

FAQ

Frequently Asked Questions

Q: How can I arrive from the airport to the clinic?

A: We always organize someone to wait for our patients at the airport and to take them to the clinic. It is well organized airport-to clinic-to airport transportation.

Q: How long will the surgery last?

A: If we perform hysterectomy together with the oophorectomy and vaginectomy and metoidioplasty, the surgery lasts about 5h. If we perform vaginectomy and metoidioplasty, the surgery lasts about 4h.

Q: Who will perform the hysterectomy and vaginectomy?

A: The hysterectomy and vaginectomy are performed by our gynecological team. The head of the team is Prof. D. Stanojevic, Professor of gynecology and obstetrics, Medical School, University of Belgrade.

Q: How long will I have to use local dihydrotestosterone jelly?

A: It is recommended to start with the topical use of testosterone jelly three months before the surgery, together with the continuous usage of vacuum device pump.

Q: How long will I have to use vacuum pump after the surgery and how often?

A: It is recommended that each patient continues with the usage of vacuum device pump 6 months to one year after the surgery, for 10-15 minutes, three times daily, to prevent the shrinkage of the straightened neopenis.

Q: How long will I have the suprapubic urine drainage?

A: The suprapubic urine drainage is to be left between 4-6 weeks after the surgery, with the antibiotic prophylactic usage.

Q: Do you create one sac or two sac scrotum?

A: Whenever it is possible we create one sac scrotum, but if there is no available skin for the one sac scrotoplasty, it is possible to be done in another stage.

Q: How do you create the urethra?

A: We create urethra using combined buccal mucosa graft together with the available genital skin flaps originated whether from labia minora or dorsal clitoral skin. We also use the part of anterior vaginal wall in urethral lengthening, because it is near to the native female urethral opening to prevent the fistula formation in that region.

Q: Do you perform one stage surgery?

A: We always perform the one stage surgery, and that is something we are famous for! If the patient requires, it is possible to perform the multi stage surgery.

Q: When do I have to arrive in Belgrade before the surgery?

A: The patient needs to be in Belgrade one day before the surgery to have all needed preoperative preparations and final consultation with Dr Djordjevic.

Q: How long do I have to stay in Belgrade after the surgery?

A: The patients usually stay 10-14 days after the surgical procedure..

Q: How long will I need to be off work after the surgery?

A: Depending on the work that you are doing, but usually three weeks off work is enough for one to be completely recovered after the surgery.

Q: What is the most common complication that can occur after the surgery?

A: The most common postsurgical complications are related to the urethra, because the urethroplasty is the most complex procedure in metoidioplasty. Fistula and stricture are the two most common complications that can be solved whether spontaneously or by surgical repair.

Q: Is it possible to have the consultation before the surgical procedure?

A: It is possible to have the consultation before the surgery with Dr Djordjevic, whether in the USA, or in Belgrade, because Dr Djordjevic is often in USA.

Q: What are the important details that each patient needs to do before coming to Belgrade?

A: Among other analysis you need to have tests on HIV, Hepatitis B and C done month before surgery. Last testosterone injection you should have three weeks before surgery. At least three weeks before surgery you must stop with the intake of, but not strictly limited to, Aspirin and other non-steroidal anti-inflammatory medications (i.e. Ibuprofen, Advil...) used to minimize clot formation, as well as all vitamin supplements, Omega 3 and similar products and wide array of over-the-counter medications of suspicious origin (Shark Tail, Algae, Gingko, Ginseng, etc.) At last, but not least, food with garlic, onion and strong spices might provoke severe bleeding, therefore one should avoid those too. Still, this is meant to be only general information for patients, you must discuss with our doctors all other specific issues.

Q: Who am I supposed to be in contact with regarding my surgery?

A: Each patient needs to be in contact with Dr Djordjevic, the surgeon regarding all the questions about the surgery, with Dr Korac, anesthesiologist, regarding the preoperative preparation and with Dr Bizic, regarding the accommodation and payment for the surgery.

Q: Where do you harvest buccal mucosa graft from?

A: The buccal mucosa graft is harvested from the inner cheek and defect is closed with resorbable running suture.

Q: Is the neopenis always circumcised?

A: Circumcision is done according to the patient's preference. But, whenever there is no skin available to make the whole reconstruction of the penile shaft, the neopenis will be circumcised.

Q: What is the size of the testicle prostheses that you use?

A: We usually use medium size of the testicle prostheses (about 18cc) because of the better appearance of the new external genitals. The medium size prostheses can be replaced with the bigger ones later when the scrotum becomes bigger.