

Surgical readiness assessment – metoidioplasty

This document is intended to assist surgical assessors in discussing gender-affirming surgery with patients and to ensure patients receive adequate information about the specific surgery they are seeking.

The role of the surgical assessor includes:

- Confirming the patient meets WPATH criteria for this procedure
- Confirming the patient is ready for surgery from a psychosocial perspective
- Confirming the patient can consent to this procedure

This discussion and the recommendation for surgery do not replace the surgeon's informed consent process.

Two assessments (ideally done in one visit by two assessors) are recommended for most patients undergoing metoidioplasty, although additional assessments may be requested at the discretion of the surgeon.

The metoidioplasty procedure

Some trans people have metoidioplasty as a gender-affirmation treatment. Some benefits of this procedure may include the ability to urinate in a standing position without the need for assistive devices and decreased dysphoria.

This procedure may be done in two stages and involves part or all of the following: surgical release of clitoral tissue (lengthening), use of labial tissue to add bulk to the phallus, re-routing of the urethra through the phallus, removal of the vagina, scrotoplasty using labial tissue, scrotal implants.

The surgeons require hysterectomy and bilateral salpingo-oophorectomy to be completed at least six months prior to procedures if the vagina will be closed, resulting in permanent infertility.

Additional information about metoidioplasty and scrotoplasty can be found on the Transgender Health Information Program website: <http://transhealth.phsa.ca> and on the GRS Montreal website: <http://grsmontreal.com>.

Location of surgery

Metoidioplasty can be performed at GRS Montreal or at selected sites in the US (Dr. Crane in Austin, Texas; Dr. Chen in San Francisco, California; or Dr. Schechter in Chicago, Illinois). Primary care providers will make the referral and include the assessment documents and any other relevant clinical information. Patients will book telephone consults directly with the surgical centre.

The usual hospital stay is two nights followed by six days to two weeks in a post-operative recovery centre (depending on site). Scrotal implants may be done at a later stage, usually six months later and typically are done as a day procedure.

Applying for out-of-country surgery

For patients who wish to travel to the US for surgery, an “out-of-country health services funding application” must be completed by a qualified specialist. Primary care providers should refer patients to Trans Care BC for further discussion and to arrange out-of-country applications.

To be eligible for surgery out-of-country, clients must have:

1. Completed of all required surgical assessments
2. Had a hysterectomy/BSO (if one is required for lower genital reconstruction)
3. A plan in place for hair removal (as required by surgeon)
4. And be able to travel to the US for surgery (have a valid passport and able to enter the US)

If a client meets these criteria, they can ask their physician to complete a referral for out-of-country surgery and fax it to Trans Care BC at 604-675-7464.

Once the referral is received, Trans Care BC will:

1. Contact the care provider and the client, and put the client on a waitlist
2. Coordinate appointment for the client with a trans specialty care physician to complete an out-of-country application for MSP approval.
3. Coordinate an appointment for consultation with the client’s selected US-based surgeon.

In order to address the waitlist in an equitable way, clients will be attended to in priority order based on key readiness considerations and date of second completed assessment. Other factors may be considered on a case-by-case basis.

For more information regarding the process, please contact Trans Care BC’s care coordination team at: 1-866-999-1514 or transcareteam@phsa.ca.

Funding

Metoidioplasty is fully funded by MSP for treatment of gender dysphoria.

Costs related to the required stay in the post-operative recovery centre (including accommodation, nursing support, meals and medications) are funded by Trans Care BC.

Preparation for surgery

Smoking cessation is strongly recommended six months prior to surgery and is required by some surgeons. Genital hair removal is not usually required but if patients choose to do it, hair removal should be complete at least six months prior to surgery. The need to discontinue hormone therapy prior to surgery is at the discretion of the surgeon.

Travel costs

Hope Air is a charity that may be able to assist with travel costs, depending on income.

Risks of surgery

Patients should check with their surgeon for more specifics, such as rates of each complication.

- Risk related to general anesthetic (death)
- Excessive blood loss and need for transfusion
- Blood clots
- Damage to surrounding structures (for example: nerves, blood vessels, bladder, intestine)
- Nerve damage and loss of sensation
- Decreased sexual satisfaction, inability to orgasm
- Hematomas, seromas
- Infection or abscess
- Urinary complications such as fistula, stricture, stenosis
- Extrusion or infection of prostheses
- Wound dehiscence with delayed healing
- Hypertrophic or keloid scarring
- Dissatisfaction with appearance of genitals
- Need for revisions
- Post-op regret

What to expect during healing

- Pain, bruising, swelling, numbness and or shooting/burning pains, urinary catheter, constipation (from pain meds)
- Need to reduce activities & take time off from work four to six weeks or longer
- Need for a support person in the post-operative period to assist with daily activities such as self-care & grooming, meal preparation, laundry, etc.
- Need for regular follow-up with care providers every one to two weeks during post-operative period.

Next steps for assessors

The primary care provider (GP, NP, or in some cases endocrinologist) is the person responsible for making the referral to the surgeon. In some cases the person doing the assessment is also the primary care provider, but if not, assessment documentation should be sent to the primary care provider (not to Trans Care BC).

Assessors can better ensure a smooth pathway for the patient by:

- Completing and forwarding your assessment documentation to the primary care provider
- If applicable: reviewing and asking the patient to sign the consent to exchange information between: a) GRS Montreal and Trans Care BC; and b) GRS Montreal and the primary care provider and forwarding these to the primary care provider (for inclusion with the referral)
- Sending “Referring a Patient for Gender Affirming Surgery” document to the primary care provider along with your assessment
- Encouraging the patient to follow up with their primary care provider to ensure the referral has been made