

Evidence Discussion (PV 26)

- Routine preoperative imaging is not supported for metoidioplasty or Vaginoplasty.^{1,2,3}
- CT angiography is indicated for preoperative evaluation for phalloplasty in order to map size, location and course of the vasculature.^{2,4,5} CTA has been found to have high accuracy in perforator detection (sensitivity of 96-100% and specificity of 95-100% in studies investigating abdominal perforators), short time for image acquisition and high reproducibility. It however does carry the risk of ionizing radiation and exposure to iodinated contrast.⁶
- Doppler ultrasound allows for monitoring of vascular perfusion of the neophallus after phalloplasty.²⁻⁴ Ultrasound is readily available and does not carry risk of ionizing radiation.
- Expert opinion holds that CT would be indicated for postoperative complications of gender affirmation surgery.¹⁻⁵ CT allows for fast and accurate identification of common postoperative complications such as abscess, hematoma and seroma. CT angiography aids in the diagnosis of arterial or venous thrombosis as well as identification of arterial bleeding in the setting of hemorrhage. CT does carry the risk of ionizing radiation and iodinated contrast allergy.
- MRI is the preferred modality for suspected fistula given its superior soft tissue delineation in these cases.¹

References

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