



Risk Management And Flap Related Outcomes In Phalloplasty For Patients With Co-morbid Conditions

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Purpose

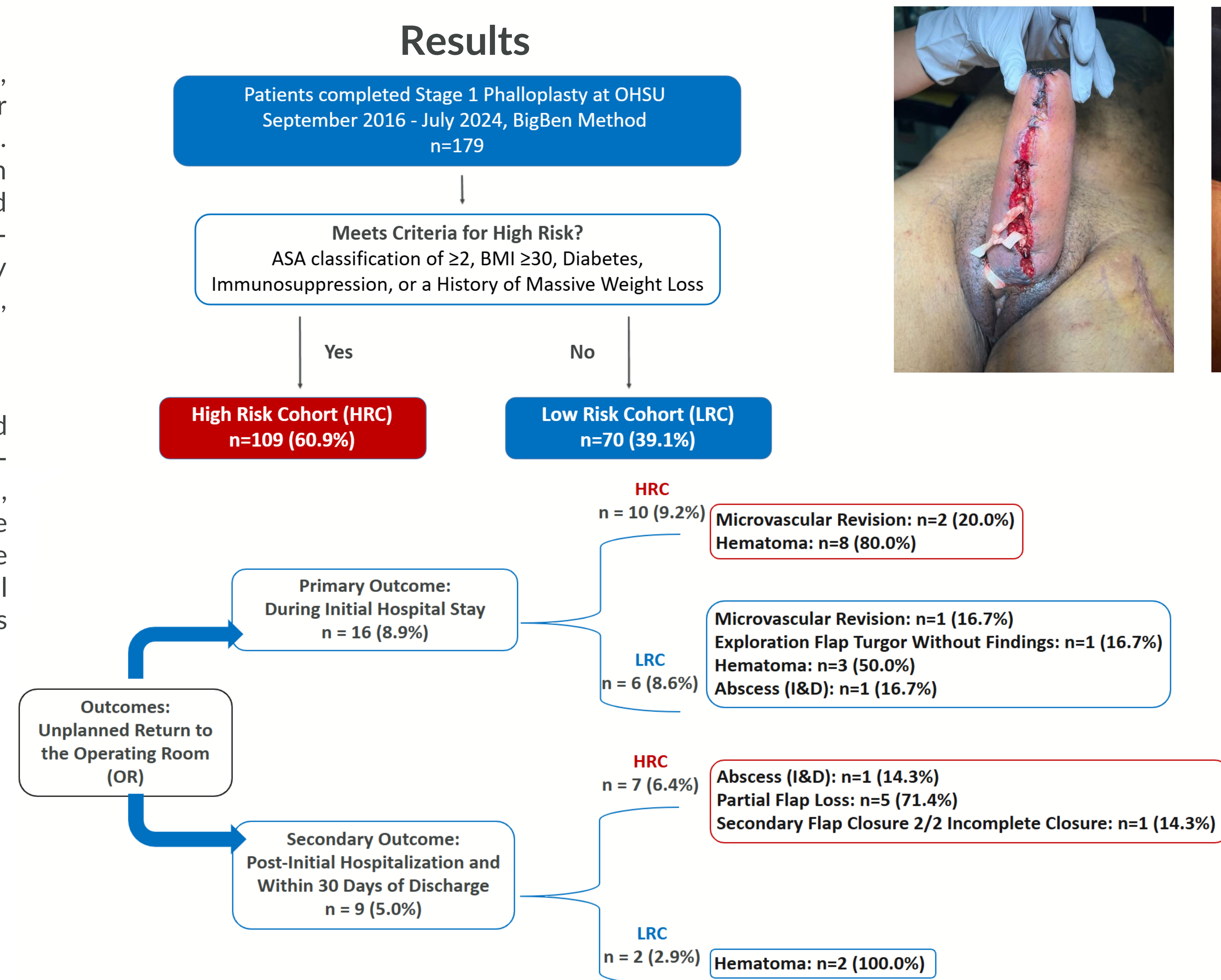
Creating an adult-sized phallus involves significant flap-related risks, with no consensus on which patient factors increase those risks or when to consider lower-risk alternatives like shaft-only phalloplasty. We present an eight-year institutional review of phalloplasty in patients with relevant comorbidities, evaluating unplanned reoperations during hospitalization and within 30 days post-discharge. By comparing outcomes between at-risk and healthy patients, we aim to guide patient selection, perioperative planning, and risk-reduction strategies in gender-affirming phalloplasty.

Methods

IRB approved reviewed of all OHSU patients who underwent staged phalloplasty from September 2016 to August 2024, including tube-within-tube, shaft-only, and composite flaps. Patients with ASA ≥ 2 , BMI ≥ 30 , diabetes, immunosuppression, or massive weight loss were classified as high-risk (HRC); all others: low-risk cohort (LRC). The primary outcome was unplanned return to the OR during the initial hospital stay; secondary outcomes included unplanned surgeries within 30 days post-discharge, analyzed by etiology.



Results



Conclusion

High-risk phalloplasty patients had a slightly higher rate of acute and early post-discharge takebacks than low-risk patients. Hematoma evacuation was the most common reason for acute takebacks in both groups. Post-discharge complications in the high-risk group more often involved complex wound issues, such as partial flap loss and the need for secondary closure or grafting, while low-risk takebacks were limited to hematomas. These findings underscore the need for targeted perioperative management and close postoperative monitoring in high-risk patients to reduce complications and improve outcomes.