

TRANSGENDER SURGICAL PROGRAM

AT MGH

WELCOME

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WELCOME

At the Massachusetts General Hospital, the Division of Plastic and Reconstructive Surgery works with the Transgender Health Program to provide gender-affirming surgical care. Our program offers several gender-affirming surgical procedures, and the Transgender Health Program also offers primary care services and gender-affirming hormone therapy. We will work with you to develop a safe and comprehensive surgical plan that aligns with your goals. Please keep in mind that, depending on your procedure, the process can be lengthy. We ask for your patience while we work with you to ensure that, together, we complete all pre-operative and insurance-related requirements. You can contact the MGH Transgender Health Program at 617-643-7210. If you have questions regarding the surgical process, you may talk to us on the phone or send us a message via patient gateway. We will help you navigate through this process and look forward to meeting and working with you!

WHO WE ARE

Clinical Staff

Leah, RN – Dedicated Gender-Affirming Surgery Program Surgical Nurse

Candace Nguyen – Surgical Program Coordinator

Heather Parker, NP – Nurse Practitioner with Plastics and Reconstructive Surgery

Surgeons

William “Jay” Austen, Jr. MD, FACS - Top Surgery

Branko Bojovic, MD - Facial Feminization, Facial Masculinization

Eric Fjeld – Scheduler for Dr. Bojovic

Curtis Cetrulo, MD - Phalloplasty, Metoidioplasty, Top Surgery

Ariella Bernkopf – Scheduler for Dr. Cetrulo

Richard Ehrlichman, MD - Top Surgery

Mary Little – Scheduler for Dr. Ehrlichman

Milena Weinstein, MD –Vaginoplasty, Vaginectomy, Hysterectomy

Jonathan Winograd, MD - Vaginoplasty, Top surgery

Jenn McGonagle – Scheduler for Dr. Winograd

Anton Wintner, MD – Phalloplasty, Orchiectomy, Vaginoplasty

REQUIRED STEPS

1. Consultation with the Transgender Health Program

Before we schedule a consult with your surgeons, we have new patients meet with a general provider in the Transgender Health Program. In this visit, the doctor will ask about your medical and surgical history, answer any questions you may have about the surgical process, and ensure that documentation, such as letters of support, are in place. This visit helps us ensure that no issues arise farther down the line, either medically or with your health insurance. If the doctor identifies any concerns, they may refer you for testing or to another specialist or have your follow-up with your primary care provider.

2. Letters of Support

Before proceeding with a surgical consult, we need two letters of support written by licensed behavioral health providers (Therapists, social workers, psychiatrists, psychologists, etc.) to be on file per WPATH standards of care and insurance requirements. You can fax us your letters at 617-724-7126 or email them to us at MGHTransHealth@mgh.harvard.edu. If you have patient gateway, you can also send letters to us that way. If your letter-writers have any questions about writing these letters, let us know – we can make sure the letters will meet all requirements. Please also let us know if you need help finding a provider to write a letter for you – we may be able to help.

3. Surgical Consultation

Once a Transgender Health Program provider has determined you're ready for a surgical consultation and we've received your letter(s) of support, the Transgender Health Program will refer you to the surgeons' office. Then they will reach out to schedule an appointment. You will likely meet with multiple surgeons, including from Urology and Gynecology.

4. Hair Removal

Hair removal may be required, depending on which flap you choose for your phalloplasty. Your surgeon will discuss this with you during your initial consultation. If you have any questions about hair removal, you can contact Leah or Candace.

5. Schedule Surgery Date

Once you and your surgical team have developed a safe surgical plan that aligns with your goals and you've completed all other requirements, it is time to schedule an OR date! It is important to note that due to the complexity of this type of surgery, we will ensure you are medically stable and the whole team agrees with a safe and detailed plan before proceeding with surgery.

CHECKLIST

- ☐ One year on Hormone Replacement Therapy
- ☐ Pre-surgical assessment with the Transgender Health Program (___/___/___)
- ☐ Two letters of support from mental health providers on file
(#1 ___/___/___) (#2 ___/___/___)
- ☐ Once confirmed, surgical consult
 - A. Plastics (___/___/___)
 - B. Urology (___/___/___)
 - C. Gynecology (___/___/___)
- ☐ Hair removal completed and plastic surgery department notified (if required)
(___/___/___)
- ☐ Schedule surgery date
- ☐ Pre-operative phone call and COVID test (___/___/___)
- ☐ Surgery! (___/___/___)
- ☐ Post-operative visit with the surgical team (___/___/___)

PHALLOPLASTY OVERVIEW

Phalloplasty is the surgical creation of a penis. It is a multi-staged surgery that can include a variety of different procedures, depending on your goals. These procedures can include the creation of the penis, urethral lengthening so you can stand to pee, clitoral nerve hook-up for erogenous sensation, creating the glans (tip) of the penis, removal of the vagina, creation of the scrotum, and/or erectile and testicular implants. Dr. Cetrulo works with Dr. Wintner (Urology) to lengthen the urethra and Dr. Weinstein (Obstetrics & Gynecology) to perform a hysterectomy and vaginectomy. Dr. Cetrulo offers a variety of donor sites, including radial forearm flap (RFF), anterolateral thigh flap (ALT), musculocutaneous latissimus dorsi flap (MLD), and staged abdominal flap. Our team usually performs the RFF, ALT, and MLD flaps in two stages of major surgery. The staged abdominal flap is usually 3-5 (or more) less complex day surgeries. As there are various options for procedures and flaps, it is essential to discuss your goals and desires with the surgeons. They will work with you to formulate a safe surgical plan.

WHAT ARE THE DIFFERENT FLAPS?

Your specific phalloplasty surgery will depend on your personal goals. Dr. Cetrulo works with Dr. Wintner and Dr. Weinstein to offer hysterectomy, vaginectomy, urethral lengthening, and erectile devices. Our expert team can perform nerve hook-up with each flap. Dr. Cetrulo will discuss the specifics of your desired flap with you during your surgical consultation.

Radial Forearm Flap

This flap uses a large skin graft from your forearm. Surgeons will use this tissue to make both the urethra and the shaft of the penis in a tube-within-a-tube structure. Then they take a skin graft from another part of the body to cover the donor site. Urethral lengthening, vaginectomy, and scrotoplasty typically occur at a second stage. In a subsequent procedure, our team can implant an erectile device. This surgery requires hair removal.

Anterior Lateral Thigh Pedicled Flap

The ALT flap uses a large skin flap from your thigh. During the procedure, surgeons will use the skin, blood vessels, and nerves from your thigh to create the penis and urethra. A skin graft from your other thigh is used to cover the donor site. It typically requires at least two stages. This surgery requires hair removal.

Musculocutaneous Latissimus Dorsi Flap

The MLD flap uses a portion of skin from the side of your back to create the penis. This flap takes some skin, muscle, blood vessels, and arteries from the donor site. It usually involves two stages. Generally, this surgery does not require hair removal.

Staged Abdominal Flap

The staged abdominal flap uses a donor site from the right side of your abdomen. It is a staged procedure that requires at least four less complex surgeries to complete. It can be performed with or without urethral lengthening and vaginectomy depending, on your personal goals. In a subsequent surgery, our team can implant an erectile device. This surgery does not require hair removal.

WHAT TO EXPECT-PHALLOPLASTY

As the various types of phalloplasty procedures widely vary, please consider the following as general instructions to give you an idea of what to expect. You will receive post-operative instructions specific to your procedure at the time of surgery. Our team will review your personalized instructions with you before you return home. If you have any questions, please call your surgeon's office.

Hospital Stay

- This varies widely depending on which flap you choose and whether you desire UL or vaginectomy.
- MLD, ALT, and RFF flaps typically require an extended inpatient hospital stay.
- The staged abdominal procedures are either done as day surgery or only require overnight observation.

Dressings and Wound Care

- Again, this varies depending on which flap you choose and which procedure aligns with your personal goals.
- Wound care usually involves minor dressing changes, which will be reviewed with you in specifics at the time of your surgery.
- You will likely have drains in place for several days after surgery.
- If you undergo urethral surgery, you will likely go home with a foley catheter and suprapubic tube.
- Take care to keep incisions as clean and dry as possible. After showering, pat your incisions dry or allow them to air dry.

Movement and Use

- No heavy lifting or strenuous activities for six weeks.
- Walking is encouraged and should be started once you get home.
- Walk for 10 minutes four times a day, even if it's just up and down the hallway. Listen to your body and your pain level.
- For the first few weeks, you may walk slightly hunched over with a shuffling gait, which will improve with time.
- You will need to take some time off of work for recovery, depending on what level of physical activity your job involves.

MGH Transgender Surgical Program

Phalloplasty

Mental Health

- It is difficult to predict the way that surgery will affect an individual's mental health.
- The staged nature of phalloplasty, particularly the abdominal flap, is a long process and may introduce some emotional distress during the in-between stages.
- It is important to have a support system in place, consisting of people who are aware that you are undergoing surgery, including any mental health providers you may be working with.
- If you experience a decline in your mental health or any emotional distress throughout the process, please let your surgeon know as we may be able to connect you with resources within the community.

Pain Control and Medication

- You will likely be prescribed pain medications. Take them as needed for pain. As your pain decreases, you will be able to reduce the use of the narcotic pain medication and control pain with Tylenol only. Do not exceed 4 grams of Tylenol daily.
- Narcotic medications often make people constipated. Please take a stool softener (Colace) while taking narcotic medications. You may also use other over-the-counter stool softeners.
- Do not drive or operate machinery while taking prescription pain medication.
- Unless approved by your surgeons, do not take Ibuprofen, Aspirin, Aleve, Naproxen, or Motrin for two weeks after surgery, as it may lead to bleeding.
- If you have drains in place, your surgeons will prescribe an oral antibiotic. Please complete the entire course of prescribed antibiotics.

Follow-up Routine Care

- We will see you in the plastic surgery clinic for your follow-up appointments. The frequency will vary on how well you are healing.
- If you have a hysterectomy, vaginectomy, or urethral lengthening, you will need to follow up with those surgeons.

Smoking Cessation

- Nicotine and cigarette smoking interfere with wound healing. Secondhand smoke exposure also exposes you to nicotine. Therefore, we highly recommend that you remain nicotine/smoke-free for six months after surgery.

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Phalloplasty

Questions and Concerns

- If you experience fever greater than 100.4 degrees, inability to keep down fluids for >24 hours, foul-smelling drainage from your wounds, uncontrollable pain, or any other concerning symptoms, call our office at 617-726-1915.
- If it is an evening or weekend, call our office at 617-726-2000 and ask to speak with the on-call Plastic Surgery resident.
- If you are unable to reach us, please come to Massachusetts General Hospital Emergency Room if feasible otherwise, please go to your nearest hospital.

HAIR REMOVAL

Depending on which donor flap you choose, the procedure type may require hair removal beforehand. For RFF, you will need to remove 7 inches around the entire forearm, from your wrist to the bend of your elbow. For ALT, you will need to remove approximately 9x8 inches on the front of your thigh, starting 2 inches above the knee cap. This area should extend up to the groin/thigh crease. You can find a list of trans-affirming hair removal providers in your area at transcaresite.org.

Electrolysis removes individual hairs, one by one, using electrical currents that destroy the hair follicles. Typically, you will need 5-8 treatments over six months.

Laser hair removal uses an intense, pulsating beam of light to remove unwanted hair. A laser beam passes through the skin to an individual hair follicle. The intense heat of the laser damages the hair follicle, which inhibits future hair growth. Laser hair removal works best for dark, coarse hair. Typically, you will need six treatments over six months. Even if it appears the hair is gone after only a few treatments, you need to follow through with as many sessions as recommended to ensure there is no regrowth in the future. MGH Dermatology offers laser hair removal.