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Phalloplasty Stage One

The Elation and Disappointment of the First Stage of F.T.M. Reassignment Surgery

by Michael

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I started a journey four years ago, a journey of many stages, a journey where you stop and go, where you travel not a straight path but a path that at times is rough and at other times smooth. My path led me up a rocky mountain and at times I thought I had reached the top only to find that I was mistaken and had to take a detour to get around the huge chasm I had come to or the abyss I couldn't cross.

Many times I thought I would never get to the top and almost gave up but each time I fell, I got back up, each time I found that I had not fallen as far as before, for me my journey was one of completion, for me to feel whole and I would not give up. I have now reached the top of this mountain and look forward to climbing the next.

I meet David Hunter-Smith for the first time in July '98. I walked into his rooms not knowing what to expect, I was late (car trouble) and very nervous about that, my appointment had been for 10:00am it was now 11:30am and David was due in surgery at midday as I expected a very quick consultation and the possibility that half my questions would go unanswered.

I knew nothing of this man's opinions or his expectations of me, even whether we would be on the same wave length as I walked through the door and shook his hand, I knew that I had found a man who was totally open and honest and had a real and almost tangible understanding of transgender men.

The time limit was immaterial, he spoke in great detail of the techniques of the surgery in words that I could understand, he quite happily drew diagrams that explained things simply, he showed me many photographs of the different stages that are required in this type of procedure. He talked of complications that had occurred in the past with an honesty you don't often find when talking to surgeons. He explained that they were still having problems in some areas of this procedure with some patients, that being fistulas and strictures and that there was the possibility that this could happen to me.

What came through to me about David was that he was a man who sees people as individuals, as whole human beings who are trying to achieve completion in their life and his excitement about being a part of this dream is very real. Here is a man who is as large as life, whose humour and compassion is very real, his commitment and honesty comes from within.

In May 1999 I got the okay from Trudy Kennedy and I met with David again to discuss dates and timeframe required for the first stage of the procedure. I entered Peninsula Private hospital on Sunday 15th August, both excited and afraid but also filled with the realisation that this was the beginning of the end of this part of my journey.

For myself, I felt that the best way to cope with the operation and fears was to look only as far as being put on the operating table and going to sleep. I didn't know a great deal about what or how I was going to look or feel like when it was over I felt it easier without any expectations, to just take each experience and deal with it as it came up. To go one step at a time.

That evening I was given a drink to flush out my bowels and was shaved from my navel down to my thighs. The nurses attitude made it easier to deal with this as they saw me as a man and the whole time I was there they approached me in such a way that I was not embarrassed at any time. Basically this is not a time to be modest or feel embarrassment about your body. They are there to help you in all ways and have the experience and knowledge to make the whole process easier for you.

As I had already had a hysterectomy the first stage for me involved taking out the front wall of the vagina and creating a urethral tube to extend the existing urethra to the released uterus which now sits higher up.

The labia lips are formed into two sacs and testicular implants are placed inside these. At this stage they sit between your legs but as time passes they move and forward. into the remainder of the vagina, which is now quite small. A lot of gauze packing is placed as well as drainage tubes. A supra-pubic catheter is put in place just above the hair line and a catheter is inserted in the new urethra to keep it open. This procedure took about four and a half hours.

Once back in my room and awake I was surprised I was not in more pain but this was because a lot of local anaesthetics are given while in the operating room, once these anaesthetics wore off, yes there was a lot of pain but I was given regular pain relief so that it was bearable. After a few days one of the nurses, Sue, brought in a mirror so that I could see the transformation that had occurred. It was incredibly black and swollen, tubes seemed to be coming out everywhere but there they were two round balls that were now very much a part of me and what had been my clitoris was now my micro penis for that was exactly what it looked like, a small penis with a

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foreskin.

At day three the gauze packing and drainage tubes were removed over two days and the urethral catheter tube was removed on the fifth day. I was up and walking by day four, salt baths three times a day as I had developed thrush quite severely from the antibiotics that are necessary part of this procedure.

It was painful and awkward to walk because of the swelling around the implants, for me the swelling and pain took quite a long time to subside, it was around eight weeks before I felt that I was walking normally.

David came in every day and was gentle as he could be when he removed the gauze packing and the tubes, he answered all my questions, he was totally supportive and tried his best to allay my fears about a possible leak when it came time to pee. The nurses too were very good. This procedure has been done a number of times at this hospital and they are specialising in this type of nursing. They know how to ease any embarrassment you may feel and that makes the whole thing so much easier.

Day eight arrived, a momentous day, I was going to try and pee through the new urethra. It took me all day to relax enough. I found that standing up, it was impossible to relax enough so in the end I sat facing the cistern so that I could see what was happening.

Three in the afternoon, the catheter had been clamped for most of the day and I was bursting, finally it came up and out, I was ecstatic and very proud. I had achieved something I never thought would ever be possible. I called the nurses and they were as excited as I was. I thought I would never come down, I was on such a high.

Sadly this was to be short lived, the next time I tried, it came out in a dribble and I could feel it coming from below. Then the horror of it all - the third time it all came from below. I was devastated, I felt cheated. All the pain I had gone through was for nothing. I was never going to stand and pee, doomed forever to have to sit down. I had gone into this knowing that this was a possibility but it was hard to come to terms with what had happened.

David came in that night. He also was upset that this had happened. He would take me back to theatre the next day and repair the leak. This was just a setback, not a failure and it was fixable. So back to theatre I went. This was round two! David did the repair and checked it by running dye through the urethra and was quite confident that all was now well.

Another tense week went by and it was time to try again. I was even more nervous this time and was half expecting failure again. This time it all came from below, another leak. I was devastated.

I had been in hospital for four weeks now. I had tremendous problems with thrush and the actual healing of all the surgery and I still had a leak. I was physically and emotionally exhausted, I couldn't take any more.

The thrush had played a big part in this inability to properly repair the leak. David discussed all the alternatives, he felt that it would be best to open the leak to a larger hole so that I could go to the toilet more easily from there, go home to recuperate and allow everything to heal then come back in a couple of months to repair that hole.

Once more I went to theatre. This was round three! By now I was resigned to the fact that I wasn't going to walk out of hospital being able to stand and pee. I focused on all the good things that have happened to me in that five weeks. I was half way there, I had met and made some wonderful friends, I had learnt a lot about patience and ten weeks wasn't such a long time. I needed that time to finish healing and regain my strength.

I returned to the hospital on the 15th November '99. I was trying to be confident about the end result but there was a small part of me that expected the worst.

David explained how he was going to effect the repair, drawing diagrams so that I could fully understand what he would be doing. I asked how long he usually waited before trying it out, he told me one week. I asked for more time so he agreed to wait ten days.

I was much more comfortable with the pre-op procedure and knowing the nurses so well now there was much joking and laughter. I knew the operating theatre so well it was like old home week. The repair was done the supra-pubic catheter was put in place and now it was time to wait out the ten days.

Again I got a thrush infection because of the antibiotics. This meant three wash downs a day plus application of anti-fungal cream as well as anti-fungal tablets.

Day ten arrived, I was as tense as all hell and was given a sedative to relax me so that I didn't have to strain. Horror of horrors, there it was again, a tiny leak. I was ready to give it all up - but no, David said "lets wait another week then try again". The nurses were so understanding and supportive I couldn't have gotten through any of this without them especially Sue. We had made a special connection and she was the one who helped me stay sane, kept my spirits up and laughed. At the end of that week it was time to try again, this time I had more sedatives and was floating on cloud nine.

I was given a urinal bottle and I tried to stand and pee into it. Seemed to go everywhere. Sue was there and we couldn't work out whether it was only coming from the urethra or from the leak as well. So she went and got a mineral water bottle so that I could fit it over the end of my little penis. That was more successful. It was definitely coming from the tip but there still seemed to be a dribble from down below.

David came and examined me. He couldn't see where it was coming from so inserted a catheter and put some dye through. There it was the tiniest little pin hole just inside the edge of the remains of the vagina. I was getting a 95% flow through the urethra and David wanted to leave it that way. He felt that to attempt another repair at this stage would just cause more scare tissue and that more than

likely would close itself up and even if it didn't it would be easily fixed when I came in for the next stage.

At this point he wanted to keep the flow going through the urethra. It was very important to keep it open for the next stage. I was satisfied with that, I had been in hospital for three weeks this time. It was time to go home and recuperate to get ready for the biggest and most important operation of them all.

Patience is a large requirement when contemplating this surgery as is the ability to give it the time that is needed. This type of surgery is long and complicated, there can be setbacks and complications and you have to be flexible with the amount of time you take off work not only because of the time you may need to spend in hospital but also the time needed to recuperate from each stage.

The most important thing that you must do is to join a private health fund. Do not contemplate any of this surgery without private cover because the cost would be enormous \$20,000 - \$30,000. With private cover you are looking at \$3,000 - \$5,000 out of pocket expenses.

[Phalloplasty Stage Two plus Photographic Slide Show](#)

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