

TRANSGENDER HEALTH PROGRAM

Metoidioplasty

Guide to gender-affirming surgery



Usage statement

These patient education materials were developed by the OHSU Transgender Health Program and the Department of Urology. They are intended to be used only for the OHSU surgical program. These materials are being updated regularly as we continually evaluate and improve the program.

Please credit the OHSU Transgender Health Program if you reproduce any of the text. Permission to reproduce any of the images is **not** included; any licenses, releases or permission must be obtained independently.

Sincerely,

OHSU Transgender Health Program and
Department of Urology

**Section 1:
Introductions**

Welcome!	5
Overview of metoidioplasty	7
Risks and complications	12

**Section 2:
Before surgery**

Surgery scheduling checklist	14
Support and recovery plan worksheet	16
Finding a mental health therapist	18
Letters of support	18
Nicotine cessation, diabetes control and weight loss	20
Presurgery appointments	22
Preparing for surgery checklist	23
Supplies to get before surgery	24
Packing your bag for the hospital	25
Food and drink restrictions	25

**Section 3:
During surgery and your hospital stay**

Hospital welcome and tip sheet	26
Your hospital schedule	28
Exercises for your hospital stay	32
Abdominal massage	32
Discharge instructions	34
Drainage chart	36

**Section 4:
After surgery 38**

Caregiver(s) role and FAQ	38
Urination and bowel movement strategies	40
Pain management	40
Tracking your pain	42
Pain management tracking table	42
Frequently asked questions after surgery	43
What to expect at follow-up visits	45
Signs of a possible surgical site infection	45
Getting back to your normal routine	46
Scar massage	47
Resources (crisis and support lines)	48
Transgender Health Program class schedule	50
Fertility and assisted reproduction	50

Materials in your booklet:

- Checklists
 - Surgery scheduling checklist
 - Preparing for surgery checklist
 - Support and recovery plan worksheet
 - Packing bag for hospital checklist
- Letter of support template
 - Give this to your mental health provider to guide letter writing.
- Pain management tracking table



Dr. Daniel Dugi, a urologist and surgeon, is the surgical director of the OHSU Transgender Health Program. He has extensive experience in gender-affirming surgeries, including metoidioplasty.

Section 1: Introductions

Welcome!

From the Urology Department

Welcome to the Urology Department's gender-affirming surgery division. We know you've probably waited a long time for this appointment, and we're very happy to meet you today.

Here in the Urology Department, our gender-affirming surgeries include vaginoplasty, vulvoplasty, orchiectomy and metoidioplasty. We also offer revision surgeries, and we help the Plastic and Reconstructive Surgery team with certain stages of phalloplasty.

Our team consists of:

- Surgeons
- A physician assistant
- Medical assistants
- Our surgery scheduler
- Resident physicians
- Physical therapists
- Behavioral therapists
- Social workers
- And you

That's right, you! We value your input, your perspective and all the work you are and will be doing to prepare for and recover from surgery. We are excited to get know you better and to learn how we can help you.

We want to make your surgery and recovery as smooth as possible. We'll answer any questions you have and make sure you have the best possible outcome.

Preparing for and recovering from surgery is a long process with a lot of steps. We created this guide to help you navigate the process. It has three sections:

- Before surgery
- During surgery and your stay at the hospital
- After surgery

From the Transgender Health Program

Our surgery team is one part of a bigger team called the OHSU Transgender Health Program. At the Transgender Health Program, we are committed to your health and wellbeing.

We know that high-quality health care in an affirming, welcoming environment can be lifesaving. We work as an interdisciplinary team. This means our program's patient navigator, social workers and/or psychologist are all part of the care team and may be involved in your care. Your clinic visits with your surgeon may also include these team members. Or, supporting you in your surgery preparation may include meeting with members of the team between your clinic visits.

The Transgender Health Program — THP for short — provides support, information and advocacy, including:

Support: We can assist with care coordination, surgery planning, supportive counseling and/or connecting you to community resources.

Top providers: We can connect you with OHSU providers who are international leaders in caring for gender-diverse patients of all ages.

Access: We strive to increase access to health care for the transgender and gender-nonconforming communities at OHSU and beyond.

Leadership: We work with community partners to provide advocacy, to shape policies and to train health care professionals.

Education: We offer written patient education materials and classes on gender-affirming surgery.

Overview of metoidioplasty

We know that this surgery is extremely important. It takes incredible trust to allow a surgeon to perform this operation. We want you to know that we are humbled by that trust and take it very seriously.

What is metoidioplasty?

The word “metoidioplasty” comes from the combination of the Greek word *Meta*, meaning toward, *Oidion*, meaning male genitalia, and *Plastos*, meaning shaping or molding.

The primary goal is to create a small phallus with full sensation. To make the new phallus, we release your clitoris from its attachments and make it more visible. If you want to stand to urinate, we may also extend your urethra through your new phallus.

Other options include:

- Making the outer labia into a scrotum.
- Placing testicular implants.
- Removing the vagina (vaginectomy).
- Reducing the fatty tissue over the pubic bone (mons-plasty).

Your surgeon will talk with you about your anatomy and goals. Together, you and your surgeon will determine your best options.

Surgery details

Initially, as a baby develops before birth, all the genital parts are the same. Through the influence of hormones, the genitalia then develop differently. Wherever possible, we use the tissue that would have been the male part to make the new male part.

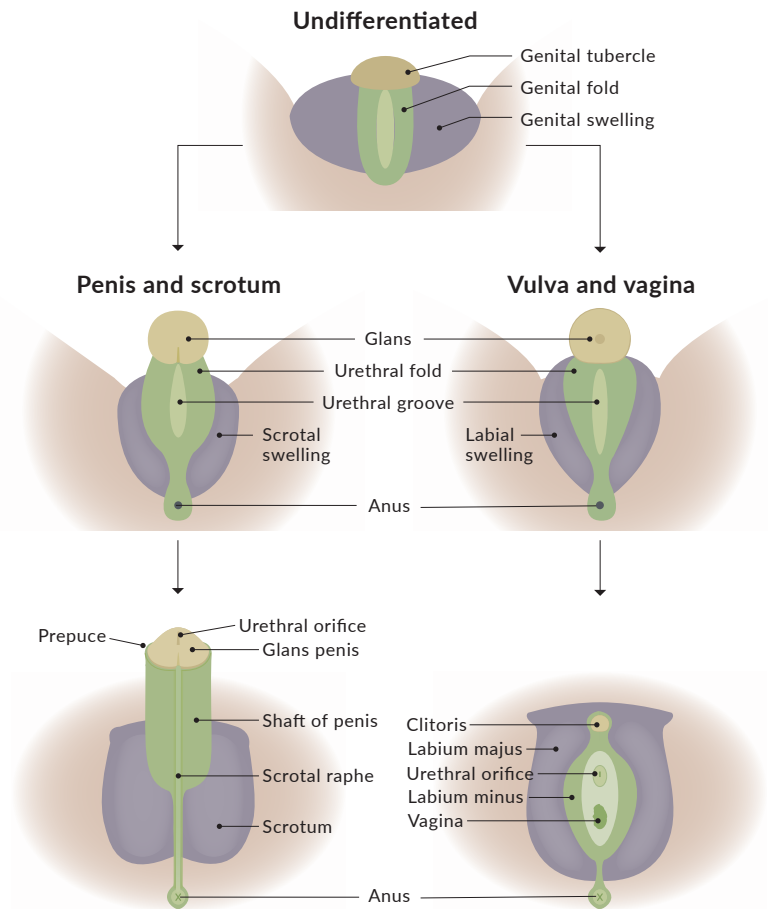
- For instance, the basic structures of the penis and clitoris are the same. The clitoris becomes the new glans, or head, of the phallus.
- Skin from the inner labia is used to surround the shaft of the phallus and to lengthen the urethra.
- The larger outer labia are used to make the scrotal skin.

We can also take tissue from other parts of your body to form a new urethra, including:

- A skin graft from tissue of your inner cheek to lengthen the urethral tube.
- A flap of vaginal tissue to connect the native urethra with the new, longer urethra in your phallus.

What is the difference between simple metoidioplasty and metoidioplasty with urethral lengthening?

During metoidioplasty surgery, we create a phallus by releasing the clitoris from its attachments and bringing it into a more masculine, forward position. If you would like to be able to urinate standing up, you also have the option of lengthening your urethra.



Simple metoidioplasty:

- We will not lengthen the urethra, so you will not be able to stand to pee.
- A vaginectomy is not required, but you can choose to have one if you wish.
- A prior hysterectomy is not required if you don't have a vaginectomy.
- A hysterectomy is required if you choose to have a vaginectomy.
- You will not have to have a bladder catheter after surgery.

Metoidioplasty with urethral lengthening:

- We create a new urethra through your phallus, which may allow you to pee while standing.
- Vaginectomy and hysterectomy are required to reduce risks and surgical complications.
- You will have a suprapubic catheter (SP tube) to drain your urine for 3–4 weeks after surgery while the new urethra is healing.

What is vaginectomy?

We remove the lining of the vagina and sew the vaginal opening closed. A vaginectomy is mandatory for surgeries with urethral lengthening and optional without it.

Reasons include:

- Reduced risk of developing an unwanted connection between the urethra and vagina (fistula).
- We use a portion of the vaginal lining to create the new section of urethra.
- The vaginal lining makes secretions. Removing it reduces the risk of needing an additional surgery to fix trapped secretions (mucocele). This complication is rare with the technique we use.

What is mons-plasty?

The mons is the natural fat pad over the pubic bone. If it is large, we may discuss removing some of the skin and fat to put the phallus in a more masculine, forward, visible position. If we do a mons-plasty, you will have a long, thin scar where the skin was removed. We try to do this procedure at the time of your metoidioplasty, but it can be done later, if needed.

What is scrotoplasty?

We make a scrotum by moving the lower tips of the outer labia up and in, away from your thighs. We use the same tissue that develops into the scrotum in cisgender males. If you wish, we can create spaces in each side of the scrotum for testicular implants. You must wait at least 3 months after your first surgery to insert the implants.

Optional stage 2 surgeries

Our goal is to create a small phallus — that may or may not allow you to stand to pee. You may want to have a second stage of surgery to make your phallus stand out more and appear more masculine. These procedures can be done at the same time, at least 3 months after your metoidioplasty.

Options include:

- **V-Y advancement:** We remove some of the excess skin on the outer upper labia to make your phallus more prominent. You will have additional incisions that turn into scars on both sides of your phallus. You may choose to have us use that tissue to increase the size of the scrotum, and this may be a good alternative to testicular implants.
- **Testicular implants:** We place testicular implants into pockets in your new scrotum.



Dr. Geolani Dy is a board-certified urologist specializing in genital gender-affirming surgery for individuals across the gender spectrum.



Dorian Scull, PA-C, is passionate about improving the health outcomes of their community through providing quality, culturally competent care.

Goals and expectations

Everyone has different surgical goals. The most important outcome to you may not be important at all to another person. You and your surgeon will decide together the best care plan for you, based on your individual goals and anatomy. We want you to be happy with your results, but we may not be able to meet 100 percent of your expectations.

Here are some common goals and questions:

- **“I want to be able to stand to pee.”**

Your ability to stand to pee depends on the length of your phallus and your body shape. For instance:

- Your clitoris may not grow enough to allow standing urination.
- If you have a higher BMI (body mass index), your phallus is more likely to be buried, making it difficult to pee standing up.
- You may not have enough inner labial skin to lengthen the urethra and cover the shaft of the phallus.

- **“I want to be able to have penetrative intercourse with my phallus.”**

It’s not impossible to have penetrative intercourse with metoidioplasty, but it’s not likely. If penetrative intercourse is a top priority for you, we urge you to consider phalloplasty (surgery to create a phallus from tissue elsewhere on your body).

- **“I don’t want to lose erogenous sensation in my phallus.”**

Metoidioplasty allows you to keep your full sensation. We are careful to protect the nerves and blood vessels in the clitoris as we create the glans of your phallus.

- **“I want to see a visible bulge in my clothes, underwear, swimsuit.”**

You’re not likely to have noticeable bulge in your clothing after metoidioplasty. If a bulge is very important to you, we urge you to consider phalloplasty.

- **“I want urethral lengthening, but I want to keep my vagina.”**

Unfortunately, we do not lengthen your urethra without also removing your vagina. A vaginectomy reduces your risk for an unwanted opening (fistula) between the lengthened urethra and the vagina. If keeping your vaginal canal or reproductive organs is highly important to you, we urge you to consider simple metoidioplasty without a new penile urethra.

- **“What if I decide later that I want phalloplasty?”**

You can have a phalloplasty after a metoidioplasty. In fact, some surgeons recommend metoidioplasty as a first step before phalloplasty. If you think you will eventually want phalloplasty, please let us know. We will do the scrotoplasty differently and will not do a mons-plasty.

- **“I’m not sure if I want scrotal implants.”**

You can wait to decide if you want scrotal implants in a second phase of surgery. Many patients, especially those who are physically active, find them uncomfortable. If you get scrotal implants and are unhappy with them, we can remove them later. We also do a second-stage surgery that for some people can give the appearance of having testicular implants but uses only your body’s own tissue.

- **“Will I be able to look down and see my phallus?”**

The answer to this question depends on how much your clitoris grows in response to testosterone and your body shape. Some people are disappointed after surgery, because they can’t see much difference. We will give you our best guess, but we can’t be certain.

- **“How do I know if I should have a mons-plasty?”**

We will talk with you at your consultation about whether a mons-plasty could help your phallus be more visible. The trade-off is a thick scar.

We base this decision on:

- Your body shape.
- Whether it would make your phallus look more prominent and masculine.
- If it could help you to stand to urinate.

Risks and complications

Serious complications are uncommon, but all surgery comes with some risk. We do everything we can to minimize the risk of complications during and after surgery. We use the safest possible techniques to protect your sexual, urinary and bowel functions.

Wound healing complications

Wound separation: This is one of the more common complications after surgery. Wound separation happens where we have stitched two areas of skin together, but the skin edges pull apart after surgery. This typically heals on its own if you keep the site clean and dry. If you have wound separation, we will ask you to change your dressing with roll fluff gauze every time you use the bathroom or take a shower.

Granulation tissue: This is an area of bright red or pink tissue around an incision where healing isn't complete. It can sometimes show up as painless bleeding or spotting. It is quite common. We can treat it easily in the office at your follow-up appointment.

Graft failure: We sometimes use a skin graft from your inner cheek to help lengthen your urethra. Total failure of the graft is rare. It is more common for small areas to fail. They typically resolve on their own or with nonsurgical intervention. Graft failure may also result in urethral fistula or stricture, discussed further down.

Tissue necrosis: This sounds scary, but it is uncommon and usually minor. Necrosis, or "tissue death," happens when there is a lack of blood flow to healing tissues. Depending on the location and severity, we may ask you to change the dressing regularly and use a "wait and see" approach. If the tissue needs repair, we can fix it in a second surgery.

Urinary complications

Urine stream irregularity: You may have trouble urinating while standing up after urethra surgery. Sometimes inflammation and swelling can cause urine to spray or your stream to be unpredictable. The problem may be temporary or permanent. We will do all we can to fix it.

Urine retention: It is rare to have difficulty emptying your bladder after the suprapubic catheter is removed. If this happens, we will likely do some tests to find the problem. We may need to replace the catheter.

Dribbling: After you finish peeing, some excess urine will likely come out of your new urethra. Everyone who has urethral reconstructive surgery experiences this post-void dribbling. It may improve with time, or it may not. To help clear urine out of your urethra, swipe up from beneath the scrotum toward the tip of the penis.

Urinary urgency/frequency: This is a feeling of having to pee suddenly and often. This is common soon after surgery because of bladder irritation. It typically resolves on its own.

Fistula: A urinary fistula is an unwanted opening in the urethra that leaks urine. If your surgery includes lengthening your urethra, fistulas most commonly form at the junction of the native and new urethra. They also can happen anywhere along the new urethral tube. We will place a catheter to divert urine away from the opening for several weeks, allowing it to heal. You may need another surgery to fix it.

Urinary stricture: A stricture is narrowing of the urethra in areas of scarring or trauma. Please tell us if you notice any of these changes:

- Weak urine stream
- Difficulty fully draining your bladder
- More frequent urination
- Complete inability to pee

Surgery risks

Infection: Infections after surgery are uncommon but can be dangerous. The area that we operate on tends to have a lot of bacteria, which increases the chance of infection. The risk of infection is higher for people who have diabetes or are overweight. You will be given antibiotics at the time of surgery to prevent infection. We ask that you shower daily and keep the area clean and dry. If you have diabetes, be diligent about checking and correcting your blood sugar. The stress of surgery can make it more difficult to control blood sugar.

Regret: Regret is a risk with any surgery, but it is of particular concern for metoidioplasty. We can't guarantee you will be happy with the size and appearance of your phallus or that you will be able to stand to pee. Many patients have seen other surgeries online and hope to have a similar result. The reality is that everyone's anatomy and results are different.

Hematoma: This is localized bleeding outside of blood vessels. If you develop a sudden, asymmetric swelling and/or bruising at the surgical site, you may have a hematoma. Small hematomas typically heal on their own. Large hematomas may need to be drained, but this is rare. Remember, you will have a lot of swelling at the surgical site. This is normal, but sudden asymmetric changes are not.

Blood clots (sudden swelling of one leg or difficulty breathing): Blood clots can form during and after surgery because of prolonged inactivity. To help prevent clots, we:

- Place squeezing devices on your legs while you are in the hospital.
- Recommend getting up and moving around periodically after you go home.

If you notice that one of your legs swells suddenly, or if you suddenly have a hard time breathing, you may have a blood clot. You should go to the emergency department immediately.

Bladder and rectal injury: These are very rare but serious complications. There is a chance of accidental injury to the bladder or rectum during vaginectomy. If we see it right away, we can repair it during surgery. If we do not see it, you may have other complications, and we will fix it in another surgery.

Section 2: Before surgery

Surgery scheduling checklist

Once your first appointment is completed, we have no way of knowing if you are ready for surgery until you tell us you've finished all the preparation steps. We have created a checklist to help you. All items will need to be complete before surgery can be scheduled.

Things to do (and send us) to be eligible for surgery scheduling

- Complete and return support and recovery plan questionnaire (included).
- Letter(s) of support:
 - Written by certified mental health providers.
 - Following WPATH criteria.
 - Please visit the Transgender Health Program website (ohsu.edu/transgender-health) for more information on mental health referrals and/or to give your provider our WPATH letter template.
 - Contact the Transgender Health Program if you need help connecting with a mental health professional.
- Your health plan (insurance) requires one of your two letters of support to be dated within 1 year of your surgery.
- Documentation of recent A1C < 6.5% (diabetic patients only).
- Successful nicotine cessation:
 - Must be nicotine-free for a minimum of 10 weeks before surgery.
 - Nicotine levels will be tested twice before surgery.

- We kindly ask that, as you complete items on the checklist, you contact us to let us know and/or send in the required documentation.
- Once we have documentation that the checklist is complete, we can schedule you for surgery. You can call us to find out what we have on file and what we still need.



Support and recovery plan worksheet

We hope this worksheet helps you prepare for recovery. You will receive a separate copy of this form to turn in.

Your name: _____ Date of birth: _____

HOUSING: You will need stable housing for the first 6 weeks after surgery. This should be a place that is physically and emotionally safe.

Do you currently have stable, safe housing? Yes No

What is your plan for stable, safe housing during recovery from surgery?

- Your own home
 - A friend or family member's home
 - Hotel/Airbnb/apartment rental
 - Rood Family Pavilion (*your reservation has been accepted and confirmed*)
 - Other (please specify): _____
-

SUPPORT: You will need to have someone who is physically present to help you with day-to-day activities for at least several hours a day for a week after surgery.

Is your support person(s) available to be with you for several hours or more for the first week after surgery?

Yes No

Please check all the ways your support person or team is prepared for your recovery:

- Transportation:** Take you to and pick you up from the hospital. Help you get to follow-up appointments
- Food:** Grocery shopping, meal preparation, food cleanup
- Hygiene/wound care:** Help you go to the bathroom, with showering and simple wound care
- Supplies/errands:** Picking up supplies such as medications or other household items
- Household chores:** Laundry, housecleaning, taking out the garbage, checking the mail
- Dependent care:** Help with any responsibilities you have to care for children, pets and others
- Companionship:** Keeping you company so you are not isolated or lonely during recovery

Please provide the contact information for your support(s):

Name: _____ Phone number: _____

Name: _____ Phone number: _____

You should have a backup support in case the person named above is unavailable to assist you as planned. Please provide the contact information for your backup support person(s):

Name: _____ Phone number: _____

FINANCIAL PLANNING: If you are working, are you able to take up to 4 weeks, or possibly more, time off from work to recover from surgery? Yes No Unsure

Please check all the ways you are financially prepared during recovery by indicating you have money set aside or expect your usual income for:

- Rent/mortgage
- Food
- Phone and other utilities
- Medication/medical supplies
- Transportation
- Other bills (credit cards, insurance premiums, school loans, etc.)

SOCIAL WORK SUPPORT: Are you interested in speaking with a Transgender Health Program social worker to assist with any of the following?

- Housing
- Social support
- Finances
- Mental health
- Other (please specify): _____

Please return this worksheet to us via email at urologyTHP@ohsu.edu as a PDF or JPEG or fax to 503-346-1501.

The Transgender Health Program does not consider being transgender or gender-nonconforming a disorder or diagnosis. Instead, we recognize that mental health professionals can offer support and guidance. They can also provide the **letters of support** needed for some surgeries.



Amy Penkin, the Transgender Health Clinic program manager, has led the program since it began in 2015. She has a long history of serving the LGBTQ community.

Finding a mental health therapist

Transgender Health Program services: The THP offers psychological services for shorter-term assessment and support, including providing letters of support. We can also help you find a therapist in the community if you're interested in ongoing care.

Searchable database: Psychology Today maintains a [Find a Therapist](https://www.psychologytoday.com/us/therapists) tool at [psychologytoday.com/us/therapists](https://www.psychologytoday.com/us/therapists). You can click on your state and filter by ZIP code, specialty area (such as transgender care) and type of insurance, such as the Oregon Health Plan.

Letters of support

Why do we require letters of support?

We follow the World Professional Association for Transgender Health (WPATH) Standards of Care (wpath.org/publications/soc) guidelines. This requires that you have letters in support of your transition surgery written by mental health providers prior to scheduling the surgery. Insurance also requires these letters. Many insurance companies will not cover the cost of surgery without them. One of these letters should be written by a mental health professional who knows you well.

The requirement for letters of support is not meant to be a barrier or burden, or to be stigmatizing. We understand it's an insurance requirement. We also see the value of making sure people have considered all the implications of such a major, irreversible surgery on their identity, physical health, sexual function and fertility. Also, surgery and recovery from surgery are part of an extremely stressful time. It is important to have a relationship with someone who can help with that stress, if needed.

Do the letters ever expire?

Insurance often requires that at least one letter be dated within 1 year of surgery. Current waiting times for surgery mean you may need one or both letters updated about 3 months before surgery. We apologize for any inconvenience. We are always working to improve this process and reduce waiting times.

Who can write the letters?

Only a certified, qualified mental health provider can write the letters of support. *Your primary care provider or hormone provider cannot write the letters.* Here are some examples of mental health professionals who can write your letters:

- Licensed clinical social worker (LCSW or LICSW)
- Licensed marriage and family therapist (MFT)
- Licensed social work associate & independent clinical (LSWAIC)
- Licensed professional counselor (LPC)
- Clinical psychologist (Ph.D. or Psy.D.)

What needs to be included in the letters?

WPATH recommends the letters contain:

1. The person's general identifying characteristics.
2. Results of the person's psychosocial assessment, including any diagnoses.
3. What surgery or surgeries the person is seeking.
4. Duration of time the person has been on hormone therapy and living in a gender role.
5. The duration of the referring health professional's relationship with the person, including the type of evaluation and therapy or counseling to date.
6. An explanation that the criteria for surgery have been met, and a brief description of the clinical rationale for supporting the person's request for surgery.
7. A statement that the patient has given informed consent.
8. A statement that the referring health professional is available for coordination of care and welcomes a phone call to establish this.

Make sure your certified mental health professional is familiar with the WPATH Standards of Care and includes all of the above information. Consider giving the person these guidelines to help in writing your letters.

Is there a template that my mental health provider can use to write the letters?

- Yes! We have a [template available online](#) that your mental health professional can fill out and then mail or fax to us.

Where do I or my mental health professional send the letters?

Please fax, mail or email a PDF of the signed letters to us at:

OHSU Department of Urology
3303 S.W. Bond Avenue, 10th floor
Portland, OR 97239

Fax: 503-346-1501
Email: urologyTHP@ohsu.edu

Nicotine cessation, diabetes control and weight loss

Stopping smoking/nicotine

Why is it important?

Nicotine is a powerful drug that constricts your blood vessels and decreases blood flow to your tissues. This can cause complications, including poor wound healing, delayed wound healing and graft failure. Research shows that the risk of surgery failure increases 10 times for people who smoke even one cigarette a day.

How long do I need to be nicotine free?

We require that you not smoke or use any nicotine or tobacco products for at least 10 weeks before surgery.

What about nicotine patches, gum, e-cigarettes, etc.?

All of these products are a healthier alternative to smoking tobacco, but they all contain nicotine. They can still have the same negative effect on wound healing. Therefore, we require that you not consume any of these products for 10 weeks before surgery.

How do you test for nicotine?

You will take a blood test before surgery to make sure you are successful in stopping nicotine in the months before surgery. This test can detect nicotine use during the previous several weeks. Secondhand smoke can also cause you to test positive, so it's important to avoid it for 10 weeks before surgery.

What resources are available to help me quit using nicotine?

- Your primary care provider and tobacco cessation groups can prescribe nicotine replacement such as patches and gums. They can also connect you with behavioral health services. You must be free of nicotine regardless of source (gum, patches, smoking, vaping).
- If you are interested in tobacco cessation groups, please contact the Transgender Health Program or look online for groups in your area.
- Consider the Oregon Tobacco Quit line, open 24/7, at 1-800-QUIT-NOW (800-784-8669) or quitnow.net/oregon. These resources may refer to tobacco, but they may help you quit nicotine in any form.

What about marijuana?

If you use cannabis, please do not smoke for at least 4 weeks before surgery. That will help you avoid the carbon monoxide poisoning from inhaling any type of smoke. It is better to use edibles and other forms of cannabis. Though no studies show cannabis is safe to use in surgical recovery, especially when combined with narcotic pain medication, we do not prohibit it or test for it. Please be cautious.

Controlling diabetes

Why is it important?

People with diabetes may have greater risk of poor healing and infections, especially if their diabetes is not well controlled. Your primary care provider or endocrinologist can help you make sure that your diabetes is under control before surgery.

What are the requirements for surgery?

A test called Hemoglobin A1C (HbA1c) can help show what your blood sugar control has been like over the past 3 months. At the time of surgery, your HbA1c should be 6.5 or less.

Weight loss

We understand that beauty comes in all shapes and sizes. You don't have to be skinny to be healthy. "Ideal body weight" is a medical term for the weight associated with the lowest mortality for person's height, frame and gender. Online calculators can help you determine your ideal body weight.

Why is my weight important?

You will have the best result from surgery if you are as close as possible to your ideal body weight. Structures such as the clitoris and urethra are attached to the pubic bones. If you are obese, your new phallus will be more buried by the extra tissue, just like in cisgender men. This makes it more difficult to stand to urinate. You may not be able to see much of a difference in your phallus after surgery — or see it at all. Being severely overweight also increases your risk of complications such as breathing problems, infections and blood clots.

What is the cut-off?

Some surgeons use a cutoff number for who can have surgery using body mass index (BMI). BMI is calculated based on a ratio between your height and weight. We believe individual variations in how body fat is distributed are more important than BMI. We do not use a strict cutoff, but we think people have the best results when their BMI is less than 25. From our experience, someone with a BMI over 30 may not be a good candidate for metoidioplasty. You can use OHSU's BMI calculator at apps.ohsu.edu/health/body-mass-index.

What resources are available to help me lose weight?

Contact your primary care provider to discuss healthy ways to lose weight. They might refer you to a nutritionist, dietitian or a gym. Some prescriptions can help with weight loss when used with a healthy diet and exercise. We like to reserve weight loss surgery as a last resort, because certain abdominal surgeries can make our surgery more difficult. But we have recommended patients look into this option. We have operated on patients after weight loss surgery.

These appointments will be held when you are scheduled for surgery. We do our best to schedule them on the same day and around the same time so you only have to make one trip.

Presurgery appointments

These appointments will be made when you are scheduled for surgery. We do our best to plan them on the same day and around the same time, so you only have to make one trip.

Urology department

About 1 month before surgery, you will return to the urology clinic on the 10th floor of the Center for Health & Healing Building 1. You'll meet with our physician assistant, Dorian Scull. This appointment will give you the chance to ask any last-minute questions before surgery. It can be easy to forget what questions you wanted to ask, so make a list. Be sure to bring:

- A list of last-minute questions.
- A list of any recent surgeries.
- A list of any recent changes to your medical history.
- Family Medical Leave Act paperwork, if you have any.

Preoperative medicine

This appointment is for tests (including a nicotine test) to check on your general health. We will also tell you what medicines to take or not take before surgery. You can continue taking testosterone before and after surgery.

Be prepared to:

- Bring an updated list of medications you're taking.
- Bring a list of any recent surgeries.
- Be nicotine free.
- Come hydrated for a blood draw.

Preparing for surgery checklist

We created this checklist to guide you in preparing for surgery. Check off the boxes as you complete the items to make sure you don't miss any important preparations.

What to do after you are scheduled and before your surgery

- Continue nicotine cessation.
 - You will be tested about 1 month before surgery and on the day of surgery
- Keep diabetes under control, if applicable.
 - You will have an A1C test about one month before surgery.
- Finalize time off of work/school/volunteer work, if applicable.
 - You will need to request 6–8 weeks off.
- Finalize details of postsurgery care plan:
 - Confirm care team and assign roles to caregivers.
 - Maintain safe, stable housing.
 - Arrange a ride to and from the hospital.
 - Save some money for expenses such as supplies, food, copays, transportation and unforeseen expenses.
- Start State Disability Insurance paperwork and bring **completed** Family Medical Leave Act paperwork to appointment 1 month before surgery.
- Attend your 2 presurgery appointments 1 month before surgery
 - Urology Department appointment
 - Bring FMLA paperwork, if applicable.
 - Medical appointment for tests, including nicotine test.
- Buy recommended supplies (see list in this booklet).
- Read through what to expect during your hospital stay and **discharge instructions**.
- Clean house, do laundry, create easy pathway to bathroom.
- Meal prep (cook and freeze meals).
- Pack hospital bag (see suggested items in your booklet).
- Finalize ride to the hospital the day before (this will be a very early morning).
- Practice stress reduction exercises.

Supplies to get before surgery

Roll fluff gauze: This is helpful to put on the surgical site as it heals. After surgery, you will have a fair amount of drainage and discharge. The gauze helps absorb that drainage. It keeps the wound clean and dry, prevents infection and protects your underwear. It is especially useful if you have any areas of wound separation that need a little extra attention. We recommend buying about 10 rolls. You can buy them on Amazon.com for about \$1 a roll. Search for “fluff gauze roll.”

Donut pillow: Sitting, even for short periods, can be very uncomfortable after surgery because it puts pressure on the surgical site. Some patients have found that sitting on a donut pillow, hemorrhoid pillow, U-shaped neck pillow or “portable gel seat” makes it more comfortable.

Maxi pads: You will likely have some drainage or a small amount of old blood that leaks from the surgical site after surgery. Maxi pads help protect your clothing and keep the surgical site clean and dry.

Other supplies you may need

Extra pairs of loose or mesh underwear: With maxi pads and dressings, your regular underwear may be too tight. You also may have some drainage that might ruin your underwear. For this reason, we recommend having loose-fitting, inexpensive underwear on hand.

Stool softeners: Opioid pain medication and inactivity will likely cause some constipation. You may want to have some extra stool softeners to prevent constipation. We recommend a gentle, nonstimulant stool softener such as polyethylene glycol (brand name Miralax).

Ice pack: Keeping the surgical site cool can reduce swelling, inflammation and pain. Using an ice pack on top of a towel can help.



Packing your bag for the hospital

Here's a list of things you'll need during your hospital stay. You will have walking restrictions after surgery. It can be uncomfortable and boring to stay in bed. You can order regular meals from our cafeteria, but you may want to bring snacks for between meals.

What to bring:

- ID
- Paperwork
- Payment method
- Comfortable, loose-fitting, low-hassle clothes
- Items that make you comfortable
 - Favorite blanket, pillow, aromatherapy, eye pillow, massager
- Items that keep you entertained
 - Games, music, books, puzzles
- Chargers for electronics
- Snacks

What not to bring:

- Valuables, including jewelry

Food and drink restrictions

- Only clear liquids the entire day before surgery. Examples: Jell-O, Gatorade, coffee (no cream), broth.
- No food or drink starting at midnight the night before surgery. It's OK to take small sips of water with medications.

Section 3: During surgery and your hospital stay



Preventing lung infections

Your nurse will give you an incentive spirometer and teach you how to use it. This helps you open up your lungs and prevent infection. Try to use this 10 times an hour when awake.

Hospital welcome and tip sheet

Surgical unit welcome and tips

Welcome to the surgical unit at OHSU. Our patient population consists of kidney and liver transplant, urology and reconstructive surgery patients. We also care for all the gender-affirming surgery patients who need to stay in the hospital after surgery

Who's who?

Providers: These are your surgeons, surgical residents, physician assistants and nurse practitioners. They are the ones who perform your surgery and create the pathway for your recovery. They visit you daily to answer your questions, see how you are doing, make changes to your plan, if needed.

Registered nurses: These are the people you see most during your stay. They bring you your medications, monitor your recovery and help you stay comfortable. They check in on you throughout the day and night. Your nurses can answer questions about your plan and your recovery.

Certified nursing assistants: They check your vital signs (temperature, blood pressure, heart rate, etc.) periodically. They check in on you throughout the day and night. You can ask them about how to get comfortable, for water or snacks, or for help if you need to go to the bathroom.

Room service attendants: They bring your food and take away your tray.

Medications

You will have two sets of medications:

Scheduled: Your providers order these medications to be given on a schedule. Your nurse will bring them to you at a set time each day (typically 9 a.m. and 9 p.m.).

As needed: These medications, also called PRNs, are given to you when needed to make you more comfortable. For example, if you have breakthrough pain, sore throat, gas pain, bladder spasms, constipation or heartburn. If you have any of these symptoms, tell your nurse and they can give you a medication that should help.

Eating

It is important to eat what you want. We also have a few recommendations:

- Protein is important for healing. Protein is in meat such as chicken, fish, pork and beef. Nuts, whole grains, beans and legumes are also good sources.
- Since you are in bed and not up moving around, your bowels will slow down. Stay away from heavier foods (fried, greasy, etc.) because they are harder to digest and may lead to gas pain.

To order food, call **4-1111** from your room phone. Delivery usually takes about an hour, so call before you get too hungry.

Toileting

Urinating: You will have a catheter (tube) draining your bladder, so you shouldn't feel the need to pee. If you feel like you have to pee, the nurse may need to adjust your catheter so the urine flows more easily. This tube can be uncomfortable. It can also cause bladder irritation and occasional blood in your urine. This is normal.

Bowel movements: Tell your nurse if you need to have a bowel movement.

If you need help

You will have a button you can press to call us. Don't be afraid to call if you need anything.





Your hospital schedule

This is a general guide of what to expect during your hospital stay. Everybody's healing is different. This schedule, including your medications, may change based on your unique medical needs.

Day of surgery — before surgery

- No food or drink.
- Arrive and check in.
- Meet your surgery team, including the anesthesiologist.
- Sign paperwork for surgery.
- IV put in arm.

Day of surgery – after surgery

- Your doctor will talk to your friends and family after surgery.
- Spend 2–3 hours in the post-anesthesia care unit (PACU):
 - Staff will keep a close eye to make sure you are recovering safely from anesthesia.
 - You might feel nauseated, elated, groggy, tearful, hungry or thirsty.
- Move from post-anesthesia care to a hospital room:
 - The inpatient unit where most patients recovering from gender-affirming surgeries stay.
 - The staff is trained to provide culturally competent and gender-affirming care. They are very familiar with the recovery process from these procedures.
- What's on my body?
 - Suprapubic urinary catheter (SP tube) — a tube to drain urine. Usually used only with surgery for urethral lengthening.
 - Dressing on the surgical area.
 - Drains (typically mons-plasty only) — tubes that take extra blood and fluid out of your body and collect it in a bag.
 - Sequential compression devices on your legs — cuffs that fill with air and squeeze your legs to increase blood flow and prevent blood clots.
 - IV in arm.
- Medications
 - You will be given antibiotics before surgery and during your hospital stay and IV pain medication during surgery.
 - If you feel nauseated after surgery, we can give you a medication to help.
 - You may be able to press a button to control how much narcotic pain medication you get through your IV. This is called patient-controlled analgesia (PCA).
 - If you have trouble with bowel movements, we can give you stool softeners.
- Food and drink
 - Start with ice chips because your throat might be sore.
 - Drink water slowly. If you drink too much, you might feel sick to your stomach.
 - Move to small bites of food, and then regular meals when you feel ready (maybe the next day).
 - Eating yogurt can help build up good bacteria after you have taken antibiotics.

Same-day discharge

If you are having simple metoidioplasty without vaginectomy or urethral lengthening, you will likely be discharged on the same day as your surgery. The following information is for patients who are staying overnight in the hospital.

Day 1 after surgery

- You are not on strict bed rest and will be able to get up and move around as tolerated. You are likely to be dizzy and/or weak after surgery.
- Stand up and walk, with a nurse's help.
 - Call the nurse when you feel ready to try to walk. The nurse will take the compression cuffs off your legs and help you move.
 - First you will sit on the edge of the bed and dangle your feet. Next you will stand up for a little bit. Then you will try to walk.
 - You might feel dizzy at first.
- The head of the bed should be raised to 45 degrees or less.
- Pain medication:
 - You will be given 650 mg of acetaminophen (Tylenol) by mouth every 6 hours.
 - You will be given 15 mg of Toradol (an NSAID similar to ibuprofen) by IV every 8 hours.
 - You can be given 5–15 mg of oxycodone (a narcotic pain medication) by mouth every 4 hours, **as needed**, for moderate pain.
 - If you are still in pain after taking the oxycodone, or if your pain is sudden and severe, tell your nurse.
- You will be given a stool softener (Miralax) to prevent constipation.
- You can have a bed bath if you want.
- ***If you need to have a bowel movement, tell your nurse.***
- ***Some patients may feel ready for discharge on day 1 after surgery.***

Day 2 after surgery

- Dressing is taken off.
- The drain may be taken out, if you have one. It depends on how much fluid is still draining.
- Pain medication:
 - You will be given 650 mg of acetaminophen (Tylenol) by mouth every 6 hours.
 - You can be given 600 mg of ibuprofen by mouth every 8 hours, **as needed**, for mild pain.
 - You can be given 5–15 mg of oxycodone by mouth every 4 hours, **as needed**, for moderate pain.
 - If you are still in pain after taking the oxycodone, or if your pain is sudden and severe, tell your nurse.
- You will be given Miralax to prevent constipation.
- Take a shower, with a nurse's help.
 - Use warm water, not hot, for this first shower. Hot water can cause your blood pressure to drop and make you dizzy.
 - Get your hands soapy and use them to clean around the phallus, the scrotum, the perineum and all the folds and creases between your legs.
 - Be gentle, but clean yourself as well as you can. It will feel very sensitive. Don't scrub hard, and don't use a washcloth.
 - Let the water flow over your phallus to wash away the soap. If you use a handheld shower, spray the water on your belly and let it flow down between your legs.
 - Gently pat the skin dry with a towel. Don't rub. If you can, let the skin air dry.
 - Sit on a shower chair if you feel dizzy or tired. Your nurse can bring you one.



Before discharge

- You and your caregiver should read your discharge instructions. Ask questions about anything you don't understand.
- Your caregiver will pick up your prescription medications before you leave the hospital.
- Make an appointment for your first follow-up visit.

Exercises for your hospital stay

From our physical therapy colleagues

After this surgery we ask you to limit your walking, both while in the hospital and after you go home. You may be in bed for hours. Sometimes this inactivity can cause your legs to swell with fluid. These exercises will help reduce swelling and increase circulation to help you heal. They also can prevent blood clots. Do them for 5–10 minutes every hour that you are awake and in bed.

Deep belly breathing: 5–10 reps

- **Movement:** Breathe in deeply, allowing your belly to expand. Exhale slowly, allowing your belly to drop back down.
- **Tip:** Keep your breaths even and gentle. Try breathing in through your nose and out slowly through your mouth.

Ankle pumps: 20–30 reps

- **Movement:** Slowly pump your ankles by bending and straightening them.
- **Tip:** If possible, elevate your legs. Try to keep the rest of your legs relaxed while you move your ankles.

Quad sets: 20–30 reps

- **Movement:** Tighten the muscles in the thigh to push your knee into the bed and straighten your leg. Hold, then relax and repeat.

Glute sets: 20–30 reps

- **Movement:** Tighten your buttock muscles, then release and repeat.
- **Tip:** Don't arch your low back during the exercise or hold your breath as you tighten your muscles.

Abdominal massage

From our physical therapy colleagues

Purpose: After surgery, you may have constipation or bloating. Abdominal massage can help relieve constipation by stimulating the large intestine. It can also relieve bloating and gas.

If you have a suprapubic urinary catheter, abdominal massage may irritate the tube.

Directions: Do this for 5–15 minutes, 1 to 3 times a day, while on your back. All steps should be pain free.

- **Step 1:** To relax, gently move your hands across your belly from one hip to the other. Breathe slowly and gently.
- **Step 2:** Provide firm downward pressure on the lower left side of your abdomen. Hold for a few seconds and repeat.
- **Step 3:** Make small clockwise circles with firm pressure over the large intestine from your lower left side to your lower right side. Continue the circles up, over and down to make a "U" shape.
- **Step 4:** Starting on the lower right side, provide firm, long strokes in I, L and U motions over your belly ("I Love You" strokes).



Discharge instructions

Diet

- No restrictions to your diet.
- You will be going home with stool softeners to help with the constipation that can come from taking narcotics. Drink plenty of fluids and eat a well-balanced diet.
- Avoid bearing down or straining with bowel movements.

Activity

- Limit walking to 2,000 steps a day for the first 4 weeks.
- You can use stairs. Take one step at a time slowly (both feet on the step).
- Do not lift anything greater than 10 pounds for the first 4 weeks.
- Do not drive while on narcotics or with urinary catheter in place.
- You will get tired easily as your body recovers. Take time to rest and limit activities.
- **Avoid wide leg movements**, such as swinging your legs open to get out of a car.

Please refer to the “Getting back to my normal routine” section of this guide for more activity restrictions.

Pain control

- Take 625 mg of Tylenol (whether in pain or not) every 6 hours until your first follow-up appointment.
- Take 600 mg of ibuprofen every 8 hours for moderate pain that persists after taking Tylenol. Do this until your first follow-up appointment.
- We will give you a limited supply of 5 mg oxycodone tablets. This is a narcotic pain medication. Take it only as directed for severe pain that “breaks through” after taking Tylenol and ibuprofen.
- Do not drive while taking narcotics.
- Apply ice packs around (not directly on) the phallus for 20 mins every 1–2 hours. Place a cloth between the ice and your skin.

Please see the “Pain management” section of this guide for more information.



Wound care

- **You will have some drainage when you go home.**
- Some small bloody or white drainage will be expected. Have plenty of roll fluff gauze and mesh or loose-fitting underwear.
- **Shower twice a day** for the first 6 weeks.
- DO NOT immerse in a tub or pool for 3 months or until your surgeon says it's OK.
- When showering, lather your hands with soap and clean your surgery site gently but thoroughly. Do not scrub incisions. After cleaning, pat dry or air dry.
- Hypoallergenic soap or mild soap without fragrances may be less likely to irritate your already sensitive skin.

Drains or catheters

- If you had urethral lengthening, you will be going home with a suprapubic catheter. It will be removed at your second follow-up appointment about 3–4 weeks after your surgery.
- If you are going home with additional drains, they will be removed at your first follow-up appointment.
- We'll tell you how to manage your drains or catheter before you leave the hospital.
- Refer to the drainage chart in this guide for more information.

Sexual activity

- No anal, oral or vaginal (if applicable) sex for 3 months.
- You can gently massage the area to help desensitize overstimulated nerves. Only do as much as you can tolerate.
- If you find the use of a vibrator pleasurable, you may use that whenever you like. Avoid stimulating the phallus by hand/mouth until all incisions are healed, typically 6–8 weeks after surgery.

How will the surgery site look?

- You will have a lot of swelling and bruising after surgery. It will look puffy. It can take many months for the swelling to go down.
- You will know how the area will look 6–12 months after surgery.
- You will have stitches. They will dissolve and fall out on their own.
- Use ice to help with swelling. Cover the ice pack with a thin towel or shirt. Leave it on the surgical site for 15–20 minutes. Take it off for 15–20 minutes. Repeat.

Drainage chart

- If you go home with a drain, track how much comes out.
- The nurses may show you how to secure the bulb to your pants or other clothing. Know where the bulb is before pulling your pants or clothes down.
- Measure the output from the drain in the morning and in the evening to get a 24-hour measurement.
- If the output is less than 30 ml for 2 days or more, we can remove the drain.

Here's an example:

DAY 1				DAY 2			
A.M.	Left	Right	Total	A.M.	Left	Right	Total
	4	5	9		5	8	13
P.M.	Left	Right	Total	P.M.	Left	Right	Total
	5	10	15		1	4	5
			24 ml				18 ml

Day 1: In the a.m., the combined (left and right) output is 9 ml. In the p.m., the combined output is 15 ml. The total output in 24 hours is 24 ml.

Day 2: The total 24-hour output is 18 ml.

Because total output is less than 30 ml for 2 days in a row, you can assume the drains can be removed in the clinic.

Questions or concerns? Call the Urology Clinic at 503-346-1500. Please be as detailed as you can so our staff can relay the information to our nurses, to our on-call residents, Drs. Dugi or Dy.

Drainage chart

DAY:			
A.M.	Left	Right	Total
P.M.	Left	Right	Total
			ml

DAY:			
A.M.	Left	Right	Total
P.M.	Left	Right	Total
			ml

DAY:			
A.M.	Left	Right	Total
P.M.	Left	Right	Total
			ml

DAY:			
A.M.	Left	Right	Total
P.M.	Left	Right	Total
			ml

DAY:			
A.M.	Left	Right	Total
P.M.	Left	Right	Total
			ml

DAY:			
A.M.	Left	Right	Total
P.M.	Left	Right	Total
			ml

Notes _____

Section 4: After surgery

Caregiver(s) role and FAQ

What tasks will my caregiver(s) need to help me with and for how long?

Everyone responds to the trauma of surgery in different ways. Some people bounce back quickly and need little help. Others are slower to heal and need more help. It's impossible to know how you will respond, so your caregiver(s) should be ready to help with these tasks:

Drive you home from the hospital:

- Carry your bags.
- Get you situated at home: Help you into a comfortable position. Make sure water, food, phone and supplies are within reach.

Be available for 24-hour support (for about 2 weeks):

- Most patients do not need 24-hour care after leaving the hospital. But some do, so a caregiver should be prepared for that for about 2 weeks.
- Most patients need someone present for several hours a day for the first 2 weeks.
- Your caregiver(s) should be available in person or by phone and close by.

Be available for emergencies (for about 2 weeks):

- Be available 24/7 for about 2 weeks to take you to the hospital or urgent care.
- Be mentally prepared and available to call doctors or emergency medical personnel.
- Be available to provide extra support or wound care.

Help with cleaning, dressing, looking at the surgical site (for about 4 days):

- Many patients can care for their wounds. But sometimes it's hard to see or reach the site. It may be too painful or mentally difficult at first. A caregiver should be available to help for the first 4 days or so.

- Someone on your support team needs to be comfortable with blood, genitals, pee and poop. It should be someone you are comfortable with helping you with genital care and going to the bathroom.

Run errands (for about 3 weeks):

- Pick up medications
- Go grocery shopping
- Walk your dog
- Other errands that require driving or a lot of walking

Help around the house (for about 3 weeks):

- Tidying up
- Childcare
- Laundry
- Lifting anything over 10 pounds

Drive you to appointments (for about 3 weeks):

- Remember not to drive while taking narcotic pain medication.
- Your driving skills and reaction time are likely to be compromised by the physical trauma and discomfort of your surgery.

Keep you company:

- Recovering from surgery can be lonely.
- It's nice to have someone to talk to, listen to or watch movies with.

What if I don't have a caregiver(s) or anyone I can ask?

- Try reaching out to online support groups and communities for help.
- If you don't have any luck, contact the Transgender Health Program.

Where can my caregiver(s) get support?

- For questions related to wound care or complications from surgery, call the Urology Department at 503-346-1500.
- For mental and emotional support (caregiving can be draining): Brave Space LLC has parent and caregiver community group meetings. Contact Brave Space at 503-486-8936 or Info@BraveSpaceLLC.

What events and appointments can my caregiver(s) attend?

Only you can decide how comfortable you are with your caregiver coming to appointments. You'll get the most out of these appointments if you feel comfortable, relaxed and safe. That should guide whether you would like your caregiver(s) present.

Here are appointments caregivers can attend, and what to expect, to help you decide how involved you want your caregiver(s) to be.

- **Surgery information class** (see the schedule in your booklet pocket):
 - We go over surgery details, including preparation and recovery.
 - We recommend you bring your main support person. If you need to bring more than one person, tell us when you sign up.
- **Pre- and postop appointments:** We'll do a genital and wound exam at every appointment except for the one right before surgery.

Can my caregiver(s) stay overnight with me in the hospital?

- Yes. An extra bed can be set up.
- Space may be limited, so you may not be able to have more than 1–2 people stay.

Urination and bowel movement strategies

From our physical therapy colleagues

Urination after surgery

Urethral lengthening only: You will have a catheter to drain your bladder while you're in the hospital. The catheter is typically removed at your second follow-up appointment (around 3–4 weeks). You may find it difficult to urinate at first. Here are a few tips to help. If you can't urinate, you may need to go home with a catheter.

- Go on a short walk. Being upright can stimulate the bladder.
- Sit on or stand at the toilet. Take slow, deep breaths. Do not strain, hold your breath or push.
- Try running the sink or the shower. Hearing water may help the bladder start.
- Put your hands in a basin of warm water. This can help relax the pelvic floor to allow the bladder to begin.
- Take a shower and try to void in there.

Bowel movements after surgery

It is important not to strain or push when having a bowel movement. You will be given a stool softener to make it easier. If bowel movements are difficult, try these tips:

- If you feel constipated or bloated, refer to the abdominal massage information in this guide.
- Stay hydrated and eat whole grains, fruits and vegetables.
- Put your feet on a stool or box to raise your knees above your hips. Lean forward and rest your elbows on your knees. This improves the angle of the rectum to allow stool to pass more easily.
- Take a few slow, deep breaths to relax.
- If you need to push, avoid straining and holding your breath. Instead, exhale gently as you tighten your stomach muscles.

Pain management

Everyone handles pain from surgery differently. The level of pain and the days it lasts vary person to person. You may have an idea of your pain threshold from previous surgeries, but it can vary by surgery type. You should expect some degree of pain and discomfort for several weeks after surgery. It will be the worst right after surgery and for several days afterward as you become more active.

We want you to be prepared for this pain and discomfort and to know that it is a normal part of healing.

But we don't want you in so much pain that you can't rest, sleep or do basic household activities. We also know that relying heavily on narcotic pain medication can be dangerous:

- You can become physically and/or mentally dependent on the medication.
- It can cause constipation and/or intestinal blockage.
- It can make your pain more difficult to manage long term.
- It puts you at risk for accidental overdose, which can lead to death.
- It is not safe to drive or operate heavy machinery while taking narcotic pain medication.

We've put a lot of thought into your pain management, offering ways to help you minimize how much narcotic pain medication you need.

- For example, we recommend that you take acetaminophen (Tylenol) on a regular schedule and supplement it with ibuprofen (Motrin, Advil), ice packs and lidocaine patches.
- If you still have pain, we recommend taking the narcotic pain medication oxycodone to help with "breakthrough pain" — pain so severe that it breaks through after other treatments have been tried.

Acetaminophen (Tylenol):

- Take 650 mg (2 regular-strength 325 mg pills) every 6 hours if you're not in pain.
 - Do this until your first follow-up appointment.
 - Don't take acetaminophen if you have liver disease, reduced liver function or an allergy to the active ingredients.
- **Do not take more than 4,000 mg in a 24-hour period.** Acetaminophen is a common ingredient in narcotic pain medications such as Vicodin and Percocet. It's also in over-the-counter medications, so be sure to read the labels.

Ibuprofen (Motrin, Advil):

- Take 600 mg (3 regular-strength 200 mg pills) every 8 hours as needed for mild pain.
 - If you still feel pain after taking acetaminophen, supplement with ibuprofen. Take 600 mg (3 regular-strength 200 mg pills) every 8 hours as needed for mild pain. Do this until your first follow-up appointment.
- Don't take ibuprofen if you have kidney disease, reduced kidney function, only one kidney, a history of stomach ulcers or bleeding in your stomach or intestines, or an allergy to the active ingredient.

Oxycodone (narcotic pain medication):

- We will give you a limited prescription of 5 mg oxycodone pills. Take these only as directed and only as needed for severe pain.
- You can take as often as every 6 hours, but we urge you to limit it to the times you need it most. Many patients find they can tolerate some pain while awake and need oxycodone only to rest or sleep.
- There is a risk of accidental overdose, dependency, nausea, drowsiness, sleepiness and constipation. Do not drive or operate heavy machinery while taking this medication.

- If it looks like you will run out before your next clinic visit, call the Urology Clinic at 503-346-1500 during business hours. **Give us 24–48 hours to prepare the prescription.** You will probably need someone to pick up the prescription, so plan ahead.

Ice packs:

- Apply ice packs around (but not directly on top of) the phallus for 20 minutes every 1–2 hours, as needed. This can help reduce pain and swelling. Put a cloth or towel between the ice pack and your skin.

Lidocaine patches:

- Lidocaine patches can help with pain. You can buy them over the counter, but we will write you a prescription. Some insurance companies don't cover the cost, so you may want to look into this.
- Each lidocaine patch can be cut in half and applied about 2 inches away from the phallus on the inner thighs and inguinal crease. A nurse will show you how before you leave the hospital.
- You should use 1 patch a day until your first follow-up visit. Apply it for 12 hours, then remove it for 12 hours before applying a new one.
- If you have discomfort or burning, remove the patch and stop using them.

Polyethylene glycol (Miralax):

- This is stool softener. Pain medication, including acetaminophen and ibuprofen, can make you constipated. Constipation can cause discomfort and, left untreated, intestinal blockage. It can also make you want to strain (or push) to have a bowel movement, which could cause serious complications with healing.
- Pour 1 capful of powder in 8–12 ounces of water or juice daily for 1 month after surgery. If your stools become too soft, you can decrease use to every other day.

Tracking your pain

Keep track of how you're managing your pain with this tracking table. Please fill in the times you take each medication, so you don't accidentally double or miss a dose.

Pain management tracking table

Name of Medication	Dose	Frequency	Notes	Schedule			
				Write down the time you took the medication			
				A.M.	Midday	P.M.	Bedtime
Acetaminophen (Tylenol)	625 mg	Every 6 hours	Take on a schedule whether in pain or not. Do not exceed 4,000 mg in a 24-hour period.				
Ibuprofen (Motrin)	600 mg	Every 8 hours	Take only as needed for moderate pain.				
Oxycodone	1 tablet (5 mg)	Every 6 hours	Take only as needed for severe pain.				
Ice	N/A	20 mins every 1-2 hours	Place ice pack on cloth over the mons (not touching skin).				
Lidocaine patches	1 patch – up to 12 hours	1 patch per day	Cut in half – place half on each side of the phallus. "12 hours on, 12 hours off."				
Polyethylene glycol (Miralax)	1 capful in 8-12 oz liquid	Every day	Take daily for 1 month to prevent constipation.				

Frequently asked questions after surgery

Bleeding/discharge

I have heavy bleeding from my surgical site. What should I do?

- Apply firm, direct pressure with a clean rag or gauze for 10 minutes.
- If the bleeding has stopped and you don't feel dizzy or lightheaded, you should be fine. Rest and limit activity to keep the site from bleeding again.
- If the bleeding slows down but doesn't stop, apply firm, direct pressure for another 10 minutes to see if it stops.
- If you can't get the bleeding to stop, call the Urology Clinic at 503-346-1500 during business hours or call our evening/weekend number, 503-494-9000.
- ***If you also feel dizzy or lightheaded, go directly to the emergency room. Don't drive yourself.***

I am bleeding and oozing from my surgical site, but the bleeding isn't super heavy. Is this normal?

- It's normal to have bleeding, oozing and discharge from the surgical site for up to 1 month, possibly longer.
- Increasing pain or redness with or without fever or chills is not normal. It could be a sign of an infection. Call the Urology Clinic or our evening/weekend number.
- ***If you also feel dizzy or lightheaded, go to the emergency room. Don't drive yourself.***

I see an open red wound in the surgical site. It's not bleeding much, and it's not very painful. Should I be concerned?

This is most likely an area of wound separation or granulation tissue, which is not an immediate concern. Bring this up at your follow-up visit. We might be able to treat it with silver nitrate.

Swelling

I am more swollen than I think I should be. How much swelling is normal and for how long?

It is normal to have significant swelling and bruising. The appearance of the phallus can be quite shocking at first.

- By three months, the swelling should calm down. It may come and go with activity.
- By about six months, swelling should be resolved. You will know what your penis will look like long term.

I developed sudden swelling and pain. What should I do?

That could be a hematoma or an infection. Call the Urology Clinic or our evening/weekend number. ***If you also feel dizzy or lightheaded, go directly to the emergency room. Don't drive yourself.***

Urology Clinic:

- **503-346-1500** business hours
- **503-494-9000** evenings and weekends

Pain

How long should I have pain and how can I manage it?

Everyone responds to surgery and pain differently. Some patients recover quickly and report minimal pain. Others take more time and have much more bothersome pain levels.

- After 2 weeks, the worst of the pain should be over. You will still have significant discomfort, but things should be calming down.
- You may notice that the more you are active, the worse your pain and swelling is. This is your body telling you to slow down.

My pain is getting worse, and I am almost out of the narcotic pain medication. What should I do?

Try these things first:

1. Supplement narcotics with acetaminophen and/or ibuprofen as suggested in the “Pain management” section of this guide.
2. Apply ice for 20 minutes each hour.
3. Limit activities that increase pain and swelling.

If these don't control your pain, call the Urology Clinic:

- 503-346-1500 business hours
- 503-494-9000 evenings and weekends



Signs of a possible surgical site infection

If you have any of the following:

- An increase in swelling, redness and pain
- A fever of over 101 degrees F
- Chills

Call the Urology Clinic:

- **503-346-1500** business hours
- **503-494-9000** evenings and weekends

If you also feel dizzy or lightheaded, go to the emergency room. Don't drive yourself.

Odor

I have noticed my surgical site is starting to smell bad. It doesn't hurt, and I feel fine otherwise. Is this normal?

A foul smell from the surgical site could indicate an area of tissue necrosis. Small areas of tissue necrosis — dead cells — are not uncommon. Bring this up at your follow-up visit. We'll have you treat it with regular dressing changes.

It could also be the sign of poor wound hygiene. Gently wash the surgical site, labia folds and between your legs with mild soap and water twice daily. Don't use a washcloth or scrub for the first 6 weeks.

What to expect at follow-up visits

It's important that you show up to all your follow-up visits. These let us assess your healing and teach you about wound care. We know it can be time consuming, especially if you're coming from far away. But it's an expectation for our patients to ensure the best possible outcome.

First follow-up visit

1–2 weeks after surgery

- We check the surgical site and ask how you are doing with pain and bowel movements.
- If you have drains, we remove them (typically mons-plasty only).
- If there are any wound concerns, they will likely come up between your first and second follow-up visits. We will go over any issues.

Second follow-up visit

3–4 weeks after surgery

- This is a 15-minute visit.
- We make sure you are healing well and answering any questions.
- We remove the suprapubic urinary catheter (SP tube) at this visit and make sure you can pee on your own.

Third follow-up visit

About 8 weeks after surgery

- This is a 15-minute visit.
- We make sure you're healing well and check on your pain, urination & bowel movements.

Fourth follow-up visit

3–6 months after surgery

- This is a 15-minute visit to see how you're doing.
- It is also a good time to ask any questions.

1-year follow-up visit

- This is a 15-minute visit to see how you're doing.

You might feel numb in some areas of the surgical site. Nerves regrowing or “waking up” can feel like pins and needles, tingling or a quick electric shock. It might take a while to get all the feeling back in your genital skin – or it might be annoyingly oversensitive.

Getting back to your normal routine

When will feeling come back?

It can take 6–9 months for the nerves to heal after surgery. Nerves don’t regrow for the first 3–4 weeks. Then they grow at 1 millimeter a day (about 1 inch a month). The speed and amount of nerve regrowth is different for everyone. Younger people usually get more nerve regrowth.

What if touching my phallus or genital skin is too sensitive or painful?

This could be a sign that your nerves are healing or inflamed. Sometimes gently touching or massaging the area around the phallus or scrotum can send a signal to your brain that touch is “safe” and “not harmful.” This can help if it is too sensitive.

When do I resume my normal activity?

- **Walking:** We ask that you limit your walking to 2,000 steps a day for the first 4 weeks. This is about 1 mile or 20 minutes of walking for the whole day. After 4 weeks, you can begin to gradually increase the number of steps. You may notice that the more active you are, the more swelling, pain and fatigue you have. This is your body telling you to slow down. Listen to your body and don’t overdo things.
- **Showering:** We ask that you not shower for 48 hours after surgery. Then you should shower twice a day for the first 4 weeks. Use a gentle cleanser to wash the genital skin and rinse well. After 4 weeks, you can resume your normal shower schedule. Rinse well in the shower for the rest of your life to maintain good hygiene.
- **Bathing:** No baths, hot tubs or swimming for 3 months.
- **Lifting:** Don’t lift anything over 10 pounds for the 4 weeks. Then you can slowly increase the amount of weight you lift.
- **Workouts:** No working out, running or strenuous yardwork for 6 weeks after surgery. Then you can slowly reintroduce these activities to your routine. No straddling activities, including bicycling, for 3 months.

Scar massage

From our physical therapy colleagues

Massage can help loosen scar tissue, soften your scars and make them more comfortable and less visible over time. Your physical therapist will teach you how to massage your surgical scar. Begin at 5–8 weeks after surgery, once the wound is closed. Do this daily for 5–10 minutes.

Scar massage should not be painful. If the scar is painful to touch, begin with this desensitizing strategy:

- **Desensitization:** Use a tissue, light cloth, dry or wet towel, or your fingertips to gently rub or tap on the scar in all directions. Use light pressure so it's not painful. Gradually use firmer pressure. This will decrease the sensitivity of the scar, and you will become more comfortable touching it.

When the scar is no longer sensitive, use these techniques:

- **Push and pull:** Put two fingers on the scar and move them slowly straight up until the skin stops moving. Hold firm pressure for 20–30 seconds. You might feel a strong pulling sensation, but don't make it hurt. Repeat in the downward direction and to the left and right. Continue with these 4 motions along the scar's length. You may notice a direction or spot that feels especially "stuck." Spend more time holding in these directions.
- **Skin rolling:** Gently pinch the skin on either side of the scar and lift. Start at either end and move forward and backward, rolling and raising the skin as you move. A stuck scar dimples inward; a free scar will lift easily.
- **Plucking:** Put your index finger on one side of the scar and your thumb on the other. Try to pick up the scar, separating it from the underlying tissue. If you can pick up the scar, move your fingers up and down and side to side. Continue along the length of the scar.

Resources (crisis and support lines)

Transition can be liberating. It can also be scary, feel unsafe, create more dysphoria, disrupt personal relationships and be an emotional roller coaster. Several organizations offer immediate help if you are in a crisis, just need to talk to someone or have questions. Their confidential services are available 24/7.

Trans Lifeline: Offers emotional and financial support to transgender people. Has a peer support hotline for trans and questioning callers. The hotline is staffed by transgender volunteers.

- 877-565-8860
- translifeline.org/hotline

The Trevor Project: Offers crisis intervention and suicide prevention for LGBTQ people younger than 25.

- 866-488-7386
- thetrevorproject.org
- Online instant messaging: TrevorChat
- Text-based support: TrevorText

National Suicide Prevention Lifeline: This national network of local crisis centers has a hotline to provide emotional support to anyone in suicidal crisis or emotional distress.

- 800-273-8255
- suicidepreventionlifeline.org

Support and information groups

In Oregon

- **Basic Rights Oregon:** Statewide LGBTQ advocacy and social justice organization, basicrights.org
- **Brave Space LLC:** Creates community and connects transgender and genderqueer children, teens, adults and allies with expert providers, bravespacellc.com
- **Central Oregon Coast Trans Community:** Newport-area support group for transgender people and their families, [on Facebook](#)
- **Human Dignity Coalition:** Bend-based group seeks equality for the LGBTQ community and allies, humandignityco.wordpress.com
- **Northwest Gender Alliance:** Nonprofit social, support and educational group, nwgenderalliance.org
- **Outside In:** Offers resources for name and gender change on identity documents, outsidein.org
- **Portland Q Center:** Provides a safe space to support and celebrate LGBTQ diversity, visibility and community building, pdxqcenter.org
- **Rainbow Youth:** Salem-area organization offers welcoming spaces where LGBTQ and gender-diverse young people and their friends can connect, rainbowyouth.org
- **Sexual and Gender Minority Youth Resource Center:** New Avenues for Youth's safe, supervised space with activities for sexual and gender minorities ages 13–23, newavenues.org
- **SO Health-E:** Southern Oregon group dedicated to improving access to health care across lines of race, gender, sexual orientation, disability and income, sohealth.org. Includes the LGBTQ+ Equity workgroup, which seeks to remove barriers to health care in Jackson and Josephine counties for people in the lesbian/gay/bisexual and gender-diverse communities.

- **TransActive Gender Project:** Provides [support groups, information, advocacy and other services](#) to families of Portland-area transgender and gender-diverse youths ages 4–18.
- **Trans*Ponder:** Eugene nonprofit offers support, education, advocacy and other services for transgender and gender-diverse people, transponder.community

National and international

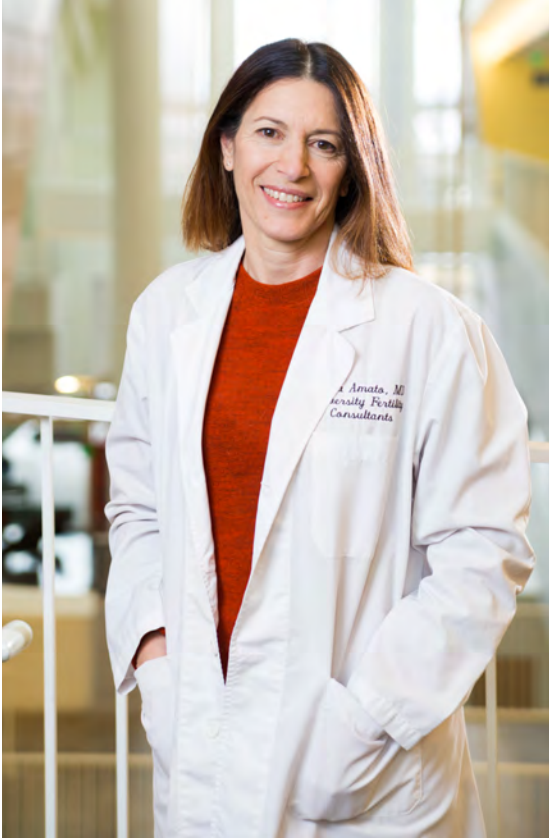
National Center for Transgender Equality: Social justice advocacy organization for transgender people, transequality.org

National LGBT Health Education Center: Provides education, resources and information to health care organizations to improve LGBT health care, lgbthealtheducation.org

Transgender Law Center: Civil rights group working to advance transgender self-determination, transgenderlawcenter.org

Transgender Youth Equality Foundation: Works to advance the rights of transgender, gender-nonconforming and intersex youths ages 2–18, transyouthequality.org

World Professional Association for Transgender Health: Promotes evidence-based care, education, research, advocacy, public policy and respect in transgender health, wpath.org



Dr. Paula Amato, an expert in fertility, includes transgender care among her focus areas.

Transgender Health Program class schedule

Gender-affirming surgery class

The THP offers classes on gender-affirming surgery. Patients, at any stage of considering surgery, and one guest, are welcome.

Metoidioplasty/phalloplasty classes feature slides and photos to review anatomy, genital reconstruction and surgical outcomes.

Classes are free, but registration is required. Please go to the [website](#) to register.

Fertility and assisted reproduction

We offer patient education content regarding fertility and reproductive options for gender-diverse people and their partners or allies. You may also visit the [OHSU Fertility Preservation](#) website and review an overview of fertility options written by our Transgender Health Program expert, Dr. Paula Amato. Free video-based classes are also available regarding fertility preservation and assisted reproduction.



OHSU accepts most health plans.
OHSU is an equal opportunity, affirmative action institution.