

# FOREARM PHALLOPLASTY FOR FEMALE TO MALE GENDER CONFIRMATION SURGERY

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# BRIEF INTRO

I am a reconstructive urologist (18 years) who has decided to devote the rest of my career to the “Mount Everest” of transgender surgery.

Newest member Crane Surgical Services (Austin).

Formerly full professor and reconstructive urology Fellowship director at the Detroit Medical Center and newly (re)minted Texan.

# TODAY'S FORMAT

This is a “12 hour surgery” (Three surgeon working for 6-8 hours each with breaks) which doesn't lend it easily to a 20 minute video. Today's talk will summarize with slides then present necessarily too short video after.

thanks

- ▶ Step 1: WPATH (World Professional Association for Transgender Health) appropriate clearance for gender confirmation surgery
  - ▶ Persistent, well-documented gender dysphoria
  - ▶ Capacity to make a fully informed decision and to consent for treatment
  - ▶ Be of the age of majority in the country of surgery
  - ▶ Significant medical or mental health concerns, if present, must be reasonably well controlled at the time of surgery

- ▶ Step 2: (Generally)
  - ▶ Mastectomy/chest gender confirmation surgery first
  - ▶ Then (Usually minimally invasive) hysterectomy
  - ▶ Depilate the nondominant arm or donor leg

# INCIDENCE OF TRANSGENDERISM

Probably not truly known

Estimates of up to 1/200 Americans : 1.6 million

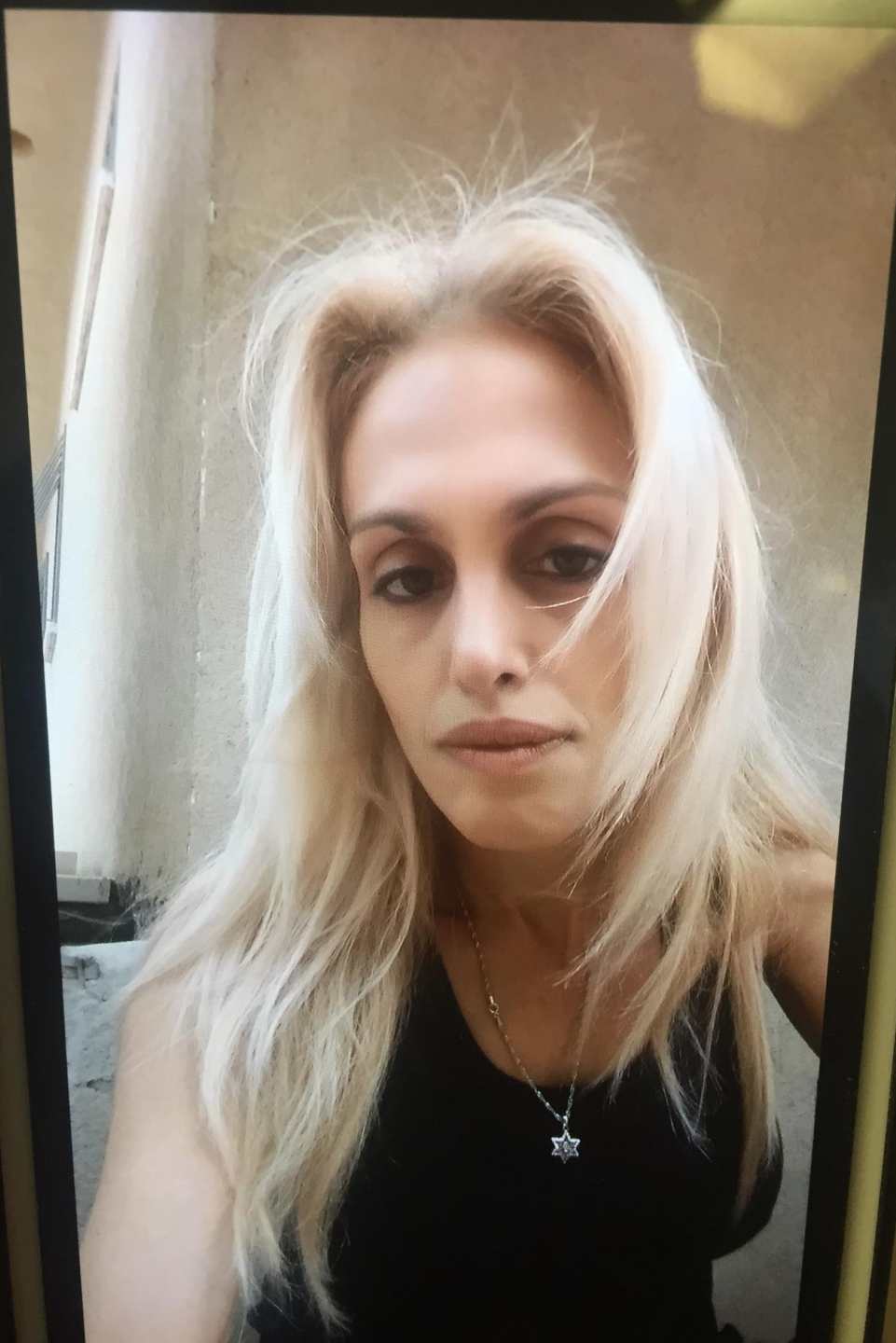
Perhaps 25% of transgender men want surgery: maybe 1/100 have bottom surgery

Perhaps 50% of transgender women want surgery: up to 30% get bottom surgery

205,850 people (0.66%) in 18-24 age range

967,1000 (0.58%) in 25-64 age range





# OUR PRACTICE HAD DONE OVER 600 PHALLOPLASTIES

IN ONE YEAR 2018 OUR PRACTICE DID:

Phalloplasty- 108

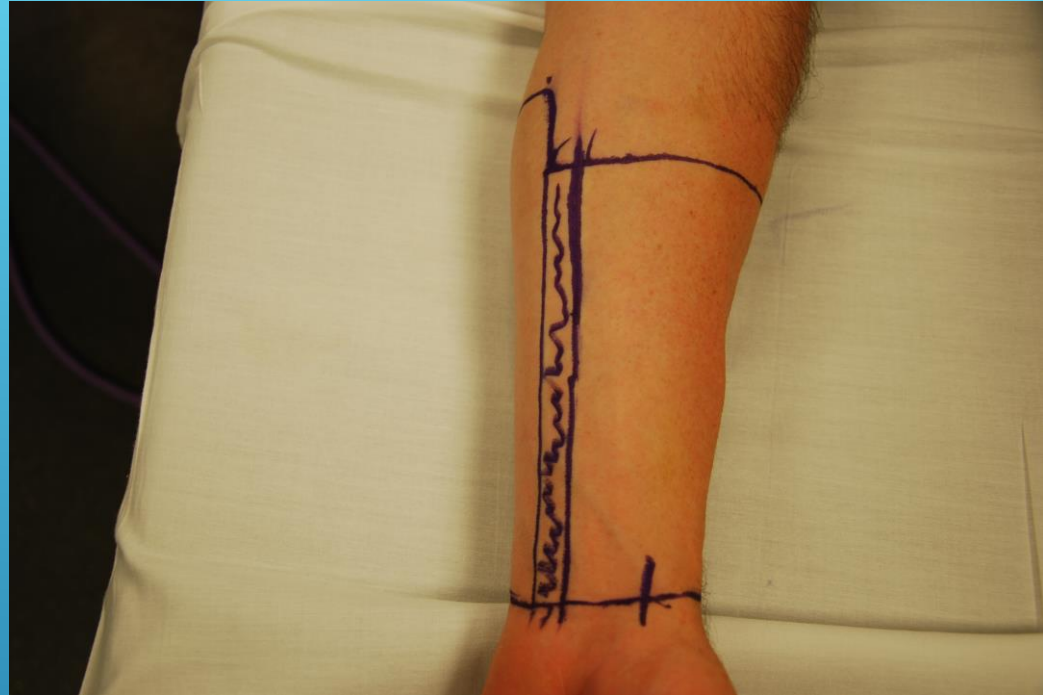
Vaginoplasty-139

Top surgery-124

Penile Implants (in phalloplasty patients)-46

Metoidioplasty-24



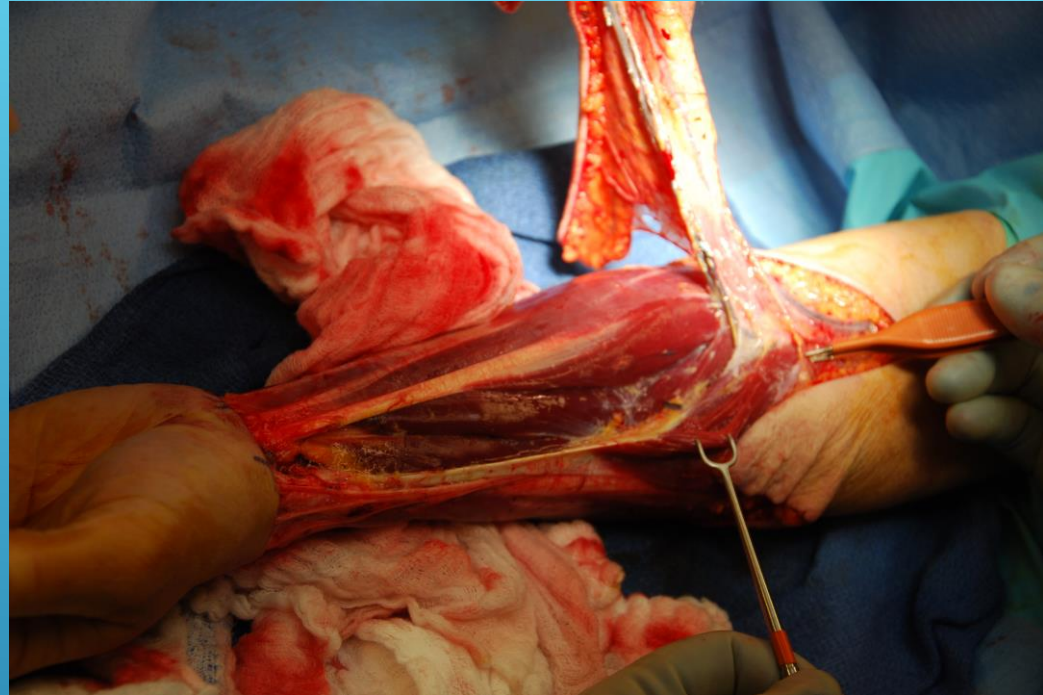


## STEP 3: MARK THE ARM



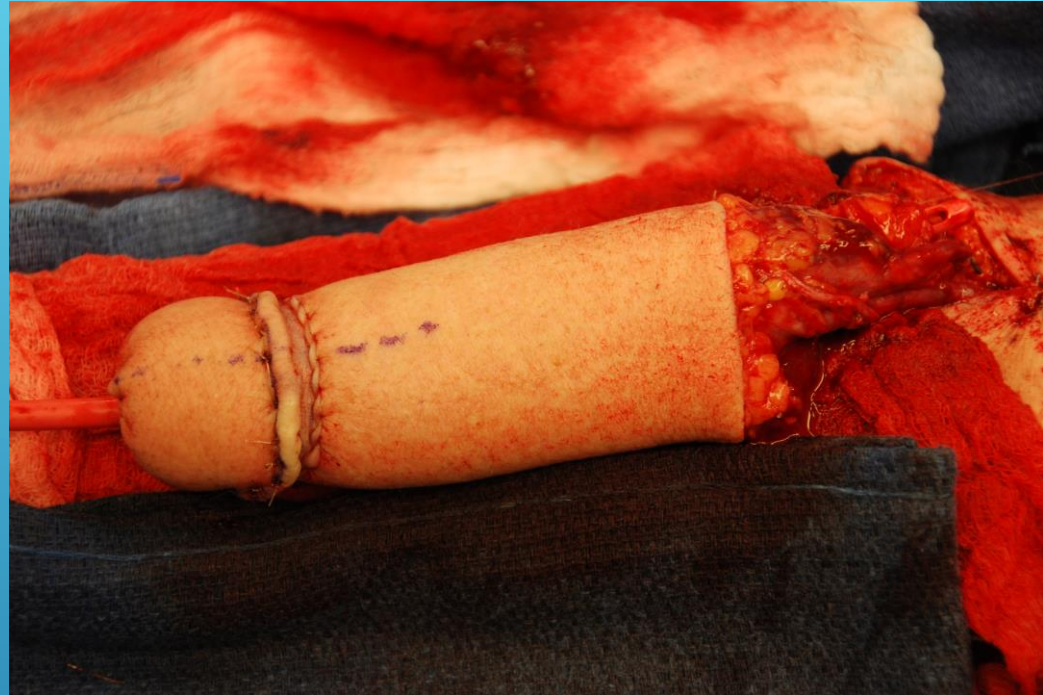
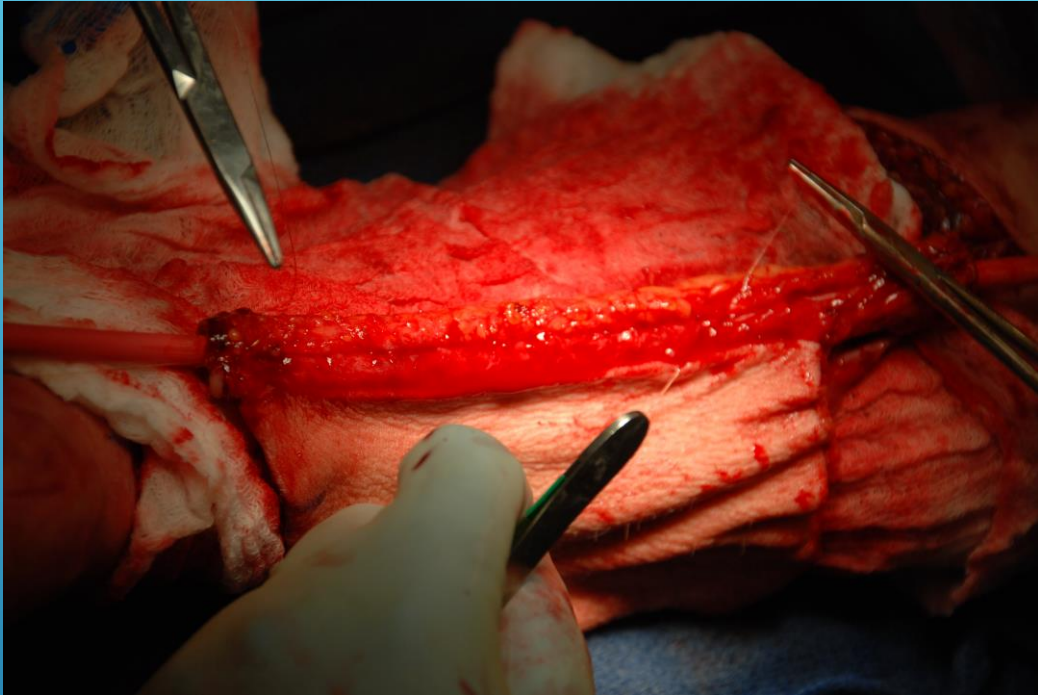






STEP 4: INCISE THE ARM, CREATING URETHAL, PENILE, AND CORONOPLASTY DONOR PORTIONS AND PRESERVING NERVE, VEIN AND ARTERY. TAKES HOURS



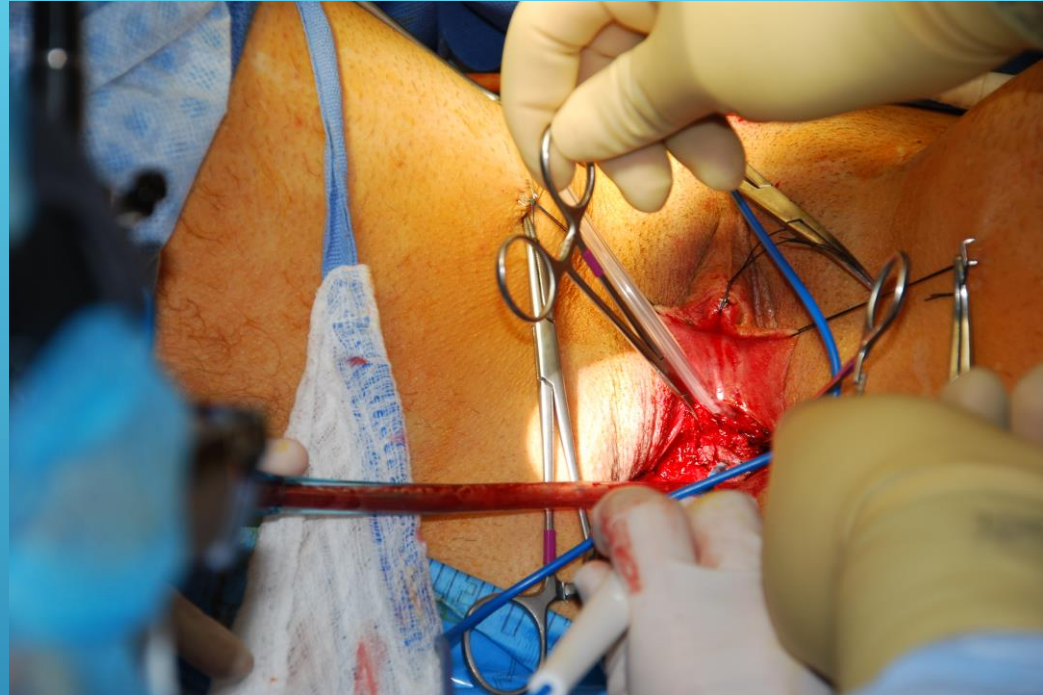
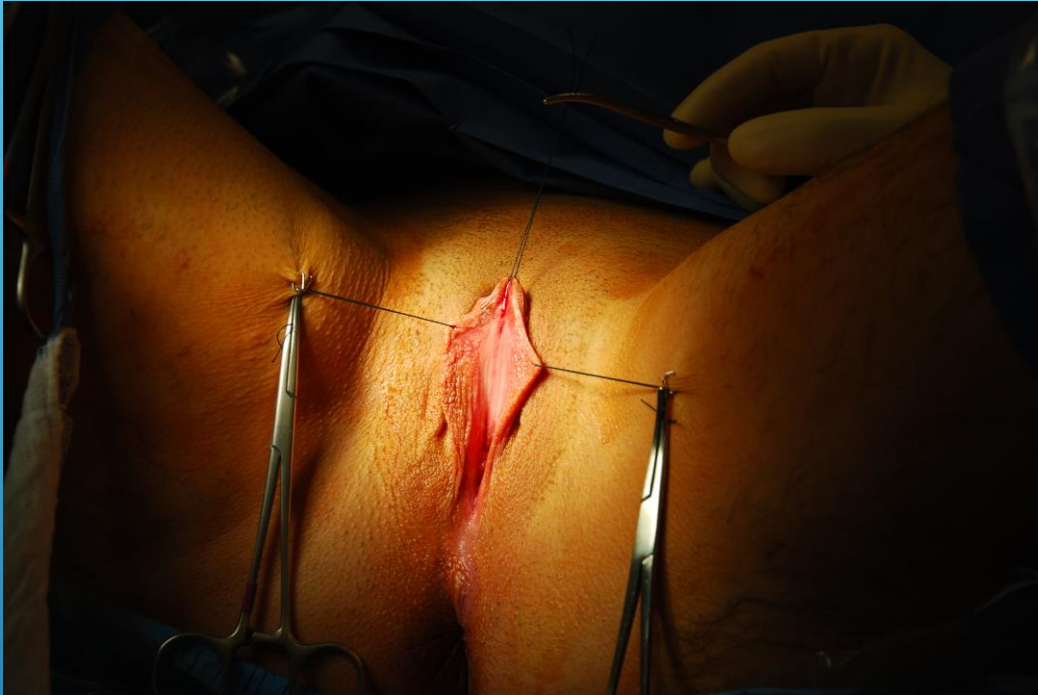


## STEP 5: TUBULARIZE THE URETHRA/PENIS, CREATE CORONA

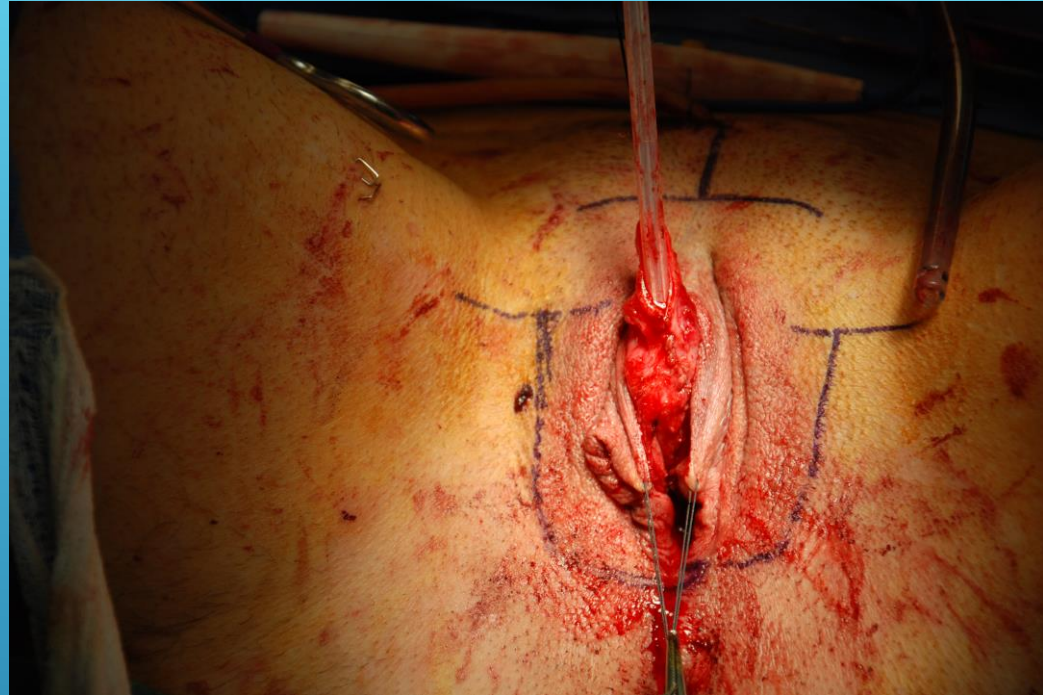
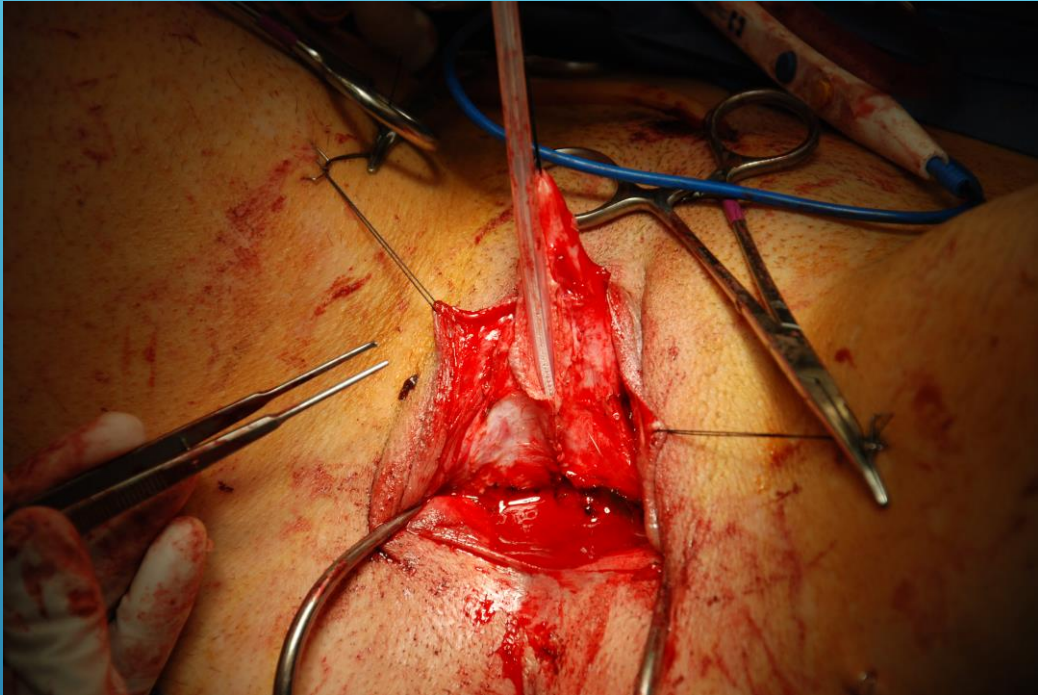


STEP 6: CLOSE THE ARM WITH LOCAL TISSUE FLAPS AND THIGH STSG. COVER WITH WOUND VAC.



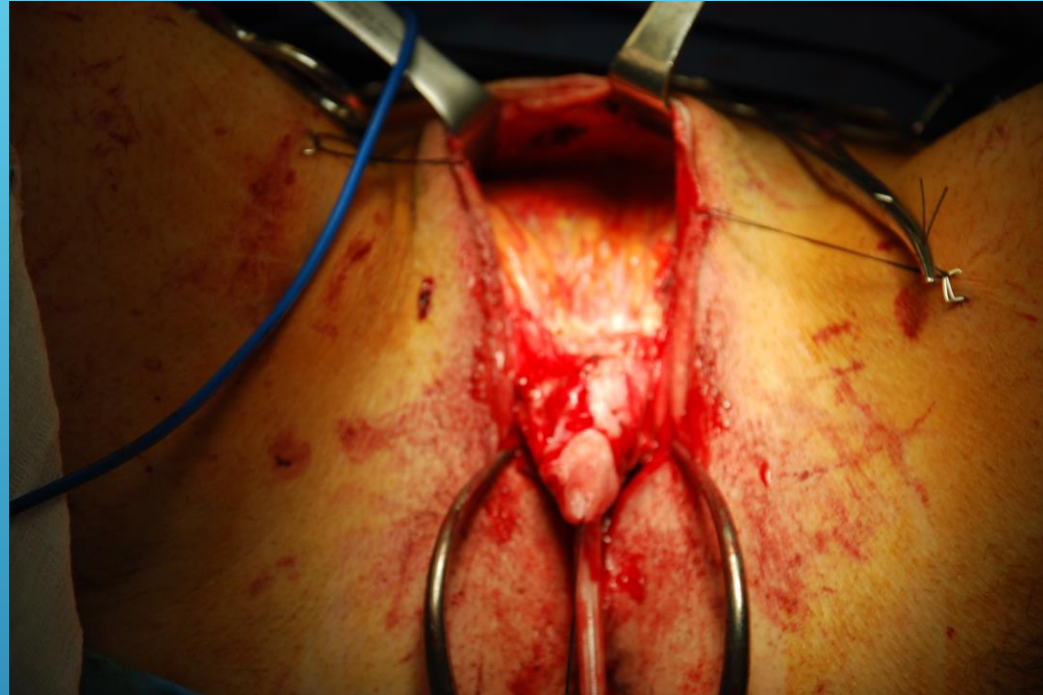
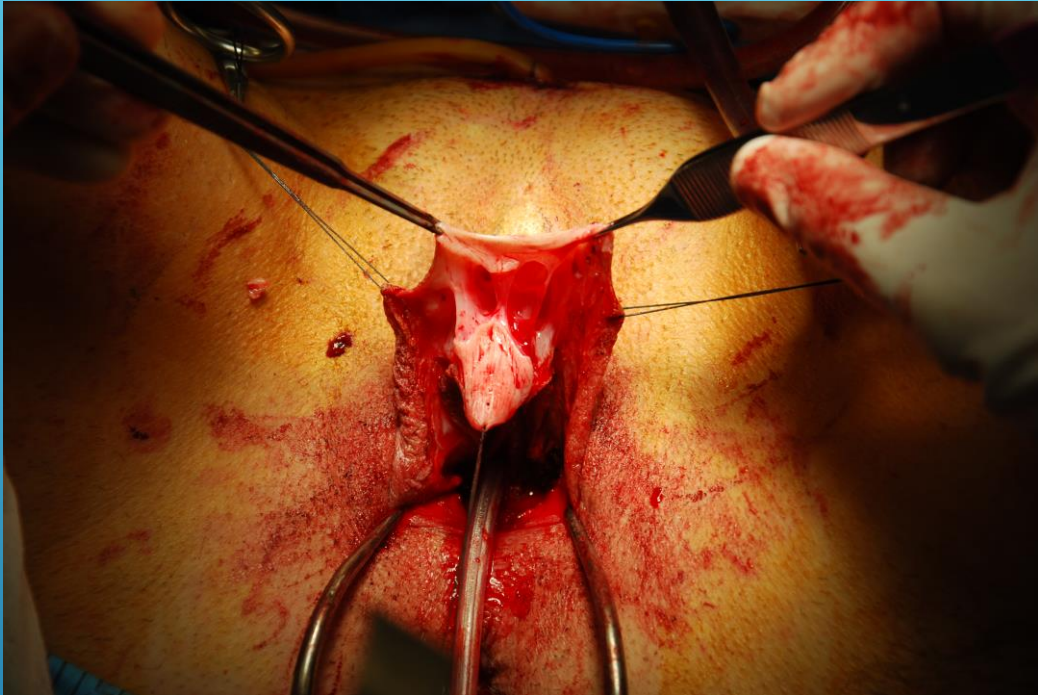


## STEP 7: (BUT SIMULTANEOUS) VAGINECTOMY

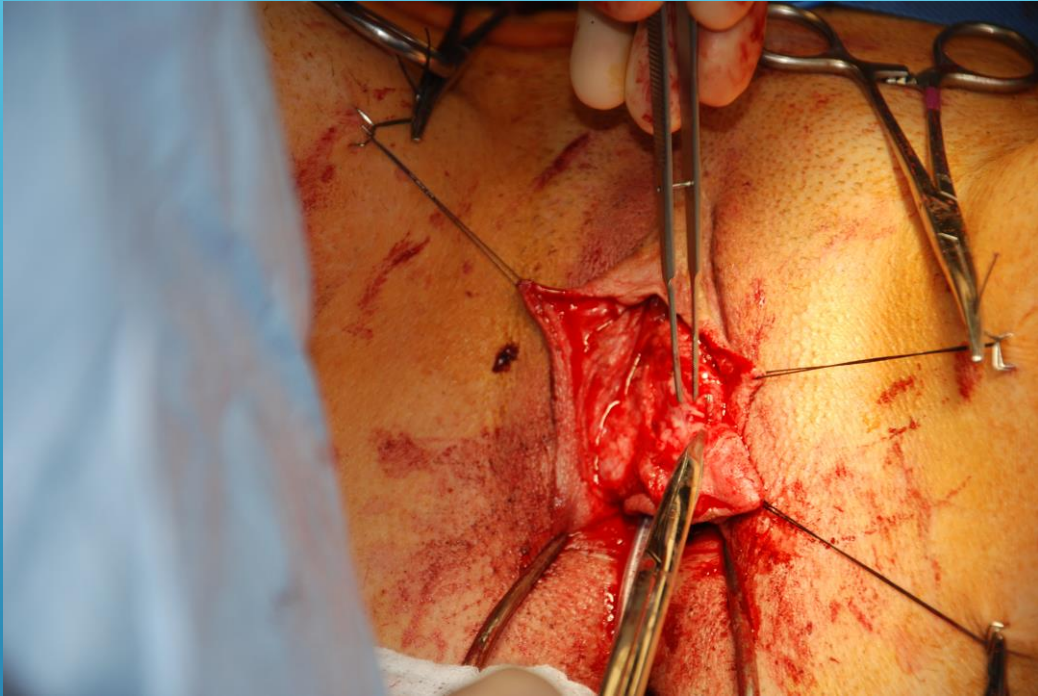


## STEP 8: FREE UP THE CLITORIS, URETHRAL LENGTHENING



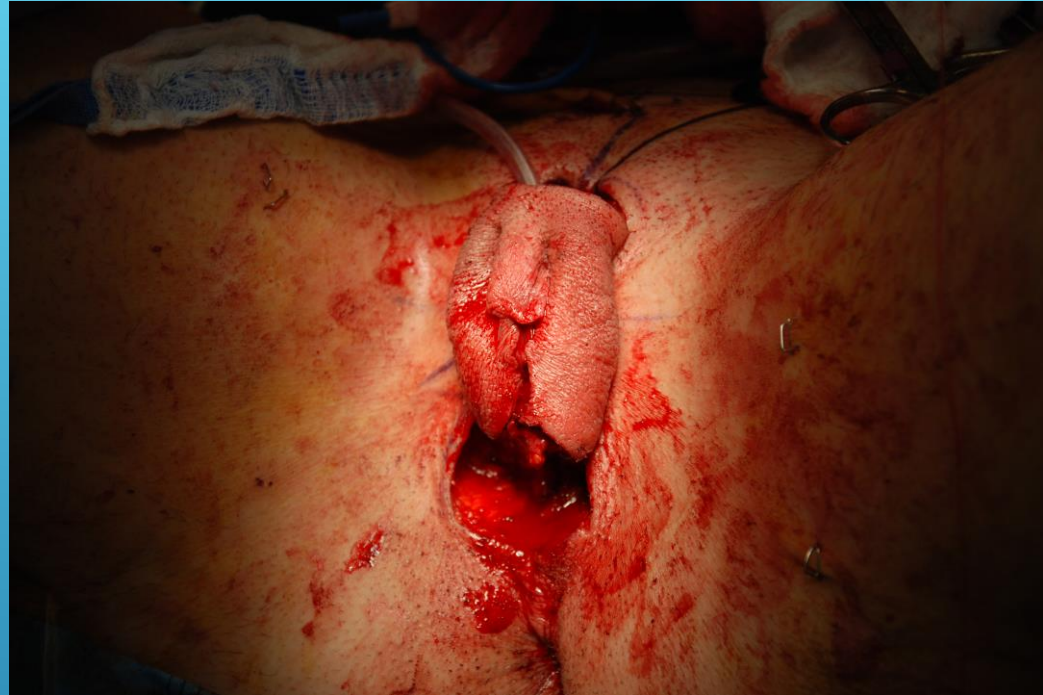


## STEP 9: CLITORAL REDUCTION AND CREATION OF NEOPALLUS BASE



## STEP 10: FIND AND EXPOSE A CLITORAL NERVE





## STEP 11: CREATE NEOSCROTUM



## STEP 12: MICROVASCULAR ANASTOMOSIS OF ARTERY/VEIN. CONNECT NERVE

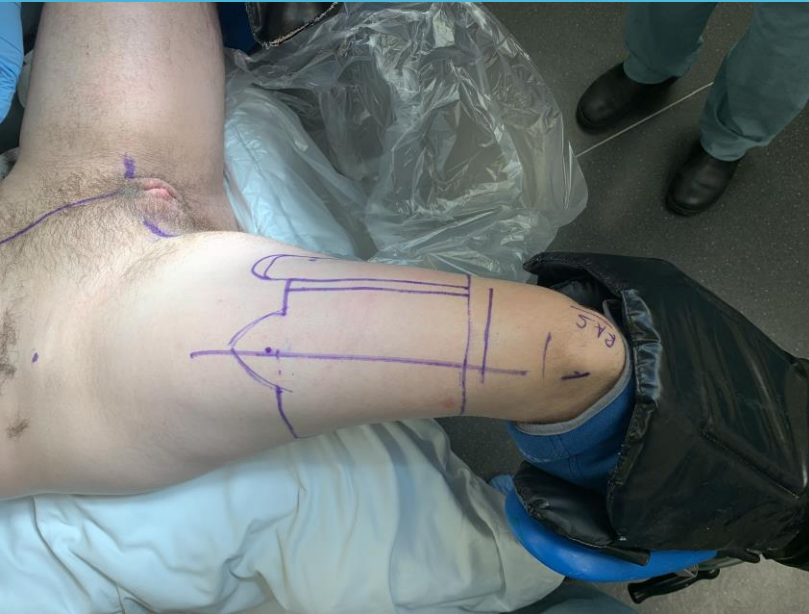




Voilà

QUICK INTRO TO ALTERNATE METHOD:  
ANTERIOLATERAL THIGH FLAP  
PHALLOPLASTY (ALT="LEG")

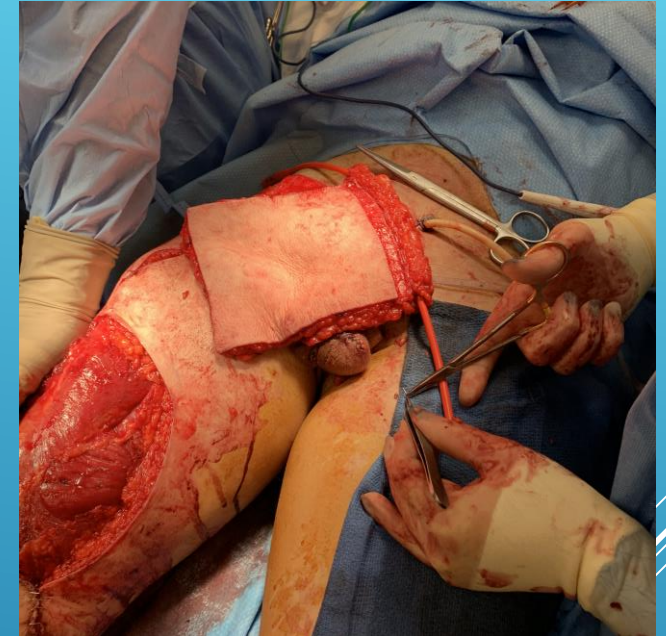
Mark



Free up  
pedicle



Make  
urethra



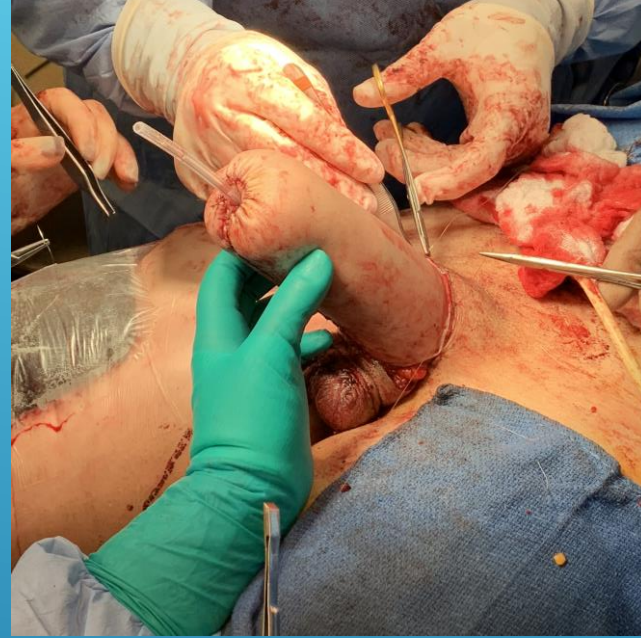
ALT



Move under muscles



Inset (affix) in place



ALT STEPS

# NEOPHALLUS CAN BE MADE WITH LATISSUM DORSI FLAP TOO IF DESIRED

Good for those who want NO visible scar.

We try to avoid this as all if its performance characteristics seems worse than ALT (leg) or RFF (arm)