

# Gender-Affirming Surgery: Phalloplasty and Metoidioplasty

Thank you for choosing the UCHealth Integrated Transgender Program - Anschutz Medical Campus at the University of Colorado Hospital. We are excited that you are taking these steps to affirm who you are. We want to help you as you move toward a physical appearance that fits with your gender identity.

This booklet gives you the information to learn about gender-affirming surgeries and what to expect as a patient with our program. Please feel free to contact our office with questions or to talk with one of our providers any time.

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## What is gender-affirming surgery?

Gender-affirming surgery is a “standard of care” treatment to reduce gender dysphoria. Standard of care means that doctors and medical experts believe this is the best treatment for a medical condition.

Gender dysphoria can happen when a person’s gender identity is not the sex that was assigned to them at birth. The goal of gender-affirming surgery is to change the features of the body which often cause this dysphoria. The surgeries will create body features that match your gender identity. These surgeries cannot be reversed.

Many studies have shown that surgery, along with hormone therapy, can lessen gender dysphoria in many people. Patients who have had gender-affirming surgery say they are very satisfied and have a better quality of life because of their surgeries.

We know that many of you have had problems because you were not able to get treatment for gender dysphoria. You may have struggled with personal growth. You may have felt that your life is not as fulfilling as it should be. We know that gender dysphoria can hurt your:

- Mental health
- Emotional health
- Physical health

## Who is a good candidate for gender-affirming surgery?

The World Professional Association for Transgender Health (WPATH) says that having surgery as a standard of care for gender dysphoria should be based on 2 things. First, each person's unique health care concerns and second, their level of dysphoria.


While surgery is a standard of care in transgender health, not every person is a good surgical candidate. Our surgeons must look at all of a person's risk factors and decide if surgery could be harmful to some people. There are many things that help decide if a person is a good candidate for surgery.

**To be considered a good surgical candidate for genital reconstruction surgery, you must meet these criteria (some of these are based on WPATH guidelines):**

- Be at least the "age of majority." This is most often 18 years or older (with some exceptions) and be able to make informed decisions (decisions based on facts).
- A history of long-lasting gender dysphoria that is well-documented by a licensed mental health provider. A referral letter that supports this must be written by this provider.
- A history of taking masculinizing hormones for at least 12 months in a row, and a referral letter from your hormone provider with details about this.
- Living socially in a gender role that matches your gender identity for at least 12 consecutive months.
- If you have any major medical or mental health problems, they must be fairly well-controlled by a primary care doctor or mental health provider.
- Body mass index (BMI) of 35 or less. This is a measure of your body fat based on your height and weight.
- Have at least 1 support person who will be able to help you for at least 2 weeks after surgery.
- Have a stable living environment that is safe and lets you rest and heal after surgery.

**A person would not be a good candidate for surgery for any of these reasons:**

- Significant, active substance abuse such as:
  - IV drug use
  - Alcoholism
  - Tobacco use
- Unstable living environment such as:
  - Not having a home to live in.
  - Not able to get basic needs like water, food or electricity.
- Uncontrolled or untreated medical or mental health issues such as:
  - Diabetes (HbA1c greater than 7.5)
  - Severe mental health diagnoses including psychotic disorders.Sometimes, surgery can be considered if these issues are well-controlled with medicine and psychotherapy.



There are many factors that help decide whether a person is a good candidate for surgery.

**Some patients have a higher risk of problems after surgery and problems healing after surgery.**

People are at higher risk if they have certain medical issues, such as:

- Diabetes
- Autoimmune disease
- Bleeding or clotting disorders
- High BMI
- Heart failure
- Lung disease

Each person's surgery case is reviewed separately by our team. We will review your health records and evaluate your risk. If you are a good surgical candidate, you will need your primary care doctor to help you get as healthy as possible before surgery.

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## Genital reconstruction surgery—male genitalia.

Genital reconstruction surgery is a gender-affirming surgery where your genitals are reconstructed into a phallus (penis) using the tissue of your current anatomy. There are 2 main types of surgeries we offer:

- Phalloplasty
- Metoidioplasty

Both surgeries create male genitalia, but they have different results (or outcomes) after surgery. We will work with you to choose the best surgery to match your goals and gender identity.

During your first appointment, we will ask you to rate your goals from the most to the least important to you. From 1 (most important) to 4 (least important) you will rank these things:

- Aesthetic appearing phallus (looks more natural).
- Erogenous sensation (sexually sensitive).
- Being able to stand up to urinate (pee).
- The ability to have penetrative intercourse.

## Phalloplasty surgery types and stages.

This is a series of procedures where we use a flap (skin and fat tissue) from your arm or leg (called the donor site) to create a phallus (penis). We can also:

- Create the glans of the phallus.
- Create a scrotum.
- Lengthen your urethra to place at the opening of your neophallus.

There are 2 different places where the flaps can be taken from. Where we take the flap will determine the number of surgeries you will have: The 2 sites are the:

- Forearm
- Anterolateral thigh

Please remember that all the stages described below can be adjusted to meet each person's wishes. This is something that will be discussed during your first appointment.

### Phalloplasty with a radial forearm free flap (RFFF):

Phalloplasty with a RFFF is usually done in 2 to 3 stages.

**Stage 1:** During the first surgery, we will remove a section of your forearm. This will include your:

- Radial artery and its vein
- Cephalic vein including the skin and underlying fat

We remove these veins and reattach them to an artery and vein in your groin. This way, the tissue will still have blood flow.

Most often, we take the tissue from your nondominant arm (for example, if you are right-handed, we use your left arm). Your surgeon will also attach 1 to 2 nerves. This means that later, you will have sensation (feeling) of the phallus.

Before detaching the tissue from your forearm, we will create your new phallus and urethra of the phallus by arranging the flap into a tube shape. The length and girth of the new phallus will be based upon what you want, but also depend on the size of your forearm.

We will also take a skin graft from your thigh and use this to cover the wound on your forearm. If you want the donor site and the skin around it to look smooth and level, a skin substitute can be put over the donor site at the first surgery. This increases the thickness of the donor site, but it has to be covered with a skin graft during another surgery a few weeks later. You will stay in the hospital for about 5 to 7 days.

Before your surgery you will be given a list of supplies that you will need to have after surgery. You will need to stay within 1 hour of the hospital for the first 2 weeks after your surgery. This is so you are close to the hospital if you have any problems and for all of your follow-up visits. You will have a follow-up appointment about 1 week after you go home to make sure there is still good blood flow through the neophallus, and to be sure you are healing well.

**Stage 2:** The second surgery is done at least 3 months after the first surgery. During this surgery we:

- Complete perineal masculinization where we remove the vagina (vaginectomy).
- Lengthen the native urethra (the tube urine goes through).
- Connect the native urethra to the urethra that was created during the first surgery of the phallus. This allows urine to go through to the tip of the new phallus.
- We use a small adductor muscle of the medial thigh (the gracilis muscle) to fill in the space after removing the vagina. We also use this muscle to reinforce the suture lines (stitches) where the urethra was lengthened to lessen complications.

We will also create the scrotum (scrotoplasty) and glans of the penis (glansplasty) and cover the clitoris at the base of the penis, if you would like. You should still be able to have an orgasm this way.

After this surgery, you will stay in the hospital for about 2 to 3 nights. Most often, you will go home with a urinary catheter for at least 2 weeks. You will need to stay within 1 hour of the hospital for the first 2 weeks in case you have healing issues. You will also need to come to all of your follow-up appointments.

**Stage 3:** The final surgery is for patients who want to have penile implants or testicular implants.

This surgery is most often done about 1 year after the first surgery when sensation has come back to this area. Placing a prosthesis before you have regained sensation could cause injury. If you do not regain sensation, you may not have the option of a prosthesis.

You may stay 1 night in the hospital after surgery and have a follow-up appointment 1 week after surgery. You will need to stay within 1 hour of the hospital for the first week after you leave the hospital.

### **Phalloplasty with an anterolateral thigh (ALT) flap:**

The ALT flap surgery often needs an extra stage when compared to the RFFF surgery. The reason is the ALT flap is a thicker flap, and the urethra of the phallus cannot be created during the first stage. This is because there is high risk of damaging its blood flow when the surgeon is making the tube.

**Stage 1:** During the first surgery, we take a flap including skin, fat and nerves from your thigh. We rotate this flap and arrange it in a tube shape to create the neophallus.

The flap usually stays attached to its blood supply.

Very rarely, the flap does not reach the right place on your body, and it has to be

removed from the body and reattached to an artery and a vein to provide blood flow once it is in the right place. Your surgeon will also attach at least 1 nerve so that later you will have sensation (feeling) of the phallus.

We will take a skin graft from your thigh and use this to cover the wound of the donor site. If you want the donor site and the skin around it to look smooth and level, a skin substitute can be put over the donor site at the first surgery. This increases the thickness of the donor site, but it has to be covered with a skin graft during another surgery a few weeks later.

Next, we make your new penis by arranging the flap into a tube shape. The urethra of the phallus is not always created during this stage. Because the flap is thicker, you may be able to have a larger-size phallus, but if it is too thick it can cause problems in the future. We will decide if this is a good option to use as a donor site at your first appointment.

You will stay in the hospital for about 5 to 7 days. Before your surgery you will be given a list of supplies that you will need after surgery. You will need to stay within 1 hour of the hospital for the first 2 weeks. This is in case you have any problems and for all of your follow-up appointments. You will have a follow-up appointment about 1 week after you are sent home to make sure there is still good blood flow through the neophallus and be sure you are healing well.

**Stage 2:** This surgery is an outpatient procedure, which means you will not stay in the hospital overnight. It is done at least 2 to 3 months after the first surgery, if the urethra of the phallus was not created during the first stage. During this surgery, we take a skin graft from your thigh and use it to cover the part of the ventral side (undersurface) of the phallus. After the procedure, you will have a bolster dressing in place to make sure that the skin graft doesn't move. There may be more surgeries needed before stage 3 if the skin graft does not "take" (heal) fully. This skin graft will eventually become your urethra tube.

**Stage 3:** The third surgery is at least 2 to 3 months after the stage 2 surgery (or surgeries). During this surgery, we will:

- Complete perineal masculinization where we remove the vagina (vaginectomy).
- Lengthen the native urethra (the tube urine goes through).
- Connect the native urethra to the urethra of the phallus that was created previously. This allows urine to go through to the tip of the new phallus.
- We use a small adductor muscle of the medial thigh (the gracilis muscle) to fill in the space after removing the vagina. We also reinforce the suture lines (stitches) where the urethra was lengthened to lessen complications.

We will also create the scrotum (scrotoplasty) and glans of the penis (glansplasty) and cover the clitoris at the base of the penis, if you would like. You should still be able to have an orgasm this way.

After this surgery, you will stay in the hospital for about 2 to 3 nights. Most often, you will be sent home with a urinary catheter for at least 2 weeks. You will need to stay within 1 hour of the hospital for the first 2 weeks in case you have any healing issues. You also need to come to all of your follow-up appointments.

**Stage 4:** The final surgery is for patients who want to have penile implants or testicular implants.

This surgery is most often done about 1 year after the first surgery when sensation (feeling) has come back to this area. Placing a prosthesis before your sensation has come back could cause injury. If you do not regain sensation, you may not have the choice of getting a prosthesis.

You may stay 1 night in the hospital after surgery and have a follow-up appointment 1 week after surgery. You will need to stay within 1 hour of the hospital for the first week after you leave the hospital.

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You also  
need to come  
to all of your  
follow-up  
appointments.

## Metoidioplasty surgery.

This procedure is different from a phalloplasty because it does not create a phallus out of a flap taken from a different site on your body. This surgery is often chosen by patients when their goals are:

- To continue to feel erogenous sensation (sensitivity to sexual stimulation).
- To stand up when urinating (peeing).
- Do not wish to be able to have penetration during sex.
- Are comfortable having a small phallus.

Please note that all the steps described below can be adjusted to meet the wishes of each person. This is something that will be discussed during your first appointment.

During the procedure, your surgeon will usually do these things:

- Release the clitoris to provide more length.
- Remove the vagina (vaginectomy).
- Lengthen the urethra—most likely using vaginal mucosa and the labia minora.
- Create the scrotum (scrotoplasty).
- Put in place testicular implants. (These may need to be placed at a later time.)

We use a small adductor muscle of the medial thigh (gracilis muscle) to fill in the space after removing your vagina. This also reinforces the suture lines (stitches) where the urethra was lengthened and lessens the chance for complications. The clitoris will be preserved (kept as it is), and you will still have feeling there.

You will stay in the hospital for 2 to 3 nights after surgery. You will also have a urinary catheter in place for at least 2 weeks.

Before surgery you may see your hormone provider to talk about more topical testosterone therapy and possibly using a vacuum erection pump device to give extra clitoral length.

*Please note that all the steps described above can be adjusted to meet the wishes of each person.*

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## Risks and complications of surgery.

Although most people have very good results, there are risks to any surgery such as possible complications and postoperative risks. We will be there with you through any complications that may happen.

### The general risks of surgery can include:

- Bleeding
- Infection
- Fluid collection
- Scarring (including hypertrophic and keloid scars)
- Chronic pain
- Sensory changes
- Cosmetic defects
- Not satisfied with results
- Allergic reactions
- Tissue necrosis
- Blood clots to the legs or lungs


There are also risks linked to anesthesia such as heart or lung problems, or even death.

### Risks to the area where the donor tissue is taken from (donor site):

- Infection
- Bleeding
- Fluid collections such as seroma or hematoma
- Chronic pain
- Neuroma
- Delayed wound healing
- Scarring (including hypertrophic or keloid scar)
- Motor or sensory deficits
- Stiffness
- Nerve injury
- Tendon injury
- Decreased grip strength
- Swelling and fluid buildup in your hand (lymphedema)

### Risks to the area where the donor tissue is attached (recipient site):

- Infection
- Bleeding
- Fluid collections such as seroma or hematoma
- Delayed wound healing
- Loss of erogenous sensation
- Neuroma
- Flap loss (partial or total)
- Injury to nearby structures or organs
- Narrowing of the urethra (urethral stricture)
- Abnormal connections between the urethra and other structures (urethral fistula)
- Leakage of urine, incontinence
- Mucocele (mucous cyst)
- Narrowing of the opening of the penis (meatal stricture)
- Need for dilation
- Need for revision surgery
- Scarring (including hypertrophic or keloid scars)
- Not able to place prosthesis
- There is a high risk for urologic complications including strictures and fistulas. These would prevent the ability to urinate (pee) when standing and would need another operation to repair.



**There are  
risks to any  
surgery.**

## Preparing for surgery.

With any kind of surgery, there are several steps to go through before you go to the operating room. Here is some information about what happens before your surgery.

### Your first appointment.

You will meet with the surgeon and the physician assistant, as well as other members of the team.

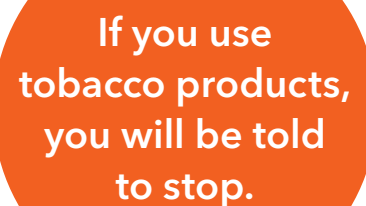
At this appointment:

- We will completely review your medical, surgical and social history.
- We will talk about your goals and any concerns. You will have plenty of time to ask any questions you may have.
- You will learn about:
  - Electrolysis (permanent hair removal) that is required before surgery.
  - The different kinds of surgeries.
  - How long you stay in the hospital for each surgery.
  - Risks and benefits of each surgery.
  - What to expect after surgery.
- We will do a physical exam. This includes:
  - A brief exam of your genitals for surgical planning.
  - An Allen's test—We put pressure on both your wrists to check the blood flow to the hand on each side.
  - A pinch test of your thigh to decide if this flap is an option for you.
- We know this exam can be a triggering experience. You may have a support person in the room, if you would like.
- We will also talk about hysterectomy (removing the uterus) and oophorectomy (removing the ovaries):
  - If you have not already had these surgeries, you will need to have them done at least 2 months before your first surgery.
- We may order a CT scan of the selected donor site. This will let us check the blood flow before your flap surgery to help us with planning.
- If you use tobacco products, you will be told to stop. You will have a test for nicotine about 2 to 4 weeks before surgery and on the day of surgery. These must be negative for you to have surgery.
- Please review this booklet for other reasons that could keep you from having surgery.

### After your first appointment—timeline before surgery.

#### 6 to 12 months before surgery:

- You will need to start your electrolysis as soon as you can. It may take between 6 to 12 months to complete full hair removal.

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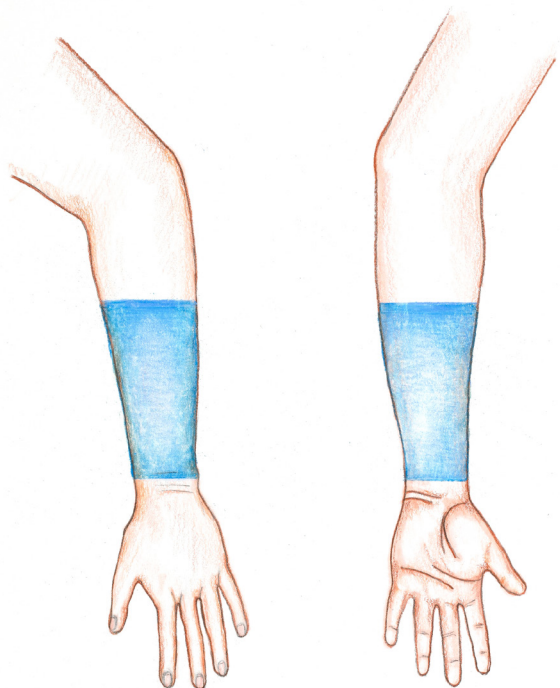
If you use  
tobacco products,  
you will be told  
to stop.



- Use these photos to show the electrolysis specialist the areas you need to have done, if using the forearm.
- Depending on your current and past medical history, we may need a letter from your primary care doctor approving you for surgery. We will decide this at your first appointment.
- If you have already finished electrolysis, the process will be quicker.

**2 to 3 months before you are done with electrolysis (or if you have already finished):**

- Contact your mental health and hormone treatment providers to get letters of referral. You will need:
  - 2 from your mental health provider
  - 1 from your hormone treatment provider
- You will bring these letters with you to your next visit. The letters need to include:
  - The length of your dysphoria and treatment(s) you have already had.
  - The length of your hormone therapy.
  - A statement of medical necessity (why this surgery is needed).
- If you cannot get a second letter from a mental health provider, let our social workers know. They can do an evaluation and should be able to write a second letter.
- Call the plastic surgery clinic at 720.848.0800 or send a message through My Health Connection to let us know that you are almost done with electrolysis. At that time, we will make your next appointment.



**Second clinic appointment.**

**At this visit we will:**

- Talk about the surgery with you.
- Examine the area of electrolysis to make sure hair removal is good enough.
- Answer any questions you have.
- **Remember to bring your 3 letters with you so we can send for insurance approval. This most often takes about a month.**
- As soon as we have insurance approval, we will set your surgery date. We will then call you to set up a preoperative clinic appointment.
- You will need to choose a support person that will be able to drive you home from surgery and stay with you for the about 7 days after surgery.
- We need to have your support person's name before we can give you a surgery date.

**Preoperative clinic appointment (3rd visit):**

- At this visit we will:
  - Talk about the operation with you.
  - Make sure nothing has changed in your medical history.
  - Get lab work to make sure you do not have any problems with your blood before surgery.
- You will finish your paperwork and we will talk about your instructions, including:
  - What medicines to stop taking before surgery.
  - How to take care of your incisions after surgery.
  - Where to go on the morning of your surgery.

**Before your surgery day:**

- If you live outside the Metro Denver area (more than 2 hours from the hospital), you should make plans to stay in the Denver area for 10 to 14 days after surgery.
  - This is important so that you can get to all of your follow-up visits.
- You need to stop using all tobacco and marijuana products 6 to 8 weeks before surgery. You will have a nicotine test about 2 weeks before surgery and on the day of surgery. These tests must be negative for you to be able to have surgery.
- You may be asked to stop taking your hormones 4 weeks before surgery. These medicines may increase your risk of blood clots after surgery.
  - We know that this can be upsetting. We will make sure you restart the hormones as soon as it is safe after surgery.
- Please call the surgery check-in desk to confirm the time you should arrive. Call between 2 and 4 p.m. the day before your surgery: 720.848.6070.

## **What to expect after surgery and discharge from the hospital:**

- You will be excited about the change in how you look after surgery. But you may feel anxious as well. We are here to help you while you get used to these changes.
- Please remember it is very important for you to come to all of your follow-up appointments. You will see your:
  - Surgeon
  - Provider who gives you hormones
  - Mental health provider
- Things to expect after surgery (these can last for many weeks):
  - Some swelling of the flap.
  - Other bruising.
  - Some clear or bloody discharge oozing from the skin graft donor site
- Your recovery time and what happens after surgery depends on what type of surgery you have.

## **What to expect in the hospital after phalloplasty stage 1 surgery (penile reconstruction):**

(Please note that each surgery is different. These are basic guidelines for when you are in the hospital.)

- You will be in a hospital unit for the first few days so our doctors and nurses can closely watch you and your flap.
  - This is to make sure the arteries and veins are providing good blood flow to the flap. We also watch for fluid collecting or clots forming.
- During this time, we:
  - Turn you in bed and change your position often.
  - Put a bolster dressing at your donor site to allow the skin graft to “take” and heal.
  - Give you pain medicines to keep your pain under control.
  - Give you a normal diet after surgery.
  - Give you strong medicines to make sure that you do not strain while having a bowel movement.
  - Get you out of bed and walk with the help of a team member after day 3.
- For some procedures you will have a urinary catheter in place.
- Most often, if everything is going well, you will be allowed to go home between postoperative day 5 and 7.

## Guidelines after phalloplasty stage 1 surgery (penile reconstruction).

### Activity guidelines:

- Be sure to balance being active with time to rest.
- Do not:
  - Lift more than 5 pounds
  - Bend
  - Reach
  - Push or pull
- No sitting upright at 90 degrees. Only slouch or sit back at 60 degrees for short periods of time.
- Walk (with a shuffle gait) for short distances and go back to bed after walking.
- Avoid all pressure to the phallus and groin.
  - Support the phallus in mesh underwear with gauze as you were told.
- Sit on the toilet with the leg that had the surgery extended (straight out).
- Do not have sex until you are told it is OK by your surgeon.
- No driving until your surgeon says it is OK.

### Shower or bathing:

- You may shower using soap and water.
  - Wear mesh underwear into the shower to support the phallus.
  - Gently wash and pat dry with a clean towel.
  - Use soap and water over both your skin graft donor and recipient sites.
  - Rub gently.

### Clothing:

- Wear baggy pants such as sweats or pajama pants, many sizes larger than you usually wear.
- Clothing should not put any pressure on the phallus.

### Taking care of your wounds:

- Skin graft site: Apply ADAPTIC or xeroform gauze over the entire skin graft.
  - Wrap with Kerlix and then an ACE wrap.
  - If you were fitted with a splint, please wear it at all times.

- Phallus:
  - Avoid all pressure to phallus.
  - Avoid pulling or tugging on the phallus.
  - Keep the phallus in the middle of your body- avoid letting the phallus hang to one side.
  - Wear the underwear as you were told with gauze fluff support.

### Medicines:

- Take your medicines as you are told by your doctor. The best pain relief medicines to use are:
  - Acetaminophen (Tylenol)
  - Celecoxib (Celebrex)
  - Pregabalin (Lyrica)
- Use narcotic medicines ONLY as needed.
- Keep taking the stool softener docusate sodium (Colace) while you are taking pain medicines.
- You may use gentle laxatives if needed, including:
  - Senna
  - Bisacodyl
  - Polyethylene glycol
- Do not use suppositories or enemas.
- Do not take laxatives or stool softeners if your stool is loose.

### Diet:

- You may eat the same diet you ate before surgery.
- Drink lots of water. Try to drink 2 liters a day.
- Do not drink alcohol until your doctor says it is OK.
- Do not start using any tobacco products again. This can interfere with the healing process.

**Be sure to  
balance being  
active with time  
to rest.**

## Guidelines after phalloplasty stage 2 surgery (perineal masculinization).

### Activity:

- Be sure to balance being active with time to rest.
- Do not:
  - Lift more than 5 pounds
  - Bend
  - Reach
  - Push or pull
- No sitting upright at 90 degrees. Only slouch or sit back at 60 degrees for short periods of time.
- Walk (with a shuffle gait) for short distances and go back to bed after walking.
- Do not have sex until you are told it is OK by your surgeon.
- No driving until your surgeon says it is OK.

### Shower or bathing:

- Shower each day using soap and water.

### Catheter care:

- You will have a urinary catheter and need to empty the drainage bag often during the day.
- Keep the leg bag attached to your leg.
  - Do not allow the bag to hang freely.
- Change to using a bedside drainage bag (larger bag) at night.
- Wash your hands before and after touching the catheter.
- Do not let the ends of the catheter touch any other surface.

### Clothing:

- Do not wear tight-fitting clothing.

### Medicines:

- Take your medicines as you are told by your doctor. The best pain relief medicines to use are:
  - Acetaminophen (Tylenol)
  - Celecoxib (Celebrex)
  - Pregabalin (Lyrica)
- Use narcotic medicines ONLY as needed.
- Keep taking the stool softener docusate sodium (Colace) while you are taking pain medicines.
- You may use gentle laxatives if needed, including:
  - Senna
  - Bisacodyl
  - Polyethylene glycol
- Do not use suppositories or enemas.
- Stop taking laxatives if your stool is loose.

### Diet:

- You may eat the same diet you ate before surgery.
- Drink lots of water. Try to drink 2 liters a day.
- Do not drink alcohol until your doctor says it is OK.
- Do not start using any tobacco products again.  
This can interfere with the healing process.

**Call our office right away during office hours at 720.848.0800 or go to the ER if you develop any of these:**

- Fever that is higher than 100.4 F
- Nausea or vomiting
- Heart rate more than 100 beats a minute that does not slow down
- Incision sites that have:
  - Pain that is getting worse
  - Redness
  - Drainage
- Chest pain
- Shortness of breath
- Increased pain or spreading redness in the area that is not the normal healing redness
- Persistent foul smell
- Changes to the phallus such as:
  - Color changes that are more than normal such as:
    - More pale than normal
    - More purple than normal
  - Becomes cool to the touch

## Follow-up appointments.

This is a general timeline. Your follow-up appointment schedule may look different.

First clinic follow-up: 5-7 days after you go home from the hospital:	Second clinic follow-up: 3-6 weeks after surgery:	Third clinic follow-up: 8-10 weeks after surgery:
<ul style="list-style-type: none"><li>• We will check your surgical incisions and make sure there are no signs of infection or flap failure.</li><li>• We will make sure you are not having any problems with keeping the flap elevated (raised up).</li><li>• Remember, it is not unusual to have some wounds that heal slower in some areas. We will decide when to schedule your next follow-up appointment based on how you are healing at this visit.</li></ul>	<ul style="list-style-type: none"><li>• We will continue to watch how you are healing.</li><li>• You will probably be able to increase your activity after this appointment.</li><li>• Remember, you may notice deformities (flaws) or scarring that are not pleasing to look at yet. But it takes months to fully heal.</li></ul>	<ul style="list-style-type: none"><li>• We will check how you are healing and begin surgical planning and talk about your preop plan before the next stage of surgery.</li><li>• You may be able to get back to full activity by this appointment.</li></ul>

## Lifelong follow-up and preventative care.

The WPATH standards of care says it is important for you to have lifelong follow-up with your primary care physician and transgender health providers. You need to have medical screenings for the rest of your life.

### Checklist for surgery:

- Electrolysis is finished. Call our clinic 2 to 3 months before you are done to schedule an appointment.
- 2 letters from mental health providers. Have these finished 2 to 3 months before you are done with electrolysis. Bring them to your second clinic appointment.
- 1 letter from your hormone provider. Have this finished 2 to 3 months before you are done with electrolysis. Bring it to your second clinic appointment.
- Approval from your primary care doctor (if your surgeon decides you need this).
- Stop using all smoking or tobacco products 6 to 8 weeks before surgery. You will have a nicotine test about 2 weeks before surgery.
- Choose a support person to drive you home and help you after the surgery.
- A safe and stable living environment.