



OCTOBER 2022

METOIDIOPLASTY

INFORMATION BOOKLET

PART A

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PART A

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1

GENERAL PRESENTATION

Thank you for choosing the Complexe chirurgical CMC to live your surgical experience.

This booklet has been designed to support you from the beginning to the end of your surgical experience. It is divided into three parts:

- PART A.** This part provides you with information about your surgical procedure, its risks and possible complications.
- PART B.** This part will be sent to you attached to the email confirming your surgery date. It will give you information about your surgical procedure and how to prepare for it.
- PART C.** This part, which will be sent at the same time as Part B, contains important postoperative tips on hygiene, mobility and pain relief. These recommendations will help you recover faster and make your convalescence easier.

The booklet (comprising of Parts A, B and C) contains essential information for your preoperative care, your surgical procedure, and your postoperative care. Please bring it with you on the day of your surgery.

The GrS Montréal team is always available to answer any questions and any additional information requests from you or from any other healthcare professionals involved in your surgical process. All our contact information can be found further along in this booklet.

1.1 COMPLEXE CHIRURGICAL CMC

THE COMPLEXE CHIRURGICAL CMC COMPRISES 3 ENTITIES:

- GrS Montréal
- Centre Métropolitain de Chirurgie (CMC)
- Maison de convalescence Asclépiade

The Complexe chirurgical CMC has more than 130 employees spread across its 3 entities. The surgical team is composed of Dr. Pierre Brassard, Dr. Maud Bélanger, Dr. Chen Lee, Dr. Alex Laungani and Dr. Valérie Brousseau, as well as their authorized representatives and delegates, their administrative staff, their healthcare staff and their attendants. In addition, the Complexe chirurgical CMC team also includes other independent healthcare professionals who provides medical care and other types of care and health treatments with the Centre Métropolitain de Chirurgie, or in collaboration with the surgical team.

GrS MONTRÉAL

GrS Montréal is composed of three teams:

- Administrative services, which oversee the progress of your personal file and of the receipt of the documents until the day of your surgery;
- Preoperative clinical nurses, who assess your medical file in collaboration with the surgeon and the anesthesiologist;
- Post operative clinical nurses, who provide postoperative care and answer all questions following your surgery and your return home.

GrS Montréal also offers a coordination service for your stay. We invite you to contact us to find out your eligibility for the various options offered.

CENTRE MÉTROPOLITAIN DE CHIRURGIE

The Centre Métropolitain de Chirurgie, accredited with Exemplary Standing by Accreditation Canada (section 1.3), is the only private hospital center in Québec. All surgeries are performed at the CMC, which includes four operating rooms, a day surgery unit and one inpatient unit. Its priority is ensuring a high standard of healthcare and surgical services while meeting the highest standards of continuous health and safety services.

MAISON DE CONVALESCENCE ASCLÉPIADE

The Maison de convalescence Asclépiade is a post-surgical recovery center for patients who underwent a genital surgery. This warm and nurturing environment helps our patients to focus on their postoperative care and recovery. Our patients are accompanied by competent staff whom they learn how to perform their post operative care and are taught the self-care procedures needed for their return home.

1.2 FOOD SERVICES

During your stay at the Complexe chirurgical CMC you will be served 3 meals a day. They are prepared on site using fresh, quality ingredients. You will have access to a variety of beverages (juice, tea, coffee, etc.) as well as fresh fruit at all times. Only serious food allergies will be taken into consideration and must be mentioned in advance in your preoperative questionnaire.

As examples:

- Nuts and peanuts
- Shellfish
- Gluten
- Lactose intolerance
- Etc.

If your diet is vegetarian or vegan, meals may be made available, however please let us know in advance.

Please note that it will be impossible for us to accommodate individual dietary preferences that are not related to a health problem. A shared refrigerator is available to patients at Asclépiade for storing personal food.

1.3 WHO IS ACCREDITATION CANADA

Accreditation Canada is a not-for-profit organization committed to working with patients, policy makers and the public to improve the quality of health care and social services for all.

We work to bring together the best in healthcare from around the world and share it with you. We work closely with health care and social service organizations in Canada and abroad to develop a sustainable culture of progress to improve safety and efficiency, with the goal of improving and saving Lives.

From the standards we use, to the front-line assessments we conduct, and everything in between, patients and their families are full partners in what we do.

Source: <https://accreditation.ca/about/>



1.4 TELEPHONE RESOURCES

BEFORE AND DURING YOUR VISIT TO THE CMC SURGICAL COMPLEX

GENERAL INFORMATION: 514 288-2097
 ADMISSION OR CHANGE IN YOUR STATE OF HEALTH
 THE DAY BEFORE YOUR SURGERY: 514 332-7091 EXT. 232
 HOTEL HOLIDAY INN LAVAL: 1 888 333-3140 (TOLL-FREE)

DURING YOUR RECOVERY AT HOME

You can contact Asclépiade if you have any questions about your post operative care or if your family doctor has questions about your surgery. Please note that the response time is normally between 24 and 48 hours. If you think it is an emergency, call 911 or go to the nearest hospital.

MAISON DE CONVALESCENCE ASCLÉPIADE: 514 333-1572 OR VIA
 ASCLEPIADE@CMCMONTREAL.COM
 THE INFO-SANTÉ SERVICE IN YOUR REGION: QUEBEC: 811
 THE EMERGENCY SERVICE IN YOUR AREA: CANADA: 911
 YOUR FAMILY DOCTOR
 YOUR PHARMACIST
 LOCAL COMMUNITY SERVICE CENTER
 (CLSC) IN YOUR REGION... ..

COMMUNITY RESOURCES (QUÉBEC)

QUEBEC TRANSESTITE AND TRANSEXUAL HEALTH ACTION (ASTT(E)Q) WWW.ASTTEQ.ORG
 HELP FOR TRANS IN QC WWW.ATQ1980.ORG
 ECOUTE@ATQ1980.ORG
 24-HOUR HELPLINE & INTERVENTION LINE TOLL-FREE: 855 909-9038 #1
 EMERGENCE FOUNDATION WWW.FONDATIONEMERGENCE.ORG
 LGTB FAMILY COALITION WWW.FAMILLELGBT.ORG
 INTERLIGNE ENGLISH OR FRENCH WWW.INTERLIGNE.CO
 TOLLFREE 24-HOUR PROFESSIONAL CRISIS LINE: 1 888 505-1010

1.5 DISCLAIMER

The information contained in the booklet (including Parts A, B and C) should not be considered medical advice. This information is provided for educational purposes. They do not replace a consultation with a doctor, nurse or other healthcare professional. If you have any questions about your personal medical situation, please consult your healthcare professional.

2

PREREQUISITES

Certain prerequisites are necessary for metoidioplasty surgery. Depending on the options chosen, different variants may arise. Please read the different options carefully.

HYPERTROPHY OF THE CLITORIS

To maximize the surgical outcome, the size of the clitoris must be increased. Taking the testosterone hormone helps increase the size of the clitoris.

It is also recommended to perform pumping of the clitoris to maximize the results. Pumping requires patience but improves the results of metoidioplasty.

For the pumping technique, refer to appendix A

MEETING WITH THE SURGEON

The meeting with the surgeon is mandatory before the metoidioplasty surgery. You will receive information about the surgery and will be able to ask your questions.

Additional examinations could also be requested, if necessary.

INTERNAL BIOLOGICAL ORGANS

IF YOU WISH TO KEEP THE VAGINAL CAVITY, THIS PART DOES NOT APPLY TO YOU.

IF YOU DESIRE CLOSURE OF THE VAGINAL CAVITY

A hysterectomy with removal of the cervix must have been performed at least 6 months before the metoidioplasty surgery.

There are two options:

- removal of the uterus only, also called a “total hysterectomy”
- removal of the uterus, fallopian tubes and ovaries, also called “*total hysterectomy with salpingo-oophorectomy*”.

The choice of one or the other option is personal. During hysterectomy, most of the vaginal cavity can be removed at the same time since only 2 cm will be used during metoidioplasty. You can discuss these options with your family doctor or the gynecologist who will perform the hysterectomy to help you make an informed decision.

TOBACCO AND CANNABIS

Nicotine has a direct effect on small vessels by constricting and compressing blood flow throughout your body. This has a very detrimental effect on the small blood vessels and thus on the healing of wounds.

It is therefore required to have stopped the consumption of tobacco and all other products containing nicotine at least 6 weeks before surgery and 8 weeks after.

Recreational cannabis should also be stopped 2 weeks before the surgical procedure. If you have a medical prescription for cannabis, you will need to discuss the different options during the meeting with the surgeon and the nurse.

BODY MASS INDEX (BMI)

Before you can proceed with the metoidioplasty, it is important to know that you must have a healthy weight or BMI of less than or equal to 30, without excessive accumulation of fat or skin in the abdominal area. Being overweight compromises healing and the final appearance of the metoidioplasty.

IF THE BMI IS GREATER THAN 30, WEIGHT LOSS WILL BE REQUIRED.

If your diet is vegetarian or vegan or if your body mass index is below the optimal values (18.5), your surgeon may order additional blood tests. We also advise you to consult your doctor or a nutritionist to ensure that your diet contains all the necessary nutrients. They will be able to establish a nutritional plan that will promote healing.

3

WHAT IS A METOIDIOPLASTY?

METOIDIOPLASTY is a surgical intervention allowing to masculinize the genitals generally in one to two procedures.

The GrS Montréal team has redefined the standards in metoidioplasty by making improvements in the surgical technique, which has earned GrS Montréal a reputation as a leader in the field of gender affirmation surgery. The surgical technique used for metoidioplasty depends on the anatomy and the options chosen. You can discuss this with your surgeon during the consultation.

Depending on your needs, different options are available to you regarding metoidioplasty. The procedure includes the lengthening of the clitoris with different choices regarding the mons pubis, the vaginal cavity, the urethra, the creation of the scrotum and the testicular implants. Testicular implants are generally inserted in a second surgery, at least 6 months after the first procedure.

Note that metoidioplasty usually does not allow penetrative sex or urinating through a pant zipper.

THE SURGICAL PROCESS OF METOIDIOPLASTY:

The procedure includes at least:

- The release of the clitoris by the section of the ventral attachments of the clitoris.

WITH OR WITHOUT:

- Resection of the mons pubis according to the surgeon's assessment.
- Closure of the vaginal cavity by partial vaginectomy (colpogliesis): resection of the vaginal mucosa to permanently close the vaginal cavity;
- Lengthening of the biological urethra to the end of the penis using your own tissues (labia minora, flap of the vestibule of the vagina) allowing you to urinate while standing.

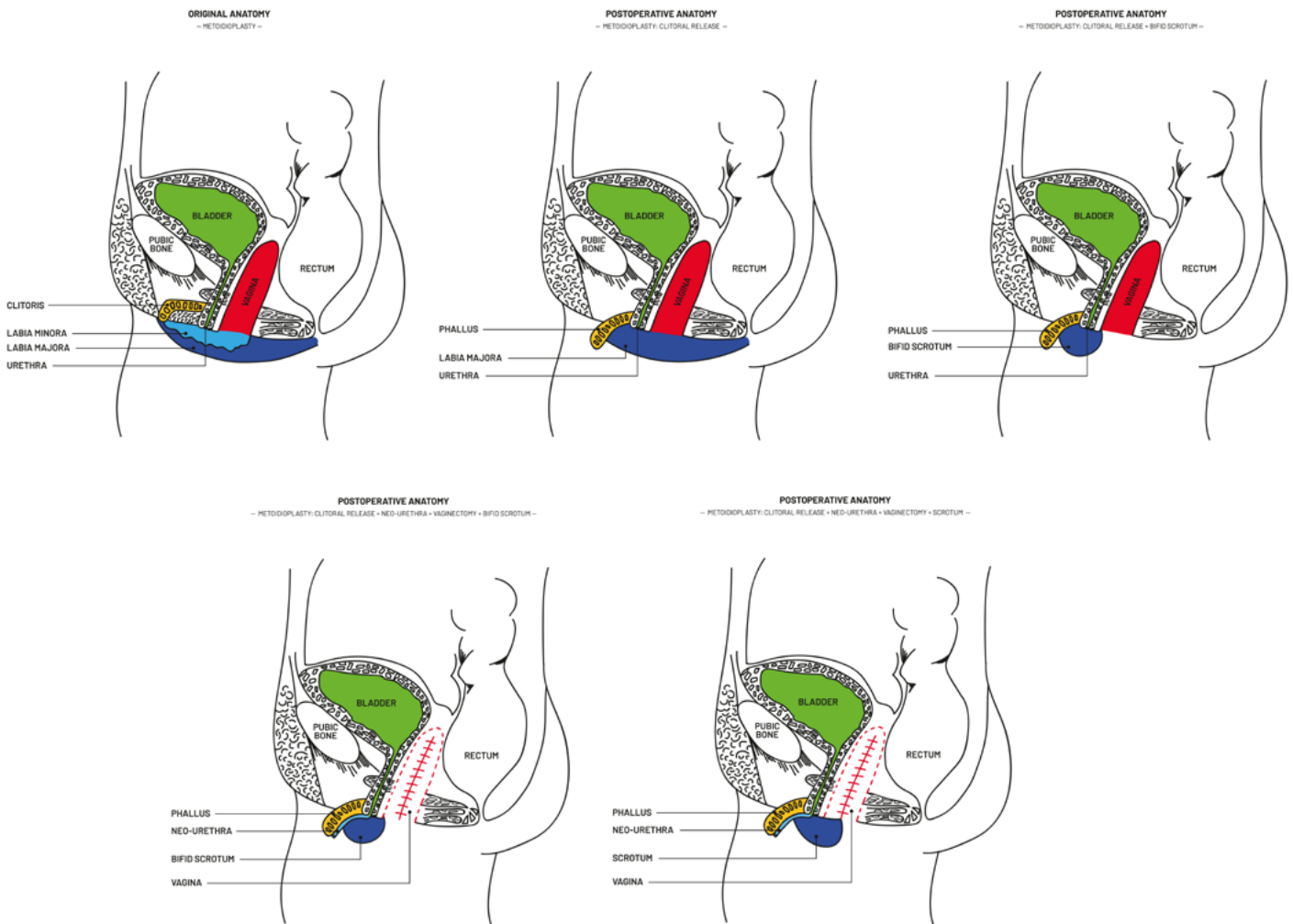
Note that the length of the penis will not allow urination through the zipper or use of public urinals.

Because of the high risks of complications such as vaginal stenosis and urinary fistula, urethra lengthening is not a possible option if vaginal cavity remains open.

- Scrotum and testicular implants:
 - single scrotum behind the penis: if desired, testicular implants will be inserted at least 6 months after the initial operation. *Sometimes the position of the scrotum further back in between the legs can be uncomfortable.*

- bifid scrotum: implantation of testicular prostheses in the labia majora giving a bifid appearance to the scrotum (appearance closer to the body, the implants will be positioned one in front of the other). The surgeon will determine whether the implants can be inserted during the first surgery or later.

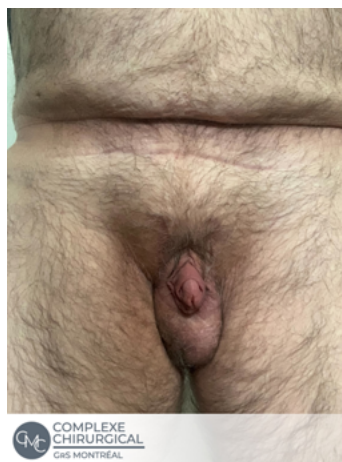
These choices remain personal, based on your needs, your expectations and the impact on your daily life. We encourage you to discuss this with your referring professional. A few factors can influence your choice, including the desire to urinate in a standing position, the desire to preserve the vaginal cavity, the risks associated with surgery, etc. You can discuss this with the surgeon during your consultation.



THE PLANNED AND EXPECTED RESULTS ONCE THE PROCESS IS COMPLETED

It is important to discuss your expectations with the surgeon to ensure that the metoidioplasty and the options chosen are appropriate for your needs. The results may vary depending on the age, weight, quality and elasticity of the skin, lifestyle habits and the overall state of health of the patients.

- Creation of male-looking external genitalia including a micropenis;
- Lengthening of the urethra to allow urination via the phallus while standing;
- Erogenous, erectile organ, with the possibility of sexual pleasure but without the possibility of penetration for most patients.



	Metoidioplasty without vaginectomy, with or without insertion of testicular implants	Metoidioplasty with vaginectomy and with or without insertion of testicular implants	Metoidioplasty with neo-urethra, with vaginectomy, with or without testicular implants
Average duration of the surgery	1 hour	2 hours	2 1/2 hours
Admission to the CMC	The day of surgery	The day of surgery	The day of surgery
Anesthesia	Regional or general	Regional or general	Regional or general
Hospitalization	1 night post-operatively	2 nights post-operatively	2 nights post-operatively
Convalescence at Asclépiade	None	6 nights	6 nights
Average duration of convalescence at home	4 weeks	6 weeks	8 -12 weeks

4 ADDITIONAL INFORMATION ON THE SURGICAL PROCEDURE

4.1 ANESTHESIA

During the procedure, in addition to the surgical team, you will be under the care of a team composed of an anesthesiologist and a respiratory therapist. Different anesthetic (to numb and put you to sleep) and analgesic (to relieve pain) techniques may be used during surgery. These techniques can be used alone or in combination.

For metoidioplasty, regional-spinal anesthesia is the preferred technique unless there are medical contraindications.

4.2 THE URINARY CATHETER

A urinary catheter will be inserted through your bladder during surgery. It will be held up and connected to a free drainage bag for a period of 3 weeks. You will need to have it removed by a healthcare professional in your area.

4.3 DRESSINGS

A dry dressing will be placed on the surgical site and checked regularly by the nursing team during your stay.

4.4 BRUISES AND EDEMA

The genitals contain many blood vessels. Following surgery, it is quite normal to develop ecchymoses, or what are commonly called “bruises”. The bruises will disappear within a few weeks. Edema is also a normal reaction after surgery. The swelling will be more significant during the first days after surgery and will gradually decrease.

4.5 PAIN MANAGEMENT

It is normal to feel pain after a surgical procedure. In the postoperative period, it is important to provide effective pain relief to promote a quick recovery and for resuming your activities. During your stay, the team members will provide you with information on pain relief methods. In addition, you will find advice to help you relieve your pain in Part C of this booklet.

4.6 HEALING

Full recovery can take nine to twelve months following surgery.

4.7 SEXUAL HEALTH

The appearance of the genitals is not necessarily associated with sexual satisfaction or pleasure. These are rather linked to a set of non-physiological factors. With optimal functional results and preservation of the clitoris, orgasmic capacity is usually preserved after metoidioplasty.

4.8 PELVIC FLOOR

The pelvic floor includes a set of muscles and ligaments located at the base of the pelvis. These muscles support the urinary system (bladder, urethra), the digestive system and allow the control of the orifices that retain urine and stool. They also have a role to play in the perception of sensations in the genitals.

After surgery, some people will have different sensitivity in the perineal area.

Some physiotherapists have developed expertise in perineal and pelvic rehabilitation. These specialists can teach you various techniques for stretching and relaxing the pelvic floor muscles. A series of personalized exercises can be offered to you to reduce genital pain, improve perineal sensitivity, improve your orgasmic capacities, and thus enhance your sexual satisfaction.

After surgery, perineal rehabilitation may be indicated for the treatment of certain urinary complications and improved sexual health.

4.9 REPRODUCTION AND FERTILITY

Metoidioplasty is a surgery that will permanently and irreversibly modify your genitals. Depending on the options chosen, such as closure of the vaginal cavity and hysterectomy, the ability to procreate could be irreversibly lost (infertility). Your family doctor, gynecologist, healthcare professionals and fertility preservation specialists can explore options with you. We advise you to have a discussion and reflection on this subject before proceeding with the metoidioplasty.

5

RISKS AND COMPLICATIONS

5.1 INFORMED CONSENT

The decision to undergo surgery must be made in an informed manner and after obtaining all the necessary information and all the answers to your questions. Complications may occur during the procedure, but also in the weeks following. Certain complications are common to all surgical procedures and others are more specific to metoidioplasty.

5.2 INFORMATION ON THE RISKS AND COMPLICATIONS RELATED TO METOIDIOPLASTY

This section will now provide you with the information you need to consent to the surgery freely and knowledgeably.

Any surgical procedure involves risks and may involve complications and side effects. Our surgical team and clinical staff are trained to minimize the risks associated with metoidioplasty and to intervene according to proven and rigorous protocols in the event of a complication.

It is important for you to know and accept that, although our experience shows a high rate of success and satisfaction, we cannot, in any way, guarantee the esthetic and functional results of this surgery. Although we take all available means and apply the highest professional standards, it is possible that the result of the operation may not be entirely satisfactory and that it may be necessary to resort to other procedures or treatments that may then be offered to you.

Your cooperation at all stages is essential. For instance, we expect you to inform us of any medical conditions or problems so that we can assess their possible impact on the surgery, anesthesia, or other care that may be required. It is essential that you read this section carefully and take the time to think about it.

If you feel a need for additional explanations about the content of this section, we invite you to discuss this with your surgeon during the consultation. Prepare a list of your questions.

5.3 BLOOD CLOTS AND PULMONARY EMBOLISM

These complications can occur during any type of surgery. They are relatively more frequent during pelvic surgery and for patients taking hormone supplements. To prevent the formation of a clot and to facilitate blood circulation after surgery, sequential pressure stockings will be fitted during surgery and kept on for 48 hours. These complications require treatment in the hospital with follow-up with a medical specialist.

5.4 BLEEDING

The risk of bleeding is associated with all surgeries, especially when they take place in the perineal and genital area. Bleeding requiring a transfusion of blood products is rare but can occur. To minimize the risk of bleeding, you should abstain from taking Aspirin (ASA) or anti-inflammatory drugs, natural products, and alcohol 10 days before surgery.

5.5 HEMATOMAS AND SEROMA

A hematoma is an accumulation of blood beneath the skin while seroma is related to an accumulation of clear body fluid. In both cases, it can be a mild accumulation, but these complications can also result from a more serious accumulation that will require drainage to remove excess blood or fluid from beneath the skin.

5.6 INFECTIONS

Infections are common and frequent risks in many surgical procedures. Infection occurs when tissues are affected by microorganisms such as bacteria and/or other pathogens. An infection is treated with antibiotics administered orally or intravenously.

You will receive antibiotic tablets as a preventive measure to reduce the risk of infection.

Local infection with accumulation of pus (abscess) requires drainage. An untreated infection could lead to partial or total necrosis (cell death) of the genitals.

Generalized infection (sepsis) is very rare but can occur following any surgery and requires hospitalization with appropriate treatment.

5.7 ALLERGY OR SENSITIVITY TO THE PRODUCTS/MATERIALS USED

In rare cases, an allergic reaction or sensitivity to soaps, ointments, adhesive tape, or stitches may occur during or after surgical procedure. Generally, this complication is fairly easy to treat. Serious allergic reactions are extremely rare but may require hospitalization.

5.8 REOPENING (DEHISCENCE) OF WOUNDS AND/OR SLOW HEALING

The healing process is influenced by a series of factors: edema, infection, tension on wounds, deficient blood circulation, alcohol use, smoking, poor nutrition, etc. These factors can slow healing and cause the reopening of the wounds, requiring a longer healing period. This usually does not affect the final appearance of the operated area.

The insertion of testicular implants in a single or bifid sac involves the risk of exposure and extrusion of the implant, which must therefore be removed to promote healing. It is usually caused by increased tension on the incisions covering the implant.

5.9 INJURIES TO OTHER PARTS OF THE BODY

In rare cases, blood vessels, nerves and muscles can be damaged during surgery.

5.10 TOBACCO

Smoking increases the risk of complications. Smokers see their risk of infectious, pulmonary, respiratory, and cardiovascular complications increased. Smoking can cause delayed and poor healing of surgical wounds.

5.11 LOSS OF SENSATION AND PAINFUL HYPERSENSITIVITY

Following the surgery, you may experience numbness due to swelling and stretching of the tissues. It is possible that part of the genital area does not regain its sensitivity or, on the contrary, that areas remain hypersensitive and painful. This can affect sexual response and alter the ability to experience pleasure. This situation should return to normal after a few months. However, it is possible that the numbness of certain areas persists and that the sensations do not return completely.

5.12 ENLARGED AND THICK SCARS (KELOID)

The healing process differs from person to person. The scars may become larger and/or thicker in the genital area. If your scars are large and/or thick, they can be corrected with medications such as steroid injections and silicone dressings.

5.13 UNSATISFACTORY RESULTS AND/OR NEED FOR CORRECTIONS

The surgeon may suggest secondary corrective surgery if he deems that a complementary intervention would improve the functional outcome of the surgery. Corrective surgeries performed for cosmetic purposes are at the patient's expense.

5.14 RECTO VAGINAL FISTULA OR VAGINAL SINUS

In the case of surgery with closure of the vaginal cavity

A fistula is an abnormal communication between two spaces. Metoidioplasty with vaginectomy can lead to abnormal communication between the vagina and the rectum. A surgical intervention is then necessary to close this fistula.

Peritonitis can be caused by perforation from the vaginal cul-de-sac to the peritoneal cavity that is undetected during surgery or in the days following. Additional surgery will be essential.

5.15 PERINEAL SINUS, MUCOCELE

In the case of surgery with closure of the vaginal cavity

A perineal sinus is a small path or pouch that forms because of closure of the vaginal cavity. Mucus, a thick and often clear fluid, can leak out from the former vaginal cavity (perineal sinuses) or get trapped and build up under the skin (mucocele). Surgery is usually needed to correct either possibility.

5.16 UROLOGICAL DISORDERS

In the case of surgery involving lengthening of the urethra

Genital surgeries can lead to complications in the urinary tract. A urinary catheter is required for at least 3 weeks following surgery. The bladder may produce spasms in response to the catheter that can cause urine leakage. Normally, the spasms stop when the catheter is removed. On your discharge, you will receive a prescription for urinary spasms. Signs and symptoms of a urinary tract infection should also be monitored. They will be detailed in part C of this booklet.

When the urinary catheter is removed, the urinary stream may be irregular and off-centre if you have chosen lengthening of the urethra. Difficulty controlling your urge to urinate and involuntary urine leaks are possible following surgery. The causes are different from person to person and need to be discussed with your doctor.

A fistula, stenosis, or a diverticulum can also form if a portion of the urethra has been lengthened during surgery.

A urethral fistula is an abnormal connection between the urethra and another space. It can manifest as one or more openings in the skin at the level of the scrotum or phallus, through which urine can flow, thus creating urinary leakage. It may heal on its own over time but may also require corrective surgery if indicated by the surgeon.

A urethral stricture is an abnormal tightening of a portion of the urethra, preventing urine from flowing with a normal flow, creating urinary difficulties such as urinary retention or sometimes incontinence. This requires medical or surgical intervention.

A diverticulum is a cavity in the form of a small “pocket” that can form in part of the wall of the urethra, where urine can accumulate. Surgery is usually needed to remove the diverticulum. A diverticulum can also form in the former vaginal cavity, which also requires surgery to remove it.

5.17 PSYCHOSOCIAL SUPPORT

Gender affirmation surgeries result in multiple changes in patients' lives. To successfully respond to all these requests for adaptation, it may be essential to receive help from health professionals in addition to that of those around you.

You might sometimes experience feelings such as:

- Discouragement in the face of postoperative care;
- Boredom or isolation during the recovery period;
- Sadness at the negative reaction of certain people close to you;
- Exhaustion due to pain and the desire to stop the care important to your recovery;
- Regrets or doubts about your decision to have a surgical procedure;
- Etc.

If so, do not hesitate to seek help from local psychosocial or psychological support resources, or contact a professional you trust.

6

INFORMED CONSENT

INFORMED CONSENT FOR SURGICAL PROCEDURE

I have expressed, to the Complexe chirurgical CMC and the doctors who practice there, the choice of undergoing genital surgery, namely metoidioplasty.

Dr _____ has agreed to perform this procedure and I have been given the opportunity to ask any questions I may have before signing this form.

NATURE OF THE PROPOSED SURGICAL INTERVENTION, PURPOSE AND EXPECTED RESULTS

The surgery I am consenting to is a metoidioplasty by the proposed technique and is intended to help relieve my gender dysphoria.

I understand that the intervention will consist in:

- The lengthening of the clitoris by the release of the ventral attachments of the clitoris. The suspensory ligament of the clitoris is sometimes released if this gesture significantly improves the result without risk of injuring the sensory nerves of the penis.

CHOSEN OPTIONS

- Permanent closure of the vaginal cavity (vaginectomy);
- Lengthening of the urethra with the labia minora and a flap of the vestibule (entrance) of the vaginal cavity ;
- The creation of a scrotum:
 - as a single pouch with labia majora flaps;
 - bifid by the insertion of testicular implants if possible;
- Resection of the mons pubis.

I understand that the surgical results and esthetic appearance of metoidioplasty may vary from person to person. I understand that the parts that will make up my new anatomy may be visibly and functionally different from the biological male genitalia.

ALTERNATIVES

I understand that other surgical techniques exist but that the chosen technique was chosen in an informed manner in collaboration with my surgeon at the Complexe chirurgical CMC and is the one described above.

RISKS AND POSSIBLE COMPLICATIONS

I acknowledge that any surgery involves risks and may give rise to complications and that by expressing my informed consent to the surgery, I consent to the risks and complications that may arise.

Before signing this consent, I read, in part A of this booklet, section 8 entitled “risks and complications”.

It was explained to me that, during surgery, unforeseen circumstances may arise and require a modification of the surgical approach, such as the use of tissue grafts other than those envisaged. I consent to any modification that may become necessary during the surgery and for which I would not be able to express specific consent because of anesthesia.

In addition to the above, I fully understand the meaning and scope of the following statements which are fundamentally related to the intervention to which I consent:

- This is a reconstruction of the visibly apparent genitalia so that after the intervention I will not have reproductive male organs that would allow me to have children;
- The intervention is irreversible. The ventral attachments of the clitoris cannot be tightened; moreover, when the vaginal cavity is closed, it will be impossible to carry out the reopening in any way;

I assume freely and without any external constraint the choice that I make to consent to the surgical intervention and I confirm that neither the Complexe chirurgical CMC and its staff, nor the doctors who practice there can guarantee me the esthetic and functional results of this intervention and that they have made no representation to me of such a guarantee.

I certify that I have read this document (Metoidioplasty - Information booklet Part A), have received all the information necessary for my understanding, have asked my questions, obtained answers to my satisfaction and have had enough time to think before proceeding to express my consent. By my signature, I certify that I voluntarily consent to the surgery.

Name _____ Signature _____

Date _____

Witness _____ Signature _____

Date _____

This consent will be signed when you are admitted to the CMC Surgical Complex _____

APPENDIX A – PUMPING

The following document can be used as a guide that summarizes all the information we have collected about pumping but we do not guarantee the results or that the following information alone will be sufficient for you. This practice must be adapted to each individual. We are not responsible for any complications you may develop.

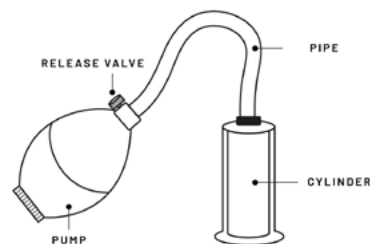
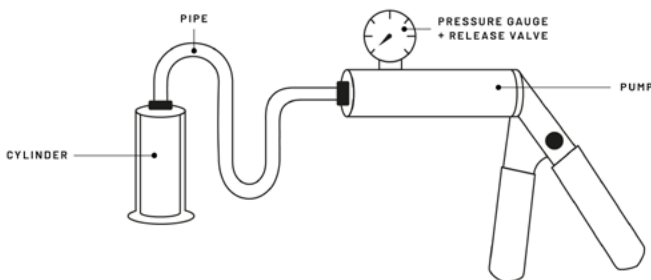
The use of a negative pressure pump by suction (or pumping) generates an increased blood supply to the neophallus, which will loosen the tissue over time. Practiced on a regular basis, the purpose of “pumping” is to help lengthen the neophallus long term.

The use of the pump should be done as soon as possible before your surgery is scheduled and may be continued afterwards. It is recommended to start using it only a few minutes each time. Over time and after several weeks, the duration can be gradually increased to 30-45 minutes depending on tolerance. The frequency of use can also be gradually increased to once a day.

You should use equipment specifically intended for this purpose, including a pump with a quick release valve to reduce pressure quickly in case of pain.

EQUIPMENT

- Cylinder with quick release valve – the cylinder should be 2 times longer and 50% wider than the size of the neophallus at rest. Due to the hypertrophy generated by taking testosterone, cisgender female cylinders may be too small. Choose cylinders designed for people taking testosterone.
- Pump with suction tube
- Water-based lubricant



FUNCTIONING

- You can relax in a sitting, lying or standing position according to your comfort;
- In order to soften the tissues, apply a clean, warm cloth to the neophallus 2 minutes before starting;
- A few minutes before starting, fill the cylinder with lukewarm water from the tap to warm up the material.
- This slightly increases blood flow and makes the process easier;
- Remove water from cylinder and dry;
- Apply lubricant to your neophallus as well as a thin layer inside the cylinder;
- Place the cylinder on the neophallus and activate the pump to create a feeling of light pressure to ensure proper positioning;
- Gradually increase the pressure in the cylinder according to your level of comfort and without creating pain;
- Be careful, in order to avoid injuries, the neophallus should not fill the entire cylinder, if so, use a larger one;
- Keep the cylinder in place for a few minutes. Over the weeks the duration can be gradually increased up to 30-45 minutes according to tolerance;
- Depressurize the cylinder using the valve, then carefully remove it;
- Clean your equipment after each use.

CAUTION

This practice should not cause pain. If pain occurs, immediately reduce pressure with the quick release valve to remove the pump.

If not performed correctly, the “pumping” could create bruises, blisters, burst small blood vessels or damage to erectile tissue as well as other types of trauma that could impact your long-term sexual health.

Clitoral priapism is a painful and prolonged erection of the neophallus for more than 6 hours. This is a complication that needs to be treated urgently.

Always check the integrity of the skin of the neophallus before and after each session.

Some pumps are equipped with pressure gauges to indicate the pressure used. Please be careful and always refer to your sensations which can vary from day to day and not only to the numbers on the manometer.

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