THE JOURNAL OF
SEXUAL MEDICINE

Reversal Surgery in Regretful Male-to-Female Transsexuals After Sex Reassignment Surgery

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ABSTRACT

Introduction: Sex reassignment surgery (SRS) has proved an effective intervention for patients with gender identity disorder. However, misdiagnosed patients sometimes regret their decision and request reversal surgery. This review is based on our experience with seven patients who regretted their decision to undergo male-to-female SRS.

Aims: To analyze retrospectively seven patients who underwent reversal surgery after regretting their decision to undergo male-to-female SRS elsewhere.

Methods: From November 2010 through November 2014, seven men 33 to 53 years old with previous male-to-female SRS underwent reversal phalloplasty. Preoperatively, they were examined by three independent psychiatrists. Surgery included three steps: removal of female genitalia with scrotoplasty and urethral lengthening, total phalloplasty with microvascular transfer of a musculocutaneous latissimus dorsi flap, and neophallus urethroplasty with penile prosthesis implantation.

Main Outcome Measures: Self-reported esthetic and psychosexual status after reversion surgery and International Index of Erectile Function scores for sexual health after phalloplasty and penile prosthesis implantation.

Results: Follow-up was 13 to 61 months (mean = 31 months). Good postoperative results were achieved in all patients. In four patients, all surgical steps were completed; two patients are currently waiting for penile implants; and one patient decided against the penile prosthesis. Complications were related to urethral lengthening: two fistulas and one stricture were observed. All complications were repaired by minor revision. According to patients' self-reports, all patients were pleased with the esthetic appearance of their genitalia and with their significantly improved psychological status.

Conclusion: Reversal surgery in regretful male-to-female transsexuals after SRS represents a complex, multistage procedure with satisfactory outcomes. Further insight into the characteristics of persons who regret their decision postoperatively would facilitate better future selection of applicants eligible for SRS.

Key Words: Male-to-Female Transsexuals; Sex Reassignment Surgery; Regret; Phalloplasty; Outcomes

INTRODUCTION

According to the Standards of Care of the World Professional Association of Transgender Health (WPATH),[1] treatment of transsexual persons consists of hormonal therapy and sex reassignment surgery (SRS). Two recommendations from experienced mental health professionals are required to ensure a high probability of subjectively satisfying outcomes. In male-to-female transsexuality, SRS involves the creation of a neovagina and reconstruction of a sensate neoclitoris from the glans penis lined with its neurovascular bundle. Surgical techniques should be classified by the type of flap or graft that will be used for vaginal reconstruction and include penile and penoscrotal skin grafts, pedicled penile and penoscrotal flaps, free skin grafts, bladder mucosa, or intestinal segments.[2-4] The esthetic, sensory, and functional results of vaginoplasty vary greatly. In general, most researchers have reported their patients are extremely satisfied overall with their surgical outcomes, with a low rate of complications.[5-7]

Despite the early or late surgical complications that can usually be solved successfully, regret and suicide after male-to-female surgery should be considered the worst conceivable outcome. Different factors are responsible for regret, including psychosocial adjustment, presence of psychopathology, dissatisfaction with

Received January 12, 2016. Accepted February 17, 2016.

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http://dx.doi.org/10.1016/j.jsxm.2016.02.173

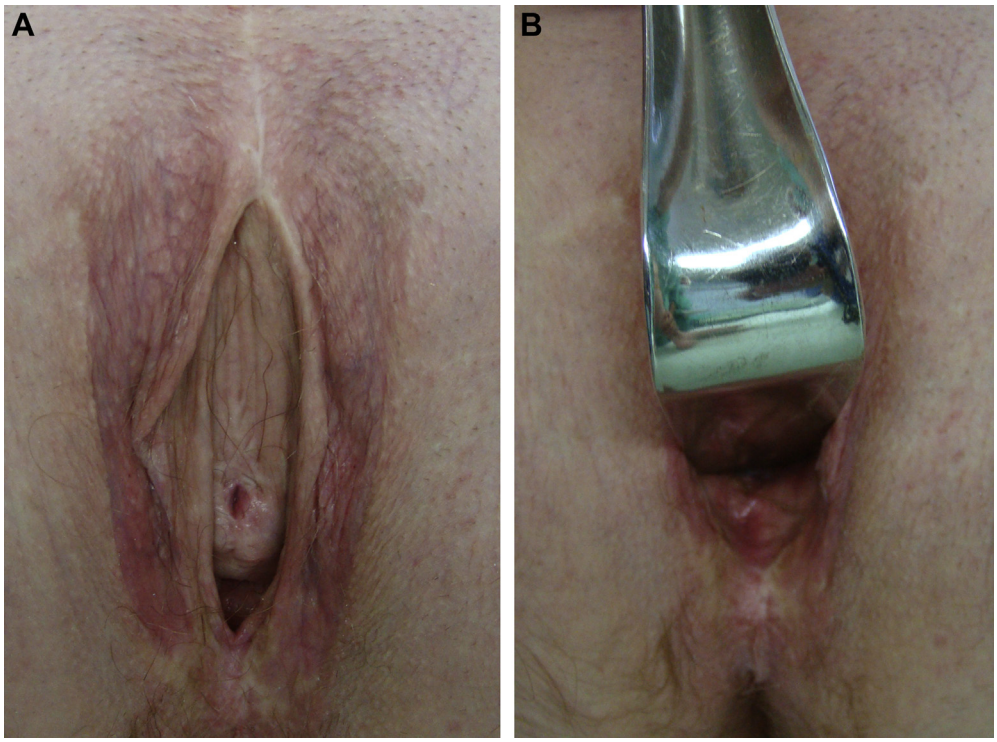

Figure 1. Panels A and B shows the appearance of female genitalia after sex reassignment surgery in a regretful male-to-female transsexual. Figure 1 is available in color online at www.jsm.jsexmed.org.

esthetic and functional results after surgery, the existence and quality of a partner, and other interpersonal relationships. Some researchers have classified the level of regret as three categories: (i) definite regret—the patient persistently regrets surgery and has applied for transition to the natal sex; (ii) some regret—the patient indirectly expresses regret and signs of ambivalence about transsexual surgery; and (iii) no regret. Dissatisfaction and regret after transsexual surgery have been associated with several factors: age older than 30 years at first surgery, personality disorders, social instability, secondary transsexualism, heterosexual sexual orientation, dissatisfaction with surgical results, and poor support from the partner or family.[8-10]

Although many studies have reported psychiatric and psychological problems after hormonal and/or surgical treatment of male-to-female transsexuals, only some have reported on regret. It is not surprising that most previous reports on regret after SRS have been based on a small number of cases that were treated non-surgically.

In the present study, we reviewed seven male-to-female transsexuals who requested reversal genital surgery because of regret after SRS. We hypothesized that it would be very important to delineate the requests for reversal surgery and surgical procedures used in patients' management and to evaluate their postoperative outcomes.

AIMS

The aims of this study were to analyze retrospectively seven patients who underwent reversal surgery in our Belgrade Center for Transgender Surgery from regret after male-to-female SRS elsewhere.

METHODS

We retrospectively analyzed seven patients 33 to 53 years old (mean = 42 years) treated from November 2010 through November 2014 who regretted undergoing male-to-female SRS (Figure 1). All patients had been examined by at least two mental health professionals and they had undergone SRS elsewhere. They were admitted to our center 11 months to 12 years after the regretted surgery. Of the seven patients, four (57%) underwent free penoscrotal skin vaginoplasty and three (43%) underwent penile inversion vaginoplasty. All patients were interviewed about their reasons for the new surgical transition and expectations from the treatment. Also, they were requested to supply letters of recommendation from three independent experienced mental health professionals. Surgery included three steps: (i) removal of the neovagina with scrotoplasty and urethral lengthening; (ii) total phalloplasty with microvascular transfer of the musculocutaneous latissimus dorsi flap; and (iii) and neophallus urethroplasty with penile prosthesis implantation. Before phalloplasty, the non-dominant donor site was prepared by a professional massage to improve skin elasticity and skin closure after harvesting the latissimus dorsi flap for at least 3 months before surgery.

The neovagina was completely removed from the space between the rectum and bladder, together with the urethra, except for the part of anterior vaginal wall close to the urethral