Clitoral Release

A summary for primary care providers

This summary provides information to facilitate discussion of transition-related surgery between primary care providers and patients. It is not exhaustive and does not replace the informed consent process between surgeon and patient.

DESCRIPTION

A penis is created with the enlarged clitoral tissue. Ligaments around the clitoris are cut, giving the clitoris a longer shaft, which creates a penis. There is no change to the natal urethra (ie there is no urethral lengthening).

Some surgeons use the term "**metoidioplasty without urethral lengthening**" as equivalent to "**clitoral release**".

INTENDED RESULTS

- ✓ **Reduces gender dysphoria by aligning anatomy with gender identity**
- ✓ **Creation of a penis, +/- scrotum and testicular implants**
- ✓ **Fewer complications/less scars than phalloplasty (e.g. no forearm scar)**
- ✓ **Greater chance at maintaining erogenous sensation in the new penis, compared to phalloplasty**
- ✓ **Not able to void standing**

SIDE EFFECTS

- ○ **If vaginectomy and scrotoplasty are desired, hysterectomy + BSO are required, resulting in infertility**
- ○ **Penis is usually not large enough for insertive penetrative sex**
- ○ **Inability to have receptive vaginal sex if vaginectomy is performed**

SURGICAL TECHNIQUES AND OPTIONS

- An enlarged clitoris results from testosterone therapy
- Ligaments around the clitoris are cut, releasing it from the pubis, giving the shaft more length, thus creating a penis
- Some surgeons may offer vaginectomy/scrotoplasty/ testicular implants in labia major depending on patient preference and hysterectomy + BSO status (depending on the surgeon this make take place concurrently or in stages)
  Vaginectomy: removal of the vagina (colpectomy) or closure of vagina (colpocleisis)
  Scrotoplasty: creation of a scrotum and insertion of testicular implants
- There is no urethral lengthening - the native urethra is left unchanged
- Surgical techniques vary by surgeon

SURGICAL RISKS AND COMPLICATIONS OF CLITORAL RELEASE

- **Changes in sensation of penis:** decreased sensation, tenderness or hypersensitivity
- **With scrotoplasty and testicular implants:** infection, extrusion, poor/uncomfortable positioning
- **Dissatisfaction with appearance and/or function of genitals** (size, shape, function of penis, scrotum)

ALTERNATIVE TREATMENT OPTIONS

- Metoidioplasty, which lengthens the clitoris with urethral extension (able to void standing)
- Phalloplasty

POTENTIAL RISKS/COMPLICATIONS COMMON TO MOST SURGERIES

Risks are increased with smoking, immunosuppressant drugs, clotting disorders, conditions that impair healing, BMI <18.5 or >30

- Bleeding
- DVT, PE (blood clots in legs, lungs)
- Injury to surrounding anatomical structures (organs, nerves, blood vessels)
- Hematoma (collection of blood)/ seroma (collection of fluid)
- Infection/abscess (collection of pus)
- Wound dehiscence (wound opening), delayed healing
- Nerve damage, loss of sensation, hypersensitivity, neuropathic (nerve) pain
- Chronic pain
- Scarring (can be prominent especially if history of keloid)
- Dissatisfaction with appearance/function
- Need for revision(s)
- Post-operative regret

General Anesthetic Risks:

- Respiratory failure
- Cardiac failure/arrest
- Death
- Damaged teeth
- Aspiration pneumonia
- Nausea/vomiting

PRE- AND POST-OPERATIVE CARE

PRE-SURGICAL CARE

PRE-SURGICAL CONSIDERATIONS

- Consider referral to the Sherbourne Health Centre ARC (Acute Respite Care) if socially isolated, under-housed or homeless
- Testosterone administration is needed to enlarge clitoris (most surgeons will require at least 1-2 yrs)
- If considering scrotoplasty, requires an earlier total hysterectomy + BSO to allow for vaginectomy
- Smoking cessation is strongly recommended both pre-op and post-op to optimize wound healing
- Follow surgeon's advice on time periods to avoid smoking, alcohol and other substances
- Off work for several weeks (depending on the type of work)
- Limit physical activity for 6 weeks
- Full recovery may take up to 3 months

Each surgical centre has a routine pre-operative process, patients should ask their surgeon what to expect

Hospitals tend to have standard pre-operative processes which may include:

- Pre-admission visit to review health history and provide teaching (pre/ post-op care)
- Anesthesia and/or medicine consult may be required, depending on health history
- Anesthesia will discuss:
  - which medications to stop and when
  - anesthetic approach and risks
  - pain control measures

POST-SURGICAL CARE

INTERMEDIATE POST-OPERATIVE CARE

Follow surgeon's recommendations on restrictions to activities. Some general guidelines include:

- Off work for several weeks (depending on the type of work)
- Icing periodically for 10 min can be helpful for swelling/pain control
- Light activity (walking) is encouraged
- Avoid lifting heavy lifting/strenuous activity for 6 weeks
- Full recovery may take up to 3 months
- Continue to avoid smoking and alcohol according to the surgeon's instructions to optimize healing

LONG-TERM MEDICAL CARE

- In Ontario, funding for revisions can be applied for through the Ministry of Health via completion of the Prior Approval for Funding of Sex Reassignment Surgery form

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DISCLAIMER

The information provided here is generalized and is not medical advice. It is recommended that all patients have a pre-operative consultation with their surgeon to receive individualized information including the specific surgeon's technique, complication rates and recommendations. This is a dynamic document that is subject to change, as the knowledge of transition-related surgeries changes.

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SHERBOURNE Health Centre

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