PROCEDURES AND CARE

Deciding between phalloplasty and metoidioplasty

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Some people who are considering masculinizing bottom surgery may not be certain whether they are interested in metoidioplasty or phalloplasty. The following questions can help guide your decision:

What are your goals for surgery? Are you hoping to be able to engage in penetrative sex using your new anatomy? Do you want to be able to stand to pee? What types of sensation and appearance are important to you?

What are you worried about after surgery? Do you have concerns about visible scarring when your clothing is on? When you are nude? Are you worried about postsurgical recovery and time off work? Are you concerned about complications or needing additional surgery in the future?

Is now the right time for surgery? Are you able to take sufficient time off from work or school to recover from your procedure? Do you have support at home? Are your mental and physical health in a good enough place to deal with recovery from surgery, including any possible complications?

As you think about those questions, the following information may help you start to think about your options for surgery.

	Phalloplasty	Metoidioplasty
The neophallus	Phalloplasty uses a piece of tissue, known as a flap, to create a larger neophallus. This flap is usually taken from the arm or the thigh.	Metoidioplasty uses the hormonally enlarged clitoris as the body of the phallus.
Number of procedures	• Multistage operation (about two to four procedures) • Urethral hookup occurs three to six months after construction of the phallus.	Single stage operation.
Vaginectomy	Usually performed.	Usually performed.
Urethral lengthening	Usually performed; the source of most common complications.	Usually performed; the source of most common complications.
Scrotoplasty	Usually performed; implants can be inserted six months or longer after the initial procedure.	Usually performed; implants can be inserted six months or longer after the initial procedure.
Hysterectomy	Required if vaginectomy will be performed. Vaginectomy is recommended for patients who want urethral lengthening.	Required if vaginectomy will be performed. Vaginectomy is recommended for patients who want urethral lengthening.
Pre-surgical requirements	• Hair removal on flap site, which can take up to a year. At Boston Children's, we prefer to wait at least three months with no hair regrowth • Hysterectomy (for patients undergoing urethral lengthening); we offer this at Boston Children's. • You must have a BMI of less than 32. • Discontinue all nicotine at least 90 days prior to and after surgery. • Discontinue all inhaled marijuana for at least 90 days before and after surgery.	• Hysterectomy (for patients undergoing urethral lengthening); we offer this at Boston Children's. • Discontinue all nicotine at least 90 days prior to and after surgery. • Discontinue all inhaled marijuana for at least 90 days before and after surgery.

	Phalloplasty	Metoidioplasty
Postsurgical recovery	• Two days in the ICU. • Seven days in the hospital. • Multiple post-operative visits and follow-up surgeries. • Restricted from most activities, including heavy lifting and exercise, for eight to 12 weeks. • Anticipate returning to full activity in three months, depending on any complications.	• Three to four days in the hospital. • Multiple post-operative visits. • Restricted activity for one to two months.
Types of complications	Common complications: • Urethral strictures (blockages) • Urethral fistula (leaks) • Spraying/dripping during urination Less common complications: • Discomfort in flap donor site • Issues with sensation in the neophallus Rare complications: • Loss of some/all of the neophallus	Common complications: • Urethral strictures (blockages) • Urethral fistula (leaks) • Spraying/dripping during urination
Genital appearance	• Average- to large-size phallus, depending on flap choice and your anatomy. A forearm flap appears more natural than a thigh flap. • Reasonable bulge in underwear. • Any tattoos or markings on flap donor site will be present on penis.	• Very small phallus, resembling a micropenis. • Little to no bulge in underwear
Visible scars	• Large scars on both your arm and thigh if your arm is used as the flap donor site (the thigh is used as a skin graft donor site to cover the arm defect). • Large scars on both thighs if your thigh is used as donor site. • Low-visibility scarring in the genital region	Low-visibility scarring in the genital region.
Sexual function after surgery	• You should have sufficient length for penetrative sex after surgery. • You will need to use internal or external erectile devices to achieve an erection. Internal device placement cannot be performed until at least 12 months after surgery or when you have sensation to the tip of the phallus. • The amount of sensation in the neophallus will vary, although clitoral nerves and sometimes sensory nerves are connected to the flap. The clitoris is embedded at the base of the phallus, where it can be stimulated during sex.	• You will be unlikely to be able to engage in penetrative sex using the neophallus. • The neophallus retains current sensory and erectile function.

Notes