WHAT IS A METOIDIOPLASTY?

Metoidioplasty or "meta" is a transmasculine genital surgery that utilizes existing genital tissue to create a neophallus by releasing ligaments around a testosterone- influenced clitoris giving the shaft more length. It is recommended that patients are on testosterone for one year to stimulate tissue length and girth. Most surgeons are skilled in different types of metoidioplasty techniques, it is important to understand all your options to select the best procedure for you and your anatomy.

POSSIBLE SURGICAL PROCEDURES:

- Creation of phallus, average size is 1.5" to 3"
- Urethral lengthening, for urination though tip of neophallus
- Scrotoplasty & testicular implant placement
- Vaginectomy, removal/partial removal of vagina
- Monsplasty, removal of excess skin and fatty tissue from pubic bone area

POSSIBLE BENEFITS OF SURGERY TO DISCUSS WITH SURGEON:

- Internal and external congruency of one's gender identity
- Preservation of tactile and erogenous sensation
- · Standing to urinate
- Capable of erection

IMPORTANT CONSIDERATIONS

- Metoidioplasty is considered less invasive and less risky than phalloplasty due to a single surgical stage, no large donor site, and length of recovery. If I patient desires urethral lengthening surgeons may recommend vaginectomy to help reduce complications.
- It is possible to convert a metoidioplasty procedure to a phalloplasty later if goals change. If a patient desires a phallus larger than 1.5" - 3" and penetrative sex is important-phalloplasty should be discussed further.

YOU'RE ON YOUR WAY TO BECOMING MORE YOU, AND WE'RE HERE TO HELP.

The mission of Gender Health SF is to increase access to quality gender-affirming health care for underserved transgender and non-binary people in San Francisco, regardless of immigration status and/or lack of income.

NOTES:



sfdph.org/genderhealthsf

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Metoidioplasty

Risk of surgery

Getting the best results

Questions to ask your surgeon

Possible surgical & non-surgical procedures

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Preparing for Surgery & Expectations

Your PCP, surgeon, and Gender Health Navigator can help you achieve optimal surgical outcomes by actively preparing for your surgery and making sure expectations are surgically possible.

PHYSICAL HEALTH

Maintain a healthy body weight, high body weight can increase complications and interfere with wound healing. Surgeons maintain strict Body Mass Index (BMI) requirements for genital surgeries.

MENTAL HEALTH/WELLNESS

Having surgery takes both physical and mental preparation. Surgery is stressful, some people feel an increase in depression or anxiety after surgery. If you notice any changes in your mood or sleep, especially with anesthesia, please discuss with your care team. If you struggle with mental health, reach out to your mental health provider or navigator for support.

SMOKING

Nicotine intake by smoking, patches, chewing gum, or vaping may interfere with wound healing. If you use nicotine, you should discuss a quit date with your PCP and surgeon. Surgeons require patients to stop nicotine prior to surgery and may test for confirmation.

If you inhale cannabis, it's important to find another way to use it, for example, topical, edibles, and tinctures, or to stop altogether.

SUPPORT

Build your network of support with providers, family, and community to help you plan and organize your recovery prior to and after surgery.

- Transportation to and from appointments
- Meal planning and preparation
- Providing a calm and supportive healing space



WHAT IS THE DIFFERENCE BETWEEN **METOIDIOPLASTY** 2 **PHALLOPLASTY**

Meta

- Neophallus created from tissue the patient has, no donor site
- Less invasive
- Shorter recovery process
- Less
- maintaining erogenous sensation
- Urethral lengthening allows for standing urination

 Donor site and flap used to create a phallus from patient.

Phallo

- More invasive procedure using microsurgical techniques
- Multiple surgeries staged longer recovery
- Higher risk making complications more common.
 - Urethral lengthening allows for standing urination

While everything that your surgeon is asking you to do can feel overwhelming, remember that you're not alone. We're in this together. It's okay to reach out to your Gender Health SF navigator for help.

What questions should I ask my surgeon?

Bring a list of questions to ask your surgeon at the consultation to help you plan for your surgery and set expectations. If you don't understand something, it's okay to ask your surgeon to repeat or explain it in a different way.

EXPECTATIONS

- → What are common complications and how are they managed?
- → What are some possible changes to my sexual health and when can I be sexually active?
- → Will I have a catheter and for how long during recovery?
- → If I get meta now, can I get phalloplasty later?

PLANNING

- → What are the different types of meta options, and what is best for my goals?
- → I want to stand and pee, what procedures and recovery planning is needed?
- → Based on my goals, will my meta need to be staged in different surgeries?
- → Where will my surgery take place and how long will it take?
- → How long will I need to take off work/school?
- → What medications or hormones do I need to alter or stop before surgery?
- → Will I need medical supplies?

What can I expect after surgery?

Everyone heals differently. Patients will experiencedifferent levels of pain, bruising, swelling, and fluid drainage at incision sites. Each aftercare recovery plan is catered to a patient's unique medical needs. You will receive post-op care instructions from your surgeon, make sure to review these instructions with your surgeon, PCP, and navigator as needed. For optimal results and to help avoid complications, it is essential to follow post-op directions and engage in followup care appointments as scheduled. Your surgeon will cover post-surgery topics, such as:

- Hormone changes and effect on hormone therapy
- · When to resume exercise, physical, and sexual activity
- Healing process and pain management
- Complications

complications and risks Patient's report