

Polare Edition 36

Published: August 2000 Last Update: June 2013 Last Reviewed: September 2015

Manager's Report

Elizabeth Riley, Gender Centre Manager

Transphobic Violence - Focus Groups

Andrew Sharpe from Macquarie University and Dr. Leslie Moran from the University of London conducted two focus groups through the Gender Centre during July. Several members of the community participated and issues ranging from family violence to police attitudes were discussed. The sessions were very powerful, highlighting the many kinds of violence that are directed towards transgender people. We keenly await the publishing of Andrew and Leslie's report. Personal thanks to all who attended and shared their experiences. It is through your efforts that we can hope to effect change.

The second focus group session was followed by a forum attended by Jackie Braw, Gay Lesbian and Transgender Liaison Officer with the Crime Prevention Unit of the Attorney General's office and Di Topping, Executive Officer of the Gay and Lesbian Anti-Violence Project (A.V.P.). This too was a powerful session and again thanks to those community members who attended.

Both the focus groups and the forum aid in developing partnerships that will ultimately help to address the issues of violence for transgender people. We look forward to an ongoing relationship with Attorney General's and the [A.V.P.](#) and to developing some key strategies to combat violence in the coming months. Several community members have agreed to participate on a sub-committee that will liaise with [A.G.'s](#) and [A.V.P.](#) and work on those strategies. We anticipate some exciting outcomes from this work.

O.D.E.O.P.E.

We have had several meetings with [O.D.E.O.P.E.](#) in reviewing the Public Sector Management Office's publication of the *Employers Handbook*. All appears to be on schedule for the inclusion of transgender people in the handbook which is the first step towards effecting equal employment opportunity in the [N.S.W.](#) public sector for members of our community.

While this work has been an initiative of all the representatives on the Transgender Working Party (Dept for Women), I would particularly like to thank Vivienne Porzolt from [O.D.E.O.P.E.](#) who has enthusiastically taken responsibility for revising the handbook.

The new edition of the handbook is due out this month (August), so I continue to encourage people who would like to secure employment in the public sector to start putting in your applications. A range of jobs are advertised every Saturday morning in the employment section of the *Sydney Morning Herald*.

[Petersham T.A.F.E.](#)

Feature Articles



In the early days of university it was just a case of silly looks, laughter, or other people's uncontrolled curiosity, and while there was some occasional malice noticeable, it was negligible. Later however, it became a noticeable.

Legitimising My Existence

Sarah has been at university for a semester. She was informed that she would find a better class of people there, she has her doubts. Human nature transcends all situations and conditions, so biases and bigotry have no boundaries, they are usually found everywhere.

Riding the Bus

Sometimes life's lessons and rights apply across various lines and affect all humans. One such lesson and right is the ability to ride the bus, free from discrimination and harassment, and also with the right to feel comfortable doing so as the person you are.

My Locus of Control

Andrew's story is different from others that he's read in that he was fighting with his own shadow. For most of his life he was living in the world of his imagination, created to ease his pain, but he is most excited about learning to live in the reality as his true-self.

Phalloplasty Stage Two

Michael recounts his phalloplasty surgery experience with a day to day, matter of fact account of his surgery in Melbourne with Dr. David Hunter-Smith. In this article he discusses the final stage where the penis is fashioned from a flap of skin from the forearm.

Post Exposure Prophylaxis

If you've had sex without a condom, had a condom break during sex, or shared injecting equipment, you may have been exposed to H.I.V.. While there's no substitute for safe sex, there's a new option available called Post-Exposure Prophylaxis (P.E.P.)

Our newly established partnership with Petersham T.A.F.E. is up and running. We have spoken to teachers and T.A.F.E. counsellors and they are highly empathetic to transgender issues. I am pleased to be able to report that there are already three transgender people enrolled in courses there and we would hope to expand on this number in the near future.

We would like to promote Petersham as the transgender friendly T.A.F.E., so if you need gain work skills or up-skill this is a great opportunity. As a first point of contact you can call Julie Robinson (T.A.F.E. Counsellor) on (02) 9335 2568, Monday to Wednesday.

If you are interested in the possibilities of working with the Public Sector but don't have the necessary skills, a course at Petersham T.A.F.E. may be your answer.

South Sydney Council

South Sydney Council's Social Plan Committee is reviewing the Gay, Lesbian and Transgender Issues Paper to establish appropriate services in the South Sydney area for gay, lesbian and transgender people. Included in the South Sydney Local Council Area are Oxford Street and King Street so many transgender people are involved.

Key issues such as safety and access will be addressed as the social plan progresses. I will keep you informed in future editions of *Polare*.

Department of Education and Training (D.E.T.)

We are continuing to be invited to participate in training programs with D.E.T.. Since the last edition of *Polare*, Sean and I have acted as panel members on eight separate training sessions to address the issues of discrimination against transgender people in the education system. These have proved highly effective sessions and all staff at the Gender Centre remain committed to providing education to the wider community to reduce the impact of discrimination.

We have also participated in training to a number of T.A.F.E. students and two sessions to University of N.S.W. medical students. These have provided exciting opportunities to raise awareness of transgender people. Since many of us have had negative experiences with doctors we are particularly delighted to be in a position to now influence the attitudes of the medical practitioners of the future.

Farewell to Sean

By the time this issue of *Polare* reaches you, Sean will have left the Centre and moved to Newcastle. Sean has been a dedicated worker and many transgender people have benefited from his advice and support. We are sorry to see him go and I am sure you will all join me in wishing him every success in his new endeavours.

New Workers

In the wake of Sean's departure we have restructured our staffing at the centre. A new person will replace Sean as Social & Support Worker and we have also created a new position of Community Project Worker. At the time of writing this report the selected applicants for these positions have not yet commenced duties. I will give full introductions in the next edition of *Polare*.

In the meantime here is a brief overview of the roles the two positions will fill. The Social & Support Worker will be primarily responsible for organising social events and also support events such as educational workshops which we are keen to implement. We will be seeking community input into developing the types of workshops that will be most sought after.

The Community Project Worker will have a central role in establishing an employment network to facilitate access to employment for the transgender community. We would hope that through this role we can expand on the employment efforts conducted so far and gradually improve employment prospects, (and as a result improve the standard of living for many in the community).

Many more details to come in the next edition of *Polare*.

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The Gender Centre is committed to developing and providing services and activities, which enhance the ability of people with gender issues to make informed choices. We offer a wide range of services to people with gender issues, their partners, family members and friends in New South Wales. We are an accommodation service and also act as an education, support, training and referral resource centre to other organisations and service providers. The Gender Centre is committed to educating the public and service providers about the needs of people with gender issues. We

specifically aim to provide a high quality service, which acknowledges human rights and ensures respect and confidentiality.

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Legitimising My Existence

Because Bigotry has no Boundaries

by Sarah J. Rutherford

Article appeared in Polare magazine: August 2000 Last Update: October 2013 Last Reviewed: September 2015



... some students were sitting on the floor, tables or standing, rather than sit ... next to the "tranny".

I've been at university for a whole semester now, and while I was informed that I would find a better class of people there - I have my doubts.

... after all, where else would you find the best of society's weirdo's collectively active, than in a university!

First and foremost one must accept that certain standards of attitude and behaviour prevail across the wide gamete of all community. Secondly, human nature transcends all situations and conditions, including education, so biases, bigotry etc, do not have boundaries, they are usually found everywhere. Thirdly, society builds barriers and eagerly exports them to its members, such barriers, are consciously or unconsciously conveyed in the form of people's attitudes.

In the early days of university it was just a case of silly looks, laughter, or other people's uncontrolled curiosity, and while there was some occasional malice noticeable, it was negligible. Later however, it became a noticeable question of

space that was becoming a problem, for during lectures and tutorials I couldn't help but be aware of the empty chairs around me. Meanwhile, some students were sitting on the floor, tables or standing, rather than sit down. Evidently, discomfort was preferable to being teased by other students about sitting next to the "tranny", or at worst, legitimising my existence among the "norms".

The next occurrence was then naturally no surprise, as in several classes some students (young and mature age) refused to work with me, or even acknowledge my presence in the same room. Oh how I dream of such wonderful invisibility, but not quite to that degree!

Of course over the semester I saw it all, and I have to say that despite the enormous range of imaginations at university, there was little originality or creativity in their abuse.

This then is my academic world, where one expects to find better understanding, more consideration of thought and feeling, and yes, even the acceptance and value of difference; after all, where else would you find the best of society's weirdo's collectively active, than in a university.

Sadly I must report that so far I have seen very little intelligence of any great renown in uni, and that also includes certain staff. It would seem for many, students and staff alike, that the vacuum of cranial space is of no immediate concern. That however, is humanity, a wonderful mix of illusion and delusion. Illusions of self-importance, value, normality and uniqueness, and the added bonus of the delusion that everyone else is impressed and not thinking of themselves.

I really am enjoying university, now that I have overcome the awe of it all. If one will pardon the cliché, I can not only see the wood for the trees, but the spaces between them, and with this revelation in mind I realise most sincerely one all important factor about being human:

Bullshit knows no bounds!

I finish with a small poem, which I think says succinctly what I feel about some people and their responses.

*Do you truly understand yourself,
Are you aware of each nuance, each detail,
Can you list all your faults and qualities,
Is your heart good, your mind truly open?
Will you always be honest with yourself,
Do you accept all difference without question,*

***Would you aid others, no matter what risk,
Have you the capacity for compassion or empathy?
Is your vision clear and unclouded,
Does the understanding of balance mean something,
What difference do your expectations make,
And can you see beyond all that you have learnt?
If you cannot be sure or answer completely,
If you are unable to comply to the list,
Then what right have you to judge others?***

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Riding the Bus

Sometimes Life's Lessons and Rights Apply Across Various Lines and Effect All People

by Gianna E. Israel

Article appeared in Polare magazine: August 2000 Last Update: October 2013 Last Reviewed: September 2015



On 1st December 1955, Ms. Rosa Parks walked into history when she refused to give up her seat for a white man on a Montgomery, Alabama bus. She was arrested for her defiance, and challenged segregational riding policies in court. Although her local court challenge failed, it brought light to the situation and sparked the Montgomery bus boycott. "For a little more than a year, we stayed off those busses. We did not return to using public transportation until the Supreme Court said there shouldn't be racial segregation," Ms. Parks said.

... for some transgender individuals riding public transportation is a fearful experience because of potential harassment, discrimination or even violence.

Except in the case of the elderly or disabled, can you imagine being forced by law to give up your seat on the bus for another person? Or, for that matter not being able or allowed to ride a bus because you have a transgender-identity? Any discriminatory abuse of public accommodation doesn't seem very likely these days, yet for some transgender individuals riding public transportation is a fearful experience because of potential harassment, discrimination or even violence. And, surprisingly, with the preceding knowledge, I routinely encourage transgender clients to ride public transportation as a therapeutic homework assignment for a variety of reasons.

Why do I encourage transgender people who have begun living in role part or full-time to ride the bus? Because it is a person's right to have unhampered access to public accommodations. Participating in society also builds character. Riding the bus, train or commercial airplane can initially be a challenge. It's a free therapy lesson, especially if you live in a middle to large sized city. Gone are the tinted car windows, late night drives and slipping out of the garage after the neighbours have gone to work. Riding the bus, or similar ventures, requires face to face contact with others. I remember for me that at first it felt a lot like riding the school bus for the first time when I was in elementary school.

These days I enjoy my right to ride the bus, well actually I hate it so I ride the train, instead. And, like so many other transgender persons, we enjoy the right to use public accommodations, participate in the workforce and contribute to society. In some sense, these little bold acts forward are immersive. Its kind of like jumping off into the deep end of the swimming pool, and not wading in at the beginner's end. Well, actually, it would be reasonable to take precautions before engaging in any first time experience. Decide to ride a bus route that you believe to be safe. And, when you get on, keep in mind that you have as much right to be on the bus as anyone else. If you didn't, the bus driver would have told you to get off or sit in the back.

Clients often tell me that one of their biggest fears in riding the bus is being looked at strangely or verbally harassed by teenagers. It is with public situations such as these that a person's coming-out and social interaction skills are put to the test. Are you going to allow some stranger or youngster to interrupt and ruin your day? Would you allow a younger brother or sister to treat you disrespectfully? I would hope not. Like everyone else, the rules needed to survive an ordinary bus ride really don't change too much if you are transgender. Mind your own business, and if someone starts minding yours without an invitation either ignore it or tell that person to go find a new victim to victimize. The later is especially true if someone starts using bad words to describe you.

Many transgender also experience being read or clocked on the bus, typically by youngsters. Generally if these are teenagers, its probably okay to ignore them or ask if they wanted to ask you a question. Sometimes however your transgender status may be noticed by a child, who in turn will often ask a parent if you are a man or a woman. Like all humans, these young persons are simply being curious of the world around them. It's okay to tell them you are a person who is different, if the parent directs the child's question to you. Less frequently a parent will explain to their child that you are a bad type of person, and if you feel comfortable doing so tell the parent that he or she is both wrong and rude.

If you are inexperienced riding the bus or using other public accommodations as a woman, there are a few first time advice you may find helpful to know. Have your ticket or change ready, so that you are not pulling everything out of your purse when you board. Keep in mind to zip or latch closed your purse to prevent theft. Remember that some tight, long skirts make it difficult for boarding. And, don't always expect men to generally step aside or give up their seats in big cities. I've found the best way to guarantee I get off the bus first, is to not look at anyone in the face, and just keep walking and moving forward, so that people see me coming and generally move out

of my way.

As you enjoy all the bouncing, jostling and excitement of public transportation, keep in mind that you are an ambassador to the transgender community as a whole. Certainly, you have the right to ride the bus like everyone else, but it behooves you to know that if people notice you that they will also notice your behaviour. And, in all likelihood, pass judgement on transgender people in a general sense. Good behaviour in a public sense helps insure that when transgender people have a face to face encounter, such as at a job interview, these individuals may be given a chance to speak and be treated respectfully.

If during your ride on the bus you encounter harassment, keep safety in mind first. If telling a person to leave you alone fails, then ask the driver for help. And, if that fails, after memorizing the driver's badge or bus number, ask to be let off the bus immediately. Then, if your attempts to dispel harassment failed, call the police and/or file a report with the appropriate transportation authority. These same steps also can be used when encountering harassment or discrimination with other public accommodations.

During 1977 when Ms. Rosa Parks was interviewed about her experiences ending discrimination for black men and women on the busses in Montgomery, Alabama. She said, "I would like to be known as a person who is concerned about freedom and equality and justice and prosperity for all." That is a beautiful sentiment, and one we as transgender persons can believe for ourselves. We need to feel good about ourselves and our role in society, and this is true when we ride the busses or pursue other activities which fit our needs and liking.

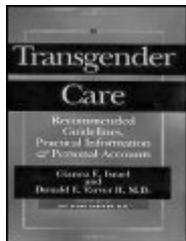
Gianna E. Israel

From Susan's Place:  Gianna E. Israel was a therapist and author of many online articles regarding transsexuals and gender transition as well as the 1997 book *Transgender Care: Recommended Guidelines, Practical Information, and Personal Accounts*.



She also published numerous articles on transgender issues, including a regular column in the magazine, *Transgender Tapestry*, and a series of gender articles which are published on Usenet and in C.D.S. Publication's *TG Forum*. Her writings on gender issues had a significant impact on the field and had an enormous impact on many people's lives. She spent nearly 20 years providing gender-specialized counselling, evaluations, medical recommendations, and mental health services across the United States. She even offered appointments by telephone for individuals without local support or who found office visits difficult. She was a member of H.B.I.G.D.A. and worked with thousands of transpersons in all stages of transition. She passed away on 21 February 2006 after a long illness and is a sorely missed supporter of the trans community.

A full list of her essays on the "[Differently Gendered](#)"  website



Transgender Care: Recommended Guidelines, Practical Information, and Personal Accounts
Author: Gianna E. Israel, Donald E. Tarver and Diane Shaffer
Publisher: Temple University Press (1998)
I.S.B.N. -13 978-1566398527.

From Amazon Books:  By empowering clients to be well-informed medical consumers and by delivering care providers from the straitjacket of inadequate diagnostic standards and stereotypes, this book sets out to transform the nature of transgender care. In an accessible style, the authors discuss the key mental health issues, with much attention to the vexed relationship between professionals and clients. They propose a new professional role; that of "Gender Specialist".

Chapters 3, 4, and 5 provide definitive information (in the context of consulting health professionals) on hormone administration, aesthetic surgery, and genital reassignment surgery. Chapter 6 takes up the little-examined issue of H.I.V. and AIDS among transgender people. There is also a chapter devoted to issues of transgender people of colour, as well as a chapter on transgender adolescents. The book contains a wealth of practical information and accounts of people's experiences about coming-out to one's employer or to one's friends or spouse. Several essays spell out the legal rights of transgender people with regard to insurance, work, marriage, and the use of rest rooms. The second part of the book consists of thirteen essays on a range of controversial topics.

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My Locus of Control

Andrew Stops Fighting His Own Shadow

by Andrew Blair

Article appeared in Polare magazine: August 2000 Last Update: October 2013 Last Reviewed: September 2015

My story is different from others that I have read in that it involves a fight with my own shadow which I overcame with the help of my alter-ego, Francis. Now of course this is what happens with every one of us. I suppose the difference is that for most of my life I have lived in the world of my imagination wherein I "made-over" the world to suit the fact that firstly I believed myself to be a lover of other women and only with the death of my father in 1997 did I finally realise that I am a guy, and a "trysexual" guy, to borrow Sean's words. The reason I did as I did was simply that I could not accept my difference!

I experienced my difference as something terrible, horrible, something for which I would be condemned into outer darkness by the god of convention

The most exciting part about all of this is that finally I stopped living in my own world and now live in this one.

All of my life I have been the slave of convention and conformity, that is, when I was actually living or acting in this world at all. Even my so-called belief in God was chained to the mores and tenets of this world. This was to such a great degree that I found it impossible to think for myself, or even at times to act for myself.

My journey to manhood has meant far more for me than recognising and being the man I am. It has also meant the liberation of my consciousness and of my relationship with the world, its designer and all the people within it.

These days Francis (my alter-ego) is a fond reminder that my salvation was an androgyny of my own creation. Though I no longer need to enact the day with him before I venture out to act. I will never be able to forget that for most of my life I did just that. There were times when I was literally paralysed with fright with the enormity of all I am, simply because I am different.

Of course we are all different, there are no two people alike. But I experienced my difference as something terrible, horrible, something for which I would be condemned into outer darkness by the god of convention.

Now this is not the case because I have managed to overturn my consciousness and free myself from the social consciousness which enslaved me and gain my own which, at last allows me to think for myself.

My Locus of Control

To determine the Locus of Control for me was to unlock my manhood.

This lifelong war seems to have fought itself upon Eden's Fields.

The Snake, the Apple, the Key, and the Cross have all stood within me.

Yet, until I determined that it was I myself who held the Key, then it was I myself which hung upon that tree. I myself who wished to lie dead in that unknown tomb.

I am not Christ, but in the fear and loathing of myself I sought to offer that same self as sacrifice to drive out the fear and doubt.

O, Eden's Fields. It was there that I prayed I would awaken with the dawn to become the Adam. The first one on Earth.

And so remove all future pain for men who are Eftomen, and women who are Emtomen and not as they seem to be.

For I Eftomen, would be the model for all future men, as would Emtomen Eve model all future women.

All was and is in vain once the Serpent came to call with Granny's Smith and all the rest to deprive me of my dream.

This very part of me is mine to redeem and cannot be foisted upon the Fields of Eden nor upon

any other shore but mine.

With God's help, I have the Locus of Control and for me alone and with Her help is to redeem this man in me and to let Him walk tall upon this Earth.

Mine is the Key, I am the door, into the door of my heart, I have placed the key, and now I have walked out into the streets of this world in my best suit.

"I am crucified with Christ; nevertheless I live, yet it is not I that live but Christ who lives within me!" So the triumphant Scripture reads.

*Yet, if this depressed mind of mine is alive, pray what is it to die? For surely I am here too!
Manhood does not banish the ills.*

Manhood does not banish the ills but rather gathers in all the chills that life has to offer.

I am the same as ever I was yet I am different.

I place different importance upon the act of attaining work. For with all due respect, work has become a sign of manhood for me.

It is a sign to me that I am a man that I have woman for wife.

She is Efto'men.

Efto and Efto: We live together in Darling's Hurst and begin to mark our place in our new world.

Yet still I have not gained my locus of control since the same old demons batter me the same old distance around the town. I am not changed, simply freed and gaining honesty.

God has become for me the God of everywhere as anywhere and everywhere I seek him. She is in the wind and the shower which cleanses me. Even within the stones of the Sacred Heart Church is he.

*Efto and Efto, we married ourselves at the Chapel Wayside, before all our friends, most importantly, it was God who held our hands there and placed the rings upon our fingers there.
God in me and God in Jess and God in every one else there!!*

In taking up the reigns of my life I have learned to set God free from the mouths of men and women who would imprison me in the cage of my own conscience.

It is not I who live but Christ who lives within me!

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Phalloplasty Stage Two

Michael's Day to Day, Matter of Fact Account

by Michael

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The penis has now been completed. All that remains is to detach the blood vessels which are still supplying blood to the phallus.

Okay, this is the big one, the last and final stage where the penis is fashioned from a flap from the forearm. The arm is used, because the blood and nerve supply is excellent for the penile graft. This stage can be done three to six months after the first stage which I described in [the previous article](#).

This is a huge operation which can take from five to seven hours, there is a lot of trauma to the body both physically and emotionally ...

For this operation you have to be in the best physical, mental and emotional state that you can be in. If you are a smoker, please try to cut down or if you can, give cigarettes up completely two or three months before the surgery date. If you're carrying a bit of excess weight, try and lose it, cut out junk food and go slow with alcohol. Exercise and work at being in the best physical shape as possible. This preparation is very important.

This is a huge operation which can take from five to seven hours, there is a lot of trauma to the body both physically and emotionally, approach this as if you are running the marathon of your life. You should prepare yourself mentally in the same way. Put your mind in order the same way you put your body in order.

Learn some meditation techniques to de-stress yourself so that if a problem arises you are able to cope more easily. Make sure you have no work problems, money worries, try to have everything in order. Organise a support network with your partner, family and friends

so that whilst in hospital and recuperating at home you have help if it is needed. Some of these things I did, but a lot I didn't and paid the price quite highly.

I moved to Victoria in late January thinking that two months was plenty of time to organise all of the above. I was so wrong. Even though through the kindness of people I had just met, my accommodation problems were solved, I still hadn't stopped smoking and I was very stressed out over a lot of things, so that by the time I entered hospital I was physically and emotionally exhausted and in no fit state to cope with what was to come. Please organise your life well before surgery so that the healing process can proceed smoothly.

In Victoria this procedure is now well advanced and a lot of the problem areas have been solved. The Surgical team have performed about fourteen of these procedures with a high success rate.

The most common problems are Strictures (scarring) and Fistulas (leaks). For myself I had minimal problems in these areas and am delighted with the end result. This was the last stage of my journey towards completions and the start of the rest of my life. I was very aware of my physical state but was very confident that these would be no major problems with this operation.

I returned to Peninsular Private Hospital on the 6th April and met up with all my old friends there, it was good to see them all again and to know that they were there to support me on all levels.

The operation was scheduled for 7:30am the next morning so all preparation work was done that night. The anaesthetist explained what he would be doing during the operation as well as the pain relief regime post surgery.

I had asked Dr. Hunter-Smith (David), if one of the nurses, Sue, could take photos of the operation because I was very interested in knowing what was going to be done. When I was wheeled into theatre he told me he would video it for me if I wanted. That was the last thing that I remembered. Thankfully I have the photos and video and have been able to see what was done.

Once asleep a tourniquet is put round the upper arm to cut down the blood supply to the donor site. Dr. Ceber then draws a diagram, like a pattern, on the arm, measuring very precisely according to the size you have asked for. He then proceeds to cut and fashion the

penis.

This is all done with some blood vessels still attached to the arm so that it stays alive. The soft skin on the underside of the arm is rolled into a tube to form the urethral extension. A penile catheter is inside this tube to keep it open while it heals. It is placed in the centre of the skin flap which is now ready to be formed into the penis.

The head has been defined and once the shaft is sewn up, the head is joined and stitched. Once this has been completed it is detached from the arm and handed to David who has been preparing the site in the groin to receive the penile graft.

The arm is now ready for the skin graft which has been taken from the upper thigh. This skin is stretched until it looks like mesh. This enables it to cover the wound site completely so that it adheres to the exposed muscle. The graft is attached by staples and once completed the arm is dressed and splinted for support.

This procedure takes about four hours. Meanwhile, David has already started attaching the penis. This is a long involved process and requires micro-surgery for it to be successful. The two urethral ends are joined then the blood vessels and arteries and nerve ends.

The penis itself is stitched onto the body. Drain tubes are put in place and a supra-pubic catheter is attached. Once all this is done it is closed up. I had requested that larger testicular implants replace the ones I had in the first stage surgery as I felt they would be more in proportion to the size of the penis. This was the final part of the operation.

It was about 9:30pm when I woke in my room. It had been a long day for all of us. I was on a drip infusion of pain killers and hourly observations are taken of the penis to check for warmth, skin return and to make sure that it is kept straight and supported. This support is done with foam rubber.

The arm and hand are also checked to make sure there is no loss of sensation and that the fingers move and do not go numb. The first few days were quite a blur because of the pain killers but as these were eased off, I became more aware of what was happening. Staples are used on most of the wound sites and on day six the drain tube in the groin and the staples were removed.

Day eight and the remaining drain tube and the penile catheter is removed. All this was relatively painless. I was up and moving around very gingerly as I was suffering from a type of chronic fatigue. This really slowed the healing process for me so that I took everything very slowly. I didn't want anything to go wrong. I wasn't in a hurry to rush off anywhere and felt that if I took my time, everything would be more successful.



The penis has been fashioned and is now detached from the arm.



The raw patch at the base of the penis has caused problems in the past in some patients. Dr Hunter-Smith decided to wait

Day nine and the plaster and dressing came off my arm and it was redressed. At this point it has to be kept dry.

Day ten - I was able to go to the bathroom so that I could soak the dressing off my leg, keeping the arm dry. This was relatively easy and was not too painful if done slowly. The graft site looks like a burn and once the dressings are removed an operation site dressing (plastic skin) is put on and left in place. It is more uncomfortable than painful.

At this point I had virtually no use of my hand and arm and needed a lot of help to bath and dress etc. It was also very painful at times. The pain seemed to come from nowhere. It was throbbing at times, then the pain would disappear as quickly as it came.

Once you are up and walking around the penis must be supported. It must not be bent at all as there is the danger of kinking off one of the two main arteries that feed the penis. One artery takes blood into the penis and the other takes it out. It is very important not to damage them. Sue devised a sling that I could wear so that I could walk around easily and no one would know why I was in hospital.

Day thirteen - I soaked the dressing off my arm in the bath and it was then washed and dressed daily. The healing process was already underway and it improved rapidly. By this stage I had been on antibiotics for two weeks and again suffered a thrush infection down below. If you are susceptible to this problem, be aware that it is possible to get repeated

until this area had healed before I attempted urinating.

infections in that area.

Day nineteen - and the staples were removed from my arm. A bit painful but healing very well and already starting to fill out. Some of the stitches were removed from the base of the penis and a small raw patch at the base was treated three times a day with solu-gel to hasten healing. This is where, in some patients, problems have arisen. By now the patient has started to urinate and as the raw patch corresponds externally with the urethral join internally, leaks have occurred. David wanted to wait until this had healed before I attempted to pee.

Day twenty-five - the remaining stitches are removed from the base of the penis and I was able to walk without the sling. The next day sounds, which are long metal rods, are passed through the urethra to dilate it - not a pleasant experience.

Day twenty-seven - I attempted to pee but had a leak from the original site from the repair done in November last year. I was very disappointed, back to the theatre again, and another wait of ten days.

Day thirty-four and five days after the repair, sounds were again passed to dilate the urethra. This stretching is very important to stop scar tissue building up and keep the urethra open. This was now done daily, some pain was experienced each time.

David passed some dye through the urethra to check the repair. It was successful. There were no leaks anywhere.

By now I had been on the catheter for thirty-nine days. I was having problems with it constantly and had a bladder infection. This catheter had been resited when David did the repair but because of the infection, it was constantly blocking. It was treated with intravenous antibiotics and cleared up quickly.

Day thirty-nine and the eleventh day of the repair. Pee day had arrived! After this length of time on the catheter, it is very difficult to pee, let alone pee from my new penis. It is a matter of clamping off the catheter, and trying to go naturally without straining and it took me the whole day before I had a successful result. It was very exciting and such a relief that this was really happening after all this time. The catheter remains attached until you are voiding large amounts through the penis and the residual left from the catheter is quite small. Dilatation is done 7every day over this period and was still painful.

Day forty-four - it was time to leave hospital. It had been six weeks this time. I had gone through a lot, physically and emotionally. There had been times when I was ready to give up, when I couldn't be even a little bit enthusiastic about what I now had. I went through many emotional stages which I feel everyone needs to be aware of.

I went through a grieving process many times and found that a lot of old "stuff" came up. Things I thought I had dealt with years ago came up again, and the issues that were happening now had to be dealt with. I had a period of depression but thankfully had a lot of support from the nurses in hospital and once home, from the people I was staying with. They helped me get through it all. I don't think that I will ever be able to repay them adequately.

The nursing staff were very supportive and were always there in every way. Again as in the past, Sue came to the rescue many times as did David. They were aware of my fears and really understood my apprehension at each stage of the process and let me go at my own pace.

It is now nearly four months since my surgery and my arm has healed and is filling out. I have full use of it and except for some numbness around the wrist, I have no problems with it at all.

I am very pleased and proud of my penis and it is great to have the feeling of freedom that comes with it. At this stage there is still no feeling in it. This can take up to six months to happen. Before you can have the penile implant inserted full feeling in the penis must have returned.

This has been my story, the problems that occurred where also mine. Yours may not be the same. Progress has and is being made very rapidly and I am glad if some progress has been made from my experiences. I hope that I have been able to answer many questions and give you all enough information so that you can make the choice that is right for you.





Polare Magazine is published quarterly in Australia by The Gender Centre Inc., which is funded by the Department of Family & Community Services under the S.A.A.P. program and supported by the N.S.W. Health Department through the AIDS and Infectious Diseases Branch. Polare provides a forum for discussion and debate on gender issues. Unsolicited contributions are welcome, the editor reserves the right to edit such contributions without notification. Any submission which appears in Polare may be published on our internet site. Opinions expressed in this publication do not necessarily reflect those of the Editor, The Gender Centre Inc., the Department of Family & Community Services or the N.S.W. Department of Health.

The Gender Centre is committed to developing and providing services and activities, which enhance the ability of people with gender issues to make informed choices. We offer a wide range of services to people with gender issues, their partners, family members and friends in New South Wales. We are an accommodation service and also act as an education, support, training and referral resource centre to other organisations and service providers. The Gender Centre is committed to educating the public and service providers about the needs of people with gender issues. We specifically aim to provide a high quality service, which acknowledges human rights and ensures respect and confidentiality.

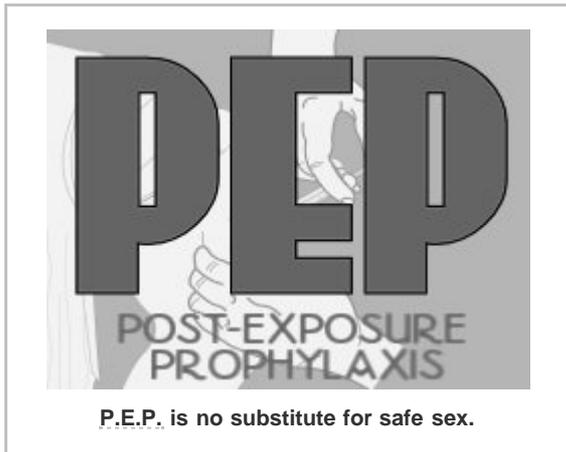
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Post-Exposure Prophylaxis

If you've had unsafe sex, had a condom break, or shared injecting equipment, you may have been exposed to [H.I.V.](#)

by Unknown Author

Article appeared in Polare magazine: August 2000 Last Update: October 2013 Last Reviewed: September 2015



If you have had sex without a condom, shared injecting equipment or ever had a condom break during sex, you may have been exposed to the [H.I.V.](#) virus.

The drugs used in [P.E.P.](#) are powerful and commonly cause difficult side-effects like cramps, diarrhoea, vomiting, headaches and tiredness.

If a condom breaks or you feel that you had sex that was not as safe as it could be to protect you from [H.I.V.](#), there is a new option you should be aware of, it's called [P.E.P.](#)

Post-Exposure Prophylaxis" ([P.E.P.](#)) is simply a short course of the drugs currently used to treat [H.I.V.](#) / [AIDS](#).

Doctors believe that taking a short course of anti-[H.I.V.](#) drugs may help prevent you from becoming infected in situations where you may have been exposed to the virus (through sex without a condom, sharing injecting equipment or when a condom breaks).

[P.E.P.](#) is no substitute for safe sex. The drugs used in [P.E.P.](#) are powerful and commonly cause difficult side-effects like cramps, diarrhoea, vomiting, headaches and tiredness. They also require you to stick to a difficult routine of diet and pill-taking schedules for four weeks.

There is also no guarantee that the drugs will help to prevent you from becoming infected, only the possibility that it may help reduce the risk.

Because [P.E.P.](#) does not always work, the best option is still to avoid sharing needles and avoid anal or vaginal sex without a condom.

To ensure the maximum benefit of [P.E.P.](#) you need to take the drugs as soon as possible after the exposure. The drugs may still be helpful for up to seventy-two hours after the exposure but are best within the first couple of hours, so seek medical advice straight away!

In New South Wales [P.E.P.](#) is only available from a doctor. Contact your local sexual health clinic, hospital emergency department or doctor who specialises in [H.I.V.](#) as soon as you can. A doctor will be able to discuss your options.

During business hours you can also get [P.E.P.](#) from Sexual Health Clinics or the doctor that usually performs your [H.I.V.](#)/sexual health examinations. You can also get [P.E.P.](#) from hospital emergency departments. Be sure to let a staff member know that you need to take your first dose as soon as possible.

Remember, if you're not sure where to go for [P.E.P.](#) or would just like more information, don't wait, call freecall 1800 816 518 or your local sexual health clinic.

If you attend a hospital emergency room for [P.E.P.](#), you may have to wait because of other patients requiring more urgent attention.

However if a clinic or hospital refuses to consider you for [P.E.P.](#) or tells you they do not provide it, you have the right to make a complaint to:

Health Care Complaints Commission of [N.S.W.](#)

Level 13, 323 Castlereagh Street (corner of Hay St)

Sydney [N.S.W.](#) 2000

telephone (02) 9219 7444 or freecall 1800 043 159 or [T.T.Y.](#) (02) 9219 7555.

[Health Care Complaints Commission of \[N.S.W.\]\(#\) website](#) . 

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