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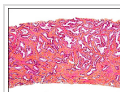
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Medscape Medical News from the:

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Sex-Change Operations Mostly Successful

Laird Harrison
May 20, 2013

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SAN DIEGO, California — Most people who undergo sex-change surgery can have sexual intercourse, but the procedure often comes with complications, a new study shows.

"Most patients are satisfied," study author Maria Helena Palma Sircili, MD, a urologist at the University of San Paulo in Brazil, told *Medscape Medical News*.

Dr. Sircili presented the study findings here at the American Urological Association 2013 Annual Scientific Meeting.

Surgeons are improving their results as they gain experience with the procedure, she said. "It's becoming more common in Brazil because a law changed. Since 1997, it has been legal to perform this type of surgery in public hospitals."

Surgeons at the university have performed the procedure 70 times over a 13-year period. All patients had confirmed psychiatric diagnoses, underwent psychological therapy for at least 2 years, and had hormone replacement. The mean age of the patients was 35 years.

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Fifty male-to-female patients underwent orchiectomy and penile inversion to create a neovagina in a 1-stage procedure. Twenty female-to-male patients underwent panhysterectomy with colectomy followed by metoidioplasty with urethroplasty in a 2- or 3-stage procedure.

The mean study follow-up was 6.5 years.

The male-to-female surgery gave the patients a "normal female appearance," Dr. Sircili reported. The mean length of the neovagina was 8.8 cm.

However 40% of male-to-female patients experienced complications. For example, 4 patients lost their neovagina (1 because of hematoma and 3 because of total vaginal prolapse with rectovaginal fistulas); 4 had partial vaginal prolapse corrected (1 with laparoscopy and 3 with suprapubic suspension); 1 had a prolapsed labia majora requiring removal of the glans; 1 had compartmental syndrome in the left leg that was treated with fasciotomy; 2 suffered urinary dysfunction that resolved on its own; 1 had hair in the labia minora and introitus; 6 had urethral meatal stenosis, which was treated with meatotomy; and 1 had urethral prolapse that was corrected with resection.

The rate of reoperation declined from 45% in the first 20 patients to 30% in the second 20 patients.

The majority of the male-to-female patients (80%) reported having sexual intercourse; for most, this included orgasm. Three said they had no desire for a relationship. Four were still recovering from surgery, and 3 are scheduled for reoperation.

The mean number of procedures required by the female-to-male patients was 3. Of the 60% who have completed the process, 2 experienced urethral stenosis.

The mean length of the phalluses was about 5 cm. The refashioned clitoral tissue allowed these patients to achieve erections.

The size of the phallus limited sexual penetration, but all the female-to-male patients reported satisfaction with sexual intercourse.

"Have you abandoned this surgery?" asked an audience member after Dr. Sircili's presentation. He noted the small size of the phalluses constructed by the surgery. "It seems futile."

Dr. Sircili explained that the goal for the female-to-male patients was to escape the female bodies in which they felt trapped. "They really are not worried about their penis size," she said.

This research adds to a meager body of literature, said Sean Elliott, MD, director of reconstructive urology at the University of Minnesota in Minneapolis, who was asked by *Medscape Medical News* to comment on the study.

"In the United States, most people have given up doing these procedures," he said. "No one has reported their results."

This study received no outside funding. Dr. Sircili and Dr. Elliott have disclosed no relevant financial relationships.

American Urological Association (AUA) 2013 Annual Scientific Meeting; Abstract 103. Presented May 4, 2013.

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