Surgery, Recovery, and Healing

CARE AFTER SURGERY
The Hospital or Surgery Center

- Check in early, meet your surgical team & anesthesiologist
  - Discuss any past negative experiences with general anesthesia with anesthesiologist and surgeon in advance.

- **Phalloplasty**
  - 1<sup>st</sup> Stage Urethral Lengthening: 4 hours
  - Flap Stage: 6-8 hours
  - Implant Stage: 1-3 hours

- **Metoidioplasty**
  - With Urethral Lengthening: 4 hours
  - Without Urethral Lengthening: 2-4 hours

- **After surgery**: You will recover in the PACU for 2-3 hours. You may feel nauseous, elated, groggy, tearful, thirsty/hungry.

- Depending on surgery/surgeon, you will be discharged from PACU or moved to a hospital room.
# Hospital Stay

<table>
<thead>
<tr>
<th></th>
<th>Meta w/ UL</th>
<th>Meta w/o UL</th>
<th>1st Stage Phallo (RFF) (similar to meta w/ UL)</th>
<th>Flap Stage Phallo</th>
<th>Implants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Length of Stay</td>
<td>2-4 nights</td>
<td>outpatient</td>
<td>2-4 nights</td>
<td>5-7 nights</td>
<td>outpatient</td>
</tr>
</tbody>
</table>
Hospital Stay

- Helpful to have a friend or family member present in the room to remember details provided by nurse and surgeon.

- You may be asked to walk before you feel ready. Walking will help you recover more quickly and help decrease complications.

- Main tasks for patients in the hospital are: rest, hydrate, control pain, ask questions.
A Note About Pain

- It is normal to experience pain and discomfort after surgery
- Stress associated with untreated and excessive pain can prevent healing
- While you are in the hospital, communicate with your nursing team about your pain level
- Before you are discharged you will be tapered to oral pain medication.
- Discuss past negative experiences with pain medication or addiction history with your surgeon.
  - DO NOT take NSAIDS (ibuprofen, aspirin, Aleve) for pain for the first 7-10 days.
  - DO NOT take Tylenol in addition to prescribed pain medications
Catheter

- Patients having metoidioplasty or phalloplasty with urethral lengthening will have two catheters placed during surgery.
- A catheter allows you to empty your bladder without using your urethra.
Catheter

- **Foley catheter** is usually removed after 1 week

- **Suprapubic catheter**
  - Usually in for minimum of 6 weeks after surgery
  - The catheter will have a tube running from your bladder outside your body connected to a bag
  - The catheter bag will need to be emptied into the toilet when it is full (at least every 4-5 hours)
  - Wash hands before handling the catheter
  - Clean area around catheter with soap and water at least 1x per day

**Normal Issues with Catheters:**
- Bladder spasms (uncomfortable but not an emergency)
- Drainage around insertion site is normal (can be mucus-like)
Hospital Discharge:
Phalloplasty Urethral Lengthening Stage 1 & Meta w/ UL

- 1st stage phalloplasty with urethral lengthening is very similar to metoidioplasty with urethral lengthening. Post-op care is usually the same.

What is on you when you’re discharged:
- Penile dressing (gauze)
- Suprapubic catheter and catheter bag
- Foley catheter with plug (no bag attached)
Hospital Discharge: Phalloplasty Flap Stage

What is on you when you’re discharged:

- Groin Dressing
- Penile Dressing
- Suprapubic catheter and catheter bag
- Arm splint (if forearm flap)
  - Splint stays on for 1 month, then physical therapy and splint on at night
- Thigh gauze and wrap (on 2 sides if thigh flap)
- Foley catheter with plug (no bag attached)

- Patients who have thigh flap may need wheelchair, cane, or walker to assist with mobility; toilet bars for assistance on and off toilet
What is on you when you’re discharged:

- Penile Dressing
Hospital Discharge

- You will need someone to drive you home from surgery
- You will need someone to be present when you are given discharge instructions
  - Anesthesia impairs short term memory functioning
## Recovery Comparison

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<tbody>
<tr>
<td>Initial Recovery</td>
<td>6-8 weeks</td>
<td>2-3 weeks</td>
<td>6-8 weeks</td>
<td>6-8 weeks</td>
<td>3-4 weeks</td>
</tr>
<tr>
<td>No Activity Restrictions</td>
<td>2-3 months</td>
<td>6 weeks</td>
<td>2-3 months</td>
<td>2-3 months</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Back to Baseline</td>
<td>3-6 months</td>
<td>3-4 months</td>
<td>3-6 months</td>
<td>4 months</td>
<td>2-3 months</td>
</tr>
<tr>
<td>Follow-up Appts</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
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</table>
Caregiving Needs

- Plan for a caregiver around the clock for about 3-5 days after discharge from the hospital.
  - May need less round the clock care for metoidioplasty without urethral lengthening and implants and more with phalloplasty flap stage.
- Have at least one identified caregiver in place. If you can, identify a team of caregivers so no one caregiver is overwhelmed and each caregiver can provide care based on their strengths.
- You will need help with lifting, laundry, cleaning, meal preparation, errands and care for children and pets for at least 3-4 weeks after surgery; you may need more for phalloplasty flap stage (4-6 weeks).
- You may need help with personal care including help in the bathroom with showering and cleaning.
- It is common for patients to think they have more strength than they actually do in the first few months after surgery. Taking it slow at first is important.
Recovery Considerations

- In the first 2-3 months after surgery it is important to avoid positions that put stress on incisions and cut off blood supply to the phallus.
  - Avoid crouching and sitting with your knees hugged to your chest.
- Important to keep wound sites dry; phallus elevated in first few weeks after flap stage.
- Dressing changes (gauze and xeroform gauze 1x daily).
Meta & Phallo: Normal Healing

- **Pain**
- **Swelling**: Expect quite a bit of swelling for a few months post operatively. Sudden swelling requires urgent attention.
- **Nausea/vomiting**: Common reaction to anesthesia as well as narcotic pain medications.
- **Itching**: Common reaction to anesthesia as well as narcotic pain medications. Also can be caused by adhesive dressings.
- **Constipation**: Take stool softeners to minimize strain and pressure to the genital area
- **Blood in the urine for up to 6 weeks**: As your new urethra heals and as long as you have a catheter in place, it is normal to have some blood and bladder debris in your urine bag.
- **Incontinence of urine**: While your neo-urethra is swollen, it is normal to have some incontinence (leaking) particularly when you are straining like having a BM or coughing/sneezing. Leaking through your urethra can happen even when you have your Supra Pubic Catheter to drainage bag. The urethra can remain swollen for up 12 weeks.
Wound Care

- Important to keep wound sites dry
- Change all dressings 1x per day
- After flap stage phalloplasty:
  - Keep phallus elevated in first few weeks
  - Daily dressing changes (gauze & xeroform gauze 1x daily)
  - No showering for 10-14 days until cleared by surgeon
  - Compression for forearm once cleared by surgeon to assist with lymph drainage
What to do if you have a concern?

- First, contact your surgeon and review symptoms
  - Surgeon may want to see you at the office

- KP Advice Nurse: 415-833-2200
  - Ask nurse to page on call plastic surgeon at KP SF

- If surgeon tells you to go to the emergency room:
  - Go to your nearest Kaiser ER
  - Tell the ER doctor that you’ve had surgery
  - Ask them to contact your surgeon and the San Francisco Kaiser Plastic Surgery Department
Physical Therapy: Phalloplasty Only

- Standard for patients who have radial forearm flap phalloplasty to assure healing in forearm
  - Promote range of motion
  - Rebuild strength

- Possible to obtain referral for physical therapy after ALT to restore strength and gait

- Physical therapy takes place at nearest Kaiser to you that has therapy available

- Physical therapy is typically started 3 weeks after surgery
  - Patients are cleared by microsurgeons prior to start of therapy
  - Typically need 2-3 months of hand therapy
  - Compression garment on forearm worn for ~1 year after surgery
Resuming Activities after Surgery

- Each person’s healing is different
- Listen to your body and if hurts, use caution or stop!
- General guideline is wait at least 6 weeks before restarting moderate activities and obtain clearance from surgeon
- Check in with surgeon about time before driving, swimming, taking a bath, bike riding, strenuous exercise, and sexual activity
- Best to abstain from all nicotine and not to even be around cigarette smoke for 1 month. If resuming nicotine use, wait at least one month and avoid excessive alcohol intake.
Sexual Health after Surgery

- Discovering changes to sexuality, sexual sensation, and pleasure after surgery can take time.
- Exploring what feels good on your own can help you have information to share with your partners.
- If anything hurts, slow down, breathe, and listen to your body.
- Just like anyone else who has sex, people who have had phalloplasty can also get or transmit a sexually transmitted infection (STI) or HIV.
  - Some STIs are transmitted through skin to skin contact.
  - Some STIs are transmitted through fluid exchange.
A Note About Sex

- Device called “Elator” to assist with rigidity after surgery before implant.
- Using a few condoms can also assist with rigidity
- Works best after glansplasty
- [http://www.theelator.com/](http://www.theelator.com/)
- Confirm with surgeon when it’s ok to use after surgery
Sexual Health Tips

- Just like anyone else who has sex, people who have had phalloplasty can also get or transmit a sexually transmitted infection (STI) or HIV.
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  - Some STIs are transmitted through fluid exchange

- HIV and STI testing is recommended every 3-6 months if you’re sexually active
  - You don’t need an order from your PCP to get HIV testing done. Drop-in at any KP lab.

- Methods to reduce HIV and STI transmission:
  - Condoms and lube
  - Pre-exposure Prophylaxis (PrEP)
  - Post-exposure prophylaxis (PEP)
  - Treatment as Prevention (TasP)