

Information provided is intended to inform clients of expected procedures and outcomes. However, not all patients, procedures or surgeons are the same, and information may not be applicable to all procedures. PIAC reserves the right to vary the way that a procedure is performed or which technique is used.

# Gender Change

## Surgical/Procedure name

Gender Re-assignment Surgery (GRS)  
Sexual Re-assignment Surgery (SRS)

## Common name

Sex Change  
Gender Change

## Surgical Procedure

This procedure is a combination of a penile skin inversion and an immediate full thickness skin graft. The vaginal canal and opening is created beneath the urethral opening and prostate gland. Vaginal depth is of concern to most patients. The most important factor in creating this depth is the amount of penile shaft skin. Our technique lengthens the depth of the vagina by using the full thickness skin graft from the scrotal skin. Hair on the scrotum must be removed so that the skin graft is placed at the distal end of the penile skin flap. This technique can lengthen the depth at least 2 more inches. A portion of the glands at the head of the penis, where the nerves and vessels are located, is converted into a clitoris. In so doing, the clitoris will be functional in sensation as well as in appearance.

The excess erectile tissue around the urethra should be removed in order to avoid symptoms that stem from engorged erectile tissue during sexual arousal that may result in the narrowing of the vaginal opening.

Colon transposition is used for patients who need more depth (exceeding 8 inches).

## Hospital Admission

14 nights admission

## Duration of Operation

Six to eight hours

## Anaesthetic

General anaesthesia

## Criteria

Patients must be at least 18 years old. Patients under 20 years old will require parental permission.

Patients must also have approval from a psychiatrist (MD), psychiatric social worker (PhD), or clinical psychologist (PhD), and must provide a referral letter.



## Pre - operative Care

Patients must complete a health check up within three months prior to SRS. Patients must also be confirmed by a private physician to be free from serious medical diseases and must pass the following blood tests:

CBC, Electrolytes, FBS, Creatinine Urinalysis  
Alkaline Phosphatase, Chest X-ray  
SGOT, LDH, EKG

Patients must discontinue hormone treatment at least fourteen days prior to surgery.

Hormones should not be used to reduce the risk of thrombosis (blood clots). Oral tablets should not be used two weeks prior to surgery and inject ional medication should not be used for four weeks prior to surgery. Oral ant androgens should not be used three days prior to surgery (four weeks if injectables).

Inform your surgeon of any allergies, all medical conditions, and any medication that you are taking (both prescription and non-prescription). Avoid aspirin and brufen-containing medication for two weeks prior to surgery to eliminate the chance of post op. bleeding. You should not smoke for 2 weeks prior to surgery as this may affect your reaction to the anesthetic and prolong the healing process. Patients that suffer from hypertension must inform the surgeon prior to surgery.

## Post - operative care

Before being discharged from the hospital to the hotel, a nurse will teach you how to take care of your vagina and prescribe more medications. The stitches will be removed after seven to ten days. You will then be able to return home.

## Recovery

The neovagina can function within 6 weeks.

## Results

After 6 weeks, the patient should be able to engage in neovaginal intercourse. During sexual arousal, there is some vaginal lubrication - though in most cases the patient should apply lubricant jelly at the vaginal opening prior to intercourse (as with dilation).

Typically during arousal, mild swelling of the urethral meatus from excess corpus spongiosum may occur which can be corrected for cosmetic improvement if the patient returns to Thailand.

During sex, sensation at the vaginal opening, inner labia, and neoclitoris can be comparable, and certainly more sustained after climax, than previously in the male sex. . It is essential to avoid any strenuous activity which can complicate recovery.

## Letter of Recommendation

A letter of recommendation is required from foreign patients, and must be from either a psychiatrist or a clinical behavioral scientist trained to deal specifically with transsexualism that states the person is a candidate for SRS. The patient will have a follow-up psychiatric evaluation at PIAC.

## Note

If you are HIV positive, then you are a risk to hospital personnel. For this reason you are asked to pay an additional 30% of the original charge.



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