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Phalloplasty / Metiodioplasty

Phalloplasty refers to any plastic surgical procedure involving the construction, reconstruction, repair or enhancement of a penis. In cisgendered (non-transgendered) men phalloplasty most often refers to length or girth enlargements techniques. Phalloplasties are also done on cisgendered men to correct congenital conditions such as micropenis (unusually small penis) or hypospadias (unusual location of the urethra) or to repair or reconstruct penises damaged in civilian accidents or war. Penile reconstruction techniques developed for cisgendered men have been adapted and further developed in phalloplasties done to provide some transmen (female-to-male transsexuals and other gender-variant people assigned as female at birth) with penises. When phalloplasties are done for transmen they are often accompanied by vaginectomies, urethroplasties (extensions of the urethra), glansplasties, implantation of erectile devices, scrotoplasties (creation of scrotum), and testicular implants.

The first known instance of the surgical construction of a penis on a person born with an apparently normal female body was performed by Sir Harold Gillies on Michael Dillon in several stages between 1946 and 1949. Gillies pioneered a pedicled flap method, whereby a portion of flesh from the patient’s body is formed into a tube which will become a phallus (Kennedy, 2007). The tube remains attached to the body at all times and is migrated from its donor site to its final location in stages. This technique is most commonly used with donor sites on the abdomen or thigh regions. Erogenous sensation is in the resulting phallus is minimal. The most popular later techniques include the radial forearm, fibula, pubic, and lattisimus dorsi free flap techniques (Adams and Grenier, 2011) in which a phallus is formed of flesh in one location, detached from the body, and reconnected at the desired location. These free flap techniques involve delicate microsurgical procedures and generally provide better erogenous sensation than older techniques.

Free flap phalloplasty techniques result in extensive scarring in multiple locations, are usually done in several lengthy stages, spread over extended periods of time, and are very costly. Cosmetic results vary greatly and are only very rarely indistinguishable from natal penises. Complications are common, with 45% of patients reporting problems, most often consisting of urethral fistulas (openings) and strictures (narrowings) (Babaei et al., 2010). For these reasons, only a tiny minority of transmen opt to pursue phalloplasties (Meier et al., 2013; Rachlin et al. 2008). However, satisfaction rates are very high among those who do so (Adams and Grenier, 2011; Wierckx et al., 2011).

An alternative more commonly chosen by transmen is metoidioplasty, first described and named by Lebovic and Laub in 1999 (Perovic and Djordjevic, 2003). The technique involves the severing of ligaments around a hormonally-enlarged clitoris so as to provide a lengthening effect. Metoidioplasty is usually performed in conjunction with vaginectomy, urethroplasty, scrotoplasty, and testicular implants in a one-stage operation. Surgical time is less than in phalloplasty and scarring is minimal. As in phalloplasty, most complications are with urethroplasty; rates are similar. The resulting phallus retains full erogenous sensation and appears as a natal microphallus, although it is usually too small for sexual intercourse (Djordjevic et al., 2008). Although more transmen choose this genital surgery than choose phalloplasty, only a very small percentage of transmen do so (Meier et al, 2013).
Despite an apparently ubiquitous desire among transsexual men, and many other gender variant individuals, to have penises of their own, high complication rates and wide-spread dissatisfaction with aesthetics and functional outcomes has resulted in few transmen choosing to undergo them.

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References

Adams, Noah, and Francois Grenier. “Is it Worth it? What Trans Healthcare Providers Should Know About Phalloplasty. Poster session presented at the 2012 Canadian Professional Association for Transgender Health conference, Winnipeg, Manitoba (September, 2011). Retrieved from www.noahjadams.com/downloads

Babaei, Alireza, Mohammad Reza Safarinejad, Farhat Farrokhi, and Elham Iran-Pour. "Penile Reconstruction Evaluation of the Most Accepted Techniques." Urology Journal 7, no. 2 (April, 2010): 71-78. Academic Search Complete, EBSCOhost.

Djordjevic, Miroslav L., Dusan Stanojevic, Marta Bizic, Vladimir Kojovic, Marko Majstorovic, Svetlana Vujovic, Alexander Milosevic, Gradimir Korac, and Sava V. Perovic. “Metoidioplasty as a Single Stage Sex Reassignment Surgery in Female Transsexuals: Belgrade Experience.” Journal of Sexual Medicine, 6 (October, 2008): 1306–1313. doi: 10.1111/j.1743-6109.2008.01065.x

Kennedy, Pagan. The First Man-Made Man: The Story of Two Sex Changes, One Love Affair, and a Twentieth-Century Medical Revolution. New York: Bloomsbury, 2007

Meier, S. Colton, Seth T. Pardo, Christine Labuski, and Julia Babcock. “Measures of Clinical Health Among Female-to-male Transgender Persons as a Function of Sexual Orientation.” Archives of Sexual Behavior (epub ahead of print, Jan 2013). Doi: 10.1007/s10508-012-0052-2.

Perovic, Sava V. and Miroslav L.Djordjevic., “Metoidioplasty: a variant of phalloplasty in female transsexuals”. BJU International, 92 (November, 2003): 981–985. doi: 10.1111/j.1464-410X.2003.04524.x

Rachlin, Katherine, Jamison Green, and Emilia Lombardi. “Utilization of Health Care Among Female-to-Male Transgender Individuals in the United States.” Journal of Homosexuality, 54 (October, 2008): 243-58. Doi: 10.1080/00918360801982124

Wierckx, Katrien, Eva Van Caenegem, Els Elaut, David Dedecker, Fluer Van de Peer, Kaatje Toye, Steven Weyers, Piet Hoebeke, Stan Monstrey, Griet De Cuypere, and Guy T'Sjoen. “Quality of Life and Sexual Health after Sex Reassignment Surgery in Transsexual Men.” Journal of Sexual Medicine, 8 (2011): 3379–3388. doi: 10.1111/j.1743-6109.2011.02348.