employer to arrange the time you will need to be off work.
- You will need time to recover and this will vary depending on the type of operation you have; you may want to arrange to have someone with you for a period after you are discharged from hospital.
- Stock up your fridge, freezer and cupboards.
- Organise for someone to be available to help (e.g., with shopping and cooking) for at least the first two weeks you are home after your operation.
- It is advisable to discuss in advance with your GP or pharmacist regarding pain relief medication options, in preparation for when you return home after your surgery.
- If you have pets, ask someone to take care of them while you are in hospital and once you are at home.
- Make sure you have enough toiletries and clean underwear at home.
- You will also need to arrange for someone to collect you from the hospital after your surgery or arrange transport home.
- Make sure you have some loose-fitting clothing to take to hospital with you as tight clothing will be uncomfortable in the first few weeks after your surgery.

After your surgery you will be advised about activities that you should avoid such as certain types of exercise, driving and intimacy. It is generally advised that you avoid these activities for about four to six weeks after your operation.

It is important to follow the specific advice your surgeon has given you to avoid complications.

- This is a non-reversible surgical creation of an artificial penis (mini phallus) which uses existing genital tissue to form a new penis.
- This surgery is chosen by patients who wish to urinate whilst standing but are less interested in the size of the phallus or having penetrative sexual intercourse.
- Testosterone replacement therapy prior to surgery is required which gradually enlarges the clitoris to an average length of 4 to 4.5 cm.
- Achieving the desired outcome from lower surgery can require more than one procedure.
- Additional procedures may take place immediately after a metoidioplasty or during separate visits.

Metoidioplasty Surgical Steps

- This surgery brings the urethral opening to the tip of the clitoris which is formed into a pseudo-glans
- The remaining non-hairy inner labial (Labia minora) folds are cut away
- The hairy outer labia (Labia majora) skin is dropped down to make the scrotum and to make the mini phallus (artificial penis) stick out further
- The neourethra (urinary passage through the penis) is usually created in two stages with a buccal graft taken from the lining of the mouth, which is grafted on first to form the lining of the new segment of urethra
- This graft is allowed to heal before the surgery is completed at a second stage about six months later
- Keyhole hysterectomy and/or vaginectomy can be performed at the same time as the second stage
- If your preference is not to urinate whilst standing, then the mini phallus (artificial penis) and scrotum are formed in one surgery with keyhole hysterectomy and/or vaginectomy as required
- The original urethral opening is then repositioned just under the scrotum, so no female-looking parts are retained
- Small testicular prostheses are inserted later if required

Scrotoplasty:

- If there is insufficient labia majora skin to insert a testicular prosthesis or if the patient's thighs are large, then a formal scrotoplasty will be needed to bring the neo-scrotum in front of the thigh
- The best aesthetic appearance is obtained by forming the scrotum at the time of vaginectomy and join-up urethroplasty with burying of the clitoris
- If the clitoris is not buried or a vaginectomy not performed, then the scrotum will appear split in two
- A single scrotal sac is made by asking you to stretch the new scrotum as much as possible before the final operation

Testicular Prosthesis:

- The surgeon will discuss the options of sizes with you directly but for metoidioplasty they normally only use the small size
- Solid silicone gel prostheses are normally used, which tend to be rupture-proof and should last a lifetime
- The shape is oval in keeping with a real testicle

You can expect to be in hospital between 1 and 5 days after your surgery depending on your surgeon's advice and the type of surgery.

Following your surgery, you will be regularly reviewed by your surgical team. These regular reviews will give your surgeon the opportunity to assess how well your wounds are healing and check for any post-surgical complications.

Regardless of where you elect to have your surgery, your surgical team will provide you with or advise on the following:

- **A discharge plan**
- **What you should or should not do following surgery**
- **Wound care**
- **Pain management**
- **Expected recovery times**
- **Clear instructions on what to do should you have any concerns**

You may be referred to your local district nursing team or your GP if you require wound care or treatment in the first few days after your discharge.

You will remain under your surgical team for one year, after which you will be discharged back to the care of your GP for continuing care.

Risks from Surgery

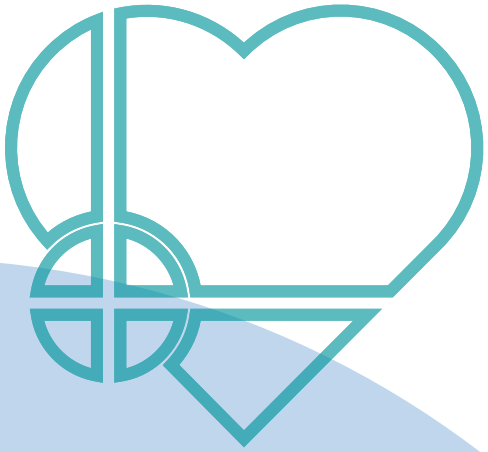
As with all surgery that involves general anaesthetic there is risk of complications including deep vein thrombosis (DVT), infection, nerve damage, acute or chronic pain and the need for surgical revision. Covid-19 infection around the time of surgery may also lead to a higher risk of complications or death.

Common General Surgical Complications:

- Pain
- Infection
- Blood clots
- Bleeding
- Wound dehiscence (breakdown)
- Urinary tract infections (UTIs)
- Urinary retention (unable to pass urine)
- Poor scarring

Common Metoidioplasty Surgery Related Complications:

- Buccal graft failure
- Temporary reduction of sexual function
- Dissatisfaction with visual appearance of the penis, size of the penis, function of penis, scrotum
- Urinary Incontinence (unable to control the need to urinate)
- Post-urination dribbling, spraying of the stream
- Fistula: An unwanted connection between urethra, vaginal space and/or the skin
- Urethral stenosis: Narrowing of the urethra, making it difficult to urinate
- Urethral strictures: Narrowing of the urethra or complete blockage, making it difficult to urinate, may require catheterisation until corrected
- Testicular implant complications: infection, extrusion, poor/uncomfortable positioning



If you have had a metoidioplasty, you may not be able to have penetrative intercourse. However, you should have the ability to reach an orgasm as the clitoris has formed the mini-phallus and, if you wish, be able to have a mutually satisfying sexual life with a partner.

It is worthwhile taking the time to explore your new anatomy after surgery and to learn which areas are erogenous and pleasurable, before becoming intimate with a partner.

Usually, patients prefer to wait 4 weeks post-surgery prior to engaging in sexual activity to allow time for the healing process. However, there is no "right" time to commence sexual activity. If you feel comfortable to be intimate with someone, it's almost certainly safe to start. If in doubt, ask your surgeon or specialist nurse.

We would encourage you to practice safe sex, especially with, a new partner, so you should bear in mind that condoms are broken down by oil-based lubricants. Silicone or dimethicone based lubricants are to be preferred.

The NHS offers health screening if you have registered with your GP as your identified gender. However, the NHS will not know your previously assigned gender and you may miss screening that would benefit you and identify health risks associated with your assigned gender at birth.

You should discuss the benefits of health screening with your GP and find out which health screening would be best for you to request.

The NHS has produced a leaflet on screening for trans and non-binary people which can be found here: **https://www.gov.uk/government/publications/nhs-population-screening-information-for-transgender-people/nhs-population-screening-information-for-trans-people**

Who can I contact if I have a question?

If you have any queries or require advice you can contact your:

- Surgical team
- GP
- GIC

The NHS Gender Dysphoria National Referral Support Service (GDNRSS) have a support line available for questions and queries regarding specialist gender surgery in England, Wales, Scotland and Northern Ireland.

We can answer questions relating to:

- General enquiries
- Clinical or non-clinical information
- Your referral
- The status of your chosen hospital
- Information relating to travel and any other practicalities

- Your GIC will ask you if you prefer to be contacted by the GDNRSS team via email or letter and this will be recorded on your file.
- We will email or write to you to let you know your referral has been received and how this has been processed using your preferred contact method.
- We will not be aware of any changes in your personal circumstances, therefore any correspondence from us will be sent to the address or email provided by you to your GIC.
- Please ensure that your contact details are up to date with us and your GIC and contact us if you have a different way you would prefer us to make contact.
- We value your views to help improve services and we may on occasion contact you to gather information about your experience and outcomes after surgery, this is known as patient reported outcome measures (PROMS).

Please let us know if you do not want us to contact you to complete patient surveys.

- Referrals are sent to us using a confidential electronic referral system
- Once received, referrals are securely stored, and our referral system is governed by the General Data Protection Regulation (GDPR)
- We take our responsibility to protect your data and confidentiality extremely seriously and the information we receive can only be used by trained staff who work under close supervision

We do not share your information with anyone other than those involved in your care and treatment.

We are available from:

You can contact us via telephone:

01522 857799

Feedback

If you would like to provide feedback, please email us at: **agem.gdnrss@nhs.net**

If you require information in another language or format, please contact the team at: **agem.gdnrss@nhs.net**

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