

# **THE REED CENTRE for Ambulatory Urological Surgery**

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## **INFORMED CONSENT FOR FEMALE TO MALE SEXUAL CONVERSION BY METOIDIOPLASTY WITH URETHRAL EXTENSION**

1) I hereby request and authorize Dr. Harold M. Reed, who may be assisted by his designated urological associates and surgical technicians, to perform the urological operation entitled "Metoidioplasty (fashioning an enlarged clitoris into a small penis)". I am aware of the possible alternatives in the management of gender dysphoria including: a) behavioral therapy; b) cross dressing, c) incomplete conversion, d) phalloplasty, e) hormonal modification and understand the advantages of each.

2) In this procedure the clitoral hood is lifted and the suspensory ligament of the clitoris is detached from the pubic bone, allowing the clitoris to extend out further. When the female tissues have been primed with testosterone, the clitoral head may resemble an adolescent glans penis, although the proportionality or size may be smaller. The term "juvenile" size phallus may be apt. If you have been on testosterone and experience clitoromegaly, self examination of your glans and clitoral body will give you a very good idea of what to anticipate post-operatively once the surgical swelling subsides (6 to 8 weeks). Although visible engorgement may occur during arousal, the phallus is not suitable for penetration, nor is ejaculation possible.

3) Please understand in that metoidioplasty involves a fair degree of tissue transfer, some degree of postoperative swelling is expected.

Complications may include but are not limited to less than anticipated length, torquing of the clitoris (usually amenable to release), loss of sensation, tissue necrosis, localized infection, persistent tenderness or hypersensitivity, transient or permanent narrowing of the vaginal opening which may render the vagina incapable of penetration, urethral narrowing, urethral obstruction, and urethral fistula (leakage of urine anywhere along the pathway of urethral extension). Between the first and second stages leading to urethral extension, if a staged procedure is planned, voiding patterns and trajectory may be forwards, backwards, or sideways, and may splash wetting the perineum and vaginal skin., If rinsing to remove urine is not performed diligently, there will be malodor and possible skin excoriation (a diaper rash).

4) I understand the technique Dr. Reed will employ will be eclectic in nature. That is, he will draw upon various recognized techniques described in urological literature depending upon anatomical variations and a desire to produce the optimal result.

5) Dr. Reed has discussed his case experience with me but has not made any promise of a specific performance, or guaranteed whether expressed or implied, a specific result.

6) Postoperative swelling of the perineum and pubis is to be expected and may last up to six weeks. Some numbness surrounding the incisional area may occur lasting up to several months, but usually resolves with time. Urinary fistulas (failure of the urethral tube to

completely close) as well as torquing of the phallus, loss of skin, and wound separation may occur.

7) Intended areas of incision have been shown to me via medical illustrations and/or photographs of other patients and the technique to construct a penis have been shown to me.

8) I realize a second stage urethroplasty and scrotalplasty maybe necessary, usually 3 months or so after this procedure and other touch-ups and revision may be subsequently required.

9) I have been evaluated and cleared by 2 therapists, one of whom has a doctoral degree, and feel emotionally ready to accept metoidioplasty.

10) I give permission for genital photography before, during, and after the procedure, and agree that these photographs shall be property of Dr. Harold M. Reed, and may be utilized for, but not limited to: publication in scientific journals, or presented for scientific reasons or in a manner directly related to the practice of medicine.

11) I will call Dr. Reed immediately if there are any concerns and keep my appointments with him.

12) I recognize a supra-pubic catheter will be left indwelling for a minimum of 3 weeks. After the first stage, I will be voiding perineally as before unless the urethra is connected and a urethral catheter (stent) will be left in for approximately 2 weeks.

13) I understand the maintenance of personal hygiene, especially genital cleanliness is extremely important in preventing post-operative infection.

14) I have abstained from smoking and second hand smoke for 2 weeks prior to this procedure and will abstain for 2 months following this procedure.

15) I understand that I am to be in a convalescent status with a generous amount of bed rest for the first week after surgery. For 2 months after surgery I will not engage in any stressful physical including excessive bending, lifting or participation in any sports. I will abstain from sexual relations for 2 months following surgery.

16) I am aware that Dr. Reed has elected under the provisions of Florida State Law not to carry professional liability insurance. Pursuant to statute 64B8, FAC, this surgical facility is not operating as an ambulatory surgical center (ASC) for the purposes of this consent.

17) I have been given a choice of anesthesia and also anesthesia providers, i.e. anesthesiologist versus CRNA versus certified P.A. The administration of anesthesia is an independent function and any questions regarding anesthetic management should be addressed directly to the anesthetist. A remote complication of regional anesthesia is inadequate pain control and of general anesthesia, in-adequate intubation.

18) I have read and signed the above consent in the presence of a witness whose signature appears below, after I have had an opportunity to question Dr. Reed regarding any unfamiliar medical terminology.

Dr. Reed has a proprietary interest in this CENTRE. You may wish to consider alternative sites for evaluation and treatment.

Pursuant to statute 64B8-9.0091, (FAC), this surgical facility is not operating as an ambulatory surgical centre (ASC) for the purposes of this consent.

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in the presence of witness whose signature appears below.

\_\_\_\_\_

PATIENT

\_\_\_\_\_

WITNESS

I have personally discussed with the patient the above described proposed surgery, its risks and potential complications, as well as the alternatives available.

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HAROLD M. REED, M.D