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POST PHALLOPLASTY URETHRA SURGERY

INFORMATION BOOKLET

PART C

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TABLE OF CONTENTS

1.	INTRODUCTION	3
2.	WHAT IS NORMAL AFTER SURGERY	4
3.	RECOVERY	5
	3.1 Pain and medication	5
	3.2 Resuming your usual medication	5
	3.3 Sutures and staples	6
	3.4 Healing	6
	3.5 Urinary catheter care	6
	3.6 Micturition after urinary catheter removal	8
	3.7 Hygiene	8
	3.8 Wound care	8
	3.9 Rest and daily activities	9
	3.10 Bowel elimination	9
	3.11 Sexual intercourse	10
	3.12 Driving	10
4.	RISKS AND COMPLICATIONS	11
	4.1 Bleeding	11
	4.2 Urinary tract infection	11
	4.3 Infection of the surgical wound	11
	4.4 Dehiscence (reopening) of the wound	12
	4.5 Fistula and urine leakage	12
	4.6 Stenosis and urinary difficulties	13
	4.7 Hair regrowth	13
5.	POSTSURGICAL FOLLOW-UP AND APPOINTMENTS	14
6.	WHO TO CONTACT DURING YOUR CONVALESCENCE	15

1

INTRODUCTION

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



2

WHAT IS NORMAL AFTER SURGERY

Moderate swelling	It is normal to see swelling around the surgical site. It takes at least 4 to 6 weeks before it subsides.
Ecchymosis (Bruising)	Bruises may appear around the surgical site. It takes at least 3 to 4 weeks to heal.
Bleeding	<p>It is normal to experience light bleeding in the days following your procedure. This may come from small blood vessels that were weakened during surgery.</p> <p>The urine may be reddish in colour and/or have small blood strands. This should resolve itself.</p>
Light to moderate pain or discomfort	You may experience more pain during the first few weeks after surgery.

3

RECOVERY

3.1 PAIN AND MEDICATION

Pain will be most intense during the first 48 to 72 hours. The pain is mainly caused by swelling and the incisions from the surgery.

Be sure to take pain medication regularly as prescribed by your surgeon. In general, it is advisable to combine acetaminophen (Tylenol®) with the pain medication prescribed by your surgeon for better pain control.

Consult your family doctor if your pain does not diminish. They can follow up with us as needed.

Always follow your doctor's prescription and refer to your pharmacist or physician if necessary to ensure the safe use of acetaminophen.

Refer to the *Guide to Narcotic Analgesics* that was given to you upon admission.

Ice may be applied to the genital area to help relieve pain. Use the ice for a maximum of 10 minutes per hour, depending on your pain, using a clean cloth to protect your skin.

3.2 RESUMING YOUR USUAL MEDICATION

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

Do not take Aspirin® or other products containing acetylsalicylic acid for 2 weeks after the procedure because of the risk of bleeding.

Wait until your Celebrex® prescription is finished (5 days) before taking Advil®, Motrin®, or any other products containing ibuprofen as prescribed or as recommended by your pharmacist.

3.3 SUTURES AND STAPLES

Depending on the type of your procedure, surgical wounds are closed in several layers with sutures and staples.

- Dissolving stitch type sutures are used under your skin to close the urethra;
- Dissolving stitch type sutures and/or staples are used to close the wound at the skin level.

Dissolving stitch type sutures will heal on their own and may take 30 to 90 days to dissolve. You do not need to worry about their removal.

Unless otherwise instructed by your surgeon, staples should be removed by a nurse or your doctor 3 weeks after surgery.

If you need to have staples removed, a prescription will be given to you when you are discharged. Contact your doctor or nurse in advance to schedule your appointment.

3.4 HEALING

Healing is a complex process that takes at least a year and consists of a series of steps that follow one another.

Check the incisions daily to make sure there is no infection until your wounds are completely healed. See section 4.3 for details on signs of infection.

3.5 URINARY CATHETER CARE

It is possible that urine may leak around the catheter; you can wear protection in your underwear (abdominal pad type dressing) and change it regularly.

It is also possible to experience bladder spasms related to the catheter use. Oxybutinin is a medication used to reduce spasms. A prescription will be given to you on the day of your surgery.

HOW TO CARE FOR THE URINARY CATHETER?

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

- Always wash your hands with soap before and after handling the urinary catheter.
- Clean twice a day with water and mild, unscented soap:
 - the genital area from front to back; and
 - around the catheter, starting at the urinary opening (meatus) and moving away.
- Rinse thoroughly and pat dry with a clean towel.
- Wear white cotton underwear.
- Never pull on the catheter.
- Wear the urine collection bag provided and empty it as needed.
- Do not use a stopper to close the catheter, as this will create pressure on the operated area.

HOW TO PREVENT A URINARY TRACT INFECTION?

Although necessary for your recovery, wearing a catheter increases the risk of developing a urinary tract infection. Here are the most important recommendations to follow:

RECOMMENDATIONS	SIGNS AND SYMPTOMS OF UTI
<ul style="list-style-type: none"> • Drink 2 to 3 litres of water/day unless otherwise advised by your doctor. Cranberry juice can help prevent infections by increasing the acidity of the urine. • Avoid alcoholic beverages and beverages containing caffeine (tea, coffee, soft drinks). • Add probiotics such as yogurt to your daily diet to improve the bacterial flora. • Thoroughly clean the catheter according to the maintenance tips presented above. 	<ul style="list-style-type: none"> • An intense and frequent need to urinate and in small quantities • Burning sensation when urinating • Urine is cloudy, pinkish or brownish in colour and smells bad • Pain in the lower abdomen and/or back • The presence of chills and fever exceeding 38 °C or 101.4 °F for more than 24 hours

Unless otherwise advised by your surgeon, the catheter must be removed 4 weeks after surgery.

*If you notice an opening in the skin at the surgical site and the catheter is visible, please contact us to confirm if the catheter should still be removed on the scheduled date.

3.6 MICTURITION AFTER URINARY CATHETER REMOVAL

It should be noted that the anatomy of the phallus is composed of skin, fatty tissue, blood vessels and nerves. It does not contain any muscles nor sphincters, which means that after Step 2 you may have to manually empty the urine contained in the phallus by applying pressure to it, temporarily or permanently.

3.7 HYGIENE

You can take a shower 48 hours after the surgery.

Afterwards, take a shower every day.

1. Use a mild, fragrance-free, alcohol-free bar soap (e.g. Dove® or Ivory®) to clean your genitals.
2. Rinse off excess soap without directing the shower stream directly onto the wounds.
3. Pat dry the genitals thoroughly with a clean towel and let it air dry for as long as possible.

3.8 WOUND CARE

There is no dressing for this type of surgery.

If you have light discharge from the genital area, insert a dry 3 X 8 compress into your underwear and continue hygiene care twice a day until it has healed.

Always keep the genital area clean and dry.

For comfort:

- wear white cotton underwear that is comfortable and not too tight to prevent the fabric from rubbing on your genitals; and
- place a dry compress on the wounds that have not healed. When changing, if it remains stuck, moisten it to remove it without pulling on the wounds.

3.9 REST AND DAILY ACTIVITIES

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

IMPORTANT

- For the first month after the procedure, avoid lifting objects weighing more than 4.5 kg (10 lb).
- Wait 6 weeks after your procedure to practice physical activities and sports.
- We strongly advise you to walk a total of at least one hour per day, as soon as your condition allows it.

Two months after your operation, and if your wounds are well healed, you can swim in a pool, a hot tub or a lake.

3.10 BOWEL ELIMINATION

Use of narcotic painkillers and a decrease in physical activity contribute to constipation.

Here are some guidelines to follow 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 (fresh prunes or juice, All-Bran Buds® cereal, fruits and vegetables, etc.).
- Reduce your intake of high-fat and high-sugar foods.
- Reduce your intake of caffeinated beverages such as coffee, tea, etc.
- Avoid soft drinks and alcohol as they contribute to dehydration.
- Establish a physical activity routine as recommended in 3.8.
- Take acetaminophen (Tylenol®) on a regular basis to decrease your narcotic intake.
- Take Senokot® as needed, a natural laxative, as prescribed by your surgeon.

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

3.11 SEXUAL INTERCOURSE

Please wait at least 6 weeks after surgery and complete wound healing before having oral or penetrative sex.

3.12 DRIVING

We advise you to wait at least 2 weeks after your operation before driving a vehicle to avoid pain and too much pressure on your genitals and so that you can perform unpredictable movements when needed without constraint.

Remember that it is forbidden to drive a motor vehicle while taking narcotic painkillers.

4

RISKS AND COMPLICATIONS

4.1 BLEEDING

If you observe abundant blood clots in the urinary catheter bag, please go to a hospital and notify us afterwards. If it is necessary to contact the surgeon, please refer to point 6.

4.2 URINARY TRACT INFECTION

Urethra construction is a procedure that changes the anatomy of your urinary system. The prolonged wearing of the urinary catheter increases the risk of developing an infection. For these reasons, you will be at greater risk of developing a urinary tract infection.

Please refer to the table in section 3.5 of this booklet for more information on preventing and detecting a urinary tract infection.

As soon as you suspect an infection, please consult your family doctor or healthcare professional.

4.3 INFECTION OF THE SURGICAL WOUND

It is necessary to maintain adequate hygiene to prevent incision infection.

SIGNS OF INFECTION INCLUDE:

- redness and warmth;
- swelling;
- discharge of pus with a bad smell;
- increased tenderness and pain at the surgical site; and
- chills and fever over 38.5 °C or 101 °F for more than 24 hours.

If you have any of these symptoms, please send us clear pictures of the area showing signs of infection by contacting asclepiade@cmcmontreal.com.

4.4 DEHISCENCE (REOPENING) OF THE WOUND

Dehiscence of the wound is an opening at the surgical incision. It can occur in the first few weeks after surgery.

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

It is important to continue hygiene care twice a day until the wound closes.

If the wound does not close after a few weeks, please contact us.

4.5 FISTULA AND URINE LEAKAGE

A fistula is an abnormal connection between two areas. Following the procedure and after the removal of the catheter, small openings may be created or not completely closed through which urine may leak. Fistulas may close on their own over time but may also require medical intervention.

*Before the removal of the catheter, if you observe an opening in the surgical wound or if the catheter is visible in the operated area, please contact us for the surgeon's instructions.

After removal of the catheter, if you notice a fistula or urine flowing from somewhere other than the tip of the phallus:

- try to plug the fistula with your previously washed fingers when you urinate; and
- if the opening does not close or it enlarges over time, please contact us.

4.6 STENOSIS AND URINARY DIFFICULTIES

Urethral stenosis is an abnormal narrowing of a portion of the urethra either inside the urethra or at the skin outlet which prevents urine from flowing at a normal rate creating urinary difficulties (urinary retention or sometimes incontinence).

Stenosis requires a medical intervention (in the form of urethral dilatation) or surgery to remove the stenotic area.

SIGNS OF STENOSIS ARE:

- a decrease in urine flow and a slow flow;
- the time to empty (urinary time) the bladder is longer than usual or increases over time;
- the bladder does not seem to empty completely;
- you have to force the urine out; and
- you need to urinate more often.

IF YOU NOTICE THESE SYMPTOMS:

- please contact us; and
- please calculate and record your urinary times each time you urinate over a 24-hour period.

*If you are unable to urinate at all, please go to a hospital to receive the appropriate treatment. If necessary, the staff in charge of your situation can contact the surgeon via the emergency line (see point 6).

4.6 HAIR REGROWTH

During urethral construction surgery, despite hair removal from the area used, hair may grow back inside the urethra. This hair can cause urinary difficulties, sometimes a blockage. A surgical intervention will then be necessary.

If you notice this problem, please contact us.

5 POST-SURGICAL FOLLOW-UP AND APPOINTMENTS

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

WITH THE CLSC, A MEDICAL CLINIC OR YOUR HEALTHCARE PROFESSIONAL

- Unless otherwise advised by your surgeon, you must make an appointment for the removal of the staples 3 weeks after surgery and for the removal of the urinary catheter 4 weeks after surgery. A prescription will be given to you when you leave.

WITH THE SURGEON

If you wish to have an in-office (or virtual) consultation with the surgeon one month after your surgery, please contact the GRS Montreal team for an appointment by calling at 514 288-2097.

6

WHO TO CONTACT DURING YOUR CONVALESCENCE

You may contact Maison de convalescence Asclépiade with any questions about your postoperative care or if your healthcare provider has questions about your surgery.

LA MAISON DE CONVALESCENCE ASCLÉPIADE 514 333-1572
ASCLEPIADE@CMCMONTREAL.COM

Please note that the response time is normally between 24 and 48 hours.

If you think this is an emergency, call 911 or go to the nearest hospital.

If the healthcare professional in charge of your case needs to reach the surgeon, ask them to contact a nurse at Asclépiade at 514 333-1572 and to follow the emergency instructions. The nurse will follow up with the surgeon and your treatment team.

YOUR REGIONAL HEALTH INFORMATION SERVICE QUÉBEC: 811
YOUR LOCAL EMERGENCY SERVICE CANADA: 911

YOUR FAMILY DOCTOR: _____

YOUR PHARMACIST: _____

YOUR LOCAL COMMUNITY
SERVICE CENTER (CLSC) _____

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