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Lower Surgery

An F.T.M. Success Story

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Dr. Toby Meltzer

Well guys, I just got back from Meltzer's. I had the urethroplasty done (I had the genitoplasty done four years ago). And I'm happy to say, everything works just find. I have had no problems with fistulas (holes) or strictures (blockages). I am now eight weeks post-operative, and my urologist, Dr. Skoog says everything looks great. Now, to answer some of the concerns:

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First, how they do it. For the metoidioplasty, they first extend the enlarged clitoris and form a phallus. With the anterior wall of the vagina, they form the new urethra (they used to strip the lining at the base of the bladder and use this to lengthen the urethra, but it was too problematic). So, for those guys who have no intentions of having the vagina closed up, you may have to consider alternate options. The new urethra is connected to the existing urethra and extends through the bottom portion of the penis and comes out just below the head of the penis. It is done this way because if it were to go directly through the head, then it would distend the head and make it unnatural looking. The major point of concern for me was the site of attachment of the existing and new urethra. It was highly possible that this

site could have become swollen and become blocked. The secondary concern was fistulas. However, because they triple wrapped the urethra when they closed everything up, this was not as much of a concern as a stricture.

For the phalloplasty, fistulas are more prevalent, but they can be easily fixed. There are two distinct techniques for forming the new urethra when going this route which are very different than for the metoidioplasty. One route is to use abdominal skin that has had all the hair permanently removed through electrolysis. Another route is to use forearm skin.

My surgery was somewhat more complicated by the fact that I'd had the vaginectomy done four years ago (along with the free up). Since I had very little vaginal tissue they left it to do the urethroplasty in the future, they used the tissue from the inside of my mouth. With this, they were able to form the new urethra. This technique is commonly used for genetic children. Unbelievably, I was able to eat the day after surgery, but I was taking very small bites. I was flat on my back for six days while the new urethra healed.

For the first night, I stayed at Oregon Health Sciences University. After that, I was moved by ambulance to the Temporary Living Centre (T.L.C.) where I stayed an additional five nights. I originally intended to stay at a friend's house during recovery, but my urologist was uncomfortable with the thought of my movement on my part for fear of damaging the new urethra. So, he and Dr. Meltzer settled for T.L.C. This place was great. It's a centre set aside for those people who are too sick to be at home but too well to be in a hospital. It's a hospital-like environment with a twenty-four hour, on duty nurse who took care of my medications. They fed me breakfast, lunch and dinner.

I had my own room with a cot so that my wife could stay with me. They knew my situation because of my records, but they treated me no differently than anyone else. All this for \$100 per night (as opposed to O.H.S.U.'s \$1000 per night].

I was catheterised through my penis for three weeks to allow the new urethra to heal. At the same time, I was urinating through a super pubic catheter (through my belly). After the three weeks was up, they removed the catheter going through my penis, leaving the super pubic in and blocked off. This was so that I could use my new urethra while having a backup just in case a stricture did form. Fortunately, I had no problems besides a little pain from the swelling. A week after using the new urethra, they removed the super pubic.

Now, the results: I have now been peeing freely from the new urethra for six weeks now. Some good news and some bad news.

First, the bad news: Some things I hadn't been expecting (I have no brothers nor have I been with any genetic males so I had no point of reference). When I begin to urinate, I have no idea where the flow will go. It leaks a few drops after I've finished urinating. And lastly, because of my size (I am a little over two inches flaccid], a major concern of mine was being able to pull it out of my pants far enough so as not to hit my pants when it dripped. I had a long conversation with a genetic male friend of mine and found some very interesting things out.

The good news: The initial flow and leaking problems are the exact same for genetic males. That is why the urinals are always wet around the floors. When guys begin to pee, they have no idea where the flow is going to end up and have to redirect it after its begun. And then, when they have finished, they have to "spank it like a bad baby". A friend of mine read an article in a magazine regarding this issue. Apparently leaking becomes worse as men age. They suggested in this article for men to reach behind the scrotum after urinating and push up, essentially milking the last of the urine out. After hearing about this, I began to do it and voilà, no more dripping problems. So, these two issues are identical with those of genetic males.

The last issue was the length problem. I was told by my genetic male friend that I was at the stage he was at when he was three years old. I needed to learn, as he did, how to hold things and to practise. I have found that by holding my pants tight against my body under my penis while urinating, my penis extends far enough out so I can pee without getting anywhere near my pants, even after I've finished and it's just dripping straight down. I have found that the tighter the pants, the better - there's less material in front to have to push back. As for the flow, it comes forward, very quickly and very easily. Because of its new direction and because my penis hardens when urinating, I have found that using a urinal is much easier than a toilet (some genetic male friends of mine have said the exact same thing). To use a toilet, I have to redirect my penis down, whether I'm standing or sitting. I find that by using a urinal, I am able to leave my penis pointing straight out of my pants and the flow goes directly away from me, not going anywhere near my clothes and less chance that it will hit my shoes. Fortunately, I have been using a urinary device. I have gotten used to standing next to guys at the urinals and overcome some of my pee shyness. Not to mention I spend a helluva lot less time in the bathroom.

One last thing: As I stated, when doing the urethroplasty for the metoidioplasty, they use the vaginal wall. The tissue is still alive. They used the remaining bit of mine to aid in the connection of the new urethra to the existing one. As a result, I have found that when I become aroused, secretions will actually come out of my penis through the new urethra. Some have equalled it to pre-cum and semen. Another "pleasant" side-effect.

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