Corporate Scholarship Presentations

C1.3 Medical **10:45 Room 428**

"Sex Reassignment Surgery" – to Falsify or to Rectify the Body

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Transsexualism was first coined in 1970s, it was renamed gender identity disorder (GID) later in 1990, which is defined as a strong and persistent cross-gender identification with the patient's persistent discomfort with his or her own sex and a sense of inappropriateness in the gender role of that sex (Diagnostic and Statistical Manual of Mental Disorders, fourth revision, text revision [DSM-IV-TR]). Currently it is named gender dysphoria (GD) (DSM V) to emphasise the fact that individuals being bothered by this condition are not having genuine mental disorder.

The disturbance (not disorder) is not concurrent with a physical intersex condition and causes clinical distress or impairment in social, occupational, or other important areas of functioning. Besides, it affects all adaptive physical and psychosocial aspects of a person. Its diagnosis, however, is based solely on the history and personal perceptions.

The medical professional/clinician is obliged to find out if the individual meets the criteria of an irreversible gender transposition, and if he or she will benefit from medical (hormonal and surgical) sex-reassignment treatment. If a patient has absolved 12 months of real-life experience and at least 12 months of continuous hormonal treatment, the indication for surgical sex reassignment may be offered.

Treatment for GD individuals includes social and psychological support, cross-hormone treatment, and sex reassignment surgeries (SRS), which is considered to be the most effective treatment to date that can significantly relieve the psychological stress imposed on those individuals.

Genital SRS in male-to-female (MtF) transsexuals includes vaginoplasty (for the vaginal lining and inversion of the penile-scrotal skin flaps remain the technique of choice), clitoroplasty and vulvoplasty. The operation may be performed in one or two stages.

In contrast to genital reassignment in MtF patients, no operative standards are available in female-to-male (FtM) subjects. Recently, neophallus creation from sensate free forearm flaps (the radial forearm flap) has emerged as the most promising approach for those patients who want to have a neophallus. Other alternatives such as metoidoioplasty or neophallus reconstruction from regional flaps (e.g. abdominopubic flap, anterolateral thigh flap) exist, but are also accompanied by multiple possible complications and re-interventions.

The SRS is complex and requires not only coordination of multiple procedures, but also lifetime follow-up of transsexual individuals. Best results are to be expected when using multidisciplinary teams of urologists, plastic surgeons, gynaecologists, and experts in sexual medicine in large-volume centres.