Sex reassignment surgery

Sex reassignment surgery (initialized as **SRS**; also known as **gender reassignment surgery**, **genital reconstruction surgery**, **sex affirmation surgery**, **sex realignment surgery** or **sex-change operation**) is a term for the surgical procedures by which a person's physical appearance and function of their existing sexual characteristics are altered to resemble that of the other sex. It is part of a treatment for gender identity disorder/gender dysphoria in transsexual and transgender people. It may also be performed on intersex people, often in infancy and without their consent.

Other terms for SRS include *sex reconstruction surgery, gender confirmation surgery,* and more clinical terms, such as *feminizing genitoplasty* or *penectomy, orchidectomy and vaginoplasty* are used medically for trans women, with *masculinizing genitoplasty* or *phalloplasty* often similarly used for trans men.

People who pursue sex reassignment surgery are usually referred to as transsexual; "trans" - across, through, change; "sexual" - pertaining to the sexual characteristics (not sexual actions) of a person. More recently, people pursuing SRS often identify as transgender instead of transsexual.

Scope and procedures

The best known of these surgeries are those that reshape the genitals, which are also known as *genital reassignment surgery* or *genital reconstruction surgery* (GRS). However, the meaning of "sex reassignment surgery" has been clarified by the medical subspecialty organization, the World Professional Association for Transgender Health (WPATH), to include any of a larger number of surgical procedures performed as part of a medical treatment for "gender dysphoria", "transsexualism" or "gender identity disorder". According to WPATH, medically necessary sex reassignment surgeries include "complete hysterectomy, bilateral mastectomy, chest reconstruction or augmentation [...] including breast prostheses if necessary, genital reconstruction (by various techniques which must be appropriate to each patient[...])[...] and certain facial plastic reconstruction."[1] In addition, other non-surgical procedures are also considered medically necessary treatments by WPATH, including facial electrolysis.

A growing number of public and commercial health insurance plans in the United States now contain defined benefits covering sex reassignment-related procedures, usually including genital reconstruction surgery (MTF and FTM), chest reconstruction (FTM), breast augmentation (MTF), and hysterectomy (FTM).[2] In June 2008, the American Medical Association House of Delegates declared that discrimination,[3] stating that the denial to patients with Gender Identity Disorder of otherwise covered benefits represents discrimination, and that the AMA supports "public and private health insurance coverage for treatment for gender identity disorder as recommended by the patient's physician." Other organizations have issued similar statements, including WPATH,[4] the American Psychological Association,[5] and the National Association of Social Workers.[6]

Differences between trans women and trans men SRS

The array of medically necessary surgeries differs between trans women (male to female) and trans men (female to male). For trans women, genital reconstruction usually involves the surgical construction of a vagina, whereas in the case of trans men, genital reconstruction may involve construction of a penis through either phalloplasty or metoidioplasty. In both cases, for trans women and trans men, genital surgery may also involve other medically necessary ancillary procedures, such as orchiectomy or vaginectomy.

As underscored by WPATH, a medically-assisted transition from one sex to another may entail any of a variety of non-genital surgical procedures, any of which are considered "sex reassignment surgery" when performed as part of treatment for transsexualism. For trans men these may include mastectomy (removal of the female breasts) and chest reconstruction (the shaping of a male-contoured chest), or hysterectomy and bilateral salpingo-oophorectomy. For some trans women, facial feminization surgery and breast augmentation are also medically necessary components of

their surgical treatment.

Medical considerations

People with HIV or hepatitis C may have difficulty finding a surgeon able or willing to perform surgery. Many surgeons operate out of small private clinics that cannot adequately treat potential complications in these populations. Some surgeons charge higher fees for HIV- and hepatitis C-positive patients; other medical professionals assert that it is unethical to deny surgical or hormonal treatments to transsexuals solely on the basis of their HIV or hepatitis status.[7]

Other health conditions such as diabetes, abnormal blood clotting, and obesity do not usually present a problem to experienced surgeons. The conditions do increase the anesthetic risk and the rate of post-operative complications. Surgeons may require overweight patients to reduce their weight before surgery and smoking patients to refrain from smoking before and after surgery. Surgeons commonly stipulate the latter regardless of the type of operation.

Potential future advances

Medical advances may eventually make childbearing possible by using a donor uterus long enough to carry a child to term as anti-rejection drugs do not seem to affect the fetus.[8][9][10][11] The DNA in a donated ovum can be removed and replaced with the DNA of the receiver. Further in the future stem cell biotechnology may also make this possible, with no need for anti-rejection drugs.

Standards of care

Sex reassignment surgery can be difficult to obtain, due to a combination of financial barriers and lack of providers. An increasing number of surgeons are now training to perform such surgeries. In many regions, an individual's pursuit of SRS is often governed, or at least guided, by documents called Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People (SOC). The most widespread SOC in this field is published and frequently revised by the World Professional Association for Transgender Health (WPATH, formerly the Harry Benjamin International Gender Dysphoria Association or HBIGDA). Many jurisdictions and medical boards in the United States and other countries recognize the WPATH Standards of Care for the treatment of transsexualism. For many individuals, these may require a minimum duration of psychological evaluation and living as a member of the target gender full time, sometimes called the real life experience (RLE) (sometimes mistakenly referred to as the real life test (RLT)) before genital reconstruction or other sex reassignment surgeries are permitted.

Standards of Care usually give certain very specific "minimum" requirements as guidelines for progressing with treatment for transsexualism, including accessing cross-gender hormone replacement or many surgical interventions. For this and many other reasons, both the WPATH-SOC and other SOCs are highly controversial and often maligned documents among transgender patients seeking surgery. Alternative local standards of care exist, such as in the Netherlands, Germany, and Italy. Much of the criticism surrounding the WPATH/HBIGDA-SOC applies to these as well, and some of these SOCs (mostly European SOC) are actually based on much older versions of the WPATH-SOC. Other SOCs are entirely independent of the WPATH. The criteria of many of those SOCs are stricter than the latest revision of the WPATH-SOC. Many qualified surgeons in North America and many in Europe adhere almost unswervingly to the WPATH-SOC or other SOCs. However, in the United States many experienced surgeons are able to apply the WPATH SOC in ways which respond to an individual's medical circumstances, as is consistent with the SOC.

Most surgeons require two letters of recommendation for sex reassignment surgery. At least one of these letters must be from a mental health professional experienced in diagnosing gender identity disorder, that has known the patient for over a year. Letters must state that sex reassignment surgery is the correct course of treatment for the patient.[12][13]

Many medical professionals and numerous professional associations have stated that surgical interventions should not be required in order for transsexual individuals to change sex designation on identity documents.[14] However, depending on the legal requirements of many jurisdictions, transsexual and transgender people are often unable to change the listing of their sex in public records unless they can furnish a physician's letter attesting that sex reassignment surgery has been performed, in other instances legal gender change is prohibited even after genital or other surgery or treatment without recourse, while in other cases, such statutes may specify that genital surgery has been completed.

History

The earliest identified recipient of male to female sex reassignment surgery was 'Rudolf (Dora-R).[15] "He took the first step towards changing his sex in 1921, when he had himself castrated, As a result his sexual instinct was enfeebled, but the homosexual tendency, as well as his own feelings, remained the same. This step, however, was not sufficient for him, and he tried to obtain a still greater degree of femininity in his sexual parts. Finally, in 1930, the operation which he himself had attempted at the age of six was performed upon him, that is, the removal of his penis, and six months afterwards the transformation was completed by the grafting of an artificial vagina."

This was followed by Lili Elbe in Berlin during 1930-1931. She started with the removal of the male sex organs, the operation 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 recipient of this was Magnus Hirschfeld's housekeeper,[16] but her identity is unclear at this time.

Filmmaker Tanaz Eshaghian discovered that the Iranian government's "solution" for homosexuality is to endorse, and fully pay for, sex reassignment surgery.[17] The leader of Iran's Islamic Revolution, Ayatollah Ruhollah Khomeini, issued a fatwa declaring sex reassignment surgery permissible for "diagnosed transsexuals."[17] Eshaghian's documentary, *Be Like Others*, chronicles a number of stories of Iranian gay men who feel transitioning is the only way to avoid further persecution, jail and/or execution.[17] The head of Iran's main transsexual organization, Maryam Khatoon Molkara—who convinced Khomeini to issue the fatwa on transsexuality—confirmed that some people who undergo operations are gay rather than transsexual.[18]

Thailand is the country that performs the most sex reassignment surgeries, followed by Iran.[18]

On June 12 2003, European Court of Human Rights ruled in favor of Van Kück, a German transsexual woman whose insurance company denied her reimbursement for gender reassignment surgery as well as hormone replacement therapy. The legal arguments related to the Article 6 of the European Convention on Human Rights as well as the Article 8. This affair is referred to as "**Van Kück vs Germany**"[19]

References

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[2] See discussion of insurance exclusions at: http://www.hrc.org/issues/transgender/9568.htm

[3] AMA Resolution 122 "Removing Financial Barriers to Care for Transgender Patients". see: http://www.ama-assn.org/ama1/pub/upload/mm/15/digest_of_actions.pdf

[4] See WPATH Clarification Statement

[5] APA Policy Statement Transgender, Gender Identity, and Gender Expression Non-Discrimination. See online at: http://www.apa.org/pi/lgbc/policy/transgender.pdf

[6] NASW Policy Statement on Transgender and Gender Identity Issues, revised August 2008. See www.socialworkers.org

[7] See WPATH Standards of Care, also WPATH Clarification. www.wpath.org

[8] Doctors plan uterus transplants to help women with removed, damaged wombs have babies (http://www.saukvalley.com/articles/2007/01/23/features/health_and_medical/288035642038177.txt) - Associated Press

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[14] See WPATH Clarification Statement, APA Policy Statement, and NASW Policy Statement

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