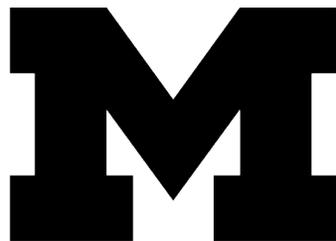


What to Expect: Metoidioplasty at Michigan Medicine

Department of Urology



MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

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What should I expect during my metoidioplasty consultation appointment?

The following information explains what you can expect on the day of your metoidioplasty consultation appointment:

- Arrive at Urology **15 minutes prior to your scheduled appointment time.** Before the appointment, you will have forms to fill out in the waiting room, and the check-in staff will make a copy of your insurance card, if you will be using insurance to pay any part of the cost.

During your appointment you will be seen by a team that will include medical students, physician's assistants, nurses, and Urology Residents.

- You will, of course, also see the attending Urologist who leads the team and who will coordinate all of your care.
- Your consultation will include your medical history and a physical examination to determine whether or not you are a good candidate for gender confirmation surgery.
- Your consultation team will discuss all relevant information with you about the proposed surgery. You will be able to ask any questions you may have.

Your weight and gender confirmation surgery

If you are overweight or obese, certain risks and complications of surgery are increased. Surgery will not be performed if you are morbidly obese (BMI over 40). If you are overweight but not morbidly obese, the operation may be very difficult, and the final result may be compromised. Your surgeon will decide whether or not surgery will be performed.

What happens after my consultation appointment?

If your consultation team determines that you are a good candidate for surgery, you will be contacted by the surgery schedulers. They will provide you with

information about what to expect, and what will be expected of you as you prepare for the surgery.

- They may request that you get medical tests prior to being scheduled for surgery.

In addition to these medical and surgical requirements, the scheduler will begin the process of requesting pre-authorization from your insurance company (to determine if your surgical procedure is covered by your insurance plan).

- You will receive the surgical package price fees and associated forms for review and signature, **in the event that insurance denies the pre-authorization request for surgery.**

When will I receive my surgery date?

You will not be scheduled for a surgery date during the consultation appointment. You will receive the exact date of your surgery about 2-3 months ahead of time.

- After the consultation appointment, and the approximate 6 to 8 weeks that it takes for the insurance pre-authorization, you will be placed on a wait list for surgery. **Please note that the estimated wait time for surgery varies, depending on surgeon availability.**
- Rather than scheduling surgery dates very far in advance, which then might need to be changed, we don't book your surgery until the surgeon's schedule is finalized. This means that you will usually be notified of your surgery date about 2 to 3 months before the date of your surgery.

How can I prepare for my gender confirmation surgery and plan for my recovery period?

The following information has been prepared to help you prepare for and recuperate from your gender confirmation surgery. Some patients report that the preparations are rather exhausting. We suggest you complete your work

and personal business prior to the day before surgery. On the day before your surgery you will need to focus on your bowel preparation, and pack.

What medications should I stop taking?

- **You will discontinue testosterone two weeks before surgery.** Testosterone is usually restarted about 1 - 2 weeks after surgery. Your physician will give you specific instructions about when to restart testosterone.
- Once you receive your surgical date, you should contact your prescribing physician to review all of your medications. Do not alter your hormone therapy regimen until directed by your physician.
- Some medications interfere with blood's ability to clot. **One week before surgery, through one week after surgery, do not take:**
 - Aspirin
 - Ibuprofen (Motrin, Advil)
 - Naproxen (Aleve, Naprosyn)
 - Vitamin E
 - Multivitamins (because they contain Vitamin E) or
 - Herbal preparations (fish oil, garlic, ginkgo, etc.)
 - Anticoagulants and blood thinners (warfarin, clopidogrel, etc.)
- If you take any of these medications by prescription, you will need to contact your prescribing physician and get permission to stop the medication as directed above.

Do I have to stop smoking?

Yes. Smoking interferes with the blood vessels' ability to deliver oxygenated blood to the surgical site. This may result in delayed healing or loss of tissue.

- If you are a smoker, we will order a test (urine cotinine) 4 weeks before your surgery to confirm you have stopped smoking.
- You have to be smoke free at least 4 weeks before the test in order for the results to come back negative.

- This means that **you will need to stop smoking 8 weeks before surgery**. If your results are positive, your surgery will be postponed.
- We recommend that you not resume smoking. However, if you want to resume smoking after surgery, we insist you refrain from smoking at least 4 weeks after surgery.

How do I prepare for the recovery period?

When you plan your leave from work, it would be wise to allow **6 to 8 weeks for your recovery**. This time is needed to allow the tissue to heal and for you to regain your strength. Each person's recovery period varies. Ask your employer for some flexibility in returning to work.

What supplies do I need to prepare in advance?

Your recovery period is one that needs to be as hassle free as possible. Therefore, it would be wise to prepare the following in advance:

- Your **nutritional needs** will be extremely important for a successful recovery.
 1. Plan to prepare and freeze meals.
 2. Stock up on foods that are easily prepared.
 3. Arrange for friends to assist you or collect menus from local restaurants that will deliver.

When will I be able to drive?

It will be helpful to have friends and family available to do errands for you for a couple of weeks. **You will not be driving for several weeks after surgery**. You will need to make arrangements to have someone drive you to and from your appointments with the surgeon.

How do I prepare for the hospital and discharge?

What do I need to bring to the hospital?

When you pack for the hospital, think light!

- Include your personal hygiene items, a light robe and slippers.
- You do not need pajamas or night gowns.
- Hospital gowns will be the most appropriate garment while inpatient.
- Plan to wear the same outfit to and from the hospital. It should be items that are loose fitting (especially if you decide to wear pants).
- Bring something to occupy your time, such as books, magazines, an iPod, etc. You will be in your bed or room for several days.

What should I expect on the day of surgery?

Plan to arrive at the Admitting Department approximately **two hours before your actual surgery**.

1. You will change into a hospital gown, foot warmers and hair cap. At this time an IV will be started through which you will receive fluids and medication.
2. The anesthesiologist responsible for your sedation will check on you. Your urologist and the urology resident will also check in with you.
3. When everything is in order, you will be given a sedative in your IV. It is at this time that you will be taken back to the surgical suite.

How long does the surgery last?

Surgery generally lasts around four hours. When you awaken, you will be in the Recovery Room.

You will be connected to:

- **Oxygen:** delivered through a mask or nasal prongs
- **IV:** a tube in your veins to deliver fluids and medications

- **Urethral catheter:** a tube that sits in your urethra and drains urine from your bladder. It prevents urine from leaking into the wounds in your urethra while it is healing.
 - This catheter is kept in place for **at least 4 weeks** after surgery, sometimes longer.
- **Suprapubic tube (SPT):** a catheter that drains urine from your bladder through an incision in the lower part of your abdomen to a bag. The SPT is held in place with a balloon that sits on the inside of your bladder and a stitch on your skin.
 - Do **not** attempt to remove this. Your SPT will remain in place during the entire postoperative period while your urethra is healing.
 - It is removed **after** the urethra heals and you are urinating through your neophallus.
- **Drain(s):** you may have surgical drain(s) attached to a clear bulb placed during surgery. Drains prevent fluid from collecting under the skin and are usually removed before discharge from the hospital.
- **Sequential compression devices (SCDs):** these pressure stockings are placed on your legs to promote blood flow and prevent blood clots from forming.

Recovery room nurses will begin to monitor and medicate you for pain almost immediately.

What should I expect while I'm in the hospital?

- You will be getting up for short walks the day after your surgery with assistance from your nurse.
- Your diet will be slowly increased, starting with a clear liquid diet and progressing to your regular diet.
- You will learn how to take care of the suprapubic catheter and the catheter draining your bladder. You will be discharged with both catheters in place.

When will I be discharged from the hospital?

- **If you have no complications, you will be discharged 2-3 days after surgery.**
- Surgical drains are usually removed before discharge, but sometimes are kept in place longer.
- You will be discharged with two catheters draining your bladder, one in your suprapubic area and one in your urethra.
- You will be discharged with several medications:
 1. **Magic Mouthwash:** A solution that you swish around your mouth to help with discomfort from where the buccal (cheek) graft was taken.
 2. **Antibiotics:** You will be discharged with two antibiotic regimens:
 - a. You will take the first round of antibiotics for 14 days after you are discharged from the hospital.
 - b. You will start the second course of antibiotics the day **before** your catheter is scheduled to be removed. This round of antibiotics is shorter (3 days total).
 3. **Anticholinergic:** Catheters can cause bladder spasms that give you a feeling like you need to urinate. Anticholinergic medications calm the bladder.
 4. **Pain medication**
 5. **Stool softeners/laxative:** it is important to avoid constipation and straining for bowel movements while your urethra is healing and while you have catheters in place. You should take stool softeners/laxatives the entire time you are taking anticholinergic medications and pain medications since they both cause constipation.
- At discharge you will receive written instructions regarding medication, names of people to contact with questions, and the dates of your post-operative appointments.

What can I expect upon returning home?

Your thoughtful preparation for your recovery period will certainly benefit you at this critical time in your recovery.

- Quiet days with naps and regular bedtimes may be helpful when you return home.
- Having someone stay with you to assist in your care is necessary. Once you are discharged from the hospital, **for 1 week you will need to have someone with you (except for very short intervals) 24 hours a day.**
- In addition to resting, you will be busy performing your personal care, including caring for your urethral catheter, suprapubic tube, and surgical incisions.
- You will need to sit on a **very well-padded** surface for 4-6 weeks after your surgery.
- You **must** be up and moving around regularly after surgery to help prevent blood clots from forming.
- You may not lift more than 5-10 pounds for approximately 6 weeks after surgery.
- You may not perform any strenuous activity or vigorous exercise for approximately 6 weeks after surgery.

Doctor's Appointments and Follow Up

- You will need to make arrangements for someone to drive you to follow up appointments.
- At these visits, your surgeon or members of your urologist's team (like nurses, urology residents, and/or Physician Assistants) will be examining your surgical site and the healing process.
- They will be guiding your personal care and advising you on increasing your activity. You can assist with this process by carefully following instructions and providing clear information regarding your recovery.

- As your wound heals and your strength returns, you will discuss your return to work with your surgeon. Your surgeon will supply documentation for your employer regarding your return to work.

Surgery timeframe

The following timetable includes the minimum required times for optimal healing, and only if there are no complications.

1. You must come to Ann Arbor to attend your H & P (History and Physical) examination at the Domino Farms Preoperative Clinic. This will be scheduled for about one month prior to surgery.
2. Before the week of surgery, you will need to gather all of the items on page 6 in the “What supplies do I need to prepare in advance?” section so that when you are discharged from the hospital, you will have these items available at home or in your hotel room.
3. As explained above (page 7) in the ‘What should I expect on the day of surgery?’ section, you will need to arrive at the hospital two hours prior to your surgery. The operation will be performed that day.
4. **If there are no complications** you will be discharged 2 - 3 days after surgery.
5. A follow up visit will be scheduled for **4 weeks** after surgery. At this visit a test called a retrograde urethrogram will be performed to see if your urethra is healed completely.
 - If your urethra is completely healed the urethral catheter will be removed. The suprapubic tube will be kept in place and plugged. You will start to urinate from your neophallus. If there are no issues urinating from your neophallus, your suprapubic tube will be removed after 2 weeks.
 - If your urethra is **not** completely healed the urethral catheter will **not** be removed. You will be seen back a few weeks later for a repeat retrograde urethrogram to reexamine urethral healing.
6. Your last follow up visit to your urologist will be 3 - 6 months after surgery.
Any complications can prolong this timetable.

Making Travel Arrangements

For your travel and lodging in Michigan, both for the consultation and for surgery, two departments here at Michigan Medicine (below) can assist you with making arrangements. Please know that a patient must pay for their travel expenses out of pocket. Neither insurance or Michigan Medicine covers travel and lodging expenses.

Patient and Visitor Accommodations Program

This program can assist you in making arrangements for lodging here in Ann Arbor, and with getting a shuttle to and from the airport. Some local hotels and motels have local shuttle service included.

- Hours: Mon. – Fri.: 9:30 a.m. – 5:00 p.m. EST
- Phone: (734) 936-0135
- Toll free: (800) 544-8684

Guest Assistance Program

This program can assist you with coordinating needs that arise during medical treatment.

- Hours: Mon. – Fri.: 9:00 a.m. – 5:00 p.m.
- Phone: (734) 764-6893
- Toll free: (800) 888-9825

Who do I call if I have questions?

- If you have **medical questions**, please bring them to the surgeon at your consultation appointment.
- If you have **scheduling questions**, please contact the Urology schedulers at (734) 936-5770.
- If you have a **non-medical, non-scheduling question** (travel, hair removal, etc.), please contact the Comprehensive Gender Services staff at (734) 998-2150.

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