



OCTOBER 2020

**PHALLOPLASTY,
RADIAL FOREARM FREE-FLAP
(RFFF)**

INFORMATION BOOKLET

PART C

PHALLOPLASTY, RADIAL FOREARM FREE-FLAP (RFFF) INFORMATION BOOKLET

PART C

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INTRODUCTION TO PART C

THIS PART CONTAINS INFORMATION AND ADVICE ABOUT YOUR POSTOPERATIVE CARE. PLEASE BRING THIS DOCUMENT WITH YOU ON THE DAY OF YOUR SURGERY.



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WHAT IS NORMAL AFTER SURGERY

MODERATE SWELLING	It is normal to see swelling on the hand, the pubic mound, the phallus, the scrotum, and around the perineal region. It takes at least 4 to 6 weeks before decreasing.
ECCHYMOSIS (BRUISES)	Bruises can extend from the navel to the hips and thighs. They take at least three to four weeks subsiding.
SCABS ON THE WOUNDS	Dark yellowish-red crusts may form on the incisions. They are part of the healing process and will fall off over time. It is important not to remove them. They are the natural protective layer on wounds.
ASYMMETRY OF THE GENITAL REGION	The genital area may appear asymmetrical at the beginning of the healing process, especially in the testicles. Improvement will be seen as the swelling decreases, but the healing process can take up to a year.
LIGHT TO MODERATE PAIN OR DISCOMFORT	You may experience more pain during the first few weeks following surgery.
BLEEDING	It is normal to experience light bleeding in the days following your procedure. The amount of blood loss may vary from person to person. Bleeding may come from the former vaginal cavity.
LIGHT NUMBNESS	Trauma to the small nerve endings on the surface of the skin at the incisions made during the procedure may cause slight local numbness. Sensitivity will gradually return as the nerve endings heal and may take just over a year.
HEAT OR COLD HYPOSENSITIVITY	Your skin's sensitivity to heat or cold is now different because the nerves have been affected. You may not feel the temperature changes. Be careful not to burn yourself when exposing the arm or the genital area to heat or cold.
FEELING OF SMALL ELECTRIC SHOCKS	This is a sign that the nerve endings are healing. Once the wounds are closed, moisturizing cream and massage can help alleviate these symptoms.

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DURING RECOVERY AT L'ASCLÉPIADE

3.1 FOODS TO AVOID

You should avoid mint, chocolate, and caffeinated beverages such as tea, coffee, and soft drinks for one month after surgery. These products have an impact on small blood vessels and may interfere with healing.

3.2 PAIN AND MEDICATION

The pain will be more intense for the first 48 to 72 hours. The pain is mainly caused by swelling in the genital area and the incisions in the donor arm as well as in the thigh. Pain medication will be administered by the nursing staff.

It is advisable to get good pain relief from the beginning to avoid having the pain reach a level that is difficult to relieve and thus making your care more painful to perform.

IT IS IMPORTANT NOT TO APPLY ICE TO THE GENITAL AREA AND THE PHALLUS SO AS NOT TO COMPROMISE BLOOD CIRCULATION

3.3 RESUMING YOUR REGULAR MEDICATION

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

3.4 DRESSINGS

Dressings will be in place after the procedure and will need to be reapplied as prescribed by the surgeon. You will find all the materials you need in Part B of this Information Booklet. During your stay at the Maison de convalescence Asclépiade you will be taught how to clean your wound and to do dressing changes.

3.5 URINARY CATHETER CARE

The urinary catheter used to empty your bladder, installed during surgery, will be kept in place for 3 weeks. You will need to make an appointment with your doctor or a nurse to have it removed. We will provide you with a medical prescription to this effect.

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DURING RECOVERY AT HOME

4.1 PAIN MANAGEMENT

Be sure to take pain medication regularly as prescribed by your surgeon. In general, it is advisable to combine acetaminophen (Tylenol®) with analgesics if the pain is not sufficiently relieved. Consult your doctor if your pain does not decrease.

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

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

It is prohibited to drink alcohol and drive a motor vehicle while taking narcotic pain medication.

NEVER APPLY ICE

4.2 RESUMING YOUR REGULAR MEDICATION

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

Do not take Advil® or Motrin® or other products containing ibuprofen for the first month after surgery because of the risk of bleeding.

4.3 SUTURES

Your surgical wounds are closed with 2 types of sutures.

- The dark suture thread on the phallus and around the base of the phallus will be removed by your healthcare professional 3 weeks after surgery. We will give you a prescription for this purpose.
- The other sutures (light colored) are melting stitches and may take 30 to 90 days to completely dissolve. There is no need to worry about their removal.

Small metal pins are also used to pinch small blood vessels. It is possible that these small pieces of metal may end up in your wounds as they heal and will fall out on their own.

4.4 SCARRING AND SIGNS OF INFECTION

Healing is a complex process that takes about a year and is made up of a series of steps that follow one after the other.

As soon as you return home, check the incisions daily to make sure there is no infection until your wounds are completely healed. It is possible to see slight discharge from the wounds without being infected.

Signs of infection:

- Redness
- Feeling of warmth
- Sensitivity
- Swelling
- Discharge of pus with a bad smell
- Increased pain at the surgical site
- Presence of chills and fever above 38.5 °C or 101 °F for more than 24 hours

Contact your treating physician if you have these signs of infections.

4.5 YELLOWISH AND BLACKISH TISSUE

A moist yellowish tissue may form in your wounds, especially under the phallus. This tissue is composed of cellular debris. This is a normal process in which the body removes 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 clean your wounds well to naturally dislodge the debris, dry them well, and leave them out in the open as often as possible because moisture can increase the development of this yellowish tissue. Afterwards, a blackish crust should form and will detach naturally from the skin. It should not be removed.

If you notice that the blackish plaque continues to grow, or that the amount of yellowish tissue persists despite your care, contact us.

4.6 SCAR MASSAGE

In order to stimulate blood circulation and to increase the flexibility of the tissues surrounding the operated area, it is important to start massaging the scars as soon as they are closed. The exploration and massage of the genital area improves nerve recovery and stimulates the recovery of sensations.

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

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

We advise you **never to have your genital area pierced** (piercing).

4.7 URINARY CATHETER CARE

It is possible that urine may leak 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 catheter use. Oxybutinin® is a medication used to reduce spasms. We will provide you with a medical prescription upon your departure.

HOW SHOULD I CARE FOR MY URINARY CATHETER?

If you leave with a urinary catheter, it is important to follow the instructions below to ensure proper urination flow and prevent infections:

- Always wash your hands before and after handling the urinary catheter.
- Clean the area of the urinary meatus and around the catheter twice a day with water and unscented mild soap, always making sure to 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.
- Empty your bladder every 2-3 hours to avoid pressure on the genitals.

HOW CAN I PREVENT URINARY TRACT INFECTION?

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

PREVENT URINARY TRACT INFECTION	RECOGNIZING THE SIGNS AND SYMPTOMS OF UTI
<ul style="list-style-type: none"> • Empty the bladder regularly and completely as soon as you get up in the morning, every 2-3 hours during the day, and in the evening before bedtime. • 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 color 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.

4.8 HYGIENE

DAILY HYGIENE

Care of phallus and genital area wounds must be done **twice a day**: in the morning while showering and in the evening before going to bed, for the entire first month following surgery.

DURING THE SHOWER:

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

IN THE EVENING BEFORE BEDTIME:

1. Use 0.9% NaCl (salt water) to rinse the phallus and genital area; and
2. Dry with a clean towel and allow to air dry.

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

For more comfort and as taught during your stay:

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

Starting at Week 8, or once your wounds are well healed, you can shave or wax your genitals.

4.9 DRESSINGS AND WOUNDS CARE

Arm and thigh dressings should be reapplied **once a day** after your daily shower until your wounds are completely healed.

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

All the care related to dressings will be taught to you during your convalescence with us.

HAND HYGIENE:

Hand washing is the simplest and most effective technique for reducing the risk of infection. Always make sure to wash your hands before you start a treatment. An effective hand wash should last at least 20 seconds.

THE DONOR ARM DRESSING

The dressing consists of Adaptic®, an oily dressing that is used to cover raw or open areas, preventing the compresses from sticking in the wound. The arm bandage also includes 4 X 8 dry compresses and a Kling® type dressing roll, held in place by an elastic bandage. Please refer to Part B of the Information Booklet for a list of materials to be purchased.

The small needle syringe that you have purchased in advance will be needed to pierce the small bubbles (phlyctenes).

Preparing materials for dressing change (Please refer to Part B of the Information Booklet for a list of materials to be purchased)

Before preparing your equipment, you must leave your arm uncovered and out in the open for one hour.

PREPARATION OF THE MATERIAL

On a blue underpad:

- 1- Open the packaging of the 3 X 8 compresses, of the Adaptic® dressing (use a clean scissor to cut the Adaptic®) and the Kling® dressing;
- 2- Prepare the elastic bandage.

PROCEDURE

- 1- Burst the small bubbles (phlyctenes) by placing the needle parallel to the arm;
- 2- Cut and apply the Adaptic® according to the size needed to cover open areas, weeping and/or bursted bubbles;
- 3- Cover the operated area with 3 X 8 clean compresses;
- 4- Wrap the Kling® bandage around the arm;
- 5- Wrap the elastic bandage with light tension around the arm over the Kling® dressing.

THE THIGH BANDAGE

The dressing is composed of non-adherent 3 X 8 Telfa® type compresses and the application of a thin layer of Polysporin®. A tubular “net” bandage that will be provided will be necessary to hold the dressing in place.

PREPARATION OF THE MATERIAL

On a blue underpad:

- 1- Open the package of Telfa® 3 X 8 compresses;
- 2- Apply the Polysporin® ointment on a sterile compress with the help of the applicator;
- 3- Prepare the tubular net.

PROCEDURE

- 1- After shower, pat dry with a clean towel;
- 2- Apply a thin layer of Polysporin®;
- 3- Apply Telfa® dressing and then the net bandage to hold the dressing in place.

THE GENITAL DRESSING

Generally, the phallus does not require a dressing. However, adequate air circulation must be ensured to promote healing. Thus, when you are at rest, you should place the phallus on a rolled towel as taught during your stay at the convalescent home. This allows for ventilation of the area under the phallus as well as the scrotum.

PROCEDURE

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

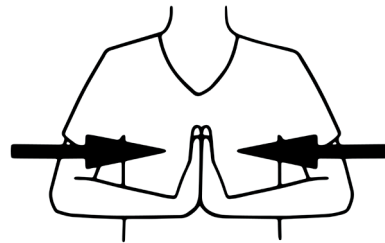
4.10 LEG AND ARM EXERCISES

Exercises should be done 4 times a day for 5 to 10 minutes using the following techniques:

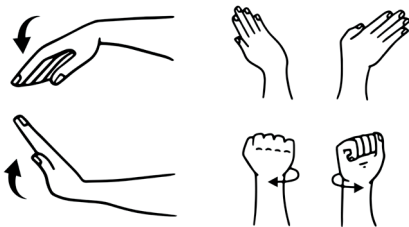
1-Compression of the ball with your hand



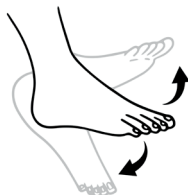
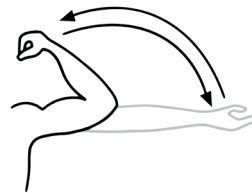
2-Hand to hand compression



3-Hand and ankle bending and extension



4- Arm and leg bending and extension



4.11 COMPRESSION SLEEVE

Once the wounds on the arm are completely healed, you will need to wear a compression sleeve. The compression sleeve promotes healing and helps to reduce the appearance of scars. You must wear it at all times, except when showering, for the first year following your surgery.

A prescription will be given to you when you leave and you will need to purchase the compression sleeve from a medical equipment retailer or orthopedic equipment specialist. Have your sleeve measured only when your wounds have completely healed to ensure that it is the right size and that there is adequate pressure on your arm.

4.12 REST AND DAILY ACTIVITIES

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

IMPORTANT

- For the first month after the procedure, avoid lifting objects weighing more than 4.5 kg (10 lbs.);
- Wait 2 months after your surgery to participate in 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 surgery, and if your wounds are well healed, you will be able to swim in a pool, hot tub, or lake.

4.13 BOWEL ELIMINATION

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

Here are some guidelines to follow to avoid constipation:

- Drink at least 2 to 3 litres of water a day, unless your surgeon tells you otherwise;
- Increase your daily fibre intake (fresh prunes or juice, All-Bran Buds type cereals, fruits and vegetables, etc.);
- Reduce your intake of foods high in fat and sugar;
- Reduce your intake of caffeinated beverages such as coffee and tea;
- Avoid soft drinks and alcohol as they contribute to dehydration;

- Establish a physical activity routine;
- Take acetaminophen (Tylenol®) on a regular basis to reduce your narcotic use;
- Take Senokot® as needed, a natural laxative, as prescribed by your surgeon.

Each time you should clean the perineum and anus area thoroughly, from front to back, using unscented disposable wet towels.

If the problem persists, please consult your pharmacist.

4.14 DRIVING

We advise you to wait at least 2 weeks after your surgery before driving a vehicle and thus be able to perform unpredictable movements without constraint and avoiding too much pressure on your genitals and pain.

When you start driving again, do so over short distances. If you have to drive a long distance, make frequent stops to walk a little and urinate.

For the first month, avoid bending your hips while sitting for a long period of time to prevent blood vessels from being compressed.

Remember that you are not allowed to drive a motor vehicle while taking narcotic pain medication.

4.15 SEXUAL INTERCOURSES AND ORGASM

Wait a minimum of 6 weeks after surgery before beginning exploration of the erogenous zones at the base of the phallus and oral sex. Anal intercourse is possible after 8 weeks.

Achieving orgasm is different for each person. Take time to explore and touch your genitals to rediscover your erogenous zones.

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POSSIBLE POSTOPERATIVE COMPLICATIONS

5.1 URINARY TRACT INFECTION

Phalloplasty is a procedure that changes the anatomy of your urinary system. In addition, prolonged urinary catheter use increases the risk of developing an infection. For these reasons, you will therefore be at greater risk of developing a urinary tract infection.

Please refer to the table in point 4.7 of this Part for more information on the prevention and detection of a urinary tract infection.

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

5.2 DEHISCENCE (REOPENING) OF THE WOUND

Wound dehiscence is an opening in the surgical incision. It can occur in the first few weeks after surgery.

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

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

In the event of a greenish discharge from the wound, please consult your family doctor promptly.

5.3 NECROSIS

Necrosis is the black tissue present on wounds that appears as a crust and signifies the death of the tissue. Necrosis occurs when the tissue has lacked oxygen supply due to poor blood circulation. Necrosis may appear on the arm, phallus, and genital area.

There is no surgical procedure indicated to treat phalloplasty necrosis and it should not be removed (debridement). The necrotic part of the wounds will dry out and fall off by itself; it serves as protection for the wounds.

If you notice the presence of necrosis:

- keep the wounds clean and uncovered;
- send us a picture so we can follow its evolution.

5.4 BLEEDING

Bleeding from the former vaginal cavity is possible during the first weeks after surgery. You can keep an absorbent dressing in your underwear and observe the amount of blood loss.

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

5.5 FISTULA

A fistula is an abnormal connection between two areas. Following the procedure, small openings may be created in the elongated portion of the urethra (between the biological urethra and the exit of the urethra now located in the middle of the scrotum) through which urine can flow. Fistulas can close by themselves over time, but may also require surgery.

If you notice the presence of a fistula :

- When you urinate, try to plug the fistula with your fingers;
- If the opening does not close or enlarges over time, please contact us.

5.6 STENOSIS

Urethral stenosis is an abnormal narrowing of a portion of the urethra either inside the urethra or the exit at the skin level which prevents urine from flowing at a normal rate creating urinary difficulties (urinary retention or sometimes incontinence). Stenosis requires medical intervention (in the form of dilation of the urethra) 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;
- you need to urinate more often.

If you notice these symptoms :

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

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POSTOPERATIVE FOLLOW-UPS

IN THE WEEKS FOLLOWING YOUR RETURN HOME, WE WILL FOLLOW UP BY EMAIL TO ENSURE THAT YOUR CONVALESCENCE GOES SMOOTHLY.

WITH THE CLSC, A MEDICAL CLINIC OR YOUR HEALTHCARE PROFESSIONAL

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

WITH THE SURGEON

- If you would like a consultation at our office (or virtual) with your surgeon one month after your surgery, please contact the GRS Montreal team for a follow-up appointment by calling 514 288-2097.

WITH YOUR FAMILY PHYSICIAN

- Continue your annual 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 if you experience adjustment difficulties during the postoperative period.

7

WHO TO CONTACT DURING YOUR RECOVERY AT HOME

You may contact Asclépiade if you have any questions about your postoperative care or if your family doctor has any questions about your surgery.

MAISON DE CONVALESCENCE ASCLÉPIADE: 514 332-1572 OR VIA
..... 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.

THE INFO-SANTÉ SERVICE IN YOUR AREA: QUÉBEC: 811
 THE EMERGENCY SERVICE IN YOUR AREA: CANADA: 911
 YOUR FAMILY DOCTOR
 YOUR PHARMACIST
 YOUR LOCAL COMMUNITY SERVICE
 CENTER (CLSC) IN YOUR AREA.

COMMUNITY RESOURCES (QUEBEC)

ACTION SANTÉ TRAVESTI(E)S ET
 TRANSEXUEL(LE)S DU QUÉBEC (ASTT(E)Q) WWW.ASTTEQ.ORG
 AIDE AUX TRANS DU QC WWW.ATQ1980.ORG
 ECOUTE@ATQ1980.ORG
 24-HOUR CRISIS LINE TOLL FREE: 855-909-9038 #1
 FONDATION ÉMERGENCE WWW.FONDATIONEMERGENCE.ORG
 LGBT FAMILY COALITION WWW.FAMILLELGBT.ORG
 INTERLINE IN ENGLISH OR FRENCH WWW.INTERLIGNE.CO
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