

## Frequently asked questions

Q. Why would I need more than one incision for this stage of phalloplasty?

A. The cylinder(s), control pump, and testicular prosthesis are placed through the incision in the groin (first incision). The abdominal incision is also made **if the reservoir could not be placed in the first incision**, therefore facilitating its placement.

Q. How does an IPP work as an erectile device?

A. An inflatable cylinder is put into the phallus during surgery. When the cylinder is inflated, the phallus becomes rigid (allowing for an erection). The cylinder creates rigidity of the phallus, but ability to penetrate a partner may depend on your anatomy and theirs.

Q. How do I use the penile implant?

A. You will find the control-pump mechanism located in your scrotum. Compress (squeeze) the pump to allow fluid to move from the reservoir into the cylinder. To deflate the cylinder, press the second button on the control pump. You will **learn how to use the device at your 6 week post-operative visit**.

\*Note: you will be able to feel the material of the implant inside your penis when it is deflated (soft).

Q. How long do I have to wait between stage 3 and the previous stages of phalloplasty?

A. All soft tissue must be healed from prior stages before inserting the erectile device (and testicular implant). To allow healing time, there is usually about **6 months between stage 2 and stage 3 of phalloplasty**. This length of time also allows for sensation to return in the donor site tissue. This lowers the risk for post-surgical complications, including migration of the penile implant out of proper positioning.

## Notes

### Mass General Brigham

<https://www.massgeneralbrigham.org>

### Department of Urology

<https://www.brighamandwomens.org/surgery/urology>

### Brigham Center for Transgender Health

<https://www.brighamandwomens.org/transgender-health>



# Penile prosthesis after phalloplasty

## What is phalloplasty, and what is included in the 3<sup>rd</sup> stage of the procedure?

A **phalloplasty** is a reconstructive surgery performed to **create a penis (neophallus) and scrotum from existing tissue, such as the forearm or thigh**. This is completed during the first and second stages of the procedure. The third stage is the final stage. It consists of:

- Insertion of 1 cylinder into the phallus
- Insertion of **erectile device pump** into one of the scrotal pockets
- Insertion of **erectile device reservoir** into abdomen
- Insertion of **testicular implant** into other scrotal pocket (optional)

The third stage of phalloplasty facilitates erection for penetrative intercourse. This is accomplished by inserting an erectile device, otherwise known as an **inflatable penile prosthesis (IPP) or penile implant**.

It is important to remember the neophallus is anatomically different than a phallus in cis-man.

As a result, the IPP may **appear different** from those inserted for erectile dysfunction in cis-men. Speak with your surgeon regarding any concerns.

## What are the risks?

Potential complications may include:

- Bleeding (small risk)
- Reduced sensation (feeling) in the penis (rare)
- Chronic pain or discomfort (rare after recovery)
- Change in shape (i.e., curvature, indentation of neophallus)
- Injury to urethra (most common), bladder, intestines, or other internal structures (due to body region of operation).
- Mechanical failure (device malfunction)\*
- Infection\*
- Device erosion or migration\*

\*May require device removal/replacement

Please note that the risk of complication is **increased for IPP implantation for a neophallus** than in a cis-man. Ask your surgeon if you have any questions about potential complications.

## Preparing for surgery

- You will meet your surgeon and talk through the operation at a **pre-operative appointment** before surgery is scheduled.
- Pre-operative care will include a **physical examination** (for surgical planning) and a **urine culture test** (as you may **not** proceed to surgery with a **urinary tract infection**).
- It is important to maintain a healthy weight and to avoid smoking before surgery.
- You will have a phone consultation with an anesthesiologist. You will receive instructions of medications to take before surgery.
- Please let your surgeon and anesthesia know if you take any **blood thinning medications**. These are typically stopped **7-10 days prior** to surgery, however, follow directions of your care team. You will be instructed on when to restart these after surgery.
- **After midnight on the night before surgery, you may not eat any solid foods**, including candy, chewing gum, cough drops or mints. Follow instructions of the anesthesia pre-op clinic about taking your morning medications on the day of surgery.

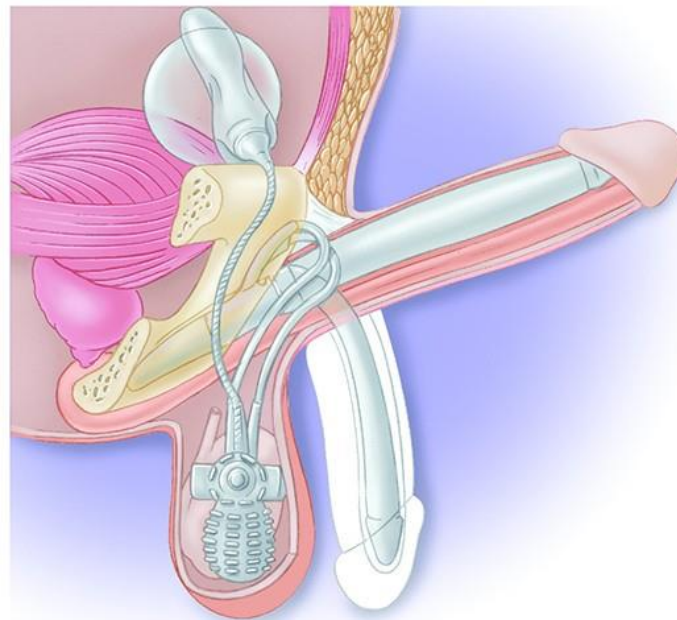


Diagram of an IPP

## What to expect

- IPP insertion usually takes **2-3 hours**. You will be put under anesthesia, which means you will be deeply asleep and will not feel anything during the procedure.
- The IPP will be implanted through an incision in the **groin**, to the side of the penis and scrotum. Some cases also require a second incision for reservoir placement, in the lower **abdomen**.
- The IPP is carefully placed inside the phallus to avoid injuring critical structures, including the urethra and blood vessels.
- Once the procedure is over, you will be brought to the **PACU (Post-Anesthesia Care Unit)** to allow the anesthetic to wear off.
- **Plan for support during recovery in the next 1-2 months following surgery.**

## After your procedure

- You will be admitted for a short hospital stay, typically lasting **one** night.
- You can eat and drink as soon as you are completely awake from anesthesia.
- You will receive **IV antibiotics** to lower risk of infection.
- A catheter is placed during surgery, but is removed at the end of the procedure.
- **Walk** as soon as you can after surgery. Walking is beneficial for recovery.
- For **4 weeks** after surgery, you should not lift objects greater than **20lbs**. We also advise avoiding strenuous activity and activities that place pressure on your incision(s).
- You should plan to be out of work for **at least 1 week** following surgery. Timing depends on work activity requirements.
- Non-absorbable sutures are used on the skin, and will need to be removed at the 2 week post-op visit.
- You **cannot** use the device directly following your procedure. You should **allow 6 weeks for adequate healing** before sex and device use. At this time, you will have a follow-up appointment.