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METOIDIOPLASTY

INFORMATION BOOKLET

PART C

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INTRODUCTION TO PART C

Part C contains information and advice about your postoperative care .Please bring this document with you on the day of your surgery .

CMC

1 WHAT IS NORMAL AFTER THE PROCEDURE

Moderate swelling	It is normal to see swelling in the mons pubis, neo-penis, scrotum and perineum area . It takes at least 4 to 6 weeks before decreasing.
Ecchymosis (“bruises”)	The bruises can extend from the navel to the hips and thighs . They take at least 3 to 4 weeks subsiding.
Scabs on wounds	It is possible for yellowish to dark red crusts to form on the incisions . This is part of the healing process and they will fall off over time . It is important not to tear them off .They form a natural protective layer on wounds .
Asymmetry of the genital area	The genital area may appear asymmetrical early in the healing process .Improvement will be seen as the swelling goes down, but the healing process can take up to a year .
Mild to moderate pain or discomfort	You may feel more pain during the first postoperative weeks.
Bleeding	It is normal to have light bleeding in the days following your procedure . The amount of blood loss can vary from one person to another .If you had a closure of the vaginal cavity, bleeding may come from the former vaginal cavity which can last 3-4 weeks.
Light numbness	There may be trauma to the small nerve endings on the surface of the skin when making incisions during surgery .This may cause slight local numbness .Sensitivity will gradually return as the nerve endings heal . The healing process can take one to two years .
Less sensitivity to heat or cold	Your skin’s sensitivity to heat or cold is now different since the nerves have been affected .You might not feel the temperature differences . Be careful not to burn yourself when exposing the genital area to heat or cold .
Sensation of small electric shocks	This is a sign that the nerve endings are healing .When the wounds are closed, moisturizing cream and massage can help alleviate these symptoms .

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DURING RECOVERY AT ASCLEPIADE

2.1 PAIN MANAGEMENT

The pain will be more intense for the first 48 to 72 hours. The pain is mainly caused by edema in the genital area. The pain medication will be administered to you by the nursing staff who will ensure that you are as comfortable as possible. You should know that the medication does not make the pain disappear but will make you comfortable enough to allow your recovery.

It is possible to apply ice to the genital area to help relieve pain. Use ice for a maximum of 10 minutes per hour, depending on your pain, using a clean cloth to protect your skin.

2.2 RESUMING REGULAR MEDICATION

After surgery, you can resume your usual medications as prescribed by your surgeon.

2.3 DRESSINGS

A dressing will be in place after the surgery. It is made up of a 4 X 8 dry compress or a thicker “abdominal pad” type dressing.

The cleaning of wounds as well as the dressings will be explained to you during your stay.

The phallus generally does not require a dressing. However, adequate air circulation must be ensured to promote healing. Thus, when you are at rest it is advisable to remove your underwear.

2.4 URINARY CATHETER

A urinary catheter used to empty your bladder will be installed during the surgery. It will be kept for a period of 3 weeks. You will need to make an appointment with your family doctor or a nurse to have it removed. You will receive a medical prescription for this. For metoidioplasty with neo-urethra, the catheter must always be held up and connected to a continuous drainage bag for 3 weeks. All the necessary equipment will be in place and must be left in place until the day of the removal.

3

DURING RECOVERY AT HOME

3.1 PAIN MANAGEMENT

Be sure to take painkillers regularly as prescribed by your surgeon . You can also combine taking acetaminophen (Tylenol®) with narcotic painkillers if the pain is not sufficiently relieved. The first week after going home, you can apply ice to the surgical site . Two weeks after your surgery you can combine taking ibuprofen (Advil®) and acetaminophen to manage the pain .

Consult your doctor if your pain does not decrease .

Always follow the medical prescription and refer to your pharmacist or attending physician if necessary to ensure that you are using the medication safely . Refer to the *Guide to Narcotic Analgesics* document given to you when you were admitted .

It is forbidden to drink alcohol and drive a motor vehicle while taking narcotic painkillers .

3.2 RESUMING YOUR REGULAR MEDICATION

After surgery, you can resume your usual medications as prescribed by your surgeon .

Unless your surgeon recommends it, do not take acetylsalicylic acid (Aspirin® or ASA), Advil® or Motrin® or other products containing ibuprofen for the first two weeks after surgery.

3.3 DRESSINGS AND WOUND CARE

The dressing should be changed once a day after your daily shower, until your wounds are completely healed .

DURING THE SHOWER:

1. Use a mild fragrance-free and alcohol-free soap (Dove® or Ivory®) to clean your genitals. Use your fingers to gently clean each of the folds in the genital area;
2. Thoroughly rinse off excess soap;
- 3 . Carefully pat dry your genitals with a clean towel, then let them air dry for as long as possible .

Before changing the dressing, you must first wash your hands and prepare your equipment.

HAND HYGIENE:

Hand washing is the simplest and most effective technique to reduce the risk of infection .Be sure to always wash your hands before performing any treatment .Effective handwashing should last at least 20 seconds .

PREPARATION OF MATERIALS FOR DRESSING CHANGE

On a clean surface or towel or blue pad, open the compresses 4 X 8 as taught at the convalescent home .

If you have discharge from the genital area, you can put 4 X 8 dry compresses in your underwear . If the bleeding increases, you can use a more absorbent “abdominal pad” dressing .

3.4 SUTURES

Your surgical wounds are closed using dissolving stitches .Their complete dissolution can take from 30 to 90 days .There is no need to worry about their removal .

3.5 SCARRING AND SIGNS OF INFECTION

During the first year, the healing process goes through several stages leading to healing of the surgical site .

As soon as you get home, check your wounds daily to make sure there is no infection until your incisions are completely healed .The presence of light discharge from wounds is not necessarily a sign of infection .

SIGNS OF INFECTIONS

- Redness
- Sensation of heat
- Sensitivity
- Swelling
- Discharge of pus with a bad odor
- Increased pain at the surgical site
- Presence of chills and fever exceeding 38.5 °C or 101 °F for more than 24 hours .

If you have these signs of infection, contact your doctor .

3.6 YELLOWISH AND BLACKISH TISSUE

A moist yellowish tissue may form around your wounds .This tissue is made up of cellular debris . This is a normal process by which the body clears debris from the wound to allow new cells to form new skin .

Too much of this tissue could delay the healing process .It is important to thoroughly clean your wounds to naturally remove the debris .Dry them well and leave them open to air as often as possible because humidity can increase the development of this yellowish tissue .Thereafter a blackish crust should form and will naturally detach from the skin .Above all, it should not be removed .

If you find that the blackish area or the amount of yellowish tissue does not diminish despite your care, contact us .

3.7 SCAR MASSAGE AND PHALLUS TRACTION

SCAR MASSAGE

To stimulate blood circulation and increase the flexibility of the tissues surrounding the operated area, it is important to start massaging the scars as soon as they are healed . Exploring and massaging the genital area improves nerve recovery and stimulates the return of sensations .

Perform the massage in the direction of the incision and in a circular fashion with a cream containing vitamin E or a silicone gel that you have already purchased (see Part B point 3.1) . Never apply oil to your incisions .

***IMPORTANT**

In preparation for the insertion of testicular implants, it is very important to begin massaging the skin of the scrotum to soften the tissues. The massage should start after 6 weeks and when the wounds are completely healed.

PHALLUS TRACTION

Phallus traction should begin when the wounds are closed and should be done twice a day .The purpose is to prevent the phallus from contracting and decreasing in length .

PATH TO FOLLOW:

Hold the phallus between the thumb and forefinger, start at the base of the phallus and slide the fingers to the tip, pulling gently upwards.

Remember that it is important to wash your hands before and after touching your genitals .

We advise you never to have the genital area pierced .

3.8 URINARY CATHETER CARE

It is normal for urine to flow around the catheter, you can wear protection (abdominal pad type dressing) and change it regularly .It is also possible to experience bladder spasms related to the presence of the catheter .Spasms can be relieved with oxybutinin .

HOW SHOULD I CARE FOR MY URINARY CATHETER?

It is important to follow these instructions carefully to ensure proper urine flow and prevent infections:

- Always wash your hands before and after each manipulation of the urinary catheter .
- Clean the area of the urinary meatus and around the catheter with water and mild fragrance-free soap twice a day, ensuring to always clean the genital area from front to back . Rinse thoroughly and pat dry with a clean towel .
- Wear white cotton underwear .
- Never pull on the catheter .
- To avoid creating traction on the neo-urethra which could cause injury, always keep the catheter tube in the clip stuck to the abdomen .This will always keep it up .
- Empty the collection bag regularly .

HOW TO PREVENT URINARY TRACT INFECTIONS?

Wearing a urinary catheter increases the risk of developing a urinary tract infection .It is important to follow the recommendations to prevent them .Here are the most important recommendations to follow .

PREVENT A URINARY TRACT INFECTION (UTI)	SIGNS AND SYMPTOMS OF A URINARY TRACT INFECTION (UTI)
<ul style="list-style-type: none">• Empty the collection bag regularly and completely.• Hold the collection bag at all times below the level of the genitals.• Drink 2 to 3 liters of water/day unless otherwise advised by the doctor. Cranberry juice can help prevent infections by increasing the acidity of urine.• Avoid alcoholic drinks and drinks containing caffeine (tea, coffee, soft drinks).• Add probiotics like yogurt to your daily diet to improve bacterial flora.• Thoroughly clean the catheter according to the maintenance advice presented above.	<ul style="list-style-type: none">• Burning sensation;• Urine is cloudy, pinkish or brownish in color and smells bad;• The presence of pain in the lower abdomen or back;• The presence of chills and fever exceeding 38 °C or 101 4 °F for more than 24 hours .

3.9 HYGIENE

DAILY HYGIENE

TAKE A SHOWER EVERY DAY:

1. Use a mild fragrance-free and alcohol-free soap (Dove® or Ivory®) to clean your genitals. Use your fingers to gently clean each of the folds in the genital area;
2. Thoroughly rinse off excess soap;
- 3 . Carefully pat dry your genitals with a clean towel, then let them air dry for as long as possible .

FOR MORE COMFORT:

- Wear white cotton underwear, comfortable and not too tight to avoid friction of the fabric on your genitals;
- Place a compress on the wounds that have not healed .

As of the 8th week after your surgery, or once your wounds have healed well, you can shave or wax your genitals .

Always keep the genital area clean and dry .Leave the genitals exposed when you are in bed during the healing process .

3.10 REST AND DAILY ACTIVITIES

A balance between rest and your activities will be essential .Take the time to rest and resume your daily activities gradually and according to your tolerance .

IMPORTANT

- During the first month following the procedure, do not lift objects weighing more than 4 .5 kg (10 lb) .
- We strongly advise you to walk several times a day and to increase the duration of your walks gradually, according to your tolerance .
- Wait 2 to 3 months after your procedure to practice sports .
- Two months after your surgery, and if your wounds are completely healed, you can swim in a pool, a hot tub, or a lake .

3.11 BOWEL ELIMINATION

Taking narcotic painkillers and decreasing physical activity contribute to constipation, which can cause, among other things, bleeding, or sudden opening of your wounds when you have a bowel movement .

Here are some tips to follow to avoid constipation:

- drink at least 2 to 3 liters of water a day, unless otherwise advised by your surgeon;
- increase your daily fiber intake (whole or juiced prunes, All-Bran® type cereals, fruits and vegetables, etc.);
- reduce your intake of foods high in fat and sugar;
- reduce your consumption of caffeinated beverages, soft drinks and alcohol as they contribute to dehydration;
- establish a routine of physical activity;
- take acetaminophen (Tylenol®) on a regular basis to reduce your consumption of narcotics;
- take Senokot® as needed, a natural laxative, as prescribed by your surgeon .

If the problem persists, please consult your family doctor or pharmacist .

Each time you have a bowel movement, you should thoroughly clean the perineum and anus area, from front to back .

3.12 DRIVING

We advise you to wait at least 2 weeks after your procedure before driving a vehicle and thus be able to perform unpredictable movements without constraint and avoid too much pressure on your genitals and pain .When you start driving again, do it for short distances .If you must travel a long distance, make frequent stops to walk a little and to urinate .

Remember that it is illegal to drive a motorized vehicle while taking narcotic painkillers .

3.13 SEXUAL INTERCOURSE AND ORGASM

Manipulation of the phallus can begin after 4 to 6 weeks or when the wounds have closed .
Exploration of erogenous zones and oral sex can be done after 6 weeks .

If you had metoidioplasty without vaginectomy and without neo-urethra, receptive vaginal penetrations are possible after 4 to 6 weeks .

If you had metoidioplasty without vaginectomy and with neo-urethra, receptive vaginal penetrations are possible after 4 months . As soon as your wounds are healed, start massaging the introitus incisions (entrance to the vagina) on a regular basis to make penetration possible in the 4th month .

If you have had metoidioplasty with vaginectomy, receptive anal penetration is possible after 8 weeks .

Achieving orgasm is different for each person .Take the time to explore and touch your genitals .The use of a mirror is recommended to help your brain recognize your new anatomy .

4

MOST FREQUENT POSTOPERATIVE COMPLICATIONS

4.1 URINARY TRACT INFECTION

Metoidioplasty with neo-urethra is a procedure that changes the anatomy of your urinary system. This increases the risk of urinary tract infection .

In addition, prolonged catheter use also increases the risk of developing a urinary tract infection .

Please refer to the table in point 3 .8 of this section for more information on the prevention and detection of a urinary tract infection .

As soon as you suspect the presence of a urinary tract infection, please consult your healthcare professional to undergo tests and receive treatment if necessary.

4.2 DEHISCENCE (REOPENING) OF THE WOUND

Wound dehiscence is an opening at the surgical incision that is usually limited to a few millimeters . It can occur in the first weeks after the operation.

If you notice an opening at an incision, be aware that there is no surgery indicated to close the wound .The healing period will be longer, but the wounds will close naturally from the inside out .

In this case, it will be essential to clean the open area with a mild soap twice a day and to dry it well .

In the presence of a greenish discharge from the wound, please consult your family doctor as soon as possible .

4.3 NECROSIS

Necrosis is a black colored tissue, in the form of scabs, present on wounds which signifies tissue death .It occurs when the tissues have lacked oxygen supply due to poor blood circulation . Necrosis may appear on the phallus and genital area .

There is no surgery indicated to treat the necrosis and it must not be removed (debridement) .The necrotic part of the wounds will dry up and fall off by itself, it serves as a protection for the wounds .

If you notice the presence of necrosis:

- Keep wounds clean and open to the air;
- Send us a photo so we can follow the progress .

4.4 BLEEDING

If you had metoidioplasty with vaginectomy, bleeding from the former vaginal cavity is possible for the first few weeks after surgery. You can keep an absorbent dressing in your underwear and observe how much is lost .Bleeding may be accompanied by pain .

If the bleeding is bright red and requires you to change the dressing every hour, please go to a hospital center and notify us .

4.5 COMPLICATIONS SPECIFIC TO METOIDIOPLASTY WITH NEO-URETHRA

a) THE FISTULA

A fistula is an abnormal communication between two spaces. Following the surgery, it is possible that a small opening is created in the elongated portion of the urethra through which urine can flow. The fistula may close on its own over time but may require further surgery

If you notice the presence of a fistula:

- When you urinate, try to block the fistula with your fingers;
- If the fistula stays open or gets bigger over time, please contact us.

b) STENOSIS

A urethral stricture is an abnormal narrowing of a portion of the urethra either inside the urethra or at its end. This prevents urine from flowing with a normal flow, creating urinary difficulties such as urinary retention or sometimes incontinence .This requires medical (in the form of urethral dilation) or surgical intervention to remove the stricture area .

The signs and symptoms of stenosis are:

- A decrease in urine stream and a slow flow;
- The time to empty the bladder (urinary time) is longer than usual or gradually increases over time;
- The bladder does not seem to empty completely;
- You have to strain to expel the urine;
- You need to urinate more often .

IF YOU NOTICE ONE OR MORE OF THESE SYMPTOMS AFTER THE URINARY CATHETER IS REMOVED:

- Please calculate and record your urinary times each time you urinate, over a 24-hour period (you can use the following table to note your times).
- Please contact us with sending us the table .

*If you can no longer urinate, you must go to the nearest hospital .

DATE	TIME	DURATION OF URINATION

5

POSTOPERATIVE FOLLOW-UPS

In the weeks following your return home, we will follow up by email to ensure that your recovery is going well .

WITH THE CLSC (IN QUÉBEC) OR LOCAL MEDICAL CLINIC

You must make an appointment for removal of the urinary catheter 3 weeks after surgery . A prescription will be given to you upon your discharge .

WITH THE SURGEON

If you would like a consultation at our office with your surgeon one month after your surgery, please contact the GrS Montréal team to obtain a follow-up appointment by calling 514 288-2097.

WITH YOUR FAMILY DOCTOR

Continue your regular visits to your family doctor .

WITH YOUR THERAPISTS

You are encouraged to continue your follow-ups with your therapists. They will be able to help and support you as needed during the postoperative period.

6 WHO TO CONTACT DURING YOUR RECOVERY AT HOME

You can contact Asclépiade if you have any questions about your postoperative 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.

The Asclépiade convalescent home 514.333-1572.or.
..... via asclepiade@cmcmontreal.com

The Info-Santé service in your region: Québec : 811

The emergency service in your area Canada : 911

Your family doctor _____

Your pharmacist _____

Local community service center (CLSC) in your region _____

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