

Gender-affirming masculinising urogenital reconstruction: radial forearm phalloplasty

8 steps, each one the authored title and caption from the interactive animation, with the frame captured from that step. Read it before the case, or print it and work through the steps in order.

Teaching only, not for diagnosis or treatment decisions. The text on this sheet is the animation's own step copy, reproduced verbatim.

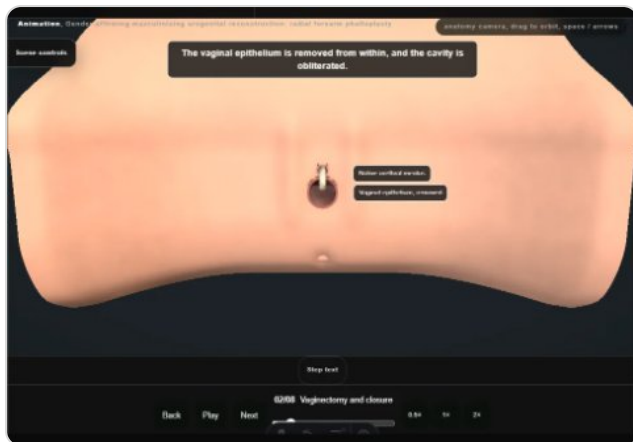
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01 The native anatomy



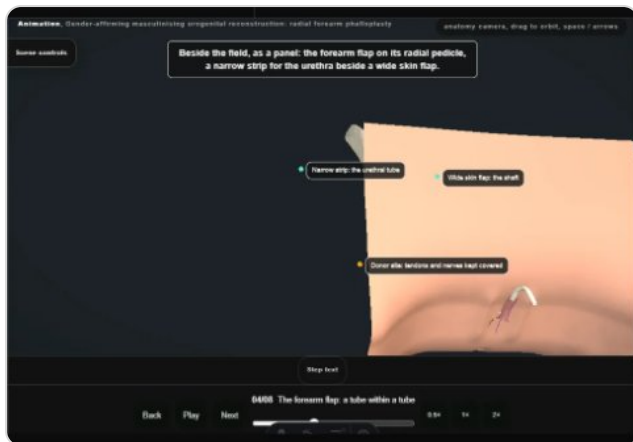
- Lithotomy.
- A catheter passes up the native urethra into the bladder.
- The **native urethra and bladder neck** are the continence mechanism; the new urethra is joined to the meatus and never built through them.

Vaginectomy and closure



- The vaginal epithelium is removed and the cavity is obliterated, with the **bladder in front and the rectum behind**.
- The introitus is closed in the midline.
- Where this is done, the hysterectomy has usually been done before.

04 The forearm flap: a tube within a tube



- Shown beside the field: the radial forearm flap on its pedicle.
- A narrow strip is rolled **skin side in** to make the inner urethral tube, the pars pendulans; the wide flap is rolled round it skin side out to make the shaft.

05 Transfer and microvascular anastomosis



- The phallus is carried to the pubis.
- In the groin the **radial artery is joined to a recipient artery** and the flap veins to a recipient vein, and a forearm sensory nerve to a recipient nerve.
- A pedicle under tension or kinked loses the flap.

The join



- At the base the pars pendulans is joined to the end of the pars fixa over the catheter, without tension.
- **This join is the commonest site of fistula and stricture.**
- A suprapubic catheter drains the bladder while it heals.

Scrotoplasty



- The labia majora are raised as flaps, advanced toward the base of the phallus and joined in the midline.
- **The scrotum lies over the pars fixa**; testicular implants wait for a later stage.

08 Healing and voiding



- After healing, and once imaging shows no leak, the catheters come out.
- He voids standing through the meatus at the tip.
- Glansplasty and the prostheses come later, after healing and sensation.
- **Urological follow-up is lifelong.**

Derived from genital/PhalloplastyScene.tsx at build time: every step title and caption above is the authored ProcedureDef text, reproduced verbatim, and this page shares its readable-points renderer with the animation itself. 8 of 8 steps have a captured frame. Text fingerprint 35048de16b1ca119. A caption edit without a re-capture fails the production check, so the sheet and the animation cannot drift apart silently.

Read before the case.
Debrief after it.

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