

## Surgical readiness assessment – phalloplasty

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

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

### The phalloplasty procedure

Some trans people have phalloplasty as part of gender-affirmation treatment. Some benefits of this procedure may include decreased dysphoria, the ability to have penetrative sex with the phallus, and the ability to urinate in the standing position without the need for assistive devices.

This procedure is done in stages and involves some or all of the following:

- Grafting of tissue (including blood vessels and nerves) from the forearm or other body location,
- Grafting of tissue from the thigh to cover the donor site,
- Creation of a phallus (including glans) from the grafted forearm tissue,
- Attachment of the phallus to the genital region above the clitoris,
- Re-routing of the urethra through the phallus (may done in two stages: initially to the area below the phallus and later through the phallus),
- Removal of the vagina,
- Scrotoplasty using labial tissue,
- Insertion of scrotal implants and
- Insertion of an erectile device.

Phalloplasty is done in two to four stages depending on the site. The initial stage usually involved spending three to five nights in hospital, followed by a stay in a post-operative recovery centre (seven days to three weeks depending on site). Another surgery, done at least six months later, will be required if the urethra wasn't routed through the phallus in the initial stage. This would involve one to two nights in hospital.

Scrotal implants and insertion of erectile device are done in a subsequent stage (or stages). Scrotal implants are generally done as a day procedure and insertion of the erectile device may involve one night in hospital.

The number of stages varies by surgeon and at times there are specific requirements for hair removal that need to be done prior to specific stages. 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 phalloplasty, scrotoplasty and erectile devices 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**

Phalloplasty 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 who wish to travel to the US for surgery must have a qualified specialist complete an out-of-country health services funding application. Primary care providers should refer patients to Trans Care BC for further discussion and to arrange out-of-country applications.

### **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](mailto:transcareteam@phsa.ca).

### **Funding**

Phalloplasty 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.

Most surgeons require meticulous, permanent hair removal from the donor site to be completed at least six months prior to the phalloplasty – patients should clarify hair removal requirements with their surgeon.

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
- Risks to donor site – nerve damage, swelling, pain, loss of function
- Total or partial flap failure
- Damage to surrounding structures (e.g., 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
- Asymmetry
- 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 six to eight weeks or longer (initial stage, less for subsequent stages)
- 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 the patient wishes to have surgery with GRS Montreal, review and ask the patient to sign the following documents and forward to the primary care provider along for inclusion with the referral:
  - Consent to exchange information between GRS Montreal and Trans Care BC; and
  - Consent to exchange information between GRS Montreal and the primary care provider
- Send “referring a patient for gender-affirming surgery” checklist to the primary care provider along with your assessment
- Encourage the patient to follow up with their primary care provider to ensure the referral has been made