

An overview of sex reassignment surgery

Uma visão geral da cirurgia de redesignação sexual

Raphael Lopes Olegário¹ , Sílvia Maria Aparecida Vitorino¹ 

ABSTRACT

Transsexuality is a subset of transgenderism, but some transsexual people reject the label of transgender. A medical diagnosis of gender dysphoria can be made if a person expresses a desire to live and be accepted as a member of their identified sex and if a person experiences impaired functioning or distress as a result of their gender identity. The array of medically indicated surgeries differs between transwomen and transmen. For transwomen, genital reconstruction usually involves the surgical construction of a vagina. For transmen, genital reconstruction may involve construction of a penis through either phalloplasty or metoidioplasty.

Keywords: sex reassignment surgery; surgical procedures, operative; transsexualism; transgender people; gender dysphoria.

RESUMO

Transexualidade é um subconjunto dos transgêneros, mas algumas pessoas transexuais rejeitam o rótulo de transgêneras. Um diagnóstico médico de disforia de gênero pode ser feito se uma pessoa expressar um desejo de viver e ser aceita como um membro de seu sexo identificado e se uma pessoa experimenta funcionamento prejudicado ou angústia como resultado de sua identidade de gênero. A variedade de cirurgias indicadas difere entre mulheres e homens trans. Para as mulheres trans, a reconstrução genital geralmente envolve a construção cirúrgica de uma vagina. Para homens trans, a reconstrução genital pode envolver a construção de um pênis através de faloplastia ou metoidioplastia.

Palavras-chave: cirurgia de readequação sexual; procedimentos cirúrgicos operatórios; transexualismo; pessoas transgênero; disforia de gênero.

The term Gender Dysphoria, formerly known as gender identity disorder, describes a heterogenous group of individuals who express varying degrees of dissatisfaction with their anatomical gender and the desire to have the secondary sexual characteristics of the opposite sex. The individual has the belief of being born in the wrong sex.¹

Transsexuality is a subset of transgenderism, but some transsexual people reject the label of transgender. A medical diagnosis of gender dysphoria can be made if a person expresses a desire to live and be accepted as a member of their identified sex and if a person experiences impaired functioning or distress as a result of their gender identity.²

The array of medically indicated surgeries differs between transwomen (male to female) and transmen (female to male). For transwomen, genital reconstruction usually involves the surgical construction of a vagina, with penile inversion or the sigmoid colon neovagina technique; or, more recently, non-penile inversion techniques that make use of the

scrotal tissue to construct the vaginal canal. For transmen, genital reconstruction may involve the construction of a penis with either phalloplasty or metoidioplasty. For both transwomen and transmen, genital surgery may also involve other medically necessary ancillary procedures, such as orchiectomy, penectomy, mastectomy or vaginectomy.³

In the United States, Dr. Alan L. Hart, an American TB specialist, became one of the first female-to-male transsexuals to undergo hysterectomy and gonadectomy for the relief of gender dysphoria, in 1917.⁴

In Berlin, Dora Richter became the first known transgender woman to undergo the vaginoplasty surgical approach, in 1931. This was followed by Lili Elbe in Dresden during 1930–1931. She started with the removal of her original sex organs; the operation was supervised by Dr. Magnus Hirschfeld. Lili went on to have four more subsequent operations that included an unsuccessful uterine transplant, the rejection of which resulted in death. An earlier known pa-

¹Universidade de Brasília, Physical Education Faculty – Brasília (DF), Brazil.

Corresponding author: Raphael Lopes Olegário – Universidade de Brasília, Darcy Ribeiro Campus – Asa Norte – CEP: 70910-900 – Brasília (DF), Brazil – E-mail: rlounb@gmail.com

Received on January 31st, 2019. Accepted for publication on August 05th, 2019.

tient of this procedure was Magnus Hirschfeld's housekeeper, but their identity is unclear at this time.⁵

Sex reassignment surgery (SRS) does not refer to surgery performed on infants with differences in sex development (intersex).⁶ Infants born with intersex conditions might undergo interventions at or close to birth. This is controversial, because of human rights implications.⁷

SRS performed on unconsenting minors (babies and children) may result in catastrophic outcomes (including PTSD and suicide—such as in the case of David Reimer, following a botched circumcision) when the individual's sexual identity (determined by neuroanatomical brain wiring) is discrepant with the surgical reassignment previously imposed.⁸

Patients of SRS may experience changes in their physical health and quality of life, the side effects of sex steroid treatment. Hence, transgender people should be well informed of these risks before choosing to undergo SRS.^{8,9}

Looking specifically at transsexual people's genital sensitivities, transmen and transwomen can maintain their genital sensitivities after SRS. However, these are counted upon the procedures and surgical tricks, which are used to preserve sensitivity.¹⁰ Considering the importance of genital sensitivity in helping transsexual individuals to avoid unnecessary harm or injuries to their genitals, allowing transmen to obtain an erection and perform the insertion of the erect penile prosthesis after phalloplasty, the ability for transsexual to experience erogenous and tactile sensitivity in their reconstructed genitals is one of the essential objectives surgeons want to achieve in SRS.¹¹

CONCLUSION

After sex reassignment surgery, transsexuals tend to be less gender dysphoric. Besides that, they normally function well, both socially and psychologically. Anxiety, depression and hostility levels were lower after sex reassignment surgery.¹² They also tend to score well for self-perceived mental health, which does not depend on sexual satisfaction. Many studies have been carried out to investigate satisfaction levels of patients after sex reassignment surgery. In these studies, most patients reported being very happy with the results, and very few of them expressed regret for undergoing sex reassignment surgery.^{7,13}

REFERENCES

1. American Psychiatric Association. Diagnostic and statistical manual of mental disorders: DSM-5™. 5th ed. Arlington: American Psychiatric Association; 2013.
2. American Psychiatric Association. Diagnostic and statistical manual of mental disorders: DSM-4™. 4th ed. Arlington: American Psychiatric Association; 2000.
3. Gaither TW, Awad MA, Osterberg EC, Murphy GP, Romero A, Bowers ML, et al. Postoperative complications following primary penile inversion vaginoplasty among 330 male-to-female transgender patients. *J Urol*. 2018;199(3):760-5. doi: <http://doi.org/10.1016/j.juro.2017.10.013>
4. Dyer O. Sex change expert accused of rushing patients into surgery. *BMJ*. 2006;333(7575):935. doi: <http://doi.org/10.1136/bmj.333.7575.935-a>
5. Kahane G, Savulescu J. The concept of harm and the significance of normality. *J Applied Philos*. 2012;29(4):318-32. <http://doi.org/10.1111/j.1468-5930.2012.00574.x>
6. Bradley SJ, Oliver GD, Chernick AB, Zucker KJ. Experiment of nurture: ablatio penis at 2 months, sex reassignment at 7 months, and a psychosexual follow-up in young adulthood. *Pediatrics*. 1998;102(1):e9. doi: <http://doi.org/10.1542/peds.102.1.e9>
7. Council of Europe. Commissioner for Human Rights. Human rights and intersex people. Strasbourg: Council of Europe; 2015.
8. Boyle GJ. The scandal of genital mutilation surgery on infants. In: May L, editor. *Transgenders and intersexuals*. Bowden, South Australia: Fast Lane; 2005. p. 95-100.
9. De Cuyper G, TSjoen G, Beerten R, Selvaggi G, De Sutter P, Hoebeke P, et al. Sexual and physical health after sex reassignment surgery. *Arch Sex Behav*. 2005;34:679-90. doi: <http://doi.org/10.1007/s10508-005-7926-5>
10. Selvaggi G, Monstrey S, Ceulemans P, T'Sjoen G, De Cuyper G, Hoebeke P. Genital sensitivity after sex reassignment surgery in transsexual patients. *Ann Plast Surg*. 2007;58(4):427-33. doi: <http://doi.org/10.1097/01.sap.0000238428.91834.be>
11. Hage JJ, Bouman FG, De Graaf FH, Bloem JJ. Construction of the neophallus in female-to-male transsexuals: the Amsterdam experience. *J Urol*. 1993;149(6):1463-8. doi: [http://doi.org/10.1016/s0022-5347\(17\)36416-9](http://doi.org/10.1016/s0022-5347(17)36416-9)
12. Smith YLS, Van Goozen SHM, Cohen-Kettenis PT. Adolescents with gender identity disorder who were accepted or rejected for sex reassignment surgery: a prospective follow-up study. *J Am Acad Child Adolesc Psychiatry*. 2001;40(4):472-81. doi: <http://doi.org/10.1097/00004583-200104000-00017>
13. Wierckx K, Van Caenegem E, Elaut E, Dedeker D, Van de Peer F, Toye K, et al. Quality of life and sexual health after sex reassignment surgery in transsexual men. *J Sex Med*. 2011;8(12):3379-88. doi: <http://doi.org/10.1111/j.1743-6109.2011.02348.x>

How to cite this article:

Olegário RL, Melo LMAB. An overview of sex reassignment surgery. *Rev Fac Ciênc Méd Sorocaba*. 2019;21(4):151-2. DOI: 10.23925/1984-4840.2019v21i4a2