Sex Reassignment Surgery in Thailand

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Many years ago Thai society considered transsexualism (Gender identity disorder or Gender dysphoria) which is commonly known as Kathoey (a word originally used to denote hermaphrodites), Sao Prapet Song or Tut (as in 'Tootsie') were low class citizens, dirty dressing and had to hide in a dark corner selling their services as prostitutes. This made us unwilling to do sex reassignment surgery for this group of people because the idea of eradicating normal sexual organs for the purpose that was not accepted by the society. Consequently the authors have experience in cases where these people wandered seeking doctors who had no competency nor enough experience to do the surgery. The authors could not inhibit the desire of these people who usually suffer from gender identity disorder from strongly wishing to change their genital sex to the sex they want. The outcome of the surgery was not satisfactory for the patients. There were complications and sequelae which caused the authors to correct them later which might be more difficult than doing the original surgery. In addition there were more studies about the etiology and affect of the disorder on these people that changed the social point of view. The women who wanted to be a him and men who would like to be a her should be considered as patients who need to be cured to set the harmony about their genetic sex and the desire to be the opposite sex and also to be regarded by others as a member of that other sex. The treatments of transsexualism usually begin with conventional psychiatric and endocrinological treatment to adjust the mind to the body. For those who failed conservative treatment in adjusting the mind to the body then sex reassignment surgery will be the only way to transform their body to their mind and give the best result in properly selected patients.

Preecha Tiewtranon, the pioneer in sex reassignment surgery in Thailand, did his transsexualism case in 1975 together with Dr.Prakob Thongpeaw. Sex reassignment surgery has been taught in Chulalongkorn University Hospital since 1983. (At present, it is the only medical school in Thailand that has sex reassignment surgery systematically taught and with good results). There have been many versions of development of the surgical techniques to gain better and better results.

Keywords : *Sex reassignment surgery, Kathoey, Tut, Sao Prapet Song*

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"The difference between sex and gender. Sex is what you see. Gender is what you feel. Harmony between the two is essential for human happiness" (Harry Benjamin, MD. New York, 1976)

Transsexualism is a Gender Identity Disorder in which there is a strong and on-going cross-gender identification, i.e. a desire to live and be accepted as a member of the opposite sex. There is a persistent discomfort with his or her anatomical sex and a sense of inappropriateness in the gender role of that sex. There is a wish to have hormonal treatment and surgery to make one's body as congruent as possible with one's psychological sex. Transsexualism usually generates major suffering and may be responsible for many complications like suicide, self-mutilation, affective disorders and social disabilities.

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word originally used to denote hermaphrodites), Sao Prapet Song or Tut (as in 'Tootsie') were low class citizens, dirty dressing and had to hidden in the dark corner selling Thai services as prostitutes. This made us unwilling to do sex reassignment surgery for this group of people because the idea of eradicating normal sexual organs for the purpose that was not accepted by the society. Consequently the authors have experience in the cases where these people wandered seeking doctors who had no competency nor enough experience to do the surgery because the authors could not inhibit the desire of these people who usually suffer from their gender identity disorder from strongly wishing to change their genital sex to the sex they want. The outcome of the surgery is not satisfactory for the patients. There were complications and sequelae which caused the authors to correct them later which might be more difficult than doing the original surgery. In addition there were more studies[1-8] about the etiology and affect of the disorder on these people that changed the social point of view. The women who want to be a him and a man who would like to be a her should be considered as patients who need to be cured to set the harmony about their genetic sex and the desire to be the opposite sex also to be regarded by others as a member of that other sex.

The treatments of transsexualism usually begin with conventional psychiatric and endocrinological treatment to adjust the mind to the body. For those who failed conservative treatment in adjusting the mind to the body then sex reassignment surgery will be the only way to transform their body to their mind.

Prevalence

There are no reliable epidermiological studies about the prevalence of gender identity disorder in Thailand but there were two interesting data demonstrated the prevalence about this disorder as follows [9,10]:

1: 30,000 for Male to Female transsexualism
1: 100,000 for Female to Male transsexualism

Another report[11] calculated the prevalence of transsexualism for three different periods in order to compare and to analyze whether a trend could be discerned over the 10 year period.
Prevalence of male-to-female transsexualism was as follows:

1: 45,000 in 1980, 1: 26,000 in 1983, and 1: 18,000 in 1986

Prevalence rates for female-to-male trans-sexuals showed a similar increase from

1: 200,000 in 1980, to 1: 100,000 in 1983 and to 1: 54,000 in 1986

The ratio of male-to-female to female-to-male transsexualism decreased from 4:1 to 3:1.
It is evident from these figures that prevalences show a substantial upward trend.

in child clinic ratio of gender identify disorder male: female = 5: 1

in adult clinic ratio of gender identify disorder male: female = 3:1 to 2:1

History and background[12-16]

Gender Identity Disorder - Sex Reassignment

Ancient time: There were some issues about cross-gender behavior eg. the Roman Emperor Calligula, King James I of England; and Edward Hyde, Lord Cornbury, Governor of New York and New Jersey dressed and behaved as women, Jeanne d'Arc French heroine behaved as a man.

1930 Adult sex reassignment surgery was first recorded in Germany.

1950's Dr. Harry Benjamin introduced the syndrome to the general medical community.

1953 ex-G.I.George Jorgensen,who became the world-famous Christine Jorgensen, not the first to undergo such surgery, but the first whose transformation was publicized so widely that the news of this therapeutic possibility spread worldwide.

1958 Dr. Georges Burou a gynecologist from Morocco did his first case on sex reassignment surgery and became well known as the first world authority on sex reassignment surgery.

1963 Edgerton MT, Jones L, Knorr NJ and Money J. setup the Gender Identity Clinic at Johns Hopkins University.

1966 Dr. Harry Benjamin first officially Published "The Transsexual Phenomenon".

1975 Dr. Preecha Tiewtranon did the first case of sex reassignment surgery in Thailand.

1979 The Harry Benjamin International Gender Dysphoria Association's (HBIGDA) STANDARDS OF CARE FOR GENDER IDENTITY DISORDERS was originally documented.

1983 Sex reassignment surgery has been taught in Chulalongkorn University Hospital.

2003 Dr. Preecha Tiewtranon reported his experience in about 2,500 cases at the 18th symposium of the Harry Benjamin International Gender Dyspho-

ria Association[16].

Diagnosis

Two main diagnostic systems normally used for diagnosing transsexualism are in operation, ICD10 [17] and DSM IV[18] Diagnostic criteria which combine features of both systems are as follows:

- Transsexualism is a Gender Identity Disorder in which there is a strong and on-going cross-gender identification, and a desire to live and be accepted as a member of the opposite sex. There is a persistent discomfort with his or her anatomical sex and a sense of inappropriateness in the gender role of that sex. There is a wish to have hormonal treatment and surgery to make one's body as congruent as possible with one's psychological sex.
- The diagnosis of transsexualism is confirmed when gender dysphoria has been present for at least two years and has been alleviated by cross-gender identification.
- Transsexualism is linked with, but distinct from

(i) Intersex conditions (e.g. androgen insensitivity syndrome or congenital adrenal hyperplasia) and accompanying gender dysphoria.

(ii) Transient, stress related cross-dressing behavior.

(iii) Persistent pre-occupation with castration or penectomy without a desire to acquire the sex characteristics of the other sex.

Indication and Patient Selection

Criteria for patient selected for surgery[19] :

Patients who are suitable for sex reassignment surgery must meet the following specifications:

1. Have been living for at least one year full-time in the new gender role. Living in this role should be complete and successful.
2. Live with the sense of being a female for more than 2 years.
3. Take hormone therapy for at least 6 months.
4. Gain a recommendation of a psychiatrist or therapist.
5. Have a bad attitude of your sexual organs.
6. No psychiatric illness such as schizophrenia.
7. A peer review evaluation in favor of reassignment surgery from a second specialist with expertise in the field of gender dysphoria.

Treatment

1. Medical sex reassignment

1.1 Psychiatric treatment

1.2 Endocrinological treatment

2. Surgical sex reassignment

2.1 Male to Female sex reassignment surgery

2.1.1 Genital surgery

2.1.2 Non-genital surgery

2.2 Female to Male sex reassignment surgery

2.2.1 Genital surgery

2.2.2 Non-genital surgery

Technique and Result

Preoperative treatment[20]:

1. Should stop taking hormone pills for 3-6 weeks before operation.
2. Stop smoking and taking Aspirin 2-3 weeks before operation.
3. Eat any kind of soft diet for 2 days then change to residual-free liquid diet the day before the surgery to prevent the problem of defecation after operation.
4. Purgative salt or Laxative drug was prescribed for bowel preparation.
5. Cleaning enema by soap or saline.
6. Should not drink and eat food for 6 hours before the operation.
7. Preoperative antibiotic are Intravenous cefuroxime 1500 mg and metronidazole 500 mg.

Male to Female sex reassignment surgery: (genital surgery)

Genital reconstruction is the prime task in gender-reassignment surgeries. The goals of the surgery are to create as normal a vagina and introitus as possible, provide maximal clitoral and vaginal sensation, furnish a deep vagina allowing satisfactory sexual intercourse, and minimize disfiguring scars. The operative procedure for conversion of a male into a female is briefly described below:

Steps of the operation:

1. Construction of vagina cavity
2. Castration
3. Construction of Clitoris
4. Creation of urethra meatus
5. Construction of valva and vaginal lining

The technique the authors use for vaginal lining is the "Penile Inversion Vaginoplasty (the more technical term is Neocolporraphy)" technique[21,22] which turns the penile skin "inside out" and uses it to line a vaginal cavity. The penis and testes are removed. A pure penile inversion limits the size of the vagina that can be created depends on the amount of penile skin available. Some patient's penile tissue is limited because the length of penis or the Peno - scrotal junction

stays in a high position, which will limit the vaginal lining. In these cases the authors use scrotal skin graft in combination with penile inversion flap to increase the length of the vaginal lining which can give more depth of the neovaginal cavity. If the penile skin is very short, occasionally rare in some cases "Colon-Vaginoplasty" may have to be performed in second step after 6 months or shift to do the colon-vaginoplastsy as the primary procedure[23,24].

In the last 5 years, the authors have constructed a clitoris by retaining a small section of the glans penis with its blood supply and nerves intact, and position this into an appropriate position above the urethral meatus[25,26]. Since the nerves of glans in phenotypic male are analogous to the nerves of the clitoris in a female, the authors also constructed labia majora and labia minora which means patients can have the feeling of erotic sensation like a natural - born female. This is a special technique which makes the patients most satisfied. They will gain the most natural looking and esthetic pleasing female genitalia with very good function and sensation and cosmetic appearance.

The result of the operation in our series is quite satisfactory[16,27,28]. The average vaginal depth was about 5 inches. The complications were very minimal such as minor disruptions of the tip of labia majora, partial necrosis of penile skin flap. The major complications such as complete loss of penile skin, complete obliteration, recto-vaginal fistula, urethral stenosis, could be found during the first 100 cases of our series [28] but since many refined versions of development of the surgical techniques these complications have been reduced significantly[29,30,31].

Postoperative treatment[20,32]:

- Antibiotic prophylaxis should be continued for 24 hr.
- Neovagina packing, the vaginal stent can be removed on the 5th day post-op.
- Urinary catheter can be removed on the 5th day post-op.
- The patient can be discharged on the 6th day post-op.
- After being discharged from the hospital, the NEO vagina should be dilated by initially using a small vaginal dilator and gradually increasing the width and length every day. Insert, pull out the dilator in NEO vagina 3-4 times a day and retain it at least for half an hour every day.
- Shower with soap is allowed to keep the wound clean.
- Use vaginal douche twice a day for 3 weeks.
- Sexual intercourse can be performed 2 months after surgery.
- The external appearance will look natural like woman after 2-6 months.
- Dilatation of the vagina is recommended at least twice daily, for the first 6 months.

Male to Female sex reassignment surgery: (non-genital surgery)

1. Facial bone feminization such as malar plasty, gonioplasty, mentoplasty, forehead feminization etc.
2. Facial cosmetic surgery such as facelift, brow reduction, blepharoplasty, rhinoplasty, libioplasty etc.
3. Augmentation mammoplasty
4. Body contouring, Liposuction, Liposcultured
5. Thyroid shaving (Adam's Apple Shaving/Thyroid Chondroplasty)
6. Phonosurgery (Voice surgery)/speech therapist/ Other Voice-Changing Procedures
7. Hair removal (permanent) / Hair Transplantation
8. Tattoo removal
9. Dermabrasion and Skin Peeling

Female to Male sex reassignment surgery: (genital surgery)

In female to male surgery the situation gets a little more complicated, in that many female to male patients elect to do a mastectomy only, and or hysterectomy. So mastectomy is really the Gender Confirmation surgery, and they don't go on to do any kind of genital construction (phalloplasty).

The ideal goals of the surgery are as below[14,33]:

- Construction in one-stage operation
- Tactile sensation neophallus
- Stand up voiding and Urine stream
- Sexual intercourse
- Midline, appropriate size and shape of the phallus

in female to male sex reassignment surgery, the result is still not quite satisfactory concerning the appearance and function mentioned above. There was one study about phalloplasty in female to male transsexuals to find out what they wanted from the operation[34]. The finding was as below:

- *External genitalia* - Scortum (96%), A glands (92%), Rigidity (86%) by erection prosthesis, Phallus length about 10-13 cm
- *Aesthetic look* - Wearing a tight swimsuit (91%), can be nude on the beach (81%)
- *Minimal disfigurement and no function loss in the donor area;* "infraumbilical region was the most favored donor area"

Female to Male sex reassignment surgery: (non-genital surgery)

hysterectomy and oophorectomy (removal of uterus and ovaries)

bilateral mastectomy (breast removal)

Conclusion

There are many surgeons who are able to do sex reassignment surgery in Thailand now. Almost all of them were trained by Dr.Preecha. However the outcome after the operation depends not only on the ability of the surgeons but also on the patients being operated on. If the patients were not really transsexuals or had not been properly assessed and prepared psychologically, the surgery may be tragic. The authors found that patients who had been operated on elsewhere and come to us to ask for penile reattachment which was impossible, some of them attempted suicide. Contrarily in properly-selected patients, sex reassignment according to the therapeutic regimen outlined in the above results in high levels of patient satisfaction, improvements in mood and social functioning, and improved quality of life. So far Dr.Preecha has developed the surgical technics and a Team which consists of social scientists, psychiatrists, and endocrinologists to achieve a state-of-the-art operation and more than 90 percent success rate of satisfaction from the patients.

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การผ่าตัดแปลงเพศในประเทศไทย

ประยุทธ โชครุ่งวรานนท์, ปรีชา เตียวตรานนท์

ก่อนหน้านี้หลายปีในสังคมไทยเรา มักคิดถึงพวกหลงเพศ (Transsexualism or Gender identity Dysorder or Gender dysphorea) ซึ่งชาวบ้านมักเรียกว่า กะเทย (ศัพท์ตลาดของผู้ที่มีสองเพศในคนเดียวกัน) หรือ สาวประเภทสอง หรือ ตุ๊ด (ตุ๊ดซี่) ว่าเป็น คนชั้นต่ำ แต่งเนื้อแต่งตัวสกปรก และแอบอยู่ในมุมมืดเพื่อขายบริการขายตัว ทำให้เราไม่ค่อยอยากทำการผ่าตัดแปลงเพศให้บุคคลเหล่านี้ เพราะคิดว่าไปตัดอวัยวะเพศที่ยังดี ๆ อยู่ของเขาออกไป เพราะสมัยนั้นสังคมส่วนใหญ่ไม่ยอมรับ ผลที่ตามมาก็คือ ทำให้เรามีประสบการณ์ในกรณีที่พวกเขาวิ่งไปหาหมอที่ไม่มีความรู้ความชำนาญ หรือ ไม่มีประสบการณ์ที่เพียงพอทำผ่าตัดให้จนได้ เนื่องจากว่าเราไม่สามารถไปยับยั้งความต้องการของคนเหล่านี้ ซึ่งมักจะทนทุกข์ทรมานจากความผิดปกติที่เกิดขึ้น ในความปรารถนาอย่างแรงกล้าที่เปลี่ยนอวัยวะเพศที่เขามีอยู่ไปสู่เพศที่เขาต้องการได้ ซึ่งผลที่ได้ไม่เป็นที่น่าพอใจ สำหรับผู้ป่วย มีโรคแทรกและผลที่ตามมาภายหลังจากการผ่าตัด ซึ่งทำให้เราต้องมาทำผ่าตัดแก้ไขให้เขาในภายหลังอยู่ดี ซึ่งอาจจะยากกว่าการที่จะทำให้เขาแต่แรกด้วยซ้ำไป ประกอบกับมีการศึกษามากขึ้นถึงสาเหตุและผลกระทบของความผิดปกติที่เกิดขึ้นกับคนเหล่านี้ ทำให้มุมมองซึ่งเคยมีมาแต่ก่อนเปลี่ยนไป คือ หญิงที่อยากเป็นเขา และชายที่อยากเป็นเธอ เหล่านี้ควรจะถูกมองว่าเป็น "ผู้ป่วย" ประเภทหนึ่งที่ต้องได้รับการบำบัดให้เกิดความสมดุลระหว่างเพศที่เขาเป็นอยู่ และเพศตรงข้ามที่เขาอยากเป็นและให้ได้รับการยอมรับจากผู้อื่นในสภาพของเพศตรงข้ามนั้น เพื่อให้เขาเหล่านี้อยู่ได้อย่างมีความสุข โดยการรักษาเริ่มจากการพยายามปรับจิตใจให้เข้ากับร่างกายก่อน โดยจิตแพทย์ และอายุรแพทย์ต่อมไร้ท่อด้วยการให้ฮอร์โมน และเมื่อไม่สามารถทำให้สภาวะจิตใจเข้ากับร่างกายซึ่งเป็นวิธีการรักษาโดยไม่ต้องผ่าตัดได้แล้ว การผ่าตัดแปลงเพศก็จะเป็นเพียงวิธีเดียวที่เหลืออยู่ที่จะเปลี่ยนร่างกายให้เข้ากับจิตใจของผู้ป่วยเหล่านี้ และได้ผลดีที่สุดในผู้ป่วยที่ได้รับการคัดเลือกเป็นอย่างดีแล้ว

ปรีชา เตียวตรานนท์ เป็นศัลยแพทย์ผู้บุกเบิกคิดค้นการผ่าตัดแปลงเพศในประเทศไทย เริ่มทำผ่าตัดแปลงเพศเมื่อปี พ.ศ. 2518 โดยร่วมกับนายแพทย์ประกอบ ทองผิว ต่อมาเริ่มมีการสอนทำผ่าตัดแปลงเพศในโรงพยาบาลจุฬาลงกรณ์เมื่อปี พ.ศ. 2526 (ปัจจุบันเชื่อว่าเป็นโรงเรียนแพทย์แห่งเดียวในประเทศไทยที่มีการสอนผ่าตัดแปลงเพศอย่างเป็นระบบ และได้ผลดี) และได้มีการพัฒนาเทคนิคการผ่าตัดหลายครั้งเพื่อให้ได้ผลการรักษาที่ดียิ่ง ๆ ขึ้น