Decision Aids:
Selecting the Right Surgery for Yourself

*We designed the tables below for easy side-by-side comparison of surgery options. The outcomes data shown reflects only *our* center's outcomes.

Phalloplasty vs. Metoidioplasty | Phalloplasty: With vs. Without Urethral Lengthening | Metoidioplasty: With vs. Without Urethral Lengthening

Comparison: Phalloplasty versus Metoidioplasty

The table below contains estimated outcomes for each surgery based on a review of actual clinical outcomes from the Cedars Sinai Transgender and Health Program.

Outcome Categories	Phalloplasty	Metoidioplasty
Elimination of all birth genital anatomy	Yes	Yes
Length of penis	Up to 6 inches (15.25 cm)	Dorsal (top-surface) length: 5-7 cm; Insertable length: 3-4 cm
Requires harvest of a large skin flap (from forearm, thigh, tummy area) to make the penis with	Yes	No
Option to urinate from the tip of the penis (i.e., "urethral lengthening")	Yes	Yes
Option to undergo no urethral lengthening? (i.e., you urinate from your perineum)	Yes	Yes
Ability to undergo implant of a penile prosthesis/erectile device?	Yes (1-2 cylinders)	No (Yes in Europe)
Option to have vaginectomy vs. vaginal canal preservation, scrotoplasty, testicle prostheses?	Yes	Yes
Having to complete permanent hair removal from your genital area and/or forearm BEFORE undergoing STAGE 1 phalloplasty surgery	Required	Not required
Requires use of "buccal mucosa graft" harvest from your inner cheek	No	Only if with urethral lengthening

1. Dadashian EL, Sandhu S, Stelmar J, Garcia MM. PD22-13 Significant reduction in neourethra stricture and fistula incidence among transgender men after phalloplasty with urethral lengthening: a review of outcomes, prevention strategies, and a new device. *J Urol*. 2025;213(5S):e822. doi:10.1097/01.JU.0001110000.68878.91.13

Comparison: Phalloplasty WITH versus WITHOUT Urethral Lengthening

The table below contains estimated outcomes for each surgery based on a review of actual clinical outcomes from the Cedars Sinai Transgender and Health Program.

Outcome Categories	Phalloplasty With Urethral Lengthening	Phalloplasty Without Urethral Lengthening
SENSATION & FUNCTION		
Touch and erogenous sensation of clitoris is expected to be same as before surgery	Yes	Yes
Orgasm quality expected to be at least as good as before surgery	Yes	Yes
The penis is expected to have touch and erogenous (i.e., sexual) sensation	Yes (50-75%; "Spotty" 20%; None: <5%)	Yes (50-75%; "Spotty" 20%; None: <5%)
You have the option to undergo future implant of a penile prosthesis (i.e., erectile device) and/or testicle prosthetics	Yes	Yes
Number of penile prosthesis cylinders that can be implanted (1 versus 2)	One cylinder	Two cylinders
APPEARANCE		
Elimination of all birth genital anatomy (The clitoris is buried inside the right-base of the penis)	Yes	Yes
Likely maximum length of the penis	Up to ~6 inches (15.25 cm)	Up to ~6 inches (15.25 cm)
Appearance of penis: (e.g., It will have a visible urethral opening, normal glans [head] by shape of choice)	Yes	Yes
Your surgery can include creation of a scrotum	Yes	Yes
You have the option to have vaginectomy OR vaginal canal preservation	Yes	Yes
URINATION		
Where you urinate from: either tip of penis OR from your perineum (the opening is hidden *behind* the scrotum)	Tip of your penis	Perineal urinary opening
Different ways that you can urinate (and likelihood of being able to do each one)	Standing at a urinal: >80%; Standing over (facing) toilet (>90%); Sitting: 100%	Standing at a urinal: 0%; Standing over (facing) toilet (>90%); Sitting: 100%
Risk of experiencing dribbling urine (1 to several drops) from your penis-tip onto your clothes, after urination	85%	0%
VARIOUS SURGERY RELATED ITEMS		
A suprapubic urinary catheter ("SP-Tube"; a bladder-catheter entering from below your belly-button), is required for 8 weeks	Required	Not required
Having to complete permanent hair removal from your genital area and/or forearm BEFORE you can have STAGE 1 phalloplasty surgery	Required	Not required
Requires use of "buccal mucosa" (i.e., mouth lining) graft harvest from your inner cheek?	No	No
Total number of pre- and post-op clinic visits in the 9-12 month period between Stage 1, through recovery from Stage 2 surgery	~13 visits	~8 visits
COMPLICATIONS		
Likelihood of experiencing an urgent inability to urinate during the first 12 months after STAGE 2 surgery, typically requiring urgent ER visit	15-20%	<5%
Likelihood of experiencing an urgent inability to urinate at some point during your lifetime, following STAGE 2 surgery	>90%	<10%
Risk of short-term complications (i.e., occurring within first 12 months) requiring additional revision surgery	20%	<7%
Lifetime risk of experiencing at least one urethra-related complication, requiring ≥1 revision surgery	>90%	<10%
Risk of having to delay implant of your penile prosthesis (i.e., erection device) by ≥6 months, due to wound complications	30% to 75%	<1%

1. Garcia, Maurice M. Chapter 104: Phalloplasty: With and Without Urethral Lengthening. *Hinman's Atlas of Urologic Surgery*, Fifth Edition. Editors: Joseph A. Smith, Glenn M. Preminger, Roger R. Dmochowski and John C. Thomas. April 29, 2025; Elsevier.

Comparison: Metoidioplasty WITH versus WITHOUT Urethral Lengthening

The table below contains estimated outcomes for each surgery based on a review of actual clinical outcomes from the Cedars Sinai Transgender and Health Program.

Outcome Categories	Metoidioplasty With Urethral Lengthening	Metoidioplasty Without Urethral Lengthening
SENSATION & FUNCTION		
Touch and erogenous sensation: same as before surgery?	Yes	Yes
Penis (previously clitoris) orgasm quality: same or better as before surgery?	Yes	Yes
Option to undergo implant of a penile prosthesis/erectile device?	No (*Yes in Europe)	No
APPEARANCE		
Elimination of all birth genital anatomy	Yes	Yes
Length of penis	Dorsal (top-surface) length: 5-7 cm; Insertable length: 3-4 cm	Dorsal (top-surface) length: 5-7 cm; Insertable length: 3-4 cm
Appearance of penis: (e.g. visible urethral opening, removal of excess skin and labia minora)	Yes	Yes
Option to have vaginectomy vs. vaginal canal preservation, scrotoplasty, testicle prostheses?	Yes	Yes
URINATION		
Where you urinate from: tip of penis VERSUS your perineum (site hidden behind the scrotum)	You urinate from the TIP of your penis	You urinate from your perineal urinary opening (hidden behind your scrotum)
Different ways that you can urinate, and likelihood of each	Standing at a urinal: >80%; Standing over (facing) toilet (>90%); Sitting: 100%	Standing at a urinal: 0%; Standing over (facing) toilet (>90%); Sitting: 100%
Risk of experiencing dribbling of urine from your penis after urination (i.e., 1 to several drops of urine leaking onto clothes)	85%	0%
VARIOUS SURGERY RELATED ITEMS		
Placement of a suprapubic urinary catheter ("SP-Tube") for 8 weeks	Required	None
Having to complete permanent hair removal from your genital area or forearm BEFORE undergoing STAGE 1 metoidioplasty surgery	Not required	Not required
Requires use of "buccal mucosa graft" harvest from your inner cheek?	Yes	No
Total number of pre- and post-op clinic visits in the 9-12 month period between Stage 1, through recovery from Stage 2 surgery	~13 visits	~8 visits
COMPLICATIONS		
Likelihood of experiencing an urgent inability to urinate (during the first 12 months after STAGE 2) and requiring urgent ER visit (from stricture or UTI)	15-20%	<5%
Likelihood of experiencing an urgent inability to urinate at some point during your lifetime following STAGE 2 surgery	>90%	<10%
Risk of short-term complications requiring additional revision surgery	20%	<7%
Risk of at least one urinary tract complication over your lifetime that requires at least one revision surgery	>90%	<10%
Risk of having to delay implant of your penile prosthesis (i.e., erection device) by 6 months or greater, due to wound complications	30% to 75%	0% to 5%

1. Dadashian EL, Sandhu S, Stelmar J, Garcia MM. PD22-13 Significant reduction in neourethra stricture and fistula incidence among transgender men after phalloplasty with urethral lengthening: a review of outcomes, prevention strategies, and a new device. *J Urol*. 2025;213(5S):e822. doi:10.1097/01.JU.0001110000.68878.91.13