



INFORMATION BOOKLET

METOIDIOPLASTY

PART A

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1. GENERAL PRESENTATION

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

This booklet was designed to support you from beginning to end of the surgical process. It is divided into three parts:

PART A: This section will provide you with information about the surgical procedure and its risks and complications.

PART B: It contains information about the surgical procedure and how to prepare for it.

PART C: This part contains many tips on hygiene, mobility and pain relief. These recommendations will help you have a faster and easier recovery.

This booklet contains essential information for the smooth running of your preoperative care, surgical procedure, and postoperative care.

The GrS Montréal team is available to answer all your questions and any requests for additional information from you or health professionals involved in your surgical process. You will find all the contact details you need to get in touch with us below.

1.1 THE COMPLEXE CHIRURGICAL CMC

The Complexe chirurgical CMC (CC-CMC) comprises three entities:

- GrS Montréal
- Centre Métropolitain de Chirurgie
- Maison de convalescence Asclépiade

1.1.1 GrS Montréal

GrS Montréal is the entity dedicated to gender affirming surgeries. It includes an administrative team responsible for helping patients complete their medical file and organize their stay in Montreal. It also includes a specialized nursing team in pre-operative and post-operative care, who are members of the Ordre des infirmiers et infirmières du Québec, that evaluates documentation included in the medical file to ensure that it complies with WPATH standards of care and CC-CMC standards. This team works in close collaboration with the surgeons, anaesthesiologists and social worker of the organization. They perform post-operative follow-ups, liaise with healthcare professionals, and work with the management members of the operating room, care unit, and Maison de convalescence Asclépiade.

1.1.2 Centre Métropolitain de Chirurgie

The Centre Métropolitain de Chirurgie (CMC), accredited with honourable mention by Accreditation Canada, is the only private hospital centre in Québec. It includes four operating rooms, a day surgery unit and an inpatient unit for immediate postoperative care. This is where all surgeries take place.

1.1.3 Maison de convalescence Asclépiade

The Maison de convalescence Asclépiade, adjacent to the hospital, is a place designed to provide a post-operative stay for most patients who have undergone genital surgical procedure. This place helps our patients focus on their care and healing. They are accompanied by nursing staff who teach them how to carry out their post-operative care to prepare for their return home.

1.2 FOOD SERVICES

Depending on your stay with us, meals prepared onsite using fresh, quality ingredients will be provided. You will have access to a variety of beverages (juice, tea, coffee, etc.) as well as fresh fruit at all times. Food allergies, intolerances, and vegetarian or vegan diets must be mentioned in your pre-operative questionnaire so we can take them into account.

1.3 WHAT IS ACCREDITATION?

Accreditation is an ongoing process of assessing health care and social services organizations against standards of excellence to identify what is being done well and what needs to be improved.

Accreditation is important because it helps create better health care and social services for you, your family, and your community. It allows organizations to understand how to make better use of their resources, increase efficiency, enhance quality and safety, and reduce risk.

More than 15,000 locations in over 38 countries are experiencing the rewards of being accredited by Accreditation Canada.

Source : <https://accreditation.ca/info-for-public/?acref=self>



1.4 RESOURCES

Before and during your visit to the Complexe chirurgical CMC:

GrS Montréal – General information	514 288-2097
Hôtel Holiday Inn Laval	1 888 333-3140 (toll free)
GrS Montréal – The day before your surgery (admission or change in your state of health)	514 332-7091, ext. 232

While recovering at home:

You or your healthcare provider can contact the post-operative team and the Maison de convalescence Asclépiade for any questions regarding your surgical procedure and your post-operative care. Please note that response time may vary depending on the nature of your request and may take up to 48 hours. If you think it is an emergency, call 911 or go to the nearest hospital and notify us so that doctors can communicate with each other.

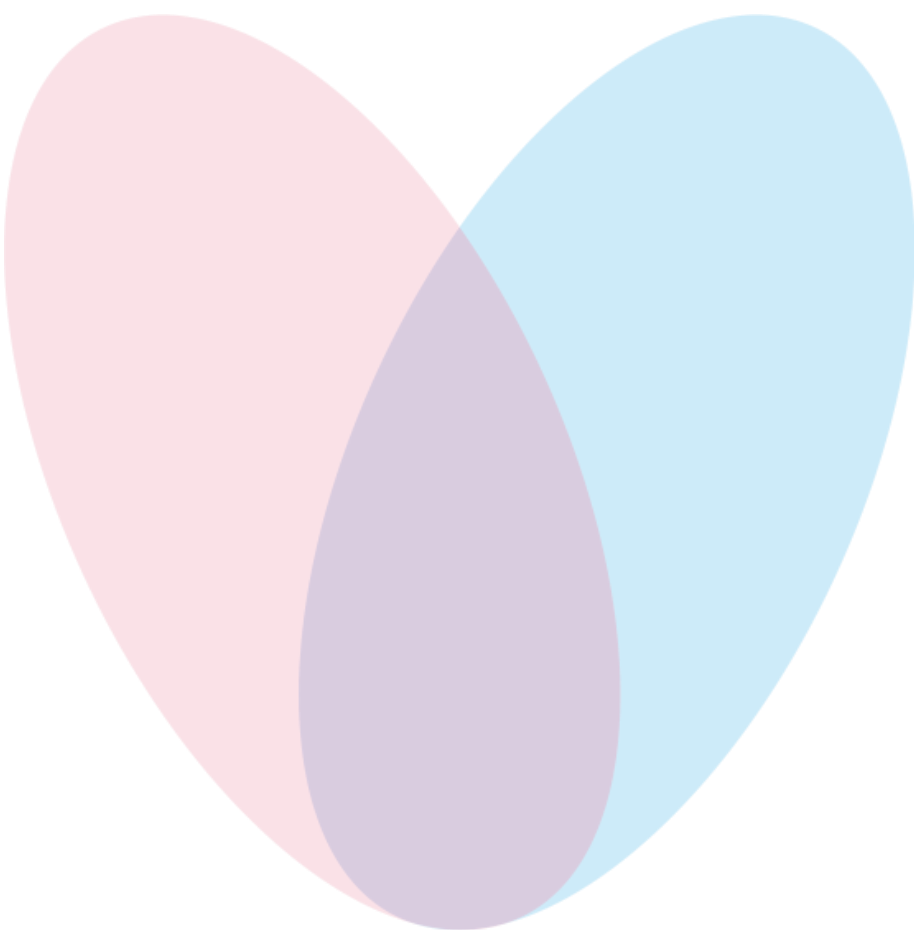
Maison de convalescence Asclépiade	514 333-1572 asclepiade@cmcmontreal.com
Health information service in your region	In Quebec: 811
Emergency service in your area	In Canada: 911
Your family doctor	
Your pharmacist	
Local community service centre (CLSC) in your region	

Community Resources

Action santé travesti(e)s et transsexuel(le)s du Québec (ASTT(e)Q)	www.astteq.org
Help for trans people in Quebec	www.aideauxtrans.com info@aideauxtrans.com
24-hour crisis and helpline	1 855 909-9038, option 1
Emergence Foundation	www.fondationemergence.org
Coalition of LGBT Families	www.familleslgbt.org
Interligne in English or French Helpline (service offered in French and in English)	www.interligne.co 1 888 505-1010

1.5 DISCLAIMER OF LIABILITY

The information in the booklet (comprising Parts A, B and C) is provided for educational purposes and should not be considered medical advice. If you have any questions about your personal medical situation, please contact us or consult your healthcare professional.



2. WHAT IS A METOIDIOPLASTY?

Metoidioplasty is a surgical procedure allowing to masculinize the genitals generally in one to two procedures.

The surgical technique used for metoidioplasty depends on the anatomy and options chosen. You can discuss this with your surgeon during the consultation.

2.1 SURGICAL PROCEDURE

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

It should be noted that the length of the post-metoidioplasty penis usually does not allow sexual intercourse with penetration, nor to urinate through the zipper, nor to use public urinals.

Urinating while standing up may be possible, as long as you pull down your underwear completely.

The stages of surgery:

The procedure shall include at least:

- Release of the clitoris by sectioning the ventral clitoral attachment.

WITH OR WITHOUT

- Resection of the mons pubis as assessed by the surgeon.
- Lengthening of the biological urethra to the tip of the penis using your own tissues (labia minora, vagina vestibule flap), enabling you to urinate while standing up.
- Closure of the vaginal cavity by partial vaginectomy (colpogliesis): resection of the vaginal mucosa to close the vaginal cavity permanently.

Due to the high risk of complications such as stenosis of the vaginal entrance and urinary fistula, urethral lengthening is not an option when preserving the vaginal cavity.

- Scrotum and testicular prostheses:
 - a. Unique scrotum behind the penis: if desired, testicular prostheses will be inserted at least 6 months after the initial procedure.
Sometimes the position of the scrotum further back can be uncomfortable.
 - b. Bifid scrotum: insertion of testicular prostheses into the labia majora, giving a bifid appearance to the scrotum (closer to the body, with the implants positioned one in front of the other). The surgeon will determine whether the implants can be inserted during the first procedure or at a later stage.

These choices remain personal, depending on your needs, expectations and the impact on your daily life. We encourage you to discuss them with your referring professional. A number of factors may influence your choice, including the desire to urinate while standing up, the desire to preserve the vaginal cavity, the risks associated with surgeries, etc. You can discuss these with your surgeon during your consultation.

2.2 THE EXPECTED RESULTS ONCE THE PROCESS IS COMPLETED

It is important to discuss your expectations with the surgeon to ensure that metoidioplasty and options chosen are appropriate for your needs. Results may vary according to age, weight, skin quality and elasticity, lifestyle and overall health.

- Creation of male-like external genitalia including micropenis.
- Lengthening the urethra to allow urination via the phallus in the standing position.
- Erogenous, erectile, with the possibility of sexual pleasure, but without the possibility of penetration in most patients.

	Clitoral release	Mons pubis resection	Lengthening of the urethra	Vaginectomy	Unique scrotum with testicular implants*	Bifid scrotum with testicular implants*	
Metoidioplasty: clitoral release (Fig. 2)	✓	Possible with all the procedures if considered necessary by the surgeon.					
Metoidioplasty: clitoral release, with insertion of testicular implants (Fig. 3)	✓					✓	
Metoidioplasty: clitoral release and vaginectomy	✓				✓		
Metoidioplasty: clitoral release, vaginectomy and insertion of testicular implants	✓				✓		✓
Metoidioplasty: clitoral release, neo-urethra and vaginectomy	✓			✓	✓		
Metoidioplasty: clitoral release, neo-urethra, vaginectomy and insertion of testicular implants (Fig. 4)	✓			✓	✓		✓
Metoidioplasty: clitoral release, neo-urethra, vaginectomy and scrotoplasty (Fig. 5)	✓			✓	✓	✓	

*Depending on the surgical plan, the implants will be inserted either during the first surgery or as a second stage.

Results vary from person to person.

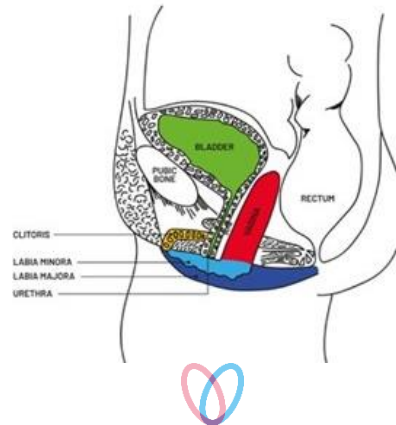


Fig.1 Pre-operative anatomy

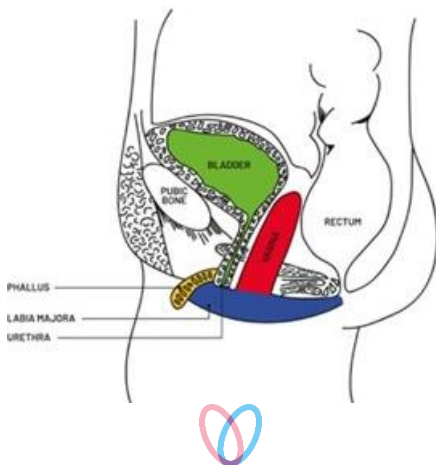


Fig.2 Metoidioplasty: clitoral release

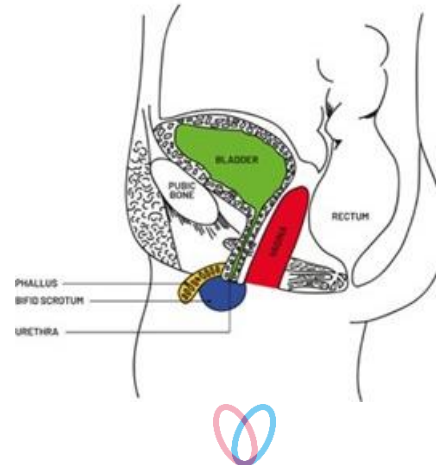


Fig.3 Metoidioplasty: clitoral release, with insertion of testicular implants

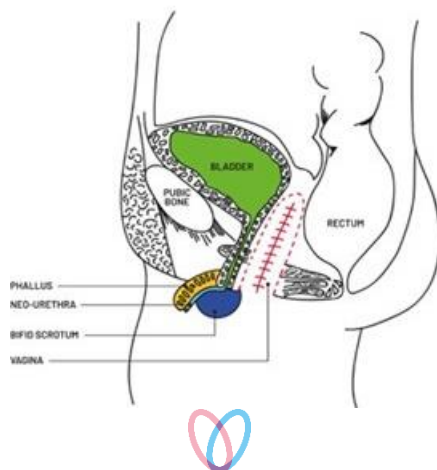


Fig.4 Metoidioplasty: clitoral release, neo-urethra, vaginectomy and insertion of testicular implants

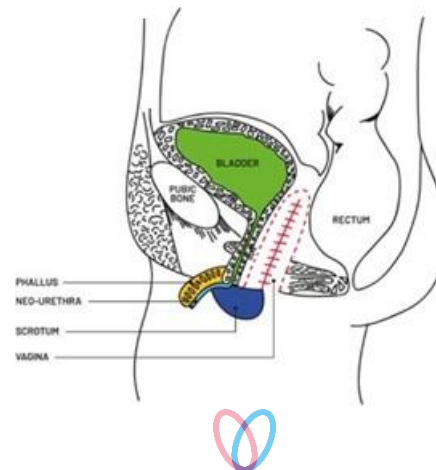


Fig.5 Metoidioplasty: clitoral release, neo-urethra, vaginectomy and scrotoplasty

3. PREREQUISITES

3.1 BODY MASS INDEX (BMI)

To be eligible for a gender affirming metoidioplasty at CMC, your BMI must be less than 30, with no excessive accumulation of fat or skin in the abdominal area. Overweight compromises healing and the final appearance of metoidioplasty.

A high BMI can have a significant impact on your health and quality of life, as well as reducing your potential for healing and your satisfaction with surgical results.

Please note that if your BMI is above 30 on the morning of the surgery, your surgeon may postpone the procedure.

3.2 TOBACCO

At least **6 weeks before and 8 weeks after** your surgery, stop smoking cigarettes and electronic cigarettes containing nicotine. Also, stop using nicotine products or nicotine substitutes (Nicorette^{MD} or others) as they have the same harmful effects as cigarettes. To increase your chances of success, we suggest you stop using nicotine now.

Nicotine and other toxic substances in tobacco can constrict small blood vessels (this is called vasoconstriction) and thus:

- slow down the healing of your wounds,
- increase the risk of infection,
- increase the risk of respiratory problems and pneumonia after the procedure,
- cause bouts of coughing when getting up, increasing the risk of post-operative bleeding.

3.3 CANNABIS

Please note that the use of non-prescription cannabis in any form is prohibited on all property of the Complexe chirurgical CMC. In addition, municipal laws prohibit the consumption of cannabis in any public place, indoor or outdoor. It is important to know that smoking cannabis, like smoking cigarettes, contributes to the deterioration of your respiratory system and can impede your post-operative recovery and cause complications during anaesthesia. No study confirms a safe threshold for cannabis use in the pre- and post-operative periods; the safest approach is to avoid consumption altogether if possible.

If your cannabis, in any form, is not prescribed by a healthcare professional:

- Talk to your healthcare professionals as far in advance of your surgery date as possible to give yourself time to find an alternative treatment that will meet your needs during your stay.
- Please let us know when you first contact our team to plan your surgery.
- It is recommended to gradually reduce cannabis use in the months leading up to surgery so that you can quit completely at least two weeks before surgery.

If you have a medical prescription for cannabis consumption:

- Please let us know when you first contact our team to plan your surgery and submit a copy of the prescription confirming the therapeutic indication, dosage and form used.
- Inhaled cannabis should be replaced by another form in the weeks leading up to surgical procedure, because of its impact on the airways during anaesthesia. Inhalation should be stopped at least 2 weeks before surgery. The forms we allow under prescription are capsules or drops. Gummies or other edible forms are not authorized.

We recommend that you discuss your consumption with our team as soon as possible, so that we can prepare your surgical stay and ensure that it runs as smoothly as possible.

Our team is not authorized to prescribe or handle your orders.

3.4 HYPERTROPHY OF THE CLITORIS

To maximize the result of surgery, the size of the clitoris must be increased. Taking the hormone testosterone helps the increase the clitoral size.

It is also recommended to perform negative suction pressure (pumping) at the clitoris to maximize results. Pumping requires patience but improves the results of metoidioplasty.

For the pumping technique, please refer to Appendix A.

3.5 HYSTERECTOMY

If you want to keep the vaginal cavity, this part does not apply to you.

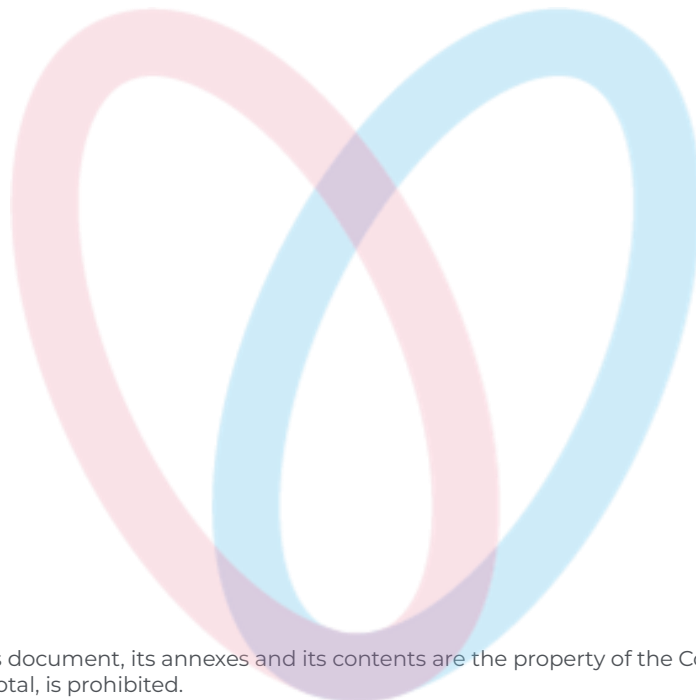
IF YOU WISH TO CLOSE THE VAGINAL CAVITY:

A hysterectomy **with cervical removal** should have been performed at least 6 months before metoidioplasty surgery.

There are two options:

- removal of the uterus only, also known as a total hysterectomy.
- removal of the uterus, fallopian tubes and ovaries, also known as total hysterectomy with salpingo-ovariectomy.

The choice of either 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 attending physician or the gynecologist who will perform the hysterectomy so that they help you make an informed decision.



4. SURGICAL PROCEDURE

4.1 ANAESTHESIA

During the procedure, in addition to the surgical team, you will be under the care of an anaesthesiologist and a respiratory therapist. Various anaesthetic (to numb and put you to sleep) and analgesic (to relieve pain) techniques may be used during the surgical procedure.

4.2 PROCEDURE

- **Metoidioplasty without vaginectomy and without neourethra, with or without insertion of testicular implants**

Average duration of procedure	1 hour
Anesthesia	Regional and general
Hospitalization	1 post-operative night
Convalescence at Asclépiade	None
Convalescence and time off work	4 weeks
Resuming physical and sports activities	2 to 3 months

- **Metoidioplasty with vaginectomy and without neourethra, with or without insertion of testicular implants**

Average duration of procedure	2 hours
Anesthesia	Regional and general
Hospitalization	2 post-operative nights
Convalescence at Asclépiade	6 nights
Convalescence and time off work	6 weeks
Resuming physical and sports activities	2 to 3 months

- **Metoidioplasty with vaginectomy and neourethra, with or without insertion of testicular implants**

Average duration of procedure	2h30
Anesthesia	Regional and general
Hospitalization	2 post-operative nights
Convalescence at Asclépiade	6 nights
Convalescence and time off work	8 weeks
Resuming physical and sports activities	2 to 3 months

5. ADDITIONAL INFORMATION ABOUT THE SURGICAL PROCESS

5.1 FOOD HABITS

An unbalanced diet or dietary deficiencies can delay healing, thus increasing the risk of post-operative complications. If your diet is vegetarian or vegan, or if your body mass index is below optimal values (18.5), your surgeon may order additional blood tests. We also advise you to consult your doctor or a nutritionist to ensure your diet contains all the necessary elements. They will be able to plan a nutritional program to promote healing.

5.2 THE URINARY CATHETER

A urinary catheter will be inserted into your bladder through the natural passage (urethra) during the procedure. It will be held upwards and connected to a free drainage bag for a period of 24 hours for clitoral release and 1 to 3 weeks for metoidioplasty with vaginectomy, with or without urethral lengthening.

5.3 DRESSING

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

5.4 PAIN RELIEF

It is normal to feel pain after surgery. You will be given a prescription for pain medication when you are discharged. You will also find tips to help you manage your pain in Part C of this booklet.

5.5 HEALING

Complete healing takes 9 to 12 months after surgery.

Due to several factors specific to each individual, the results may vary from one person to another. Our surgical team works with each patient to achieve the best possible results.

5.6 SEXUAL HEALTH

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

5.7 PELVIC FLOOR

The pelvic floor includes a group of muscles and ligaments located at the base of the pelvis. These muscles support the urinary tract (bladder, urethra) and digestive systems. They control the orifices that retain urine and stool. They also contribute to the perception of sensations in the genitals.

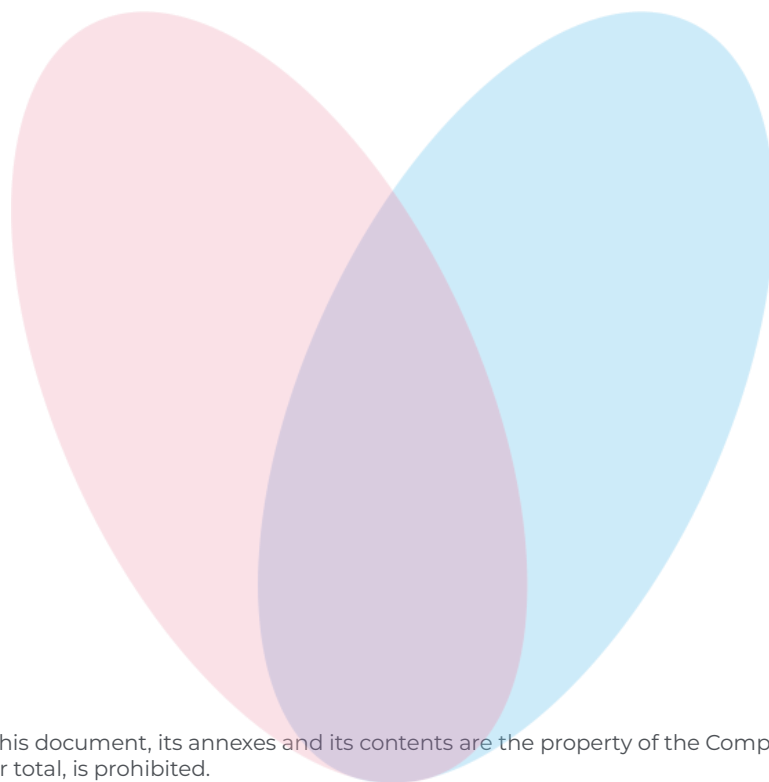
After surgery, some people will have different sensitivity in the perineal area.

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 suggested to reduce genital pain, improve perineal sensitivity, enhance orgasmic capacity, and improve sexual satisfaction.

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

5.8 REPRODUCTION AND FERTILITY

Metoidioplasty is a surgery that will permanently and irreversibly alter your genitals. Depending on the options chosen, such as vaginal cavity closure and hysterectomy, the ability to procreate may be irreversibly lost (infertility). Your treating physician, gynecologist, healthcare professionals and fertility preservation specialists can explore the various options with you. We advise you to discuss and reflect on these options before proceeding with hysterectomy and metoidioplasty.



6. RISKS AND COMPLICATIONS

6.1 INFORMED CONSENT

The decision to undergo a surgical procedure must be made in an informed manner, that is, after having obtained all the information you need to understand, asked your questions, obtained answers to your satisfaction and had sufficient time to reflect before expressing your consent.

6.2 INFORMATION ON THE RISKS AND COMPLICATIONS RELATED TO METOIDIOPLASTY

Any surgical procedure carries risks and may give rise to complications and side effects. Our surgical team and clinical staff are trained to minimize the risks associated with metoidioplasty and to follow proven and rigorous protocols in the event of a complication.

It is important for you to know and accept that although our experience demonstrates a high rate of success and satisfaction, we cannot, in any way, guarantee the aesthetic and functional results of this surgical procedure. Although we take all available means and apply the highest professional standards, it is possible that the result of the procedure may not be entirely satisfactory and that it may be necessary to resort to other procedures or treatments which may then be offered to you. Corrective surgical procedures not considered medically required are not funded by third-party payers. Therefore, corrective surgeries may be at your expense, if desired.

It is important to note that certain lifestyle habits, such as an unbalanced diet, smoking, alcohol or drug use, physical inactivity and health history, can increase the risk of complications.

Your cooperation at all stages is essential. Therefore, we expect you to inform us of any medical condition or problem so that we can assess its possible impact on the surgical procedure, anaesthesia or other care that may be required. You must read this section carefully and take the time to reflect on it.

Complications may occur during the procedure but also in the weeks that follow. Some complications are common to all surgical procedures, while others are more specific to metoidioplasty surgical procedure.

If you need further explanations of the content of this section, please discuss it with your surgeon.

6.3 SMOKING

Smoking increases the risks of complications. Smokers have increased risks of infectious, pulmonary, respiratory, and cardiovascular complications. Smoking can cause delayed healing of surgical wounds and cause complications such as those mentioned in this document.

6.4 BLEEDING

Bleeding risks are associated with all surgical procedures, especially when they take place in the perineal and genital area. Bleeding requiring transfusion of blood products is rare but can occur. To minimize the risk of bleeding, avoid Aspirin (ASA), anti-inflammatories, natural products and alcohol 10 days prior to the surgical procedure.

6.5 HEMATOMA AND SEROMA

A hematoma is an accumulation of blood under the skin, while a seroma is an accumulation of clear body fluid. In both cases, it may be a mild accumulation, but these complications may also result from a more serious build-up requiring drainage to remove excess blood or fluid from under the skin.

6.6 INFECTION

Infection is a common risk associated with many surgical procedures. Infection occurs when tissues are affected by microorganisms such as bacteria or other pathogens. An infection is treated with oral or intravenous antibiotics.

Local infection with pus buildup (abscess) often requires drainage. An untreated infection could lead to partial or total necrosis (cell death) of the surrounding tissues. Generalized infection (sepsis) is very rare but can occur following any surgery and requires hospitalization with appropriate treatment.

Infection on implant generally occurs months or years after the surgical procedure. It may be necessary to remove the implant during a second surgery if the infection does not resolve with antibiotic therapy. Furthermore, infection of the implant can lead to thinning of the skin and extrusion of the implant.

6.7 BLOOD CLOTS AND PULMONARY EMBOLISM

These complications can occur with any type of surgery. Immobilization during pelvic surgery can increase the risk of blood stagnation in the veins of the lower limbs and pelvis, potentially leading to the formation of a blood clot that can cause a pulmonary embolism. They are more frequent in pelvic surgery. To prevent the formation of a clot and to facilitate blood circulation after surgery, sequential pressure stockings will be fitted during surgery. Early mobilization after the procedure helps prevent complications related to blood circulation. These complications require treatment in hospital and monitoring by a specialized doctor.

6.8 ALLERGIES OR SENSITIVITY TO PRODUCTS OR MATERIALS USED

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

6.9 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.

6.10 SPECIFIC RISKS ASSOCIATED WITH IMPLANTS

The implants offered by our team must be approved by Health Canada at the time of the surgical procedure.

- No implant lasts a lifetime. You may require one or more surgical procedures in the future to replace or remove your implants.
- Some complications will require further surgery.
- The risk of complications is increased if surgical recommendations are not followed.
- Refer to the manufacturer's Website for more information on the risks of systemic reaction to the implant.

6.11 EXTRUSION

Sometimes, as a result of wear and tear of the skin around the implant, for example following an infection, the implant may pierce the skin in the scrotum. This is known as implant extrusion. Unfortunately, in such cases, the implant will have to be removed, and the site will have to be completely healed before a new implant insertion can be assessed.

6.12 MALPOSITION

Occasionally, an implant may be mispositioned during healing. Depending on the clinical situation, residual function and your symptoms, repositioning may be considered if deemed necessary.

6.13 REOPENING (DEHISCENCE) OF WOUNDS

The healing process is influenced by numerous factors: edema, infection, tension on wounds, poor blood circulation, alcohol, smoking, diet, etc. These factors can cause wounds to reopen (called dehiscence), requiring a longer healing period. This does not usually affect the final appearance of the operated area.

The insertion of testicular implants in a single or bifid scrotum 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.

6.14 SCARS

The healing process differs from one person to another, and scars may become hypertrophic or keloid. Your healing history should give you a good indication of what the outcome is likely to be for you.

6.14.1 Hypertrophic scars

Some people may be more prone to hypertrophic (large and thickened) scars. Although efforts are made to minimize scarring, there is a risk of scars becoming hypertrophic in some cases. Surgeons can provide advice on scar management techniques to help reduce this risk using silicone dressings or injections.

6.14.2 Keloid scars

Keloid scars are excess scar tissue caused by an exaggerated response of the connective tissue. Unlike hypertrophic scars, keloid scars extend outside the operated area.

6.15 UROLOGICAL DISORDERS

Genital surgeries can lead to complications in the urinary tract. A urinary catheter is required for at least 1 to 3 weeks following surgery when a vaginectomy has been performed. The bladder may produce spasms in response to the catheter.

Normally, spasms cease when the catheter is removed. On discharge, if necessary, you will receive a prescription for medication to control these urinary spasms. Signs and symptoms of a urinary tract infection should also be monitored. These are 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 in controlling the urge to urinate, and involuntary urine leaks are possible following surgery. The causes may vary from person to person and should be discussed with your doctor.

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

Urethral fistula

A urethral fistula is an abnormal connection between the urethra and another space. It can manifest itself as one or more openings in the skin of the scrotum or phallus, through which urine can leak, creating a leaky bladder. It can heal on its own over time, but may also require corrective surgery, depending on the surgeon's indications.

Urethral stricture

A urethral stricture is an abnormal tightening of a portion of the urethra, preventing urine from flowing at a normal rate. This can lead to urinary difficulties such as urinary retention or sometimes incontinence. This requires medical or surgical procedure.

Diverticulum

A diverticulum is a cavity in the form of a small "pouch" that can form in part of the wall of the urethra, where urine can accumulate. Surgery is usually required to remove the diverticulum. A diverticulum may also form around the former vaginal cavity, which may also require surgery to remove it.

6.16 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 into the peritoneal cavity, undetected during surgery or in the days following. Further surgery is essential.

6.17 PERINEAL SINUS, MUCOCELE

In the case of surgery with closure of the vaginal cavity

A perineal sinus is a small pathway or pouch that forms following closure of the vaginal cavity. Mucus, a thick and often clear fluid, may drain from the former vaginal cavity (perineal sinuses) or remain trapped and accumulate under the skin (mucocele). Surgery is usually required to correct either possibility.

6.18 INJURIES TO OTHER PARTS OF THE BODY

In rare cases, blood vessels, nerves and muscles may be damaged during the surgical procedure.

6.19 COMPARTMENT SYNDROME

Position-related injuries to leg nerves or muscles during surgery can lead to this complication. A compartment is a group of muscles. Severe swelling can cause increased pressure in the tissues around a muscle group, requiring urgent surgery to relieve pressure on the leg muscles. This is a very rare complication, but one that requires special medical attention in a specialized centre.

6.20 PREVENTION OF CERVICAL CANCER

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 monitoring and preventing cervical cancer.

6.21 UNSATISFACTORY RESULTS OR NEED FOR CORRECTION SURGERY

The surgeon may suggest secondary corrective surgery to restore physical integrity by correcting acquired malformations if they deem it medically necessary.

The decision whether to fund corrective surgery rests with the third-party payer (most often the Ministry of Health in your province or territory).

The following procedures are not eligible for funding by your province or territory:

- revision of a scar that does not cause functional issues,
- removal of asymptomatic excess fatty tissue,
- surgeries to correct results considered unsatisfactory by patients and not causing functional interference. Disappointment with the results is not considered a valid medical reason.

Corrective surgeries for aesthetic purposes are at your expense.

6.22 PSYCHOSOCIAL SUPPORT

Gender-affirmation surgeries lead to multiple changes in patients' lives. To successfully adapt to all these changes, it may be essential to receive help from health professionals and from those around you.

You might sometimes experience feelings such as:

- discouragement about postoperative care,
- boredom or isolation during recovery,
- sadness at the reaction of certain people close to you,
- exhaustion due to pain and the desire to stop important care for your recovery,
- regrets or doubts about your decision to have surgery,
- etc.

If this is the case, do not hesitate to ask for help from local psychosocial or psychological support resources or contact a professional you trust.

7. INFORMED CONSENT

7.1 TYPE OF SURGICAL PROCEDURE

I have expressed, to the Complexe chirurgical CMC and the doctors who practise there as well as their agents and delegates (collectively the “CC-CMC”), the decision to have a metoidioplasty.

More specifically:

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.

OPTIONS SELECTED

- 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.

Dr. _____ agreed to proceed with this procedure.

7.2 NATURE OF THE PROPOSED SURGICAL PROCEDURE, PURPOSE AND EXPECTED RESULTS

I understand that the procedure will include modifying my genitals to create a phallus from the clitoris, and, depending on the options checked above, closing my vagina, lengthening my urethra and creating a scrotum.

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

7.3 ALTERNATIVES

Deciding to have metoidioplasty is a personal choice. It is also possible to choose not to have this surgical procedure. I understand that other surgical techniques exist, but that the chosen technique has been chosen in an informed manner in collaboration with my surgeon at the Complexe chirurgical CMC and is the one described above.

7.4 POSSIBLE RISKS AND COMPLICATIONS

I recognize that there are risks and complications associated with any surgery. By expressing my informed consent to the surgery, I consent to the risks and complications that may result.

Before signing this consent, I read section 6. *Risks and complications* of part A of the booklet *Metoidioplasty*.

It has been explained to me that, during surgery, unforeseeable circumstances may arise requiring a change in surgical approach, such as the use of tissue grafts other than those envisaged. I consent to any modifications that may become necessary during surgery and for which I may 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 procedure to which I consent:

- This is a visible reconstruction of the genitals so that after the procedure I will not have a male reproductive organ.
- The procedure is irreversible. The clitoral ventral attachments cannot be tightened. In addition, once the vaginal cavity is closed, it will be impossible to reopen it in any way.

I freely assume and without any external constraint the choice I make to consent to the surgery and I confirm that neither the Complexe chirurgical CMC and its staff nor the physicians practicing therein can guarantee me the aesthetic and functional results of this procedure and that they have made no representation to me of any such guarantee.

7.5 INFORMED CONSENT TO SURGICAL PROCEDURE

I certify that I have read Parts A, B and C of the booklet - *Metoidioplasty* - and that I have received all the information necessary for my understanding, that I have asked my questions, got answers to my satisfaction and had enough time to think before expressing consent, and I have no more questions. By signing, I certify my voluntary consent to the surgery.

I confirm that I am of legal age and able to consent hereto.

7.6 RIGHT OF REVOCATION

I understand that I may revoke this consent unless the CC-CMC has already performed the surgical procedure based on this consent.

PATIENT

Full name _____
Full address _____
Date of birth _____
Signature _____ Date _____

LEGAL REPRESENTATIVE (IF APPLICABLE)

Full name _____
Date _____
Signature _____

WITNESS

Full name _____
Date _____
Signature _____

APPENDIX A – PUMPING

The following document can be used as a guide. It summarizes all the information we have gathered about pumping, but we do not guarantee 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.

DEFINITION

The use of a negative pressure suction pump (or pumping) generates an influx of blood to the neophallus, causing it to swell. When practiced on a regular basis, pumping is designed to help lengthen the neophallus over the long term.

Use of the pump should begin as soon as possible before your planned surgery, and may continue afterwards. It is recommended that you start using the pump only a few minutes at a time. Over time and after several weeks, the duration can be gradually increased to 30-45 minutes depending on tolerance . Frequency of use can also be gradually increased to once a day .

You should use equipment specifically designed for this purpose, including a pump with a quick release valve to reduce pressure quickly in the event 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 testosterone intake, cylinders for cisgender female may be too small. Choose cylinders designed for people taking testosterone .
- Pump with suction tube
- Water-based lubricant.

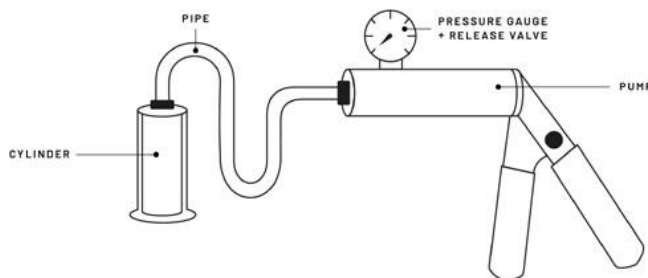


Fig.6 Pumping equipment with pressure gauge and release valve

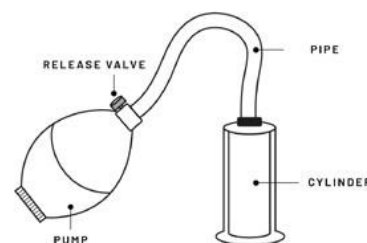


Fig.7 Pumping equipment with release valve

FUNCTIONING

- You can sit, lie down or stand as you feel most comfortable.
- To soften the tissues, apply a clean, warm cloth to the neophallus 2 minutes before you start.
- A few minutes before starting, fill the cylinder with lukewarm water from the tap to warm up the equipment. This will slightly increase blood flow and facilitate the procedure.
- Remove the water from cylinder and dry.
- Apply lubricant to your neophallus and a thin layer to the inside of 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 comfort level, without creating pain.
- To avoid injury, the neophallus should not fill the entire cylinder. If it does, use a larger one.
- Keep the cylinder in place for a few minutes . Over the weeks, you can gradually increase the duration to 30-45 minutes according to your tolerance.
- Depressurize the cylinder using the valve, then carefully remove it.
- Clean your equipment after each use.

CAUTION

This practice should be painless. In the event of pain, immediately reduce pressure with the quick release valve to remove the pump.

Improper pumping could result in bruising, blisters, burst small blood vessels or damage to erectile tissue, as well as other types of trauma that could have a long-term impact on your sexual health.

Clitoral priapism is a painful, prolonged erection of the neophallus lasting more than 6 hours. It is a complication that needs to be treated urgently.

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

Some pumps are equipped with pressure gauges to indicate the pressure used . 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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