

(The Gender Centre advise that this article may not be current and as such certain content, including but not limited to persons, contact details and dates may not apply. Where legal authority or medical related matters are cited, responsibility lies with the reader to obtain the most current relevant legal authority and/or medical publication.)

Boys will be Girls

In Bangkok, the 'Sex Change' Mecca

by Jerry Hopkins

Article appeared in Polare magazine: October 1998 Last Update: October 2013 Last Reviewed: September 2015



Dr. Preecha Tiewtranon,
Assistant Professor of Plastic
and Reconstructive Surgery.

In the recent years, Bangkok has become a Mecca for what most of us call a 'sex change' operation and doctors call 'sex reassignment surgery' or S.R.S. Not only are transsexuals coming from Japan, Taiwan and the U.S., but also from Europe and Australia. Adding to the patient base is Thailand's

large indigenous population of transgender people known locally as the *katoey*. The specialist surgeons are there, the price is right, there's a greater acceptance of transsexuals and well, it's a good place for recreation and rehabilitation.

While no one seems to know quite how many of these procedures have been performed in Thailand, Dr. Preecha Tiewtranon, an Assistant Professor of Plastic and Reconstructive Surgery at the country's leading university medical school, does on average, two or three a week.

Maybe it's his slick Internet page? It is detailed and candid and includes examples of his artistry, as well as hotel costs and warnings about possible medical complications (among them minor infections, 'wound disruption' and a short vagina that may later require surgical lengthening). Indeed, going by Internet listings of surgeons in the United States, England,

Sweden, the Netherlands, Belgium, Germany, Singapore and Taiwan as well as Bangkok, Pattaya and Phuket in Thailand, S.R.S. is something of a growth industry.

Kelly Lynn Deloito, a thirty-six-year-old Hawai'ian-Portuguese, examined some of Preecha's earlier work on her 'sisters' before deciding whether to have the op. Another compelling factor was the cost \$US5,000 in Thailand, as opposed to \$15,000 in the U.S. (Thai's pay about half what foreigners pay).

The financial saving allows for a vacation in an exotic country, one of the most Buddhist of nations, Buddhism being the major world religion most accepting of homosexuality; *katoey* may not always be embraced in Thailand, but they are at least tolerated without prejudice, and gay entertainment venues are numerous. (And most TVs and TSs, whatever they may claim, remain gay men regardless of what they have done to their wardrobe and anatomy).

Before moving to Thailand, I had a live-in relationship with Vanessa, a transsexual in Hawai'i. I had met Preecha several times in his office when I was accompanying transsexual friends of friends who came to Bangkok to complete their gender metamorphosis. When Vanessa's friend Kelly came over for S.R.S., Preecha invited me to see how it was done.

After putting on my operating room 'scrubs', a paper hat, mask and booties, I was led into a brightly lit operating room at the spanking new Bumrungrad Hospital where Kelly lay on her back, anaesthetised, covered almost entirely by a leaf green cotton sheet. Her arms were supported at her sides as if on a cross, and strapped down to prevent movement, her legs were spread wide and hung in slings at the knees, also belted into place: still another strap held her waist. Except for her head and her hands with their manicured nails, all that could be seen was her groin; a penis lay limp on her abdomen.

Preecha briskly entered the room, fresh from a breast augmentation in a nearby operating room, and was helped into a clean surgical gown and Latex gloves. He proffered a cheery hello and slipped onto a low, stainless steel stool on wheels, rolled into position between the patient's legs, lifted her genitals and examined them.

Seemingly satisfied, he sketched a few lines in purple ink on the flesh beside the penis and then was handed an electric scalpel and began what he said was his '500-and-somethingth' sex change operation.

I thought about Vanessa in Hawai'i. Like most transsexuals, she didn't have her genitals surgically removed, satisfying herself with breast implants and weekly hormones shots, which discourages body hair growth and softened the angular corners that men have. Giving up orgasms, a natural consequence of the surgery, as a strong deterrent for her. Also, it was expensive and so, well, final. (Preecha told me later than most Japanese transsexuals have their testicles surgically removed rather than have the oestrogen

While no one seems to know quite how many of these procedures have been performed in Thailand, Dr. Preecha Tiewtranon ... does on average, two or three a week.

injections. The effect, he says, is the same.)

Despite her reluctance to go all the way, Vanessa was able to pass as a woman. When she poured her 162 centimetres and 52 kilos into a lemon yellow or Chinese red (these were her two favourite colours), size seven Spandex mini dress and stalked a smoky bar in heels, her little ass swinging seductively, she was irresistible.

One night, I stood on the sidewalk outside a Honolulu bar with some other queen, Vanessa joined us. "I smell fish!" one of the queens cried.

This is the nicest thing one queen can say, meaning the other is so convincing she gives off the metaphoric scent of her non-existent or surgically created vagina. "Yes indeed Miss Vanessa! You are the one. Tuna, straight from the can!"

Not all are so blessed, of course.

In the beauty contests many habitually enter - where most lip-sync to recordings by Diana Ross, Marilyn Monroe, Grace Jones, Judy Garland, Liza Minnelli, Bette Midler, Cher, Madonna and other favourites - judging is weighted to avoid penalising participants because they lack possibility. Points awarded for wardrobe, talent and poise are more important than those given for beauty or femininity.

Nonetheless, looks count, and during the time Vanessa and I were together, I met several queens who would have died, or even killed for her height, weight and shoe size.

Kelly Lynn Deloitto was Vanessa's best friend, one of seven children and one of fraternal twins; at birth, her brother weighed more than four kilograms and she only one and a half, a factor to which she now attributes her small and alluring stature. She met her boyfriend when she was 'working the phones' in San Diego, which means she took out an ad in one of the local sex papers offering her services as a transsexual, a not uncommon occupation in the U.S. for these women. They fell in love, she changed jobs, working for a short time as a housekeeping supervisor in a hotel before they moved to Maryland, where Clay gave her a Jaguar and paid for her airfare and surgical costs in Thailand. It was, he said, an engagement present.

The night before the operation, I took Kelly and her friend Kalei, out for drinks. (Kalei, who is also Hawai'ian and Portuguese, had had her sex change and breasts done by Preecha in years past and now was back to have her hips and thighs built up with silicone shots, not by Preecha but by another physician in Bangkok). We went to Casanova, the katoey bar at Nana Plaza.

I had taken others there before, so when I walked in, the girls flocked around and pulled off their tops to show their breasts, doing the same to Kelly and Kalei, who didn't mind at all. Some of the girls even dropped their G-strings. More than you-show-me-and-I'll-show-you-mine, this was a hands-on experience, as the girls checked out each other's implants for elasticity amid squeals and oohs and aaahs.

Pretty soon, Kelly was stripped to her underpants and heels, showing off her silicone hips and thighs, which is something the local girls rarely have done.

The next day at the hospital, after having her blood tested for H.I.V. and getting an enema and going through all the rest of the pre-operative rigmarole, Kelly said soberly, "I know that no matter what we do, we'll never be the gorgeous women we want to be, we'll still be pre-op or post-op transsexuals. But this means I'm doing all I can do. This is my new birthday.

In the operating room, an anaesthetist stood near Kelly's head. Five nurses were in attendance, as well as Preecha's associate, Dr Sattha Siritantikorn, formerly one of his students. After making his initial cuts with an electric instrument that simultaneously sliced and cauterised, the flesh was peeled back on both sides of the penis. The testicles were removed, the skin left in place to form the labia majora and minora, and a hole was cut between the anus and where the testicles had been. The surgeon enlarged the cavity with his gloved fingers. The other physician introduced a stainless steel suction tube to remove the blood.

Preecha then turned his attention to the penis, skinning it and removing most of the interior and leaving the hollow flap of skin still attached to the body. The penis skin was then turned inside out and the end was sewn to form a sleeve, which then was pushed into the vaginal cavity, an act that gives this surgical procedure its medical name, 'penile inversion'. A ten centimetre long sort of dildo, looking like an elongated, narrow egg was slipped into the cavity as the sleeve was stitched into position around it. The dildo was removed and the doctor inserted his fingers to feel if all was well.

Years ago, the skin of the penis was discarded and the skin was taken from another part of the body to form the vagina. This technique was abandoned because of the scarring where the grafts were taken and because the skin had no elasticity, whereas the skin of the penis is highly elastic. In some cases, the penis is too short to be practical as a vagina and a second operation may be necessary, using a piece of the colon to extend the vagina's length.

A catheter was then pushed into the urethra so that the patient could urinate during the first days of recovery. The doctor began stitching the catheter into place, and using the root of the penis and the shortened urethra to form a clitoris. Or, at least, a reasonable facsimile; there was no guarantee that it would be sensitive to stimulation. Ninety minutes had passed.

Preecha left for another operating theatre where he was due to perform another mammoplasty, as Sattha slipped onto the stool to begin the final stitching, forming the labia. Two small drains were inserted in the labia ridges to take away seepage during the five days that Kelly would remain in the hospital. The vagina was rinsed with a huge syringe of water and a funnel-like instrument was inserted with a condom pulled over the end of it. A surprising length of gauze soaked in antiseptic was then pushed through the funnel and into the condom, filling the cavity, to keep it open and clean. The funnel was removed, the condom was tied off and stitched to the patient's flesh to keep it in place.

Sattha invited me to examine his and his mentor's handiwork. Did it look like a vagina? There was a lot of swelling and some discolouration, natural following any surgical procedure. And the stitches and drains and catheter distracted from the beauty of the surgeon's creation, but yes, it did. Next the whole vaginal area was packed with gauze that was then taped into place with ten centimetre wide adhesive. Now only the catheter and second tube for blood drainage remained. Kelly was wheeled out and taken to a private room.

The next day, when I visited, she held up a jar. Inside floated what looked like a chicken neck with a penis top and two small eggs. "What do you think?" she asks of her abandoned testicles. "I can get them gold-plated, they'd make nice earrings, yah?"

Five days later she was back in her hotel room, where I found her lying on her back, nude, silicone breasts standing erect like pale oranges, a dildo, a real one this time, inserted into her vagina (with a condom and lubrication). Following doctor's orders, she did this several times a day to keep the cavity open and stretched.

"Look how much I had in there!" she exclaimed as she pulled it out. It looked like fifteen centimetres. "I'm so happy!"

That night we all went to a cabaret to see a drag queen show to celebrate. Two months later, Clay married the 'new' woman.

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.