



INFORMATION BOOKLET

# METOIDIOPLASTY

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# PART C



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# 14. THE HEALING AND THE MAIN POSSIBLE COMPLICATIONS

## 14.1 WHAT IS NORMAL AFTER SURGERY

### ➤ MODERATE SWELLING

Swelling in the mons pubis, neopenis, scrotum and perineum is normal. It takes at least 4 to 6 weeks for the swelling to subside.

### ➤ ECCHYMOSIS (BRUISES)

The bruises can extend from the navel to the hips and thighs. They take at least 3 to 4 weeks to subside.

### ➤ SCABS ON WOUNDS

Yellowish to dark red scabs may form over 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 over the wounds.

### ➤ ASYMMETRY OF THE GENITAL AREA

The genital area may appear asymmetrical at the beginning of the healing process. Improvement will be seen as swelling reduces, 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 experience some light bleeding in the days following your procedure. The amount of blood loss may vary from one person to another. If you have had a vaginal cavity closure, you will experience bleeding from the former vaginal cavity that may last 3-4 weeks.

### ➤ MILD LOCAL NUMBNESS

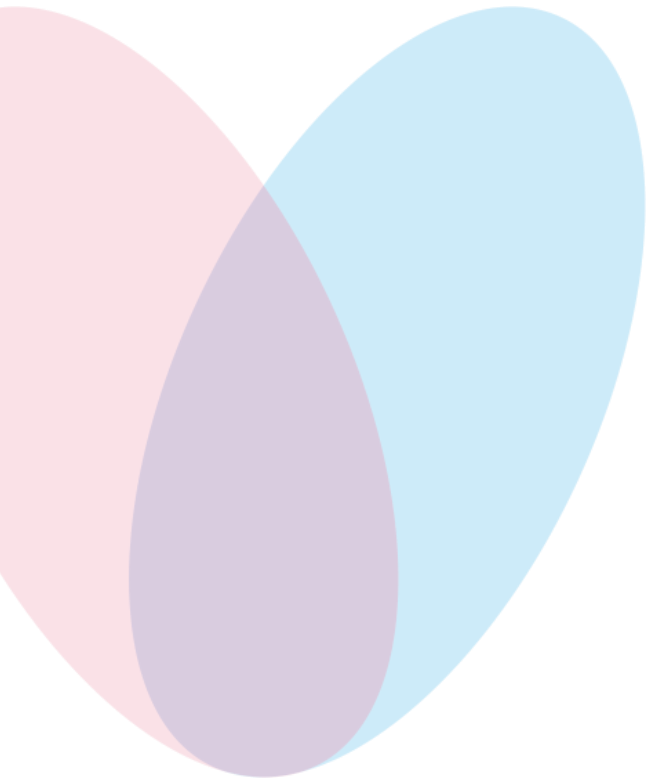
There may be trauma to the small nerve endings on the surface of the skin when incisions are made during surgery. This may cause slight local numbness. Sensitivity will gradually return as the nerve endings heal. The healing process may take one to two years.

➤ **LESS SENSITIVITY TO HEAT OR COLD**

Your skin's sensitivity to heat or cold is now different because the nerves have been affected. You may not be able feel the temperature changes. 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.



## **14.2 DURING RECOVERY AT L'ASCLÉPIADE**

### **14.2.1 Pain management**

The pain will be most intense during the first 48 to 72 hours. Pain is mainly caused by edema in the genital area. Pain medication will be administered by the nursing staff, who will ensure that you are as comfortable as possible. It is important to remember that the medication will not make the pain disappear but will make you comfortable enough to recover.

Ice can be applied 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.

### **14.2.2 Resuming your regular medications**

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

### **14.2.3 Dressing**

A dressing will be placed after surgery. It will consist of a 4 X 8 dry compress or a thicker "abdominal pad" type dressing.

Wound cleaning and dressings will be explained to you during your stay.

The phallus does not usually require dressing. However, adequate air circulation is essential to promote healing. So, when you are at rest, we recommend removing your underwear.

### **14.2.4 Urinary catheter care**

A urinary catheter to empty your bladder may be installed during surgery depending on the type of metoidioplasty chosen. It will remain in place for 1 to 3 weeks. You will need to make an appointment with your attending physician or a nurse to have it removed. You will receive a medical prescription for its removal. For metoidioplasty with neo-urethra, the catheter must always be held up and always connected to a continuous drainage bag. All the necessary equipment will be in place and must be left as such until the day the catheter is removed.

## 14.3 DURING RECOVERY AT HOME

### 14.3.1 Pain management

The first week after going home, you can apply ice to the surgical site.

Be sure to take pain medication regularly as prescribed by your surgeon. You can also combine taking acetaminophen (Tylenol®) with narcotic analgesics if your pain is not sufficiently relieved. Two weeks after your surgery you can combine ibuprofen (Advil®) and acetaminophen for pain relief.

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 safe use of your medication.

**It is forbidden to drink alcohol and drive a motor vehicle while taking narcotic analgesics. Please refer to the *Analgesic Narcotics Guide* given to you on admission.**

### 14.3.2 Resuming of your regular medication

Unless your surgeon recommends it, **do not take acetylsalicylic acid** (Aspirin® or AAS) or anti-inflammatory drugs such as Advil® or Motrin® for 2 weeks after surgery because of the risks of bleeding.

### 14.3.3 Dressings and wound care

The dressing should be reapplied 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 fold of 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.

## HAND HYGIENE:

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

Hand washing is the simplest and most effective technique for reducing the risk of infection. Always wash your hands before starting any treatment. Effective hand washing should last at least 20 seconds.

## PREPARING MATERIALS FOR DRESSING CHANGE

On a clean surface, towel or blue pad, open compresses 4 X 8 as instructed by our nursing staff.

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

### 14.3.4 Stitches

**Your surgical wounds are closed with dissolving stitches, which can take from 30 to 90 days to dissolve completely. There is no need to worry about removal.**

### 14.3.5 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 return home, check your wounds daily for infection until your incisions are completely healed. Light discharge from wounds is not necessarily a sign of infection.

#### Infection signs

- redness
- sensation of heat
- sensitivity
- swelling
- discharge of pus with a foul odor
- increased pain at the surgical site
- shivering and fever exceeding 38,5°C or 101°F for more than 24 hours.

Contact your doctor if you have these signs of infection and please notify us.



### 14.3.6 Yellowish (fibrin) and blackish tissue

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

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

**If you notice that the blackish area or the amount of yellowish tissue does not reduce despite your care, please contact us.**

### 14.3.7 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 enhances nerve recovery and stimulates the return of sensations.

Massage in a circular motion in the direction of the incision, using a vitamin E cream or silicone gel that you have already purchased (see Part B). Never apply oil to your incisions.

#### \*IMPORTANT

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

#### PHALLUS TRACTION

Phallus traction should be started when the wounds are closed and should be performed 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 towards the tip, pulling gently upwards.

**We advise you never to have the genital area pierced.**

### 14.3.8 Urinary catheter care

It is normal for urine to leak around the catheter. You can wear an abdominal pad and change it regularly. You may also experience bladder spasms related to the catheter, for which you can take oxybutynin.

#### HOW DO I CARE FOR MY URINARY CATHETER?

It is important to follow the instructions below to ensure proper urine flow and prevent infection.

- Always wash your hands before and after handling the urinary catheter.
- Clean the area of the urinary meatus area and around the catheter twice a day with water and mild, fragrance-free soap, ensuring that the genital area is always cleaned 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 attachment taped to the abdomen. This will keep it always positioned upwards.
- 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.

PREVENT URINARY TRACT INFECTION	RECOGNIZING THE SIGNS AND SYMPTOMS OF URINARY TRACT INFECTION
<ul style="list-style-type: none"> <li>• Empty the collection bag regularly and completely.</li> <li>• Always hold the collection bag below the level of the genitals.</li> <li>• Drink 2 to 3 liters of water a day, unless otherwise advised by your doctor. Cranberry juice can help prevent infections by increasing the acidity of urine.</li> <li>• Avoid alcoholic drinks and drinks containing caffeine (tea, coffee, soft drinks).</li> <li>• Add probiotics like yogurt to your daily diet to improve bacterial flora.</li> <li>• Thoroughly clean the catheter according to the care instructions above.</li> </ul>	<ul style="list-style-type: none"> <li>• Burning sensation.</li> <li>• Urine is cloudy, pinkish or brownish in color and smells bad.</li> <li>• Pain in the lower abdomen or back.</li> <li>• Chills and fever exceeding 38 °C or 101.4 °F for more than 24 hours.</li> </ul>

### 14.3.9 Hygiene

#### TAKE A SHOWER EVERY DAY

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

#### FOR MORE COMFORT

- Wear comfortable white cotton underwear that does not fit too snugly to avoid the fabric rubbing against your genitals.
- Place a gauze dressing over wounds that have not healed.

From the 8<sup>th</sup> week after your surgery, or once your wounds have healed properly, you can shave or wax your genitals.

Always keep the genital area clean and dry. Leave your genitals in open air when you are in bed.

### 14.3.10 Rest and daily activities

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

#### IMPORTANT

- For the first month after the surgical procedure, avoid lifting objects weighing more than 4.5 kg (10 lbs).
- 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 before taking part in sporting activities. It is important to resume these activities gradually.
- Two months after your surgery, and if your wounds have healed well, you can resume swimming in a pool, jacuzzi, or lake.

### 14.3.11 Bowel elimination

Narcotic analgesics and reduced physical activity contribute to constipation, which can lead to bleeding or a sudden opening of your wounds when you have a bowel movement.

Here are some guidelines to avoid constipation.

- Drink at least 2 to 3 litres of water a day, unless otherwise advised by your surgeon.
- Increase your daily fibre intake (prunes or prune juice, All-Bran Buds® cereals, fruits and vegetables, etc.).
- Reduce your intake of high-fat and high-sugar foods.
- Reduce your intake of caffeinated drinks, 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 intake of narcotics.
- Take Senokot®, a natural laxative, as prescribed by your surgeon.

Every time you have a bowel movement, you will need to clean the perineum and anus area thoroughly, from front to back.

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

### 14.3.12 Driving

We advise you to wait **at least two weeks after your surgery before driving a vehicle**, so that you can perform unpredictable movements without restriction, and avoid excessive pressure on your genitals and pain.

When you start driving again, keep your distances short. If you must drive a long distance, make frequent stops to walk and urinate.

**Remember it is forbidden to drive a motor vehicle while taking narcotic analgesics.**

### 14.3.13 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 intercourse can take place after 6 weeks.

- If you have had a metoidioplasty **without vaginectomy and without neourethra**, receptive vaginal penetrations are possible after 4 to 6 weeks.
- If you have had a 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.

## 14.4. POSSIBLE POSTSURGERY COMPLICATIONS

### 14.4.1 Urinary tract infection

Metoidioplasty with neourethra is a procedure that alters 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 14.3.8 of this section for further indications on the prevention and detection of a urinary tract infection. A urinary tract infection can be confirmed by urine analysis.

**As soon as you suspect a urinary tract infection, please consult your healthcare professional for testing and treatment.**

### 14.4.2 Dehiscence (reopening) of the wound

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

If you notice an opening at the level of an incision, you should know that there is no surgical procedure indicated to close the wound. The healing period will be longer, but 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 dry it thoroughly. If you notice a greenish discharge from the wound, please consult your family doctor promptly and let us know.**

### 14.4.3 Necrosis

Necrosis is a black, crusted tissue present on wounds, signifying tissue death. It occurs when tissues have lacked oxygen supply due to poor blood circulation. Necrosis can occur on the phallus and genital area.

**There is no surgical procedure to treat the necrosis, and it must not be removed (debridement). The necrotic part of the wound will dry out and fall off on its own; it serves to protect the wound.**

If you notice the presence of necrosis:

- keep wounds clean and open to the air.
- send us a photo so we can monitor the progress.

#### 14.4.4 Bleeding

If you have had metoidioplasty with vaginectomy, you will experience bleeding from the former vaginal cavity in the first few weeks after surgery. You can keep an absorbent dressing in your underwear and observe the amount lost.

If the bleeding is bright red and abundant, requiring you to change dressings every hour, please go to a hospital and notify us. Bleeding may be accompanied by pain.

#### 14.4.5 Complications specific to metoidioplasty with neourethra

##### FISTULA

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

##### **If you notice the presence of a fistula:**

- **when urinating, try to block the fistula with your fingers.**
- **if the fistula remains open or enlarges over time, please contact us.**

##### STENOSIS

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

Signs and symptoms of stenosis include:

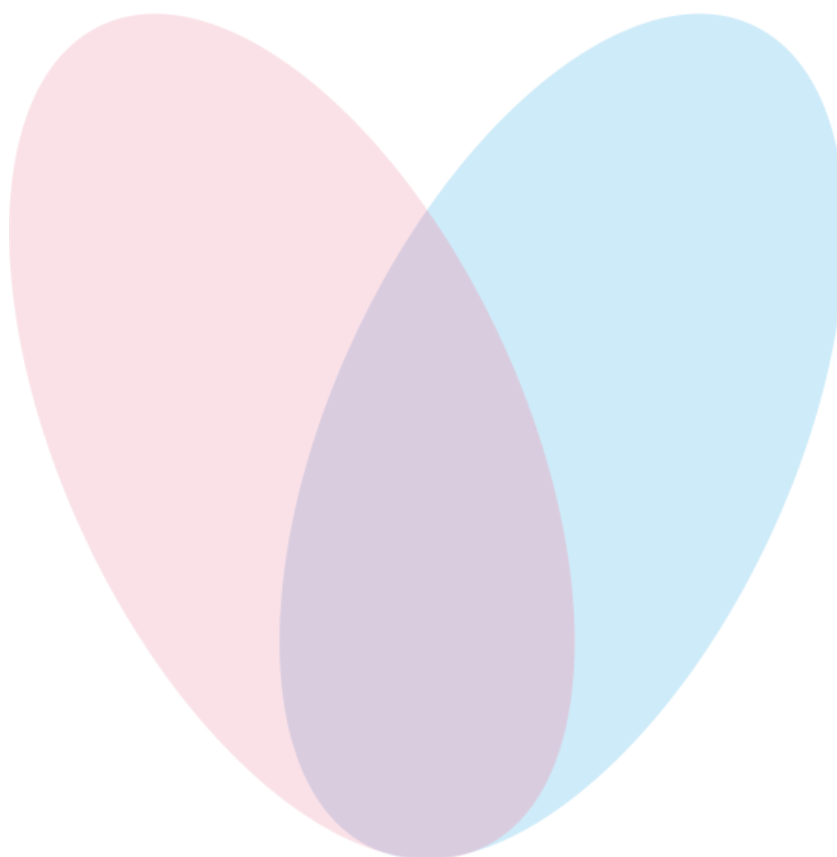
- a reduced urine stream and a slow flow.
- the time it takes to empty the bladder (urinary time) is longer than usual or increases progressively over time.
- the bladder does not seem to empty completely.
- you have to force the urine out.
- you have to urinate more often.

##### **If you notice one or more of these symptoms after removal of the urinary catheter:**

- **Please calculate and record your urinary times each time you urinate, over a 24-hour period. Use the table below to record the information.**
- **Please contact us.**

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

DATE	TIME	DURATION OF URINATION



## 15. POST-OPERATIVE FOLLOW-UPS

In the weeks following your return home, we will follow up by email to make sure your recovery is progressing well.

### 15.1 APPOINTMENTS TO PLAN

- **With the CLSC, a medical clinic, or your healthcare professional**
  - You must make an appointment for removal of the urinary catheter 1 to 3 weeks after surgery depending on the type of metoidioplasty you have had. A prescription will be given to you upon your discharge.
    - If you live in Québec, these appointments must be made with your local CLSC.
  - Some people may need psychosocial support after surgery. We encourage you to contact your professionals as needed.
- **With our team**

If you would like us to follow-up on a problem, please contact us at 514 333-1572, extension 200, or by email at [asclepiade@cmcmontreal.com](mailto:asclepiade@cmcmontreal.com).

If you live in or near the province of Québec, a consultation with your surgeon could be scheduled one month after your surgery. If you live further away, this consultation can be scheduled over the phone. Please contact the GrS Montréal team for a follow-up appointment with your surgeon by calling 514 288-2097.

- **Continue your annual visits with your family physician.**

### 15.2 CANCER MONITORING AND PREVENTION

Following metoidioplasty **without vaginectomy**, and if you have not had a hysterectomy with removal of the cervix, it is essential to follow public health recommendations and your healthcare professional's indications for cervical cancer monitoring and preventing.



### 15.3 CONTACTS DURING HOME RECOVERY

You and your doctor or nurse at your clinic or CLSC can contact Asclepiade with any questions you may have about your surgical procedure or your post-operative care.

**Maison de convalescence Asclépiade:** 514 333-1572  
[asclepiade@cmcmontreal.com](mailto:asclepiade@cmcmontreal.com)

**Call 911 or go to the nearest hospital if you believe it's an emergency.**

### RESOURCES

Info-santé Service in your region	Québec: 811
Emergency Service in your region	Canada: 911
Your family doctor	
Your pharmacist	
Local community service centre (CLSC) in your region	
Action Santé Travesti(e) et Transsexuel(le)s du Québec (ASTT(e)Q)	<a href="http://www.astteq.org">www.astteq.org</a>
Aide aux Trans du Québec	<a href="http://aideauxtrans.com">aideauxtrans.com</a> /info@aideauxtrans.com
24-hour toll-free helpline	1 855 909-9038, ext. 1
Fondation Émergence Inc.	<a href="http://www.fondationemergence.org">www.fondationemergence.org</a>
Coalition des familles LGBT	<a href="http://www.familleslgbt.org">www.familleslgbt.org</a>
Interligne	<a href="http://www.interligne.co">www.interligne.co</a>
Hotline (service available in English and French)	1 888 505-1010

Scan or click on the code below to access our satisfaction survey.

Please complete the survey only after your surgery.



**999, rue De Salaberry**  
**Montréal (Québec)**  
**H3L 1L2**  
**Téléphone : 514 288 2097**  
**Télécopieur : 514 288 3547**  
[www.grsmontreal.com](http://www.grsmontreal.com)