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Staged phalloplasty by metoidioplasty first: the way to fewer complications?

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OBJECTIVES

* Genital gender affirming surgery in transmen:
- Metoidioplasty
- Phalloplasty

* Some patients intentionally opt to undergo staged phalloplasty by metoidioplasty first (SPMF).

* Aim of the study:
SPMF ↔ immediate phalloplasty (IP)
➥ Less surgical complications?

MATERIAL & METHODS

*Retrospective study between 2006-2019

*Group 1: 27 transmen with SPMF
*Group 2: 27 transmen with IP
➥ matched for type of flap and time period

* Comparing:
- characteristics
- peri-operative outcomes
- postoperative outcomes

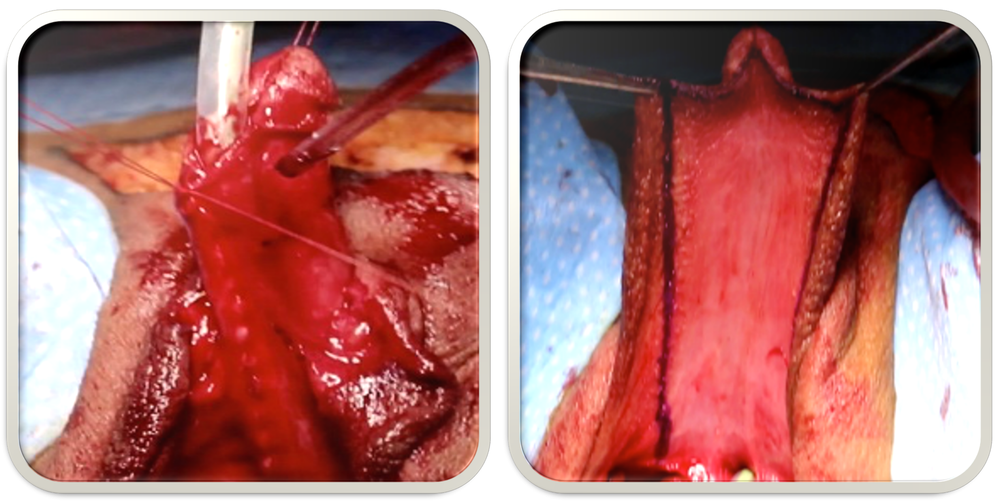

Figure 1: Marking the vestibular mucosal plate of the labia minora (left) and tubularization to create the fixed part of the urethra (right).

RESULTS

Table: peri-and postoperative outcomes :

	total (n=54)	Group 1: (n=27)	Group 2 (n=27)	p-value
Follow-up (months), mean (IQR)	34,5 (3-157)	34 (3-157)	35 (3-155)	0.99
Need for corrective surgery @urethra; N (%)	26 (48%)	14 (52%)	12 (44%)	0.79
Need for corrective surgery @flap; N (%)	17 (32%)	8 (30%)	9 (33,3%)	1
Postoperative complications <30 days; N (%)				
low grade (G1-2)	21 (39%)	11 (41%)	10 (37%)	
high grade (G3-5)	22 (41%)	12 (44%)	10 (37%)	0.59
Urethral complications; N (%)				
none	18 (33%)	10 (37%)	8 (30%)	0.61
temporary fistula	9 (17%)	3 (12%)	6 (22%)	
permanent fistula	3 (6%)	2 (7%)	1 (4%)	
stricture	4 (7%)	3 (11%)	1 (4%)	
stricture + fistula	20 (37%)	9 (33%)	11 (41%)	
Flap-related complications; N (%)				
minor (need for debridement/grafting)	16 (30%)	7 (26%)	9 (33%)	
major (need for redo-phalloplasty)	1 (2%)	1 (4%)	0 (0%)	0.77
Mean number of surgeries/patient (SD)	**3,8 (3)**	**4,6 (3)**	**3,1 (2,8)**	**0.01**

CONCLUSION

SPMF =

1. no reduction of postoperative complications
2. Separate morbidity of metoidioplasty must be taken into account