Female to Male PHALLOPLASTY Surgery:

• What is Phalloplasty?

Phalloplasty refers to the type of plastic surgery performed to construct the new penis or the phallus. Phalloplasty surgical procedure is well-regarded amongst the transgender patients who are undergoing Female to Male Gender Reassignment or Sex Change Surgery. In Phalloplasty, tissues from distinct parts of the body are used; typically the forearm skin and fat, abdomen or thigh tissue; back or groin tissues can also be utilized for the construction. This procedure displays an anatomical neopenis which allows erogenous physical features. The surgical technique also permits the reconstruction of an anatomical penis for those patients who have lost their penis or suffer from a rare type of phallus malformations.

• Aims

The main aim of Female to Male gender reassignment by Phalloplasty surgery is to shape a male body, with realistic looking external genitalia which functions as naturally as possible. The removal of visible and invisible female parts is also desirable. The genitalia should allow normal urinal discharge as a male (i.e., urinating from a standing position) and satisfactory sexual sensation. After Phalloplasty, the patient should be able to perform penetrative intercourse along with achieving orgasm.

• Stages of Surgery

Complete Female to Male genital transformation is executed in steps. The staging of Phalloplasty varies greatly depending on the techniques and recovery of the patient. Usually, the first stage includes a Vaginectomy (vaginal closure), Phalloplasty, Scrotoplasty (scrotum formation).Urethral lengthening and Glansplasty (shaping of the glans) may be performed at the beginning or as a subsidiary procedure depending on the selected flap. Testicular implants and a penile prosthesis are placed at a third or fourth stage. Here, the Phalloplasty surgery can be split into four manageable phases.

Stage 1 –Formation of the phallus

In Vaginectomy, the internal female genitalia (uterus, fallopian tubes, and ovaries) and external female genitalia (vagina, vulva) are removed. For the main Phalloplasty, using free flap tissues a penis with anatomical dimensions is shaped and transported to its recipient area; through the microscope arteries and veins are sutured, which bring blood vessels and nerves that provide with erogenous sensitivity. Depending on the technique, sensory nerves from the clitoris and groin area may be joined to nerves in the flap. The clitoris is usually buried under the base of the phallus, due to which the physical sensation is retained.

Duration of Procedure: 7 to 10 hours. The patient needs to stay at the hospital for 2 to 3 weeks.

Recovery time: 10 to 20 days

Stage 2 –Formation of the urethra

The urethra is connected to the native urethra by Urethroplasty. For urethral lengthening in the first few centimeters, a graft of the anterior vaginal wall and a flap of non-hairy labia is shaped like a tube and sutured to the urethra previously created in the phallus. To maximize the sensation of the organ, the sensory nerves are also sewn together, is tunneled up to the tip of the phallus with the bottom end being adjacent to the clitoris.

Stage 3 –Glans sculpting, Testicular prosthesis

Glansplasty refers to the shaping of the head of the neophallus to replicate a circumcised penis. Scrotoplasty involves scrotal/testicular construction. The labial tissues are used for scrotum creation, and testicular implants are used to simulate testicles. Testicular implants can also be placed into the labia majora if Scrotoplasty is not preferred.

Duration of Procedure: 1 -2 hrs. You are allowed to go home on the same day, though if you wish you may stay overnight.

Stage 4 –Penile prosthesis

Around nine months after Phalloplasty, a penile implant might be inserted into the phallus to make the penis erectile and to provide axial rigidity/stiffness for penetrative intercourse. The nine-month waiting time allows the nerves to grow and heal along the phallus and decreases the risk of implant erosion.

Duration of Procedure: 1 to 2 hrs. Patient needs to stay for about 1 to 3 days

Recovery Time: Back to work in 2- 5 days. Strenuous activities in 4- 6 weeks. Sexual activities after eight weeks.

• Technique

There are many different techniques for Female to Male Phalloplasty surgery. The most common and widespread approach for constructing penis is a Free Flap Phalloplasty which utilizes donor tissue sites or the skin flaps from either the Radial forearm (RF), the back or torso (Musculocutaneous Latissimus dorsi – MLD), or the outside of the thigh (anterolateral thigh – ALT). These skin flaps heal finely with positive sensation due to resilient blood supply and stimulation. The other flaps which can be utilized are Lateral Arm flap, Para scapular flap, Fibula free flap, etc. The selection of method is determined by the individual’s physique and desires. All techniques have specific benefits and drawbacks, according to the range of donor tissue area (location of the flap from where it is transplanted).

The most widely used free flap technique for Phalloplasty surgery is the Radial Forearm Flap (RF). It remains the most popular option of Phalloplasty amongst patients having a large body structure. The procedure can be easily performed in case of a massive forearm. However, it is not suitable for those patients who have thin and small forearm as it results in the small-sized penis and thus, raises complications for safe insertion of a penile implant. Skin harvesting from the forearm is the simplest to carry out since the donor area is thin, supple and having low fat which allows the flap to be tubed and shaped into a penis quickly, and the relatively hairless skin with rich nerve network provides erogenous sensation and allows urethral reconstruction in a single stage. The drawback of this procedure is the residual scar of the skin graft on the forearm from where the skin has been taken out to create the phallus. Some patients take help of tattoos or sleeve to cover up the scar. The radial forearm donor site can be sealed using a split-thickness skin graft transplanted from the abdomen, thigh or buttocks. The patients might encounter reduction of grip strength at the donor site.

In Anterolateral Thigh Phalloplasty (ALT) the donor site is the thigh or around the leg. ALT Phalloplasty causes minor wounds and markings than that of the forearm; thus for the patients who desire less visible scars, it stands as a perfect choice. The thickness of thigh skin and its subcutaneous fat is a determining factor if the ALT flap is preferable for Phalloplasty. Most patients can expect to have the operation involving the construction of the new penis (phallus), scrotum construction and nerve connection at a single stage. Urethral lengthening (UL) to the head of the phallus is obtained mostly in one step, but patients with a thick layer of fat in thigh may need two stages for the UL. In this case, the first phase consists of the creation of the phallus, elongation of the urethra to the base of the neopenis. About four months later the phallus is exposed on the underside, and a flap or graft is utilized to form a urethra. The surgical wound is masked with skin graft of split thickness. Most patients lack the need for testicular implantation, but the patient could be inserted penile implant for penile stiffness after 6-12 months when there is full nerve healing, and Glansplasty is performed. Glansplasty is not conducted at first stage Phalloplasty because of a less dense nerve network with the comparison to the RF flap. Hair removal from the ALT flap is required before Phalloplasty.

Musculocutaneous Latissimus Dorsi Flap (MLD) utilizes the back muscle segment for fabrication of penis. This technique formed a straight and stretched scar which runs against the arm’s underside (chest’s lateral side) to the small of the back or dorsal region. In most cases, the donor site can be closed with the incision; sometimes a split-thickness skin graft is required. Patients select this donor site because of the less visible scar, but this flap has motor nerve connection and not a sensory nerve connection. Due to this difference, patients with a thigh or forearm flap surgery tend to receive better sensation. MLD Phalloplasty is a comparatively modern procedure and has many improvements above conventional technique which involves: concealed scarring, hairlessness, enhanced aesthetics by color and minimal functional loss after removal of the flap. It possesses reliable and relevant anatomy to fulfill the aesthetic and functional needs for the formation of the phallus. Phalloplasty using this flap is performed in 3 stages and many times requires buccal mucosa (lining of the inside of the cheek) graft for urethral reconstruction.

Free Fibula flap technique of Phalloplasty provides a good alternative for those patients who desire self-penile rigidity with the bone. This surgical method presents several benefits such as there is no requirement of penile implantation or stiffener for the functioning of the penis. Also, there is less prominent scarring which can be easily covered with the trousers. Limitations of Fibula Free Flap Phalloplasty includes penile length limitation, need to perform pre-fabrication of the urethra from skin graft 6-8 months before the primary surgery, and prolonged recovery time (3-6 months). Also, the urethra connection needs to be performed in a separate operation. Secondary surgery is needed for slimming down the penis. The skin of the flap requires hair removal before surgery, or the patient may also choose to shave post-operation to boost appearance. Some patients might experience functional loss at the donor area such as ankle instability while standing on one leg, as well as discomfort when running.

• Results

With precise planning and implementation, the Free Flap Phalloplasty gives an excellent outcome in the form of a long thick penis which attains arousing sensations over the next few months. The nerves lead to a sensate and aesthetically satisfactory penis over a period of 6 to 9 months, although the clitoral tissue underneath the penis base imparts erogenous sensation starting since early postoperative time. The results last permanently; however, the penile and testicular implants may require replacement over the period of time.

• Schedule your Consultation

Need to make your external body resemble your inner or true self? Schedule your consultation with Dr. Narendra Kaushik or for more information on Female to Male Transgender Surgery, Call us at +91 96500 23401 or email us at info@transgendersurgeryworld.com and we will get reach out to you to fix an appointment. During your consultation, Dr. Narendra Kaushik will analyze and discuss the options, benefits, and limitations of Gender Correction Surgery with you. To add, you will receive detailed information about costs and recovery process. At Olmec, we target to assist you in making the most informed decision possible about whether or not the Gender Correction Surgery is the perfect choice for helping you to obtain aspired results.