



Dr. Suporn's Clinic
Plastic & Reconstructive Surgery

Watanyusakul Proprietary Non-Penile Skin Inversion Technique

History

- **2000** A new technique originated by Dr Suporn performed upon a patient from Taiwan (29 September 2000).
- **2002** Results of 100 cases presented at the annual meeting of The Royal College of Surgeons of Thailand (Paper: A New Method for Sensated Clitoris and Labia Minora Reconstruction in Male-to-Female Sex Reassignment Surgery).
- **2003** Speaker at the annual meeting of The Society of Aesthetic Plastic Surgeons of Thailand ('Symposium of Sex Reassignment Surgery'), 1st July at The Royal Golden Jubilee Building, Bangkok.
- **2004** Latest results presented at the annual meeting of The 9th Oriental Society of Aesthetic Plastic Surgery (OSAPS), 6th-10th December at The Shangri-La Hotel, Bangkok:
 - Paper 1: The Effectiveness of Full-Thickness Scrotal and Groin Skin Graft Vaginoplasty in MtF Sex Reassignment Surgery
 - Paper 2: The Results of Sensated Clitoris and Labia Minora Reconstruction Using Dorsal Neurovascular Glans Penis Preputial Island Flap (Chonburi Flap) in MtF Sex Reassignment Surgery
 - Paper 3: 'Male-to-Female Sex Reassignment Surgery with Glans Penis Preputial Flap' ('Suporn's Technique'). Speaker at Post-Congress Workshop in Sex Reassignment Surgery between 9th-10th December at BNH Hospital, Bangkok

Source Material

- Clitoris – From glans penis with intact sensory nerves and vessels
- Vestibule of Vagina between the Labia Minora – ‘Secondary Sexual Sensated Organ’ from glans penis with intact sensory nerves and vessels (originated by Dr. Suporn)
- Labia Minora (Inner Surface) – From prepuce of penile skin or penile skin with intact sensory nerves and vessels (originated by Dr Suporn)
- Labia Minora (Outer Surface) – From penile skin or scrotal skin (as available) with intact sensory nerves and vessels (originated by Dr Suporn)
- Labia Majora – From scrotal tissue
- Vaginal Wall – From scrotal skin (and groin skin if necessary)

Characteristics of the Pioneering Technique of Suporn Watanyusakul

- Complete anatomic homology between the reconstructed neovagina and the natal female genitalia
- The glans penis for the clitoris and Dr. Suporn’s ‘secondary sexual sensated organ’ and prepuce skin or penile skin for the labia minora. Sexual sensation (orgasmic capacity) is attained in these zones
- The frenulum which extends below the clitoris and which is continued to both sides of the labia minora (as in genetic women)
- The labia minora which are anterior enough to cover the clitoris, urethra, and vaginal cavity (as in genetic women)
- Labia minora which can be stretched manually (as in genetic women)
- Pink or red color of the inner surface of labia minora (as in genetic women)
- No hair in the labia minora (as in genetic women) which have no suture lines (incision scars). The clitoris, clitoral hood, frenulum, labia minora and majora are all placed on different (3-dimensional) depth planes (as in genetic women)
- Little or no hair in the vaginal opening (which can be treated after SRS). Genital electrolysis is not recommended prior to SRS
- No hair in the vaginal cavity (wall) to full depth
- Maximum vaginal depth attained with the scrotal skin graft beyond the original position of the peritoneal reflection (Douglas Pouch). A minimum of 6.0" (15.25 cm) vaginal depth is guaranteed immediately after surgery in all cases of SRS. The modal average is 7.0" (17.8 cm) depth. The best aesthetics and maximum depth are obtained if the patient has:
 - not been circumcised;
 - not had bilateral orchiectomy;
 - not had genital electrolysis other than the perineum
 - not been taking antiandrogens/hormone replacement therapies for more than a few years

- no prior medical conditions; and is
- not overweight.

In such cases, the maximum attained has been 8.5" (22.6 cm) depth after long-term recovery, acquired on several occasions. This extreme depth is not common, however, nor is it offered as an expectation. Such depth is of course additionally limited by the safe physical space available within any individual patient's abdominal tissue. During the period 2010 – 2017 the average vaginal depth has been in the region of 7 inches (17.8 cm)