Phalloplasty

What to Expect in the Hospital

Note: The following information was collected from postoperative patients. Your experience may differ. The day of Surgery is called Postoperative Day 0. The day after surgery is called Postoperative Day 1, etc.

Day 0: After your 8 hour operation, you will go to the recovery room, possibly to the ICU (Intensive Care Unit) on the 4th floor of CPMC Davies Campus. You will be connected to many of things:

Oxygen -- by nasal prongs or a mask
An I.V. – an intravenous catheter to deliver fluids and medication
PCA (Patient-Controlled Analgesia) Pump – This is a button that you can press with your finger while lying in bed. It is connected to a bag that has pain medicine in it. When you press the button, pain medicine goes through your IV and into your vein, so you get pain relief within a minute. You can press the button as often as every 6 minutes, as needed for your pain.
Suprapubic Catheter - a catheter that comes out of your bladder directly through the skin of your lower abdomen. The catheter drains your urine into a bag that hangs on the side of your bed. The catheter has a small balloon that has been inflated inside your bladder to keep it in place. There is also a stitch next to the catheter on your skin that helps secure it in place. Do **not** attempt to remove this.
Urethral Catheter – on occasion, you will have a catheter coming at the tip of your phallus that also goes into the bladder. Do not manipulate this either and keep it in a comfortable position (i.e. not putting pressure on the tip of your phallus).
Doppler – a device that measures the blood flow going through your new phallus. This makes a whooshing sound like "white noise" that you and your nurses and doctors can hear 24 hours a day to assure there is good blood flow right where you need it. (The doctors and nurses will also periodically use a hand-held Doppler for the same reason.)
Drains – used to drain fluids from the surgical sites. A variety of drains may be used, but all serve the same purpose. Do **not** attempt to remove this.
A finger monitor – this constantly monitors your blood Oxygen level.
A heart monitor – this is an EKG, which gives constant information to the nurses about your heart function.
A splint – if skin from your forearm was used in your operation, you may have a splint on your arm to keep you from bending your wrist or moving your fingers excessively.
SCDs (sequential compression device) – you may have elastic stockings and/or pressure wrapping on your legs, to help prevent blood clots from forming.
Wound Vac – this increases the ability of the skin graft on your donor site to heal; this stays on for 5 days
Leg Wrapping –gauze covers your skin graft donor site on your thigh; the wrap will be removed on postop day 1 and the gauze will act like a giant scab; it takes about two weeks to peel off as your skin heals.

Days 1-2: You will stay on the 4th floor as you begin to recover. The nurses will check you every hour initially, less frequently as you get farther out from surgery. The surgeons (Dr. Crane/Chen and the doctors of the Microsurgery team) will visit you daily. You will stay in bed the entire time, though you will be encouraged to wiggle your toes and feet. You won't eat or drink anything during the first 24 hours in case you need to go back to the operating room emergently. Once 24 hours have passed, however, your diet will be gradually advanced from clear liquids to full liquids to solid food. The nurses will care for your surgical sites, bathe you, and take care of all you needs.

Day 3-4 (approximately): Transfer out of ICU 4th floor to the 3rd floor. You may still be confined to bed at first. As you will not have been out of bed for several days, your legs will be weak, but by day 4, you will be encouraged to get out of

bed, first to a chair. While in the hospital, you will still have frequent nursing checks, and will be transitioned to oral medication in preparation for leaving the hospital.

Day 5 (approximately): Date of discharge. Once you can walk and take all your medications orally, you will be discharged from the hospital, but you will need to stay in the San Francisco area for several weeks for follow-up visits and to be nearby in case complications arise. Your scrotal drain, and internal Doppler device will be removed. The suprapubic tube/catheter stays for 2-3 weeks and will be removed at your 2nd postoperative visit in clinic (Greenbrae). Your arm will be wrapped with a splint by the hand therapy team and they will give you instructions on followup either with them or with hand therapists closer to home. You will see both Dr. Crane or Dr. Chen and a doctor from the micro-surgical team for follow-up visits, and may have other visits depending on which donor site(s) were used for your surgery. Because you will be receiving narcotic pain medication, you may not have a bowel movement while in the hospital. It is important to take a laxative like Miralax (over the counter) for as long as you are on pain meds to avoid constipation. The goal is 1 bowel movement per day.

After Leaving the Hospital

General Instructions:

1. No strenuous physical activity of any type during the first 6 weeks after surgery. This means no vigorous bending, pushing, pulling, straining, running, or excessive walking. You should, however, do light exercise, walking for 10-20 minutes 3-5 times a day (total about 1 hr) during the first week after leaving the hospital, and then gradually increasing your activity over the following month.
2. Do not lift anything that weighs more than 20 pounds for 6 weeks after surgery.
3. Resume your regular diet as tolerated.
4. Avoid excessive alcohol intake.
5. Drink plenty of water or other fluids to avoid dehydration.
6. No smoking for at least one month after surgery.
7. Use pain medications as needed for pain or discomfort; remember to take miralax or other laxative to avoid constipation. Prunes and apricots make great natural laxatives.
8. Take antibiotics, stool softeners, aspirin, or other prescribed medication as directed.
9. Don't shower until given permission to do so, usually not until 10-14 days after surgery. When showering is permitted, use plastic wrap (like Saran wrap or a plastic bag) wrapped around your donor site(s) to keep the area(s) dry and away from the direct shower stream.
10. Driving should be avoided while taking any narcotic pain medication or while you still have significant pain in the genital area.

Care of the Phallus, Scrotum, and Genital Area:

NOTE: The doctors and nurses may refer to this part of your surgery as your "flap" or "free flap".

1. Avoid pressure on this area until the surgical site is well-healed. Pressure can interfere with blood flow to the transplanted tissue.
2. If possible, try to elevate the phallus to decrease swelling and improve circulation. A rolled surgical dressing can be useful to prop the phallus up. Do not tuck the phallus uncomfortable under your waistband to elevate it. It can cause skin creases and potentially obstruct blood flow.
3. Keep incisions clean and dry. Unless directed differently, incisions and surrounding skin can usually be lightly washed with soap and water. Dressings, if present, may be re-applied as needed.

4. If drains are in place, you may sponge bathe, lightly washing around the drains with soap and water. After cleansing, place a piece of surgical gauze around the drain site to prevent soiling of clothing. Safety pins can be helpful in securing drains to clothing.
5. Ice should not be applied to this area. Cold temperatures should be avoided for the first few weeks after surgery. Moderate temperatures are recommended during this period.
6. It is not generally necessary, in the immediate post-operative period, to apply any ointments or topical compounds to the incisions, as these can inhibit normal healing. Only apply ointments if specifically directed to do so.
7. The groin and genital incisions and the tip of the phallus will "leak" or "bleed". This is normal postoperative drainage and gauze is what is required. On rare occasion, bright red blood will be seen and holding directed pressure with gauze and your finger will stop the bleeding after 5 minutes.
8. Do not put pressure on your groin incision or position your phallus towards your groin incision. The blood supply to the phallus is from the groin incision right above your thigh. Prolonged crouching can put pressure on your groin, put pressure on the blood supply to the phallus, and lead to a clot of the phallus which is a medical emergency. If there is worse swelling and increased redness/purpleness to the appearance of the phallus, notify us immediately.

Suprapubic/Urethral Catheter Care:

1. DO NOT pull or dislodge the suprapubic (urinary) catheter. There is an inflated balloon inside the bladder, and pulling on this can do internal damage to the bladder.
2. Empty the urine bag at least 3 times daily or when it gets close to full.
3. At some point, after directions from the doctor, you will start to plug the catheter instead of having it connected to the drainage bag all day. This allows the bladder to regain its tone and elasticity prior to the time the catheter is completely removed. When your bladder feels full, remove the catheter plug and drain the bladder into the toilet.
4. When instructed, usually about 2-3 weeks after surgery, you can start to urinate through your phallus. After each time you urinate through the phallus, you should then empty the bladder completely through the suprapubic catheter by removing the plug. The amount of urine drained through the catheter will gradually decrease as the urination through the phallus increases.
5. Hematuria (blood in the urine) is common in anyone who has a urinary catheter. It will be intermittent and will occur off and on for as long as the catheter is in place. Hematuria is expected and is a normal part of your recovery.

Donor-Site (Arm, Thigh) Wound Care:

1. Keep the dressing over the grafted area clean and dry. In most cases, the dressing will be removed 5 to 7 days after your surgery, before leaving the hospital. Skin grafts require early immobilization, and it is important that the dressing not be removed prior to this, as it could increase the risk of graft loss.
2. Following removal of the dressing, the area should be kept clean. The grafted area and surrounding skin can be gently cleansed with soap and water, avoiding trauma to the grafted site. Avoid soaking the area until it is well-healed. Care should be taken to avoid direct contact between the shower stream and the graft until it is well-healed.
3. If possible, the site should be elevated above the level of the heart to decrease swelling and discomfort. This is helpful for about 2 weeks after surgery.
4. After the initial dressing is removed, a yellow Xeroform dressing may be placed over the site. Change this every 1-2 days, as directed by the doctors, and wrap it with surgical gauze.

5. A neutral moisturizing lotion, such as Eucerin, can be applied beginning at about 2 weeks after surgery. Lotion should NOT be applied to any portion of the wound that remains open. If there are small areas that remain open, a thin layer of antibiotic ointment, such as Neosporin or Bacitracin, can be applied.

Skin Graft Donor-Site (Thigh) Wound Care:

1. The site where the split-thickness skin graft was taken is usually covered with an adherent yellow medicated gauze (Xeroform).
2. If you have a Xeroform dressing, it is usually initially covered by a white gauze dressing, but this will be removed in the hospital. After that, leave the Xeroform dressing open to air. Do not put any moisturizers, creams, medications, or water on it, and DO NOT REMOVE THE DRESSING!! The Xeroform will become incorporated into a scab over the donor site. It will peel up from the edges as healing occurs; the edges can be trimmed with scissors as needed, and will eventually fall off on its own. A hair dryer with low or no heat can be used for 10 minutes twice a day to promote drying of the Xeroform/donor site.
3. As the Xeroform dressing is trimmed away at the edges, the uncovered areas should have lotion applied to keep the new skin moist. Lotion should be applied to the entire donor site after the dressing falls off.

Troubleshooting – What to Look For

Signs of Infection: Increasing redness, pain, warmth, swelling, or drainage with pus at the surgical site. Fevers and chills could be signs of infection. Antibiotics are usually prescribed for the first 7 days after surgery to minimize this risk. Contact the office and/or office manager and schedule an earlier appointment to be seen by the physician.

Signs of Bleeding: drainage of blood (as opposed to red-tinged thin liquid, which is normal drainage) from the wounds, or severe bruising around the surgical site is commonly seen. Drainage of a small or moderate amount of blood-tinged fluid is not uncommon and is not indicative of active bleeding. If there does appear to be active bleeding, direct pressure on the site with a gauze for 5-10 minutes continuously can be helpful. Blood coming from the urethra at the tip of the phallus is normal drainage. If bleeding does not stop from the wound after several attempts of directed pressure for 5-10 minutes at a time, contact the surgeon.

Seroma is an accumulation of fluid at a surgical site. If a significant fluid accumulation occurs at the groin incision or under the skin graft at the donor site, it may cause loss of part of all of the graft. Removal of this fluid may be performed in the office if necessary. Otherwise, most seromas will reabsorb on their own.

Graft Failure: Portions, or rarely all, of the graft at the donor site can appear to "slough" from the wound. In this case, the graft is no longer adherent to the wound bed, resulting in the loss of that portion of the graft. Small portions of graft loss are not uncommon and usually heal well with the appropriate wound care. If there are small open areas, due to partial graft loss, antibiotic ointment (Neosporin or Bacitracin) can be applied to these areas.

Wound Healing Problems can show up as separation of the wound edges at the surgical site. This can be caused by a variety of factors, and is usually a problem that can be managed by dressing changes and wound care. The most common locations are between the scrotum and phallus and directly behind the scrotum. Keep these areas clean with soap and water and place a gauze over the area to help wick away moisture and drainage. Most, if not all, of these open wounds heal with time and care. In general, for wounds that moist, use a dry gauze. For wounds that are dry, ointment like Neosporin covered subsequently with gauze is helpful.

Diet

Avoid Constipation: Lack of activity postoperatively, as well as narcotic pain medications, can contribute to constipation. Take a Stool Softener for the first month after surgery. Use Prune Juice or Miralax regularly. The goal is one large bowel movement per day once you leave the hospital.

AVOID Metamucil or other fiber drinks, as they may contribute to more constipation during the period of reduced activity.

Drinking plenty of water, may lead to a decreased incidence of urinary tract infections. Avoid soda and artificial drinks as it can anecdotally cause encrustation of the suprapubic tube and make it painful to remove.

Important Contact Information:

****For routine medical or logistical questions, please phone the office during normal business hours****
Office Phone: 415-625-3230
Office Hours: Monday - Friday, 8:00 am- 5:00 pm

For any of the below situations, please phone the office during normal business hours with any questions.

- **Swelling** is a normal postoperative occurrence; please elevate your phallus as much as possible to encourage circulation and decrease swelling. Do not put the phallus in the waistband of your pants. You can expect swelling for 4-6 weeks postoperatively in the phallus and scrotum.

- **Postoperative pain** is a normal postoperative occurrence; please take the medication as prescribed

    - **Postoperative pain medications cannot be called into pharmacies. Please contact our office before noon on Friday in order to arrange pick up of a paper prescription if you anticipate needing additional medications. Medications will not be called in over the weekend.**

- **Itching** is a normal side effect of postoperative pain medication; if you experience itching without a rash, you may take over the counter Benadryl or stop taking the medication and switch to extra strength Tylenol. If a rash is present with itching, discontinue the use of the pain medication and take Benadryl as directed. On occasion, a beefy red rash with small beefy red “dots” next to the rash is a sign of a fungal infection. Please call the office for an evaluation and/or prescription for an antifungal medication.

- **Nausea** is a normal side effect of postoperative pain medication and constipation; make sure you are moving your bowels daily; if you experience nausea from constipation, take miralax or over the counter magnesium citrate.

- **Constipation** is a normal side effect of postoperative pain medication; you may take an over the counter laxative or stool softener.

- **Blood in urine for the first 6 weeks** is normal following surgery and typically resolves after the suprapubic tube is removed.

- If your **catheter is not draining**, please reposition the urine bag below the bladder level to see if this affects the drainage. If repositioning is not effective, flush the catheter with water.

- **Postoperative incontinence** is normal while your urethra is swollen. The urethra will be swollen for up to 12 weeks postoperatively. It can also be due to residual urine in your new lengthened urethra. Milking the underside of the phallus and shaking at the urinal will minimize the amount of post-void urine leakage.

****When the office is closed and there is an urgent medical question that requires a same day response, please phone the office manager, Ursula Hansell 415-378-9061**. Routine concerns like paperwork, what to do about a dressing, and so forth can be addressed with a call to the office or an email to the office. Routine medically or surgically related questions can be emailed to Ursula or Dr. Chen (mang.bcss@gmail.com).

For medical emergencies like shortness of breath, chest pain, uncontrollable bleeding, fevers greater than 101.5 F, and the inability to urinate after the catheter has been removed with severe lower abdominal pain (urinary retention) call **Dr. Crane's cell** 603-667-5555 or **Dr. Chen's cell** 412-390-9513. Please do not use these numbers for routine concerns like paperwork, medication refills, activity questions, or routine expected postop issues (like swelling of wound, oozing) as these lines need to be kept open for patients with medical emergencies.

For any life-threatening emergencies please call 911.