

INFORMATION AND POSTOPERATIVE CARE

PHALLOPLASTY

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Infection prevention

Research has shown that infections are caused mainly by poor hand hygiene.

You and your visitors should wash your hands in the following manner:

Washing hands, simple and effective!



Source : Ministère de la Santé et des Services Sociaux

GENERAL INFORMATION

Healing

Healing is a complex process involving a series of successive steps that eventually lead to complete recovery. Discharge from the wound area is normal during the first 3 weeks following surgery. Swelling is normal during the first 4 to 6 months following surgery. It is also normal for the penis to be swollen and for bruises to be present in the surgical area. Bruises change colour and disappear with time.



Discharge that contains pus or has a foul odour is likely a sign of infection of the wound. For more information, please see the section entitled “Most Common Complications” on page 11 of this document.

Beginning on day 4 and for 4 weeks following surgery, “wear” the phallus as per instructions from your surgeon and make sure to change its position every 2-3 hours. Four to six weeks after surgery, once the incision surrounding the base of the phallus has completely closed, “wear” the phallus downward at all times.

Sutures

Your surgical wounds have been closed with 2 kinds of surgical sutures.

- The dark surgical suture will be removed by a nurse or physician, normally 3 weeks after surgery. You will be given a prescription for this purpose.
- The other surgical sutures will dissolve within 30 to 90 days. There is therefore no need to be concerned about their removal.

Never pull at your sutures.

Urination and the Urinary Catheter

It is normal for urine to leak around the catheter. If this bothers you, wear a sanitary napkin and change it regularly. Empty your bladder every 2 or 3 hours in order to avoid pressure on the genitals.

You may experience bladder spasms and discomfort in the bladder while wearing a urinary catheter. Oxybutynin, a medication used to control bladder spasms, may be given to you by the nursing staff at Asclépiade.



Your urinary catheter should normally be removed 3 weeks after surgery. Make an appointment with your attending physician or nurse for this purpose.



For more information, please see the document entitled “The Urinary Catheter.” Ask for it from your nurse if you haven’t already received it.

Pain and medication

The pain one feels varies from one person to another. Relieving pain upon waking up helps you go about your daily activities; relieving pain when you go to bed helps you sleep.

- Rest. **Rest** maximizes the effects of medication, reduces stress, and facilitates healing.
- Try other, **non-medical methods** to relieve pain like relaxation, music, the presence of a loved one, etc.
 - **Take acetaminophen** (Tylenol) regularly for a maximum period of two weeks. Follow your prescription and consult your pharmacist or attending physician to ensure safe use of acetaminophen;
 - **Take the narcotic analgesics** prescribed by your surgeon if your pain becomes a nuisance. Do not hesitate to take your prescribed painkillers even if you are taking Tylenol. Remember that the more intense your pain is, the more difficult it is to relieve it. Follow your prescription and contact your physician if the pain does not improve.

List of medications that will be prescribed following surgery	
Medication	Function
Keflex or Clindamycin	Antibiotic.
Aspirin	Anticoagulant.
Acetaminophen (Tylenol)	Non-narcotic analgesic.
Oxycodone (Supeudol) or hydromorphone (Dilaudid)	Analgesic narcotic.
Senokot	Laxative and constipation prevention
Oxybutynin	Controls bladder spasms (see the section entitled “Urination and the Urinary Catheter” in this document).
Hormones	Given according to your schedule.
You may only take an anti-inflammatory like Advil or Motrin 1 month after surgery.	



For more information, please see the document entitled “Narcotic Analgesics Guide.” If you have not already received it, ask your nurse. If you feel too much pain or if it becomes uncontrollable, inform your nurse.

Diet

In order to prevent nausea, begin with a light diet consisting mainly of broths or soup, crackers, and Jell-O. Don't forget to add fibre to your daily diet to help prevent constipation.

During the first month following surgery, **avoid mint, chocolate and caffeinated beverages** like tea, coffee, and soft drinks.

Constipation

Taking analgesic narcotics and the reduction of physical activity can lead to constipation which, in turn, may cause, among other things, bleeding from your surgical wound when passing a bowel movement.

We recommend re-establishing regularity as soon as possible. In order to do so:

- Drink at least 2 to 3 litres of water per day;
- Increase your daily intake of fibre: fresh or dried prunes or prune juice, All-Bran Buds-type cereal, fruits and vegetables, etc.;
- Reduce consumption of foods rich in fat and high in sugar;
- Avoid alcohol as it contributes to dehydration;
- Establish a regular routine of physical activity;
- Take acetaminophen (Tylenol) regularly in order help reduce your consumption of narcotics;
- Take Senokot, a natural laxative, as prescribed by your surgeon.



If the problem persists, discuss the matter with the nursing staff during your stay at Asclépiade or with your pharmacist after returning home.

Rest and Daily Activities

A balance between rest and activity is essential. Rest and resume your daily activities as soon as possible and according to your tolerance.

Important:

- Until the 4th week, do not lift objects weighing more than 4.5kg (10 lbs). Plan to have help upon your return home (cleaning, doing the groceries, laundry, etc.);
- Wait until the 6th week after your surgery before participating in intense physical activity.
- We strongly recommend walking for 10-15 minutes at least 4 times a day.

Walk as much as possible and according to your schedule and tolerance.

Walking helps to relieve pain, stimulate blood circulation in the legs, and prevents the stagnation of blood in your veins, which can cause blood clots (thrombophlebitis).

Driving

If you are taking narcotics, plan to have someone else take the wheel when getting around by car.

It is prohibited to drive a motor vehicle when taking analgesic narcotics.

Because driving requires the ability to perform unpredictable movements, and because driving can place pressure on your genitals, causing pain, we recommend waiting 2 weeks after your surgery before driving a motor vehicle.

Once you do begin to drive again, make short trips. Should you have to drive a long distance, make frequent stops to walk a little and to empty your bladder; both will help reduce pressure on your genitals.



Consult your auto insurance company for more information.

Alcohol and tobacco

Avoid consuming alcohol for 2 weeks following surgery.

- Mixing alcohol and medications can cause unpredictable and undesirable reactions.

We strongly advise you not to smoke during the 6 weeks that follow your surgery. Toxic substances in tobacco can:

- Tighten small blood vessels, adversely affecting your wounds' healing process;
- Cause, when getting up, nausea, vomiting, and excessive coughing that increase the risk of bleeding after surgery.



Nicotine substitutes (Nicorette, etc.) have the same harmful effects on blood circulation as cigarettes and are therefore also inadvisable during this period

WEEK 1: CONVALESCENCE AT ASCLÉPIADE

Genital dressings, hygiene, and wound care

From Day 7:

1. Take a shower every day;
2. Use a mild, unscented and alcohol-free soap like Dove or Ivory to clean your arm and phallus;
3. Thoroughly rinse excess soap;
4. Carefully pat-dry your genitals with a clean towel and allow them to dry in the open air for about 15 minutes;
5. Leave your arm to dry in the open air for 1 hour following your shower;
6. Redo your dressing as instructed by your nurse at Asclépiade.

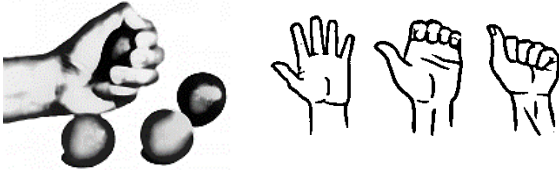
To increase comfort:

- Wear comfortable, white cotton underwear that's loose enough to prevent the fabric from rubbing against your genitals. The underwear should also provide good support for the phallus. Avoid wearing boxers;
- Cover unhealed wounds with a gauze dressing.

Arm and leg exercises

These exercises should be performed 4 times a day for 5 to 10 minutes using the following techniques:

1-Compres the ball with the hand



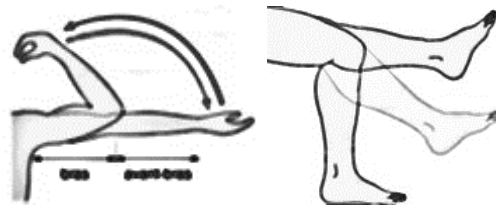
2-Press both hands against each other



3-Flexion and extension of the hand and ankle



4- Flexion and extension of the arm and leg



Skin sensibility

Your skin's sensibility to hot or cold is now different because the nerves have been affected. You may not feel temperature differences. Take caution not to burn yourself.

WEEK 2 AND BEYOND

Weeks 2 and 3: YOUR RETURN HOME

- Until your wounds are completely healed, check your **incisions** daily for signs of infection.
- Once you return home, begin taking any other **regular medication** again.
- You can now begin to eat a regular and balanced diet again. We strongly recommend consulting *Canada's Food Guide*, found in the annexe to this document.
 - **Avoid chocolate and caffeinated beverages like tea, coffee, and soft drinks during the month that follows surgery. These types of food and drink tend to tighten small blood vessels, adversely affecting the healing process of your wounds.**

Urination and the Urinary Catheter

Unless otherwise directed by your surgeon, your **urinary catheter** should be removed 3 weeks after surgery. You have received a medical prescription to this effect to give to your doctor during your appointment.

You must stop taking Oxybutynin 48 hours before the removal of your urinary catheter.

Once the catheter is removed, your urine stream may change due to swelling. Your urine may flow irregularly for several months following surgery and is not cause for alarm.

If this problem persists for more than 6 months, contact Asclépiade at 514-333-1572, extension 200, or by email at asclepiade@cmcmontreal.com

Weeks 4 and 5

- If your recovery is proceeding normally, you may **gradually increase your daily activities**.
- **Your sutures will begin to dissolve** during the 4th week. If you are bothered by hanging sutures, you can cut the excess thread, making sure to leave the knot of the suture intact. Never pull on your sutures.

Begin to “wear” the phallus downward between the fourth and sixth week.

Massaging Your Scar

In order to stimulate blood circulation and improve the flexibility of the tissue surrounding the surgical site, it is important to **begin massaging the phallus scars once they have completely closed**.

Massage in the direction of the scar with a vitamin E or silicone-based cream. These types of cream are available at your local drugstore.

Apply cream to your thigh wound 2 to 3 times a day.

Never apply oils to your incisions.



The compression sleeve helps reduce the appearance of scars on the graft of the donor arm. Once the wound has completely healed, wear the compression sleeve at all times (24 hours a day) except in the shower.

Sexual relations and orgasm

From the 4th week, you can have sexual relations and manipulate your penis. However, wait until the 6th week or until your wounds have completely healed before engaging in oral sex. For anal sex, wait until the eighth week.

Achieving orgasm is different for every person. Take the time to explore your genitals and to discover your erogenous zones.

It is important to follow your own pace.



Remember that any physical effort implicating the muscles affected by your surgery can cause pain.

THE 6TH WEEK AND BEYOND

- You can gradually resume your physical activities and sports.
- If your wounds are completely healed, you can swim in a pool, hot tub, or lake.
- **Prevent your wounds from being exposed to the sun** for one year following surgery. Once your arm and leg wounds are completely healed, apply **sunscreen** with high protection when going out in the sun.
- Wait until your incisions have completely healed before **shaving** your genital regions.
- From the third month and if your incisions have completely healed, you can begin **laser hair removal** treatments.

We strongly advise against piercing the genital region.

MOST COMMON COMPLICATIONS

If you suspect or experience one of the following complications, contact us by email at asclepiade@cmcmontreal.com. In order to facilitate a followup, attach a photograph of your wounds and describe your symptoms.

If you see a doctor, advise us of the doctor's diagnosis and treatment prescribed.

Infection of the wound

Upon your return home, check your incisions every day for infection and continue to do so until your wounds have completely healed.

Signs of infection:

- Redness;
 - Sensation of heat;
 - Sensitivity;
 - Swelling;
 - Foul-smelling pus discharge;
 - Increased pain at the surgery site;
 - Chills and fever of over 38.5°C or 101°F for more than 24 hours.
- } At the surgery site and its perimeter

Urinary tract infection

Phalloplasty involves the modification of the natural anatomy of your urinary system. As a result, the risk of urinary tract infection is higher.

Preventing urinary tract infections
<ul style="list-style-type: none">• Drink at least two (2) to three (3) litres of water per day;• Drink one (1) to two (2) glasses of cranberry juice per day;• Empty your bladder regularly and completely;• Be especially vigilant about perineum hygiene after using the toilet.
Recognizing the signs and symptoms of a urinary tract infection
<ul style="list-style-type: none">• Intense and frequent need to urinate;• Burning sensation when urinating;• Frequent urination in small quantities;• Urine with a cloudy appearance, or that is pinkish or brownish in colour and foul-smelling;• Pelvic, back, or rectal pain;• Chills and fever of over 38.5°C or 101°F for more than 24 hours.

Urethral Fistula

During the healing process, it is possible for small openings in the urethra to appear, from which urine can leak. Fistulas may close on their own over time. However, if no improvement is evident after 6 months, your surgeon may need to perform a surgical procedure to close them.

It is impossible to prevent the appearance of a fistula.

If you suspect the presence of a fistula:

- Contact a nurse at Asclépiade;
- When urinating, apply pressure to block the fistula, directing the urine flow out the urinary meatus;
- Whenever you urinate, make a note of the time it takes between the moment urine begins to leave the bladder and the moment the bladder is completely emptied. If this time increases with each urination, please contact us.

Urethral Stricture

Urethral stricture is the narrowing of the internal circumference of the urethra. It can occur at any time during the healing process. Signs of urethral stricture can include:

- Decreased force of your urinary stream and slow urinary flow;
- The time it takes for the bladder to empty increases;
- The sensation of the bladder not being emptied completely;
- Frequent urge to urinate;
- Extra effort is necessary to urinate.

As soon you notice a sign or signs of stricture, begin to keep track of the frequency of your urinations as well as the time it takes to empty your bladder.

Wound dehiscence

Wound dehiscence is a rupture of the surgical incision. It can be prevented by adopting a healthy lifestyle.

- Eat a healthy, protein-rich diet;
- Avoid tobacco and alcohol;
- Take good care of your wounds;
- Balance your periods of activity with your periods of rest.

WHO TO CONTACT IN CASE OF NEED

Asclépiade at 514-333-1572, extension 200, or by email at asclepiade@cmcmontreal.com

Your attending physician

A health consultation service in your area (In Quebec: Info Santé at 811)

Emergency services in your area (In Canada: 911)

MEDICAL FOLLOW-UPS

Asclépiade

After your return home, we will make 4 follow-ups by email or telephone in order to verify that your convalescence is going smoothly. You will receive an email or telephone call during the first, second, fourth, and the eighth weeks following your departure from Asclépiade.



If you do not receive our emails or telephone calls, contact us to let us know.

With your surgeon

If you live in or near Quebec, the third follow-up (1 month postoperative) will be done with your surgeon. It is important to go to your appointment as it represents an opportune time to, if necessary, discuss with your surgeon any persistent worries or unease.

Prior to leaving Asclépiade

Contact 514-288-2097 to make your appointment.

Please make an appointment the _____ with:

- The doctor
- The nurse

 Date of next appointment: _____

With your family doctor

Continue your annual visits to your family doctor.