

SRS WITH DR SUPORN IN 2015

There's many blogs, forum discussions, and YouTube video's about peoples experiences at the Suporn Clinic and I've been through most of them. This is my attempt to fill in some of the information I'd have liked to have known beforehand, and to contribute back to the community that's helped me over the years. Although I am grateful to the Suporn Clinic this is not written for their benefit.

My choice of topics may come across as a bit odd, but I'm not trying to cover the same things as so many others people have. That's already been done far better than I ever could. I'm also avoiding any personal discussions I've had with people.

I like to plan everything, in detail, and I don't like it when things go wrong. I admit it; some of what I've done and written is excessively cautious. If you go for SRS use your own judgement.

Without attempting to justify it I will say that I believe Dr Suporn is easily the best SRS surgeon in the world. I don't know that for sure of course, I've not visited all the others, but what I found was not something I'd expect to see elsewhere. Dr Suporn is an unusual man.

I'd done my research (excessively), but there's always doubts. Meeting Dr Suporn, his staff, and especially the other patients both newly post-op and those returning years later confirmed everything I'd ever hoped for. However it's all private discussions and I'll repeat none it here. My surgical result is impressive and I've no reason to believe it's anything special by Dr Suporn's standards. I can only assume that he's been improving since the photos on his website were taken.

I'm a very analytical and critical person, I don't normally have much trust in doctors, and if there's anything wrong I'm going to find it. So, I've written about a few negatives here, but let's be realistic, nothing's perfect and nothing I've learned would come remotely close to making changing my mind about having SRS or having it with Dr Suporn. And whatever you've heard about Dr Suporn, the reality is far better. Better even than what I've written here; due to people's privacy I've left a lot out. I'd say this even if my surgical result was poor. It can happen, and I'm sure he's only human. I trust him to do his best, and that's all I can ask.

Thailand is a developing country and you'll see an odd mix of first and third world, even around the clinic. The clinic is a beautiful oasis in a much poorer area, which none the less feels completely safe. It's most definitely not a tourist area. I suspect the level of care offered by the Suporn Clinic, and indeed Dr Suporn's efforts are only affordable because it's in Thailand. The cost would be absolutely prohibitive in a first world country, and yet the Suporn Clinic has made it routine. If you're not rich, get ready for the best care you've had in your life.

I've travelled a lot so I wasn't overly concerned about how I'd manage for a month alone in Thailand, but even so it was much easier than I'd expected. The clinic took such good care of me that I felt safer than I ever would have back home, and the community of other patients and their carers (and Skype) helped with loneliness. I met some wonderful people. It's hard to believe that with such major surgery I could find it more relaxing than any holiday I've ever had. It wasn't until the last week that I wanted to go home, and now months later I still miss it and want to go back. In fact, I think I'll be needing a revision¹...

For those who read this and know who I am, please respect my desire for privacy.

¹ That's a joke; any excuse for a holiday back in Chonburi. Kind of true though.

PREPARATION

Why Dr Suporn?

My main criteria in choosing a surgeon was the quality of the result and the risk of it going wrong. Money had nothing to do with choosing Dr Suporn; I'm fortunate that I don't much care about the cost and I can afford to go anywhere.

Many people have opinions on who's the best, whatever that means, but there's no actual way to find out. There's not many photos of results published and practically no statistics. There's many happy stories from patients of almost all surgeons, and relatively few complaints. I don't believe they are all much the same, that's not how the world works, but it does make it very difficult to choose a surgeon. In the end I did a lot of research, made an educated guess, and hoped for the best.

Dr Suporn Watanyusakul is of course a qualified [Aesthetic Plastic Surgeon](#). He started out using standard penile inversion, and later developed his own unique surgical technique to improve on its deficiencies. His technique is said to give superior results, but takes more effort both for him and the patient.

The fact that he invented a new technique, and one that works, suggests a certain kind of personality. I thought a point in his favour. I believe this technique to be superior to that practiced elsewhere, although I have heard it suggested that other surgeons are adopting new techniques. I don't see this as likely given that others don't have the same downsides of Dr Suporn's technique, namely the longer recovery and a possibly higher rate of revisions in the first month. However it's also entirely possible that these early revisions are simply Dr Suporn being a perfectionist, and you've already gone home well before then with most other surgeons. There's also no real need for non-Thai surgeons to improve their techniques; there's very little competition in their home countries and they have business no matter what they do.

I didn't concern myself with the details of his technique when choosing him, feeling that I'm not really capable of properly judging how such things would make a difference and it was the end result that was more important. I spent a lot of time on that. Having said that I got quite interested once I was there and talking to people, and later did a fair bit of research in writing this up.

One of the key principles of Dr Suporn's technique is to reuse as much material as possible, everything except the testes. The male and female genital structures are [biological homologues](#) and he's giving us the most accurate female genitals possible. Throwing anything away is throwing out something that has a female counterpart, and I think I'd like to keep mine. It also allows future revision that removes tissue; otherwise there would be nothing to be done if you needed some added.

The potential downside of this is that there's sometimes excess tissue, and you can read on Internet about this as large labia or erectile tissue. I'd assume labia are a simple cosmetic revision, should you care, and I know a few women do go back for revision on erectile tissue. Comments by most post-op Suporn women view the erectile tissue as a positive feature.

I'd found a large number of very positive reviews for Dr Suporn, and a number of outstanding post-op pictures (and some err... video). He's so popular that there's two independent peer support groups dedicated to him. I'm not aware of any other surgeons with that kind of following.

There's endless stories of how happy people are with their surgeon, but I wanted to hear their experience when things go wrong. If you have problems the last thing you want to hear is that your surgeon doesn't want to know you anymore, and I've heard some well-known surgeons are reluctant or refuse to perform revisions, even if you pay them. Dr Suporn offers free revisions, and while free is nice I was more interested in his being willing to undertake revisions at all; that and his reputation as a perfectionist.

I've come across a small number of reports of poor results, which I'd guess are unfortunate bad luck in some cases, while others are not very credible. It's just a guess though, it's difficult to be certain of anything you read on Internet at the best of times. The difficulty trying to judge Dr Suporn's work is that real problems are extremely rare (especially given that he'd done more than 2000 SRS operations) and it's not possible to have any confidence in what you read. Regardless, even assuming the worst, they are rare, and I can live with that.

I've a bit more confidence in what I read about people having difficulty with dilation, as there's simply more of them. Again its hard to tell for sure, but I think there may also be some cases of people being less than diligent in their dilation, which is especially important with Dr Suporn's technique. I can understand many reasons why that might happen, including work pressure, pain, post-op depression, and simply not taking it seriously. Dr Suporn does state that his technique requires twice the recovery time of other surgeons, and he's not exaggerating. I suspect it's also more difficult, not just longer.

I don't believe there are any surgeons who have perfect record, and certainly none of the major ones, although it can take a lot of research to find poor results. I've linked a few from Dr Suporn here. At the end of the day I'm quite certain that Dr Suporn holds himself to a very high ethical standard and does everything he's capable of doing. I've come across more and worse from the other major SRS surgeons and feel very confident in choosing Dr Suporn. I'd rather he was perfect of course, but that's not an option.

I've never heard of anyone's life being in danger with Dr Suporn. He works out of a large hospital, and while it's not among the top tier in Thailand it's certainly more than good enough for SRS. It's not a high risk surgery.

A few of the resources I looked at include this blog [thailandsrsexperience](#), [Adabelle's review](#) on [susans.org](#), this one in [Spanish](#), [Sifan's Journey](#), a [post](#) on tgboards, [eccentrictomboy](#), [nameissammi](#), [Gender Spartan](#), [moon morph](#), [Marissa Jayne Wolf](#) on YouTube, [GeekToGirl's blog](#), [LauraGirl's blog](#), a [post](#) on anglesforum, some for very NSFW post-op pictures by [remadenthailand](#), and even more NSFW (porn) [Danielle Foxxx](#). More recently is [Jesse Baets](#) (NSFW/porn)

I didn't seriously consider [Dr Chettawut](#) or [PAI](#) in Thailand, mainly because Dr Suporn seemed so clearly the better choice for me. I'd definitely consider them if Dr Suporn were not available.

I believe in practice makes perfect, and Dr Suporn certainly has a lot of practice. I'd never consider any surgeon who had not done a large number of these surgeries; they can practice on someone else.

Some surgeons operate very quickly, and I can't help but wonder what it is they are doing, or more to the point not doing, that they can go so fast. I also didn't consider any surgeon for where there's little information available. The risk is simply too high.

I've heard a few people criticise Dr Suporn for running a factory or production line. It's true in a sense, in that he has a large number of patients, but it completely misses the point. He and his staff are vastly experienced at this and have seen and done everything before. In my experience they always have time for you, and know exactly what you need and are there to provide it. You can see this from the first contact with the clinic with

the extensive emails from Sophie² – everything is planned, and they guide you through it as they have so many before. Dr Suporn is the most expensive SRS surgeon in Thailand, he performs the surgery himself³, and he's not cutting corners on care. This is what I was expecting from my research and was my actual experience.

Dr Suporn appears to make no effort to promote himself. His website is antique, he's not on TV, and not done a medical presentation in years. It's as if he doesn't care about business, and it's one of the key reasons I chose him. He's one of the top surgeons in the world and does no marketing, so just how good is he? And for the other top surgeons consider the same question, because some of them do a lot. I want to be operated on by a good surgeon, not a good businessman. In retrospect everything I saw and heard in Chonburi confirms this viewpoint.

Along the same lines, most of his business is International, he's doesn't get fed patients from the local medical system or insurers, people actually have to get out of their comfort zone and travel to a developing nation, and once you do choose Thailand he's the most expensive. All that and he's still got a one year wait list. People are choosing to go to him in spite of all these negatives.

Some people are concerned about Thailand being a non-English speaking country. I've travelled a fair bit so I didn't expect it to be a problem, and in fact had no real difficulty at all. At worst I found it the source of minor inconveniences. The clinic has a large number of foreign patients and knows how to care for them. If you had poor English yourself, that could be a bigger problem as all communications are in English, and some of its important.

On the whole I believe Dr Suporn's record is excellent; among the very best there is. I believe there's a negligible risk of serious health problems, some small risk of a poor result, and that in all likelihood I'd get a great result.

The negatives in choosing Dr Suporn would have to be his cost, travel, recovery time, and [wait list](#), none of which were of concern to me.

Having had SRS with Dr Suporn and meeting him a number of times, I can also add that he's quite reserved and is a very difficult man to judge when you talk to him. I don't have a lot of respect for doctors generally but there's a lot more to Dr Suporn than is readily apparent and I'm extremely impressed. I didn't go to him because I trust him, but I do now.

BA & FFS

Dr Suporn is famous for SRS, but not so much for BA and FFS. There were a few ladies at the clinic for BA and FFS, but mostly it was SRS. I did have a consult since I was there, but I'm not planning on these anytime soon.

I asked about the consult in my first appointment with Dr Suporn, and he insisted on doing much later. He didn't want to distract me, only I was far more distracted by waiting than if he's just got it out the way to start with. He's got a very firm way of saying no, and I wasn't about to argue with him considering what was coming.

² The clinic admin and point of contact for all emails.

³ Email from the clinic "Dr Suporn conducts all his procedures personally without a surgical assistant other than his anaesthesiologist and his team of operating theatre nurses."

From what little I saw of the other ladies their BA results looked really good. I'm not sure how to judge FFS, but I'd expected to see horrible bruising and swelling, and they looked fine. I've never been concerned about SRS, but after seeing so many early post-op pictures online FFS has always scared me; it was very reassuring.

I've not researched these procedures yet, but knowing what I do now, and it's a lot more than I've written here, I don't think Dr Suporn would undertake any procedure in which he is less than excellent. Whether he the best or not, I've no idea.

Applying to the Suporn Clinic for SRS

I kept my initial [email](#) to the clinic quite short and to the point. I guessed they get lots of these things and didn't want to read my life's story. They are also going to ask for what they want in the follow up emails so there's no point in attempting it now.

The clinic admin, Sophie, followed up 3 days later with a very detailed email about SRS with Dr Suporn and a list of questions, including asking for the psychiatrist letter. Once sent I received a provisional acceptance letter a couple of days later, again with detailed instructions on the next step and how to pay the deposit. Once I paid that I received yet another detailed email, and so on.

Clearly they've done this thousands of times before and have everything planned out in detail. The only disconcerting thing is the 3 days between emails, but I always got a reply and others I've spoken to have said the same. It's always the same 3 days as well, which indicates there's a certain business process going on at the other end. It's nothing to worry about⁴.

When I sent my full application in to the clinic it was the culmination of many years of dreams, and every day waiting for a reply felt like an eternity. I struggled to avoid checking my email all the time, and I think I managed to hold out for as long as an hour sometimes. When I did get "yes" I was in tears.

Some of the information in the clinic emails appears to be out of date, such as the "Thai cookery classes / personal care classes as requested" which don't seem to be available anymore, and the "CD of images taken during operation" which is now a USB flash drive. However I didn't notice any important differences.

My psychiatrist letter was minimal, covering exactly what was required on the [Clinic's Protocol webpage](#) and no more. The clinic's requirements are very detailed and clear, and I made sure the letter covered every one of the points required. Again I doubt they are interested in anything more than what they specify. They are not going to turn away your business once you check off their requirements.

I printed out the protocol webpage, marked up all the points I needed in the letter with a coloured highlighter pen, and asked my psychiatrist to include every one of those points. And I still have to ask him to rewrite it.

For some reason which now eludes me I got a second "improved" SRS letter from my psychiatrist; it just had a new date and the extra number of appointments on it since the one I'd previously sent. I carried both originals, but gave Dr Suporn the improved one. He actually noticed that it was different and at least to start with he didn't seem too happy about it. I had the distinct impression he takes it very seriously.

For foreigners [Thai Law](#) requires one approval letter from a foreign psychiatrist and one from a local psychiatrist. There is no requirement to bring two letters and I didn't; Dr Suporn clearly complies with Thai

⁴ Once you're post-op you're given a faster way to get a reply in case of problems, but I've never had need of it.

law. The local psychiatrist is arranged by the clinic. I'm not a lawyer, and especially not a Thai lawyer, but I believe the relevant legal requirement is this

In the event the ailing person is a foreigner and has received approval from a foreign psychiatrist already, at least one Thai psychiatrist must assess and evaluate the person prior to the operation.

1. After the sex change operation, the relevant doctors in the treatment must provide follow-up care and consultation as appropriate.

I also had a letter from my doctor saying that I was fit for surgery, and that I had an estrogen implant. I don't think it was necessary but my doctor offered, so why not. Implants are not required to be removed prior to SRS (thankfully), but since the clinic instructions specifically state HRT must be stopped prior to SRS I wanted to be sure Dr Suporn was aware of it. This letter went with my initial application and I again mentioned it to Dr Suporn during the pre-op consult. I had no problems, although I did get some wild emotional swings post-op (I've never had these on implants before, they are normally very stable). I noticed some of the other ladies looked rather unhappy about stopping.

The wait list is close to 1 year (and appears to be increasing), which suited me as I needed to fit it in with some personal things and lose weight. I looked at the [booking calendar](#) practically every day at some points and kept seeing cancellations. I managed to move my date forward two weeks. I couldn't help looking, just to see my name there after all these years.

Internet Peer Support Groups

There are two peer support groups dedicated solely to Dr Suporn. These groups are endorsed by the Suporn Clinic, but are independent.

The [Dr S Club on Yahoo](#) goes back to 2004 and is a great resource. However it is not as busy as it used to be and the Suporn Butterfly group on Facebook is apparently far more popular these days.

The Facebook group is secret (hidden) and invite only. To join you **must** have paid your deposit to the Suporn Clinic or have had your surgery there. If eligible you can contact the group administrator [Nicola Summers](#) and ask to join.

nikki_speaks@yahoo.com.au

The Yahoo group provides far more information about Dr Suporn than any other site I've seen, although as it's focussed on Dr Suporn you won't find a balanced discussion comparing him to other surgeons. That is not the purpose of this group. As I'm not a member of Facebook I can't comment on that group.

Vaccinations

The [standard tourist vaccinations](#) for travelling to Thailand from Australia or the USA are Hepatitis A/B and Typhoid⁵. There are others, but only if you're planning on trekking through the jungle. A full course of 3 Hepatitis vaccinations takes 6 months, although the 3rd one can be done after returning from Thailand. The first two offer short term protection only, the third is for lifetime protection.

⁵ Apparently these are not required for Chonburi, but I had mine anyway. Better safe than sorry.

I'd not normally bother with Flu vaccinations as I don't like injections, but I didn't want to risk having flu shortly before or after SRS, so I made an exception this year. Not to mention it is also a bit silly worrying about injections considering what I've just signed up for. I later discovered that coughing or sneezing while dilating is not a pleasant experience, and best to be avoided. Stay as healthy as possible.

I believe it's worth having vaccinations well before traveling as immunity takes 1 to 2 weeks to develop and having the Flu could result in rescheduling. Not a pleasant thought.

I also had a HIV test before paying the final deposit. I knew I didn't have HIV, but that's a lot of money...

Exercise, Weight and BMI

For safety the clinic have a weight limit for surgery and will not accept anyone with a [BMI](#) over 30.5.

I understand that with plastic surgery the lower the BMI the better the aesthetic result. I'm going to Dr Suporn because I want the best result possible, so I made a serious effort to get my weight into the ideal healthy range (18.5 to 25). It's safer too, but somehow that wasn't what motivated me.

I'd planned to exercise a lot and get very fit before having SRS so that I could recover more quickly, but getting my weight down left me with little energy for exercise. By the time I resumed a higher energy diet a month before SRS, I also reached the point where it was too late to start. Apparently heavy exercise before SRS can leave you in [serious muscle pain post-op](#), and I wanted to leave a 1 month gap.

Overall though I was in decent shape. SRS is extremely motivating.

Packing list

I made a packing list so I'd not forget anything, and split it in 3. The only really critical things are the psychiatrist letter, passport, and credit cards. I think I could find a way to survive without the rest. Just to be extra-extra careful I asked my psych for two original copies of my surgery letter, and carried them separately. One in a pouch around my neck and the other in my carry-on luggage. I never put anything valuable in my suitcase in case it's lost or stolen.

It's worth checking the maximum weight and dimensions of all luggage, and weighing it at home to avoid problems at the airport. I also carry a small travel digital scale to do the same at the other end.

At the last minute I did end up with a couple of cardboard boxes as well, but didn't make a packing list for them. I got a bit carried away and it was just overflow from the suitcase.

I always travel with enough local currency to at least have dinner and catch a taxi.

Hand Carry

1st Original SRS Letter

Wallet, Credit cards

Passport with 60 day Thai Visa

Doctors Letter (HRT and fitness for surgery)

Thai & Australian Cash

Carry-on Luggage

This is a small suitcase with wheels and extendable handle for the plane and hospital. It needs to be easy to move around post-op. These are the things I need on the plane, those that I can least afford to be stolen, and

valuables that are more likely to be stolen in the airports. Make sure it fits as carry-on luggage on the plane to avoid excessive fees or having to send it as checked baggage (and risk losing it)

2nd Original SRS Letter	Change of under clothes in case of delays at the airport
Black pen for immigration paperwork	Passwords for websites and bank security tokens
Computer, camera, cell phone, chargers, USB cables, etc	Entertainment

Suitcase

Toiletries	Sanitary Pads
Mains extension lead, power board, plug adaptors	Digital luggage scale (for checking on the way back)
Clothing	Earplugs (just in case it's noisy at hospital/hotel)
Lots of panties	Snacks (chocolate, crisps, packet soup, etc)
Chocolate for gifts	High fibre cereal (2 x 500g, for constipation)
Sandals I can wear without bending over	A few large garbage bags (handy for clothes and packing)
Packing tape & small scissors (just in case)	Note book and pens
Cover for the donut on the way home (I'm shy)	Entertainment
Optional HRT (I had an implant so not required)	

I took a few other things, but didn't use them. Travel umbrella, insect repellent, sun block. I didn't get out much. They should be easy to buy locally.

Entertainment is essential as the hotel and hospital can be rather boring. Computer, games, books, movies, VPN to access overseas streaming services, and so on.

I took a mains extension cable and power board. It wasn't necessary as I found out it's very easy to buy them there with adaptors to many international plug standards. I ended up with two, one on the floor, and the other taped to the bed top table (I took lots of electronics). I didn't need a voltage convertor as all my electronics is compatible with Thai mains.

I took two USB chargers and some spare cables, as the thought of being without my electronics was too awful to contemplate. Again you can easily buy all this stuff there, either at the Forum or Central Plaza.

I carried a small notebook in my purse to take notes. Very handy when meeting Dr Suporn so I'd not forget his instructions. I suppose a phone would do, but I prefer paper.

I took way too many clothes. I don't know what came over me; I never used to need so many clothes. There's only so much you can wear and you hardly move for a month so it's not like you can get them very dirty. I took cheap cotton panties 2 sizes too large (e.g. Australian size 20 instead of 16), black to hide blood, and lots of them. You don't want them tight after surgery, and it's a hassle cleaning them all the time. I had no problems with the size being too large, they stayed up and held the pads in place. Maybe white would be good so you can see the blood and change them, but I just can't. I've heard of people going through multiple panties a day, but I usually only needed one; perhaps due to the large pads I took. I washed them regularly (in the room) during my stay, so there's was no need to take too many.

I took some chocolates as gifts, and gave some to the clinic and room service. I'm not entirely sure, but more of the plain chocolate may have been a better choice than some the flavoured ones I took. It's a safe choice; everyone likes chocolate.

Preparation for returning home

I made a number of preparations at home to make life easier when I got back.

- I bought quite a pile of food so I'd not have to go out much or carry anything heavy.
- Found a trans friendly gynaecologist.
- Vaginal Syringe to clean out lube after dilating.
- Setup my bed so I could easily dilate, somewhere to put equipment within reach, TV/computer, bed pads, carpet around the bed so I'd not break the dilators if I dropped them, good lighting so I could see what I was doing, pillows to lean back on. I have a clock visible from the bed so that if I forget to take my cell phone to bed I can still measure my dilation time.
- Bed pads. I could use towels, but I'd rather not clean them all the time.
- Latex gloves. Not really necessary, but I like them (I got these when I returned).
- Sanitary pads. I took too many to Thailand and returned with them.
- Shower with [hand spray](#) so that I could pull it down and get the spray where I needed it. I've tried without it and I'd say this is close to essential (for hygiene), and I'm told these are one of the few custom modifications to the hotel rooms that Dr Suporn uses.
- Toilet [bidet spray](#). A luxury perhaps, but really useful and I do use it.
- Paper kitchen towels for cleaning up mess while dilating.
- Bed table so I could use my computer in bed (in [Australia](#) or [Amazon](#)), and a non-slip mat so the computer doesn't slide off (twice) and break.
- 500ml Betadine as I intended not to bring any back with me (I didn't want to risk making a mess if it leaked)
- Lock on the bedroom door for when I'm dilating.

Drugs

The clinic requires you to stop most forms HRT before travelling to Thailand and for most not to start again until at least one week post-op, and preferably not before arriving home to avoid the risk of [DVT](#). They also require you to stop blood thinners such as aspirin.

A bit of Internet research showed there's a huge number of other drugs, herbs, and supplements to avoid before surgery. Some drugs, the weight loss drug phentermine for example, can be fatal. There's many websites, but here's one for example

<http://www.mygyne.info/medicationstoavoid.htm>

Obviously don't take illegal drugs, but I was a bit surprised by what's not allowed or subject to import restrictions. Thailand has some very strict laws and penalties on drugs. I've copied some of the information I found here as it can be difficult to locate. However if bringing any drugs into Thailand I'd not rely on this list, or indeed anything I write here being correct. The consequences of getting caught are dire.

For example Panadeine and various types of Tylenol are available without prescription in Australia and the USA, but can contain the Category II Narcotic (in Thailand) [codeine](#). Other drugs in this class are Cocaine, Oxycodone, and Morphine. These all require a permit.

I'm not carrying cocaine though an airport, so there's no way I'm going to Thailand carrying codeine without a really good reason. I'd thought about taking a few drugs with me to Thailand before I researched it, but I

ended up taking nothing rather than risk any problems or suffering though the paperwork. Note that HRT is available without prescription in Thailand.

Useful references are

- [Guidance for Travellers under Treatment Carrying Personal Medications Containing Narcotic Drugs/Psychotropic Substances into/out of Thailand](#)
- FAQ Restriction On Narcotics
Restrictions on Narcotics According to the Narcotics Act B.E. 2522 (1979) and amended by the Narcotics Act B.E.2545 (2002)
- Wikipedia [Psychotropic Substances Act \(Thailand\)](#)

An Extract of the **Guidance for Travellers on Psychotropics** states

2.B Medications containing psychotropic substances of category 2, 3, 4

According to The Psychotropic Substances Act B.E. 2518 (1975), travellers under treatment can carry medications containing

psychotropic substances of Category 2, 3, 4 for personal treatment with the quantity of not exceeding 30 days of usage and with a certificate/medical prescription of the physician. The certificate/medical prescription of the physician should indicate : the name and address of the patient, the identified medical condition, the name and the necessity of medical preparations for his/her treatment, the posology and total amount of medical preparations prescribed, the name, address and licence number of the prescribing doctor.

To summarise the **Narcotics FAQ**

Classification	Restrictions
Category I	Import/export/possession strictly prohibited without permission from the Minister of Public Health
Category 2	Medication brought into Thailand by travellers for personal use: <ul style="list-style-type: none">• Limited quantities are allowed for personal use (30 days of prescribed usage)• A medical treatment letter/prescription from the prescribing physician is required• Certificate issued by a competent authority of the country of departure to confirm the patient's legal authorization to carry the medications for personal use• A completed application for the applicable
Category 3	Import/export/possession strictly prohibited without permission from the Minister of Public Health Permission granted for medical purposes
Category 4	Import/export/possession strictly prohibited without permission from the Minister of Public Health
Category 5	Import/export/possession strictly prohibited without permission from the Minister of Public Health

Table of Controlled Narcotics Drugs

Category I Narcotics

2CB (4-bromo-2,5-dimethoxyphenethylamine)	Dimethylamphetamine	Methylenedioxypyrovalerone (MDPV)
2CD (2,5dimethoxy-4-methylphenethylamine)	DOB	Methylene
3-Methylfentanyl	DOET	MMDA
3-Methylthiofentanyl	Etorphine	MPPP
4-MTA (4-methylthioamphetamine)	Heroin	N - ethyl MDA หรือ MDE
Acetorphine	Ketobemidone	N - hydroxy MDA หรือ N-OH MDA"
Acetyl-alpha-Methylfentanyl Alpha-Methylfentanyl	Levamphetamine	para-Fluorofentanyl
Alpha-Methylthiofentanyl Amphetamine	Levomethamphetamine	PEPAP PMA PMMA
beta-Hydroxy-3-methylfentanyl	LSD	(Paramethoxymethamphetamine)
beta -Hydroxyfentanyl	MDA	STP / DOM
BZP (Benzylpiperazine)	MDMA	TFMPP
Desomorphine Dexamphetamine	Mecloqualone	(Trifluoromethylphenylpiperazine)
Dihydroetorphine	Mephedrone	Thiofentanyl
Dimethoxyamphetamine	meta-Chlorophenylpiperazine (mCPP)	TMA
	Methamphetamine	
	Methaqualone	

Category II Narcotics

Acetyldihydrocodeine	Ethylmorphine	Norcodeine
Acetylmethadol	Diphenoxylate	Norlevorphanol
Alfentanil	Dipipanone	Normethadone
Allylprodine	Drotebanol	Normorphine
Alphacetylmethadol	Etoxeridine	Norpipanone
Alphameprodine	Fentanyl	Opium
Alphamethadol	Furethidine	Oripavine
Alphaprodine	Hydrocodone	Oxycodone
Anileridine	Hydromorphinol	Oxymorphone
Benzethidine	Hydromorphone	Pethidine
Benzylmorphine	Hydroxypethidine	Pethidine-Intermediate-A
Betacetylmethadol	Isomethadone	Pethidine-Intermediate-B
Betameprodine	Levomethorphan	Pethidine-Intermediate-C
Betamethadol	Levomoramide	Phenadoxone
Betaprodine	Levophenacylmorphan	Phenampromide
Bezitramide	Levorphanol	Phenazocine
Clonitazene	Medicinal	Phenomorphan
Coca bush	Opium	Phenoperidine
Cocaine	Metazocine	Pholcodine
Codeine	Methadone	Piminodine
Codoxime	Methadone	Piritramide
Concentrate of Poppy Straw	Intermediate	Proheptazine
Dextromoramide	Methyldesorophine	Properidine
Dextropropoxyphene	Methyldihydromorphine	Propiram
Diamprodine	Metopon	Racemethorphan
Diethylthiambutene	Moramide-Intermediate	Racemoramide
Difenoxin	Morpheridine	Racemorphan
Dihydrocodeine	Morphine	Remifentanil
Dihydromorphine	Morphine	Sufentanil
Dimenoxadol	Methobromide	Tapentadol
Dimepheptanol	Morphine N-Oxide	Thebacon

Dimethylthiambutene Etonitazene Dioxaphetylbutyrate Ecgonine Ethylmethylthiambutene	Myrophine Nicocodine Nicodicodine Nicomorphine Noracymethadol	Thebaine Tilidine Trimepridine
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Category IV Narcotics

1-phenyl-2-propanone 3,4-Methylenedioxyphenyl-2-propanone Acetic Anhydride Acetyl Chloride alpha - Ergocryptine alpha - Ergocryptinine alpha -Phenylacetoacetonitrile (APAAN) Anthranilic Acid beta - Ergocryptine beta - Ergocryptinine Chlorpseudoephedrine	Elymoclavine Ergocornine Ergocristine Ergocristinine Ergometrine Ergometrinine Ergosine Ergosinine Ergosterol Ergotamine Ergotaminine	Ergothioneine Ethylidine Diacetate Isosafrole Lysergamide Lysergic Acid N-acetylantranilic Acid Phenylacetic Acid Piperonal Safrole
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Category V Narcotics

Cannabis Mitragyna speciose	Papaver somiferum	Psilocybe cubensis
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Controlled Psychotropic Substances

Category I Psychotropic

Cathinone DET DMHP DMT Etryptamine GHB (Gamma-hydroxybutyrate) JWH-018 JWH-073 Methcathinone	Mescaline Mescaline derivatives Mescaline analog : Escaline, Isoproscaline, Proscaline, 4-Thiomescaline or 4-TM, 4-Thioescaline or 4-TE 4-Thioproscaline or 4-TP, 3-Thiomescaline or 3-TM, 3-Thioescaline or 3-TE, 3-Thiometaescaline or 3-TME, 4-methylaminorex	Parahexyl Phenazepam PCE PHP(PCPY) Psilocine Psilocybine TCP Tetrahydrocannabinol
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Category II Psychotropic

Alprazolam Amfepramone Amineptine Aminorex Brotizolam Buprenorphine Butorphanol Cathine Ephedrine Estazolam Fencamfamin Fenethylline Flunitrazepam Flurazepam	Haloxazolam Ketamine Loprazolam Lormetazepam Mazindol Mesocarb Methylphenidate Midazolam N-Ethylamphetamine Nimetazepam Nitrazepam Pemoline Phencyclidine Phendimetrazine	Phenmetrazine Phentermine Phenylpropanolamine Pipradrol Pseudoephedrine Quazepam Secobarbital Temazepam Triazolam Zaleplon Zipeprol Zolpidem Zopiclone
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Category III Psychotropic

Amobarbital Butalbital Cyclobarbital	Glutethimide Meprobamate Pentazocine	Pentobarbital
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Category IV Psychotropic

Allobarbital Barbital Benzphetamine Bromazepam Butobarbital Camazepam Chloral hydrate and its adducts Chlordiazepoxide Chlorphentermine Clobazam Clonazepam Clorazepate : Monopotassium salt Dipotassium of Clorazepic acid Clortermine Clotiazepam Cloxazolam Delorazepam	Diazepam Ethchlorvynol Ethinamate Ethyl loflazepate Fenproporex Fludiazepam Halazepam Inorganic bromide (except : Lithium bromide Potassium bromide technical grade Sodium bromide technical grade) Ketazolam Lorazepam Medazepam Mefenorex Methylphenobarbital	Methyprylon Nordazepam Oxazepam Oxazolam Perlapine Phenobarbital Pinazepam Prazepam Propylhexedrine Pyrovalerone Secbutabarbital SPA Tetrazepam Tofisopam Vinylbital
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Money

I opened extra bank accounts and credit cards so that if my credit card got cancelled due to fraud I'd have some others I could use. Lucky that, because this did actually happen to both myself and another women (both unrelated to being in Thailand).

I opened accounts with different banks because I've also found in the past when a shop (or airline) gets blocked it happens on all my other cards with the bank. I advised the banks of my travel dates so the cards wouldn't get automatically blocked when they saw foreign transactions.

I overpaid the clinic about A\$1000 and collected the extra when I got there as cash. I'd hoped to collect it in two parts so I'd not have so much cash on me, but that didn't happen. When I arrived at the clinic I was presented with an envelope with all the money, rounded up to the nearest 100 baht bill. I'm not bothered about the extra money, but I was quite pleased to see that they weren't concerned about every cent (baht). It was a good indication of where their priorities lie.

At the end of my stay I paid off the hotel bill with most of the cash I had left so I'd not need to exchange it. The hotel is paid in advance when you check in, but I'd put various restaurant and room service charges in the room – easier than digging around for cash.

If you want to minimise the costs of international money transfers its worth investigating what your bank charges. It's not just the transfer fee, but the poor exchange rate. Compared to a major Australian bank I could save around 4% by [using different service](#).

The [Citibank Plus Debit Card](#) is a good debit card for no fee ATM cash withdrawal, although I never used one (I had cash from the overpayment). Being a debit card don't use it where it could get skimmed as you'd be liable for the loss.

When paying the clinic I transferred an odd amount in the hope that it would make it easier to track it down if there were any problems. I've no idea if that would have help as there were none.

Approximate cost of SRS (ex-flights)

Description	Baht	US\$	A\$
SRS	550,000	15,160	21,800
Hotel (7 th floor, 32 days)	51,200	1,411	2,070
Miscellaneous		695	1,000
Total		17,266	24,870

I wasn't keeping track of my spending, but I think I spent about A\$1000 extra on food, shopping, tips, extra lube, etc. Breakfast included in hotel room charge, but not lunch/dinner.

Hotel Cost

	Cost per night (baht)		
	1-13 nights	14-26 nights	27+ nights
Standard/Superior Room (3 rd floor)	1600	1400	1250
Business/Delux Room (7 th floor)	2100	1850	1600
Junior Room (2 room suite)	3550	3300	3100
Internet (unlimited hours for 30 days)	3000	1500	0

I kept my room over the hospital stay. There's various discounts on 27+ nights which I'd not have got if I'd checked out, and I think it ended up costing about A\$200 to keep the room.

Thai VISA

Australians, and many other nationalities, can enter Thailand without a visa for up to 30 days. The clinic require you to stay a minimum of 24 days for SRS, and preferably 30 days. I got a visa as I wanted to full 30 days (just in case of problems), plus the required 2-3 days pre-op, and not have any difficulty if I had to stay longer.

Apparently if you overstay you only pay a small fine at the airport, assuming the police don't catch you first (bad), but I didn't want to find I couldn't get back into the country to visit Dr Suporn again. I don't know if that ever happens, but the last thing I want is trouble with immigration.

I used a holiday visa. There is no medical visa.

A 60 day visa cost A\$45 and is valid for 3 months from the date of issue (you must enter Thailand within 3 months and it then lasts 60 days). I downloaded the form, filled it in and took it to the consulate, and walked out shortly afterwards with the VISA stuck in my passport. Easy.

Travelling alone

Like many, I travelled to Thailand by myself. There were also many people who had helpers along, friends or parents. I'm sure it's convenient having someone to help out on occasion, but I never felt any need for it and

found being alone quite relaxing. I called home on Skype every day, and met the other girls at breakfast or during the day.

There's such a wide range of people there that no matter what you're like you bound to find some friends. I think it's safe to say that if I can, anyone can. I stayed in the hotel as much as I could until almost the last day, but most of the others were far more adventurous. Some were talking about going into Bangkok for the day, which I can't imagine. I don't know if they did or not, but I bet Dr Suporn would have been pretty upset if he found out. Such a difference; I'd not have been up for that until about month 3 or 4.

I noticed groups of parents getting together and going out. I'm sure there were some interesting conversations going on there. I spoke to some of them and it was wonderful how supportive they were. I met some really decent people. So unlike some of the terrible stories I've read on Internet.

I had someone to help me when I got back. I'm sure I could have managed if I lived entirely by myself, but it would have been harder.

THAILAND

I did a bit of research into [Thai culture](#), but since I only was only there for SRS it wasn't overly useful, plus I kept forgetting the few words of Thai I'd tried to learn.

I bought phone app for speaking Thai, [codegent Thai Pro](#), which looks really good but I barely used it. The app has separate male and female voices to cover the gender differences in Thai language. Language is so not my thing.

The clinic advise casual clothing, and skirts "not too short". I'd read Thai women dressed *very* modestly, and prepared myself. I'm not sure where that is, but it's not at the clinic, or the other ladies there for SRS. So much for research.

Thailand is known as the land of smiles; you'll know what that means when you meet Dr Dilaka (the anaesthesiologist). I can't explain.

A couple of points of Thai culture I attempted to remember were to never show anger or be confrontational (it's not the Thai way and can lead to difficulty), and that men don't typically shake hands with women (remember that if you feel the need to shake hands with Dr Suporn).

I found the Thai people, from the limited contact I had with them, to be very polite and helpful. I went shopping in Central Plaza, and even though there were almost no foreigners there, let alone transwomen, I was totally ignored except when I needed help. I really like Thailand.

For some background on SRS and being transgender in Thailand see this academic paper [The Development of Sex Reassignment Surgery in Thailand: A Social Perspective](#).

Airport

The immigration paperwork requires the address where you're staying. I kept a note handy so I could find it without unpacking anything. It also requires the reason you're visiting, which is Tourism. There's no medical category and for most people it's the only possibility (unless you happen to be a diplomat or doing some business on the side).

The address is: 934 Sukhumvit Road,
Bangplasoi,
Muang,
Chonburi 20000
Thailand
Tel: +66 38 283 111

The airport is one of the nicer ones I've visited, large and modern. The clinic provides a map and detailed instructions on how to navigate the airport and find your pickup. Most of its not necessary; it's a big airport, but well organised and I think it would be difficult to get lost. However if you make it outside, you're lost.

The meeting place is easy to find, and you're given cell phone contact numbers just in case.

The main phone/data providers have shops in the airport, in the public area after you exit customs. This is the best place to buy a phone SIM, especially if you want data. More on that later.

Internet

The hotel and hospital have WIFI Internet access, however I wanted to make extra sure I had access all the time and bought a DTAC phone SIM as well (make sure your phone is unlocked or you won't be able to use it).

[DTAC](#) provides fast 4G Internet access in Chonburi, and may currently be the only company that does so. I bought a SIM for my phone with 12G of data for 1 month and some amount of phone calls for around 900 Baht or about US\$25. No credit card is required, but I did need to show my passport.

DTAC, and the other phone providers have a shop at the airport, but it was very busy and I decided not to wait. Big mistake.

Instead the next day I went to the DTAC shop in the Central Plaza (about 3km from the hotel, don't try to walk). The shop was very busy and there was some kind of queueing system but as a lost looking foreigner I managed to get served immediately. Fortunately one of the staff members spoke a bit of English (more than my non-existent Thai), but actually communicating what I wanted and buying it took a long time. They didn't have what was on offer at the airport and I had to get something else. Another women went to the same shop later and was unable to communicate with them or buy anything. I doubt it's possible in the local 7-Eleven shops; you'd get something, but probably not what you wanted.

At the hotel my WIFI quite frequently disconnected and displayed the login page. This is apparently a problem if you have multiple devices and use the same password for each; you need separate logins. Near the end of my stay the hotel WIFI account stopped working in the evening, and I wasn't able to get a new one until the next day. I used DTAC instead.

The hospital also has WIFI, 300 Baht for 30 days, most of which you can't use so pass it along to the next women when you leave. I used DTAC via my phone. Apparently the [WIFI in the hospital is poor](#).

I found the hotel WIFI adequate for my uses, which was mainly web, email, and downloading the occasion large file. I didn't use streaming or do gaming. If you want to watch TV from overseas you may need a VPN to get around [geo-blocking](#).

I saw no wired Ethernet in the hotel or hospital. The clinic email states the hospital provides wired Internet access but I believe it's out of date.

Thai Mains Power



The hotel is wired with standard Thai wall sockets. These accept 2 and 3 pin USA, and European 2-pin Schuko plugs, all at [220V / 50Hz](#).

There's an endless supply of shops selling adaptors to international standard plugs. This photo is one of many in the Central Plaza shopping centre (note that these are not voltage convertors).



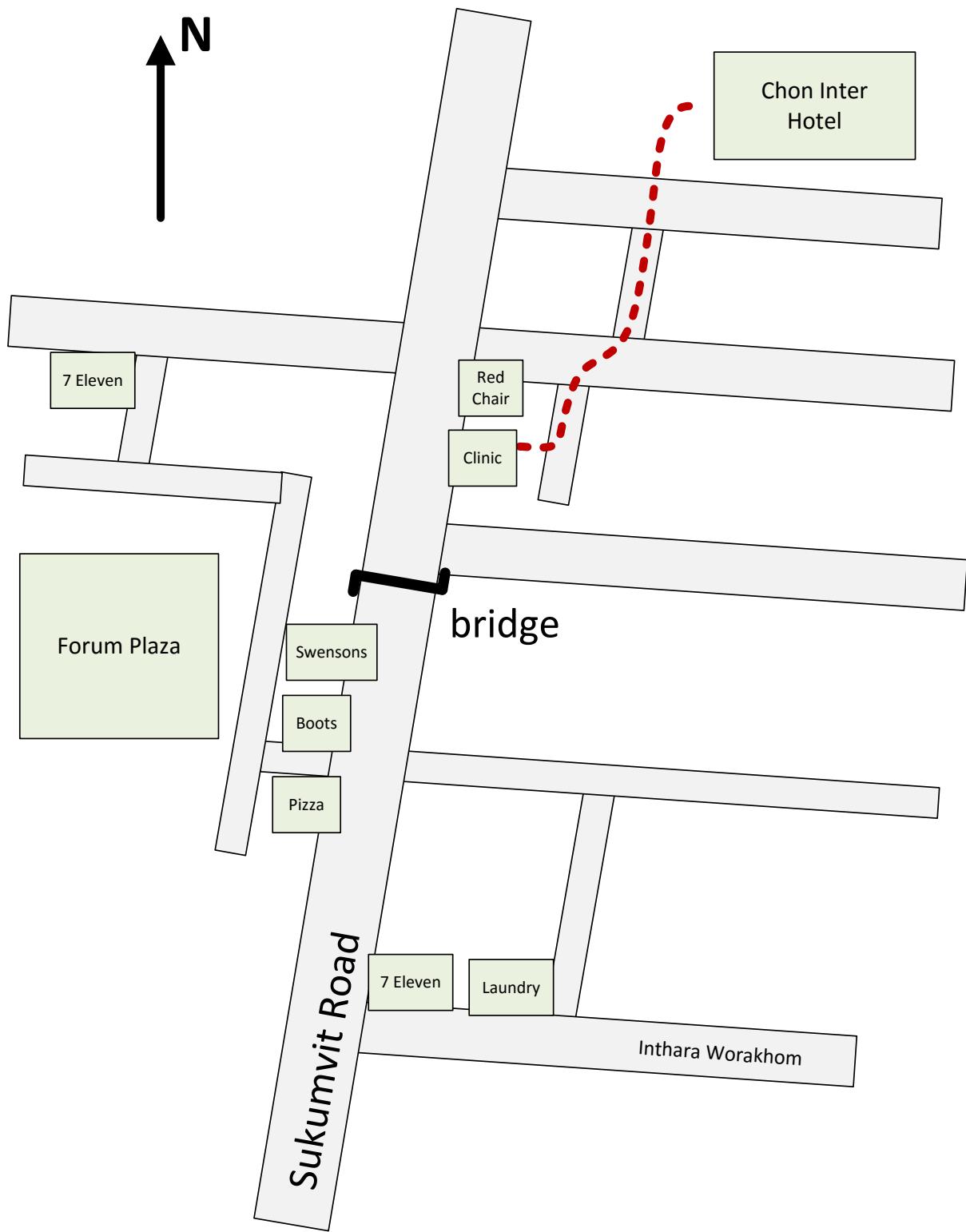
The Local Area around the Clinic

A crude map of the area around the clinic shows some of the key landmarks. The clinic's map shows McDonalds, but it's long gone. The red dotted line shows the back street road between the clinic and hotel.

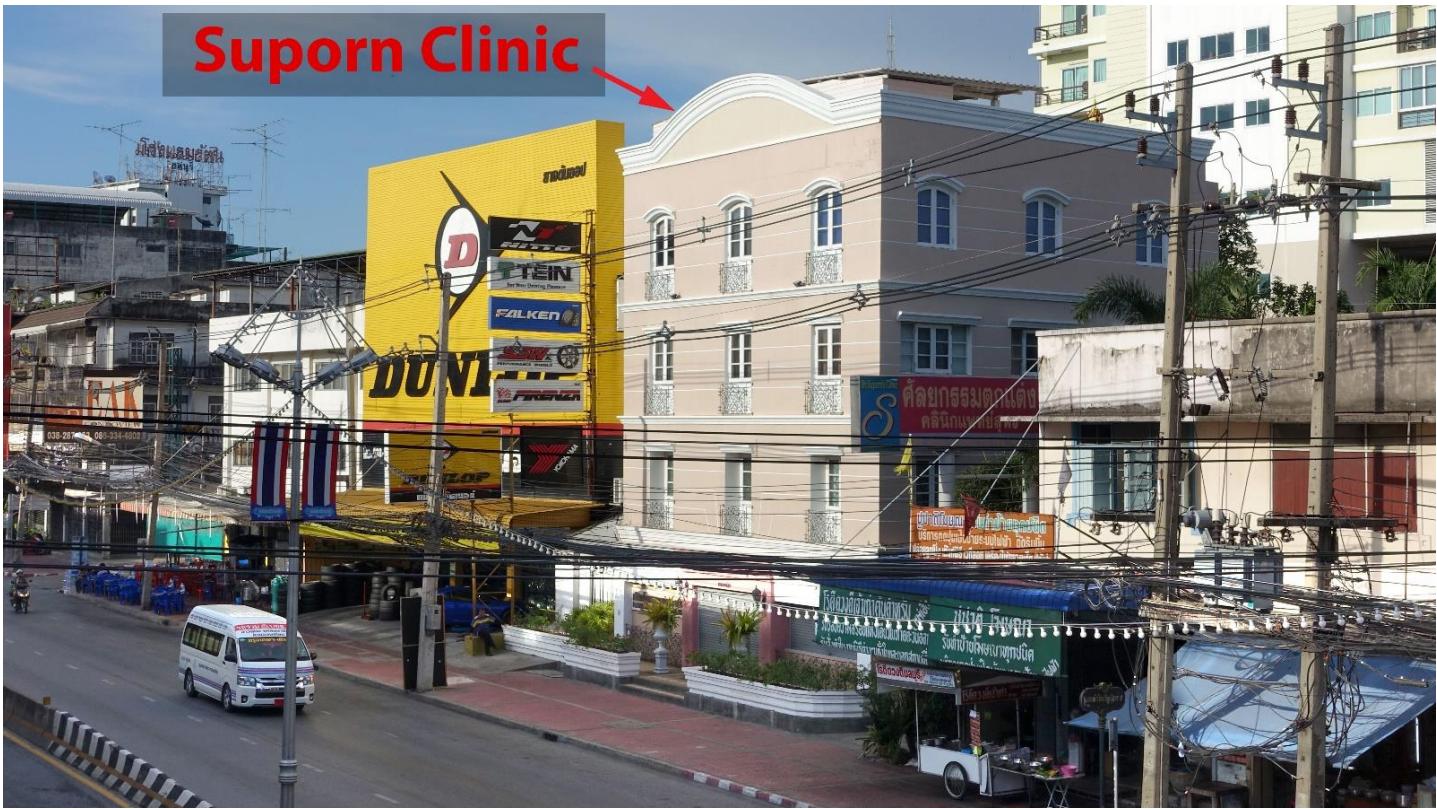
The Forum Plaza is a large, but run down shopping center close to the clinic. There's all sort of shops including a supermarket. I stocked up on snack food there before my surgery.

North of the Chon Inter, up Sukumvit road, is the [Bangkok Bank](#). Its on the same side of the road as the clinic, and possibly within walking distance, if you're up to walking.

South of the clinic, quite far past the 7 Eleven is a [fresh food market](#). Turn right at the Muang Chon Pharmacy on Sukumvit road, and its around the corner.



The next photo show the Suporn Clinic from the bridge, looking north. It's the building to the right of the yellow Dunlop building. The Red (and blue) Chair resteraunt is just visible on the left of the yellow Dunlop building on the corner of the road back to the hotel. There's a street running behind the clinic we usually used to get to the hotel.



A short distance south of the clinic on the other side of the road is the entrance to Forum Plaza (down a short road), Pizza on the left (south) and Boots pharmacy on the right (north). A little further north (and not shown) before the bridge is the Swenson's ice cream shop. I believe it's quite popular, but I somehow never got there. Maybe next time.



Looking north back towards the clinic is the bridge across the road. The clinic is just past that on the right (the same side of the road I'm standing on to take the photo). See also [Google Street View](#).



To see these places on **Google Maps** or **Google Earth** copy the latitude & longitude into the search bar. If Google maps shows everything in Thai then remove the “?hl=th” from the end of the url.

Landmark	Google maps	Latitude & longitude
Suporn Clinic	map , street view	13°21'54.97"N, 100°59'26.78"E
Suporn Clinic (back street)	street view	
Aikchol Hospital	link	13°21'18.20"N, 100°58'32.80"E
Chon Inter Hotel	link	13.365981, 100.992096
Laundry	link	13°21'48.75"N, 100°59'26.35"
Bangkok Bank	link	
Post Office	link	
Market south of clinic	link	
Red Chair Restaurant	link	
Swensen's (ice cream shop)	link	
Pizza Shop	link	
7 Eleven near Laundry	link	13°21'49.11"N, 100°59'24.99"E
7 Eleven near Forum Plaza	link	13°21'55.14"N, 100°59'22.93"E
Forum Plaza (walking distance)	link	13.364445, 100.989836
Central Plaza (drive)	link	13.336930, 100.969701
Tesco Lotus shops (drive)	map , street view	13.340450, 100.973090
Wat Tham Nimit (Buddha statue)	map , street view	13°22'38.05"N, 101° 0'4.38"E

According to google maps the straight line distance from the clinic to the Forum Plaza, Aikchol Hospital, and Central Plaza is 152m/500ft, 2.02 km/1.26 miles, and 4.96 km/2.46 miles respectively.

Walking from the Hotel to the Clinic



Taken standing at the hotel, the back street to the clinic is just visible on the left. The main road is a bit further on.

[Google Street View](#)



Standing in the road to the hotel and looking down the back street shown above.

[Google Street View](#)



Again standing in the side road of the previous picture, we then cross the road and continue down the back road just in front of the blue car.



A few steps forward, not yet crossing the road.

The “Red Chair” restaurant is visible at the far end of the street at the intersection to the main road. It’s not yet open and the chairs are not out.

[Google Street View](#)



Still not yet crossing that road, but looking down into the street, we can just see Dr Suporn’s van.

[Google Street View](#)



A clinic van, and just to the right the back entrance to the clinic.

[Google Street View](#)

The Suporn Clinic

The back garden of the clinic, through which you normally enter. There is a front entrance, but I don’t think I ever saw anyone use it.



Standing at the front of the clinic and looking towards the back entrance we usually enter by. The super soft sofas are a subtle hint as to what you have to look forward to.



There's a computer (on the right at the bottom of the stairs) for free Internet access. Restrooms and changing rooms are on the right down the short corridor (just to the right of the pillar in the middle of the picture). Revisions take place in the suite upstairs. Normally the clinic is packed with people, and it's a good place to meet new friends, but of course no photos are allowed.

There's quite a number of staff at the clinic, but the ones I mainly interacted with are Dr Suporn, Mrs Suporn, the 4 English speaking staff (Fon, Jib, Bow, Aey) who look after you everywhere, and the van driver. All female except Dr Suporn, the driver, and the psychiatrist. The 4 clinic staff who look after you are not actually nurses, but certainly do know what they are doing and speak excellent English. I felt quite safe in their hands.

I also had a long chat with Mrs Suporn which I thoroughly enjoyed.

Laundry

The clinic staff recommend [this laundry](#) if I didn't want to use the hotel (it's expensive). Without crossing the main road, walk from the hotel past the clinic, bridge, pizza shop, to the 7-Eleven, and turn right. Looking back past the Laundry to the main road, the 7-Evelen is the shop on the right corner (but not really visible).



Central Plaza

[Central Plaza](#) is a large modern shopping centre located about 5 KM from the Chon Inter (don't attempt to walk it). [Google Street View](#) showing Central Plaza and the Taxi pickup area outside.





[**Big C**](#) is a very large, cheap, somewhat low-end shop at the far end of the bottom floor. It's a good place to start picking up local supplies.

This is where I bought my bed table (129 Baht), 2 small buckets, extra coat hangers, and clothes drying rack to hang in the bathroom.

The hotel charges 500 Baht for a return trip by hotel car, and you either arrange a time to return or call them when you're ready. One way it's 300 Baht. Make sure to get a hotel business card so you can either call them for pickup, or show to Taxi driver to get back. I've had difficulty in foreign countries before where no one can understand your pronunciation of the hotel name.

The staff at the information desk inside the front of the Plaza were exceptionally helpful. I asked where I could catch a taxi and the English speaking woman lead me out to the taxi stand and told the driver in Thai where to take me. There was only one taxi, and the driver spoke no English. His taxi meter was "broken" so I made sure to negotiate the cost before starting⁶. It was a lot less than the hotel rate.

The Red Chair Restaurant

Unfortunately I didn't eat outside the hotel before surgery; I didn't want to risk getting sick and having surgery cancelled. I ate at the hotel only. A couple of other patients were sick after eating at the local (western) restaurants, fortunately after surgery.

The "Red Chair" restaurant was recommended by the clinic staff. It's close to the hotel/clinic, and you don't need to cross the road (which is not safe without using the bridge, and using those stairs is a bad idea while early in recovery). The quality of the food was better than the hotel restaurant and is not westernized. I by far preferred it but only went on the last few days as I was trying to avoid walking. It's only open for dinner, and I'd go there every day if I could.

On one occasion I ordered red curry chicken, duck with ginger and pepper, a bowl of rice, and 2 bottles of water was 260 Baht. A similar meal in the hotel would probably have been around 460 Baht. This was really too much for one person but it was cheap and I wanted to try everything. The restaurant provides ice and water, but I took bottled water to the restaurant to avoid any possible risk. Apparently ice is also best avoided as you don't know if the water it's made from is safe.

⁶ It's a classic Thai scam



See [Google Street View](#) with the view facing the red chair restaurant. To the left is the road back to the hotel and clinic rear entrance, and to the right is the front of the Suporn Clinic. The image is not shown here as its copyright and I have no permission to use it.

I didn't visit any of the other local restaurants so I can't comment on them. Prior to surgery I didn't want to risk getting sick, and post-op I didn't want to walk anywhere.

There's a large English menu, a few pages of which I've shown here.



Hotel

The clinic staff pick up from airport and take you to the [Chon Inter Hotel](#), help you check in and escort you to your room. The clinic requires that you stay in the Chon Inter for SRS; you are not allowed to stay anywhere else.

The Chon Inter is 3.5 star according to [Expedia](#), and that seems about right. It's not quite as nice as the advertising photos show, but it's more than adequate. I'm not there for a holiday, and I've stayed in far better and far worse.

You book through the clinic for discounted room rates, and there's rooms reserved for Dr Suporn's patients on the 3rd and 7th floors.

I kept my hotel room while I was in the hospital. I could have saved some money by checking out while at hospital, but I didn't want to pack and unpack or have any potential difficulty checking back in after hospital. You need to pay in advance when you arrive, and I paid the entire month. For convenience I charged all my room and restaurant meals to the room and paid the extra on departure (it's a good way to get rid of any excess Thai cash).

Hotel late check out to 16:00, then there's a half day charge from 16:00 to 20:00.

The general level of English in the hotel is poor but sufficient to get by. I never had any real problems. The hotel manager speaks excellent English, and has an office hidden away in the back of the business centre, just to the right of the hotel reception desk. I found him friendly and very approachable.



In the photo above ([Google Street View](#)) the road to the clinic is just visible near the front on the right (near the man and bike), in the gap between the buildings.

The hotel registration desk can make photocopies and print documents from a USB flash drive.

Hotel Room

I stayed in one of the 7th floor rooms, which are the mid-range rooms. I visited the cheaper 3rd floor rooms and while they are not quite as nice, they are adequate. The 7th floor rooms have safes, which I rather liked as I

was carrying a large amount of cash I'd overpaid to the clinic. Having said that, I've never heard of any problems with room security at the hotel. There's also a hair-dryer, which I think is only on the 7th floor.

I had a single queen size bed, but two single are available.

One of the first things I did on arriving as asked for all paid items (snacks, drinks, whatever) to be removed from hotel room. I don't trust hotels and didn't want to accidentally create an enormous bill; there's very cheap local shops where it's easy to stock up. You get some bottles of water free each day, then more on top of that is supposed to cost extra. Apparently if you hide any unused water bottles in the cupboard or fridge room service will replace them all every day. I'm not entirely sure as I tipped room service staff and had whatever I needed "free".



The first thing I noticed on entering the room was the incredible heat; the air conditioning had been turned off while the room was empty.

It cooled down quickly enough when it was turned on. The giant air cooling towers outside my bedroom window saw to that.

I would have preferred to not have that constant noise from the cooling towers, but it wasn't too bad.

The rest of the view outside the window was quite nice. The golden Buddha statue of [Wat Tham Nimit](#) is on the hill in the distance, about 2 Km away ([map](#)).



The room air-conditioning and lighting is turned on by putting your door access card into a slot just inside the door. When you take it with you on leaving the room, the air-conditioning will turn off and the room will heat up very quickly. It's usually possible to put other types of cards in these hotel switches (a few business cards or even some cardboard) and keep the air-conditioning running. However there's no point in getting too creative, the hotel manager told me to just ask for another room key.

I prefer silence when sleeping and the room air conditioning is quite loud. I found I could run the air conditioning during the day and turn it off to sleep without the room getting too hot overnight. It's still pretty warm so I usually slept without covers, with the extra benefit of not bleeding on the sheets (much).

Getting blood on the bed sheets is apparently quite common and the hotel will change a replacement fee if they cannot be cleaned. I did it few times but I don't think I was ever charged. After the first time I started sleeping on the plastic sheet the clinic supplies for dilation, covering it with a towel to make it comfortable.

As I kept the room while I was in hospital I was able to rearrange it to be a bit more convenient while I was still capable of doing so. The lights near the bed are only 11 W and quite dim, but I noticed there were some 50W ones in the ceiling. Before I would work out how to climb up there the room service lady visited and I managed to borrow some from replacements from her (be nice to them, they can make like easier).

I was by myself so I was able to reserve one half of the bed for dilation. This was the side nearest the bathroom, and I moved the lamp and an extra table and all essential medical supplies within reach of the bed. Once you've started dilation that last thing you want is to stop if you can't reach something or worse get out of bed to go find it. I did that a few times, forgetting the timer clock, running out of lube, or dropping the dilator on the floor (they get very slippery), and I got to be very careful about being properly prepared.



You can see in this photo of the bed that I've setup that side of the bed for dilation.

I found the lighting next to the bed where I dilated quite dim and it was difficult at times to see the depth markings on the dilator. I moved the tall lamp stand from the far corner of the room next to the bed in place of the existing bedside lamp, and replaced its 11 W compact fluorescent bulb with a 50W bulb.

Above and behind the bed is a handy shelf which can be used to store water bottles and other supplies for easy access – just reach back and grab one.

The Refrigerator

The fridge has a freezer compartment with an ice cube tray (use bottled water).



The refrigerator was stocked with some yogurt and juices. I've not come across broccoli juice before, and I'm told it was quite sweet – I couldn't bring myself to try it.



I've heard that it can be difficult to find milk in Thailand that westerners are used to, but I found this Meiji brand milk in the 7-Eleven quite normal. I bought this bottle before going into the hospital and left it in the hotel room refrigerator for when I got back.

After that I realised I could "borrow" a couple of glasses of milk from breakfast each day. It also tastes fine. There's coasters for cups in the room that you can use to cover cups and glasses.

Hotel Room Television

In my room the length of a HDMI cable from the TV to edge of bed was about 3m. A 5m cable would probably be ok for a laptop on the bed, but longer might be safer. I did bring one, but never used it.

I've read online that not all the TV's have HDMI, I can only say that mine did.



Room Safe

The room safe is not very large, but after removing the internal shelf and some careful manoeuvring I was able to fit my tablet computer inside. Be careful to prop the computer (or whatever) up out of the way of the door as it's very thick and heavy, and could damage anything stuck in the way when it's closed.

The safe opening is approximately 270mm x 205mm (slightly larger once inside), and 184mm deep.

Bed Table



I bought a small table for my bed at the Big C in Central Plaza for only 129 baht. Normally I had the power cable and power board taped to one of the legs to make it tidier and avoid any unfortunate accidents.

It's well worth it, and was great for using my computer in bed. I found lying in bed far far more comfortable than sitting.

The red plastic sheet is provided by the clinic to protect the bed when dilating. I also covered it with a towel and slept on it – less mess.

Toilet



The Bidet spray gun next to the toilet is for cleaning after pee/poo and is common in Thailand.

http://en.wikipedia.org/wiki/Bidet_shower

I tried it pre-op and post-op, and what a difference! So much easier post-op.

It's ideal for cleaning after surgery, but I'm surprised they are not more popular in the Western world, among women at least.

It might be worth fitting one of these at home before departing for Thailand.

Traditionally bare hands are used to clean the genitals/anus, although for cultural reasons I used toilet paper for that last bit. Afterwards of course the hands are cleaned with soap.

For home a shower with hand spray is even more important, so that you can clean properly before and after dilation to reduce the risk of infection.

Water



Don't drink the tap water, ever. The hotel supplies a few bottles of drinking water each day for free. Even better the clinic will deliver 6 large bottles of clean drinking water to your room for 100 baht.

I was told by the clinic staff that the tap water in Bangkok is clean, but is treated with chlorine hence people drink bottled water instead.

Supposedly it's safe for brushing teeth and for general cleaning, but when I filled the bath on my first day my bath water was tinted a light brownish colour. Safe to say I wasn't about to drink tap water after seeing that. That was my last bath for over a month so I tried to enjoy it. Its' showers only for the first month post-op.

Washing Clothes

It's quite expensive using the hotels laundry service and I didn't want to walk to the laundry. I made do with washing clothes in the bathroom sink. Since I bought far too many clothes with me, and was very inactive the only thing that needed regular cleaning was panties.

If you'd like to try stringing a clothes line above the bath, the distance between the places you'd need to hook it is about 141 cm. Instead I bought a cheap clothes rack with lots of pegs from Big C in Central Plaza and hung it over the shower rail.

The Hotel Terrace Coffee Shop

This Terrace Coffee Shop serves breakfast, lunch, and dinner. As breakfast is included in the room charge it's effectively free, so it's very busy in the morning. Lunch and dinner are much quieter.

There's a good selection of western and Thai food for breakfast. The Western food is very good, but I didn't much like the look of the Thai food so I only tried it only a couple of (the quality of the Thai food was much better at lunch and dinner). A chef makes omelettes to order – just point at what you want and they will make it and bring it over to your table.

I was told by the hotel manager that the hotel has special service for Suporn patients who are having difficulty getting around. You can go downstairs for breakfast, pick out a tray of food, and the staff will deliver it to your room. Or I suppose you could just use breakfast order form. I should have done this the first few days, but after that I didn't need it. Not to mention I'd never meet anyone, and that's one of the best things about staying there.

Later in the day the ice cream's worth trying, especially the lemon ice cream. Apparently lemons are green in Thailand and so is the lemon ice cream, which I still find hard to believe. It tastes good though.



I was hoping to experience real Thai food (whatever that is) for the first time in my life, and was a bit disappointed to find out from the hotel manager that it's been westernized. The quality is adequate, but if I had it at a restaurant back home I'm not sure I'd go back again.

The Red Chair restaurant a short distance away outside is authentic Thai, and that I really liked.

I understand the clinic staff are willing to help you out at lunch time when they go get theirs.

Some of the Thai food is very hot and I was asked a few times if I really wanted it. Yes I did, and yes it's hot. Quite tasty though, if you like seriously spicy food.

There's a Chinese restaurant, and I'm told it's a lot better but it's also a lot more expensive. I didn't try it.

Room Service

The in-room menu is a subset of the one provided downstairs, with only 28 items on it versus 80 downstairs in the Terrace Coffee Shop.

If you plan on using room service, which you might want to while early post-op, then ask the reception desk to photocopy the restaurant menu for you. When calling room-service say you are ordering from the "big menu" and describe the item in words – for example item 12 on the big menu is "Chicken in Red Curry Paste with Coconut Milk", and it's not on the in-room menu. You might need to show them both menus to get them to believe they are actually different. It took me 20 minutes to convince them. It can also be difficult ordering from the big menu when you call room service.

There's also few items like drinks that are only shown on the menus at the table, but you can also order these from room service. Some of these were really good, and went well with the spicy food.



I don't recall what it was, but it looked good and was tasty. I think it might have been a little spicy as well (but far from the hottest item on the menu).

3rd Floor Balcony



I never saw anyone out there. It was hot and humid during the day and I didn't find it very pleasant.

Perhaps it was the wrong time of year.





Looking out from the balcony towards the main road. The Suporn Clinic is a short walk to the left either via the main road or back-street.

Hotel Roof



The hotel roof is accessed by stairs from the 7th floor. There's a door near the lifts. It's not terribly exciting, but the view is good and there's not much else to do.

Aikchol Hospital

[Aikchol hospital](#) is a large local's hospital and not the sort of place you'd usually expect to see foreigners visiting. The main reception of the hospital is modern and quite pleasant looking (I didn't take any photos, [it's not allowed](#)). There's huge numbers of local people in there, all with that timeless eternal waiting look to them. I saw that and was resigned to being stuck there all day, but Dr Suporn's patients just skip all the queues like magic.

Once you get behind the scenes a bit it's a lot older looking, but according to someone I spoke to who works in Australian hospitals, it's just as good as an Australian hospital and the service is far better. I've been in hospitals overnight a few times and that's also my feeling. All in all it's exactly like the major Australian hospitals I've been in, only no waiting and a 10 times better service, so maybe not so similar after all...

I was a in a way reassured by what I saw. It might have been nice to be a super modern private hospital, but I knew where my money was going, and it wasn't on making the facilities look pretty or lining someone's pockets.

When I went the hospital requires your passport and will use that name. I didn't have any issues but [others have](#); it [may have changed](#) recently.

The private room is huge, and while spartan I liked it. The bathroom is quite decent, and visitors can sleep on the fold out sofa-bed. There's a safe (much larger than the one in the hotel), but of course you can't access it from bed. I locked my computer in there until I was ready to use it again, then gave the nurse the code so she could open it for me. They can get it open without the code, as they had to for me when the previous patient left it locked, but it's a lot of work. There's also a fridge, microwave, and kettle.



The hospital room is impressively large and quite pleasant; unfortunately being stuck in bed there's not much use you can make of it.

The most important thing to remember is that ***the hospital bed is exceptionally hard***. I like a hard mattress, but was in pain after lying on it for only a few hours and had to ***ask for a softer one***. I could tell the nurse had heard it many times before. Back at the hotel I heard some patients were in more pain from the hospital bed than the surgery, and once you're post-op you're not going to be jumping out of bed to change it.



The hospital room as seen from the other direction.

At the bottom left is the table that moves over the bed. I thought it worth a try, so I asked for a second one so I could leave it setup with my computer and other odds and ends, and another for eating.

The staff initially said no, there's only one available per room; then another one turned up anyway. I was so happy!

The extra bed is the pink/brown fold-out sofa bed to the left of the door.

I've forgotten almost the entire week in the hospital, which I can only assume is the drugs. I remember the day before surgery (day -1), but practically nothing of the surgery day itself (day 0). I have a vague memory of a nurse in that morning, and perhaps some people and lights, but it's hard to be sure it's even a memory. The next somewhat clear thing I remember is being in my room again the next day (day 1). Everyone else I spoke to remembers speaking to the doctors pre-op and waking up in recovery after surgery. I kind of miss it, but at least if there was anything bad that's gone as well.

I recall that I felt quite clear headed while I was in the hospital and was talking to people and using my computer without any difficulty. In hindsight I don't think I was 100% mentally there, but it was quite subtle and I didn't notice at the time. I did manage to knock my (really expensive) computer off the table at one point, but somehow it survived hitting the floor. I'd have probably had to buy another one immediately if it was broken, so that was really lucky. Next time I'll try to think of some way to attach it to the table, or get an anti-slip rubber mat.

Fortunately I never suffered from post-operative depression which can occur after general anaesthesia. I'm not sure how common it is, but I have heard of people suffering from it after SRS.

Post-op pain in hospital was a non-issue; I got pethidine whenever I needed it. There's an initial pain as its added to the IV, then it *all* goes away. As a side benefit it usually made me very sleepy, and sleeping is a great way to pass time in hospital. Most if not all the other patients were on morphine, but I've had a bad reaction to that in the past so the anaesthetist changed it to pethidine.

I did have a fever for one day, and that was a thoroughly miserable experience. I was close to tears for some of it, but again pethidine did its magic. Back at the hotel I heard of another patient who had a fever for several days, so I guess it's not uncommon.

I also have some kind of minor reaction to band aids, possibly due to latex or adhesives. I'd read that after a week some patients get very painful reactions to the tape used to attach the bandages so I was a bit concerned. In preparing for SRS I had a blood test for latex allergy test which came back negative. I discussed it with the anaesthetist at the preoperative meeting and was given a set of tape test samples on my arm at the hospital the day before. The nurse came back after a couple of hours to check the result, by which time of course nothing had happened. I insisted we wait until the next morning; and there was only one tape, Transpore, to which I had no reaction, and that's what we used for the bandages. That's almost the only thing I can remember of that day, which goes to show how worried I must have been. Even so, I had a one small sore on my skin where the tape attached. It was no problem, but it could have been so much worse.

The first night post-op one of the clinic staff sleeps over in your room with you.

The hospital nurses generally appear about 10 seconds after pressing the call button, although it did once take almost 30 seconds. I was so amazed I took to measuring it each time. I can't imagine that in an Australian hospital. In retrospect I guess I must have been very bored.

Some of the hospital nurses speak quite poor English, and on occasion I asked to speak to one with better English. On the whole I had no problems. Neither did I have any problems being there alone.

When it came time to remove the catheter and pee I only managed to do it by standing up. If you can't manage that the catheter goes back in for a few more days and you get to have it at the hotel. Bring at least one long skirt to hide the bag, just in case. So while I did make quite a mess peeing standing, I did at least

manage to leave without a catheter and that made my day. Back at the hotel I had difficulty peeing and found doing it standing in the shower helped enormously.



Left: While the TV has HDMI inputs (and a spare power socket on the floor below it), it's not practical to run a cable from the bed to the TV and would no doubt be an unacceptable hazard if you tried it (perhaps a wireless transmitter would work, but I'm not sure the hospital would allow that). I never used the TV, or even turned it on.

Down: I plugged my electronics into the power board under the bed, which accepts multiple international plugs (but with Thai voltage). The existing cable plugged in is to power the bed.



The bed controls allow easy adjustment of position. You're not allowed to sit too high up.



The bedside drawers. Great storage, but impossible to reach while stuck in bed.



The outside doors are locked and cannot be opened. Years ago I read somewhere this may have been due to an attempted suicide.

I discovered the hard way that there's no point bringing much clothing. You're wearing a hospital clothes until you leave.

Hospital Food

The Mezzo café on the ground floor, and I hear it has better food than the hospital menu, decent coffee and awesome Frappé. I never got around to visiting it. The menu is in the hospital room so presumably you can order from it, although I never did that either. I really like Thai food and was determined to eat that and nothing else. I know other patients who were just the opposite.

There's no restrictions on what you're allowed to eat in the hospital, apart from the night/morning before surgery where you're allowed nothing. I did hesitate to eat too much as the thought of having to go to the toilet before I could get out of bed was not pleasant.

There is a separate menu for patients with Western and Thai food. The food is adequate and portions can be large, but it is boring after a while. I got to the point where I didn't want to eat anything. I had heard the western food was quite poor, but I've no idea if that's true as I only ate Thai food. To put it in perspective I like good quality food, have plenty of experience eating internationally, and I don't like McDonalds.



MEDICAL

The clinic staff show you exactly what you need to do post-SRS, but I found a combination of information overload, physical and mental exhaustion, and drugs made it difficult to remember everything. While dilating, and even going to the toilet, seemed clear enough while I was being instructed, by the next morning I'd forgotten half of it, and it's not all in the instruction book.

Instruction and Post-Op Care Books

The clinic provide two main booklets to help. The Instruction book contains everything you need to know while in Chonburi, and the Post-Op Care book is everything you need post-op including after you've returned home.

The **Instruction** book contains comprehensive details including admission for surgery, clinic and staff contact numbers (lots of them), pre and post-operative instructions details on the medical certificates you can obtain, list of medical supplies you'll be given, phone and internet details, map of the local area, and several pages of English to Thai translations for use in hospital. It's a decent amount of information, and much of it's not really necessary as you get it all again from the staff as they look after you. Still, it's reassuring to have it all. There's a few parts that are out of date, but nothing significant – McDonalds is no longer where its' shown on the map for example.



The **Post-Op Care** book is again a comprehensive and very useful guide. It's well written, although I did find it difficult to find information on occasion; there's no page numbers, table of contents, or index.

Some of the information is out of date, although it's obvious where this is and doesn't matter if you follow staff instructions. Dr Suporn's methods have clearly evolved over the years; dynamic dilation typically starts 2 weeks post-op rather than 3 weeks as in the book.

Post-op, but before starting dynamic dilation, we were given a class to learn how to take care of ourselves. We were told we didn't need to make notes; it's all in the book. Only it's not. There's a few differences, again presumably because things have evolved over the years. It wasn't a real issue, but it would be nice if the book could be updated.

Returning from hospital to hotel

On arriving back at the hotel from the hospital one of the clinic staff arrange all the medical supplies next to the bed. The sheer amount of supplies is somewhat intimidating. If I hadn't known what to expect before I did now.



Clock, boxes of condoms, mirror, basket of smaller supplies, gloves, Q-C, pads, and bed pads. And there was more elsewhere.

I later reorganised this, bringing a lamp over for more light and another table to put supplies on.



[Betadine](#) (left) and [Hibiscrub](#) (right) are powerful antiseptics and used for cleaning. They can also both irritate the skin and should be used carefully.

Betadine is applied to the stitches using a cotton wool ball held in tweezers. Some people recommend using a small spray bottle, but I found it sprayed everywhere. Apart from being messy I think it's best to use as little as possible to avoid potential skin irritation.

Hibiscrub is used as a soap for your new genitals. I continued using a weaker version for about 5 months, until I got a rash. It went away quickly after I changed to normal soap.

How to go to the toilet

It's hard to believe, but I had to actually ask for some advice here so I'll write it up.

1 Pee/Poo

Pee: If this is difficult then standing in the bath may make it easier, and certainly easier to clean up afterwards.

2 Wash with the shower spray beside the toilet, spraying from front to back.

Poo: Wipe from front to back to avoid wiping excrement into vagina.

Use your hands to wash your genitals as this is the correct method, and also cleans the hands for later when the Silvex is applied (I'm told the tap water contains chlorine so it's safe).

3 Dry with baby wipes or a towel rather than toilet paper.

The clinic don't supply wipes, I bought my own.

Lightly pat down rather than actually trying to dry. I'm told to prefer not using toilet paper (not sure why).

If you manage to get your hands "dirty" then wash them with soap before the next step.

-
- 4 Apply Silvex cream, a big blob on the finger applied to clitoris.

Spreading around the labia is fine, but don't apply inside the vagina. Applying from the top down or the bottom up is ok.

Neither hibiscrub nor betadine are used.

Early on I'd often find it easier to pee standing up in the bath, probably due to all the swelling. All that trouble to get rid of the thing, and I'm still standing...

How to Shower (no dilation)

This refers to just having a normal shower. Showing after dilation is a different topic.

After SRS its showers only while in Thailand. Having a bath is not allowed until after returning home.

I was told to avoid showering before dilation as its unnecessary and we don't want to clear the vagina too often. As I was showering 3 times a day just for dilation I'm not sure I actually had any other showers.

- 1 Shower as usual
- 2 Wash vaginal area (not inside) with a small amount of hibiscrub, then wash the hibiscrub off with the shower.
Hibiscrub can burn skin and should not be used excessively.
- 3 Dry with a baby wipe or towel rather than toilet paper. Lightly pat down rather than rubbing.
- 4 Apply Silvex cream, a big blob on the finger applied from clitoris (top) to bottom. Spreading around the labia is fine, but there not to the inside of the vagina.

Fingers are clean due to prior use of hibiscrub.

Note that betadine is not used.

The Dilators

The clinic supplies a kit of 4 dilators⁷, small, medium, large, and a second medium dilator made from a white plastic. The white dilator was originally the only one offered and has no special purpose or significance. I've only used the medium and large, and later bought the large orange Sole Source dilator from the USA.

On returning from Thailand I packed each dilator into separate checked baggage just in case one of them got lost. Due to security checks they should not be carried in hand luggage. I did worry about losing them, and it would have been reassuring to have one for home before I left. I didn't think of it at the time, but I could have ordered a normal size one from Soul Source.

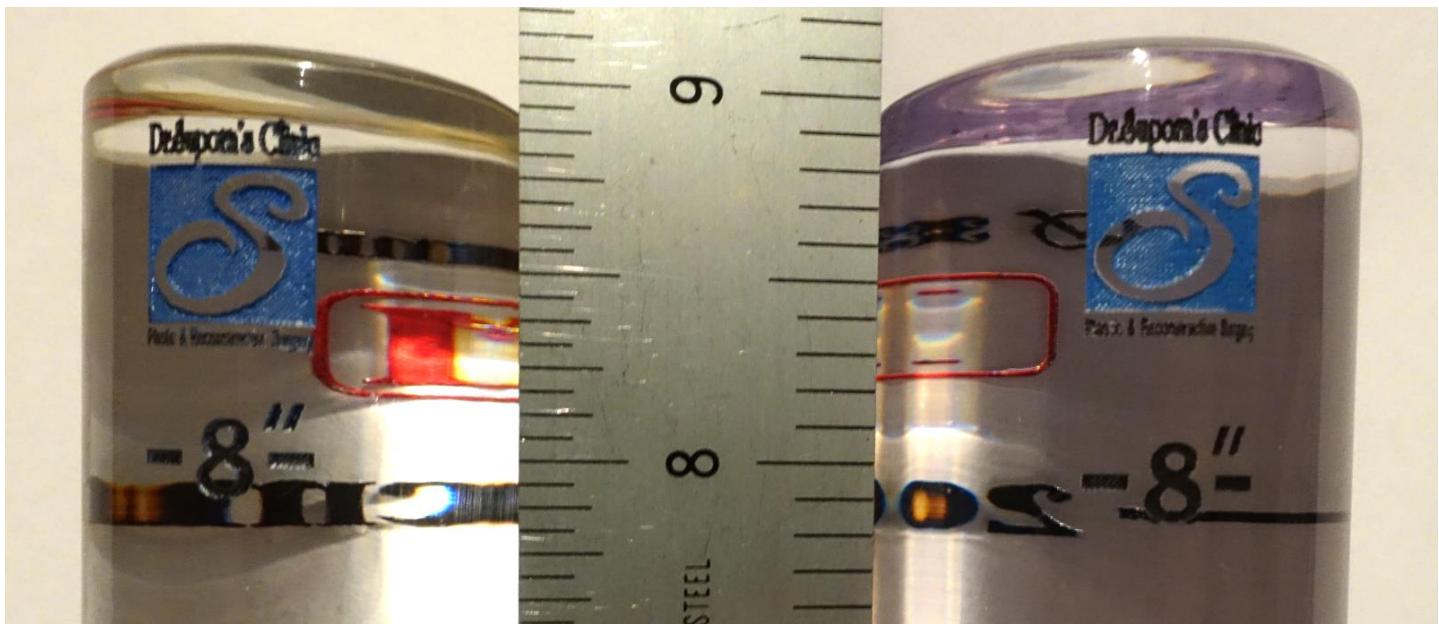
At the hospital when Dr Suporn instructed me on how to dilate he said depth is measured with the medium dilator fully inserted, and to measure to the vertical scars on either side of the vagina. At full depth I've found a small difference of perhaps $\frac{1}{4}$ inch depending on which scar I used, although this difference is impossible to see normally. At about 4 weeks post-op I started having difficult actually seeing one of the scars at the point I needed to measure it, and it's only been getting better since.

⁷ Also known (to some) as Thai boyfriends, and after that there's "organic dilation"

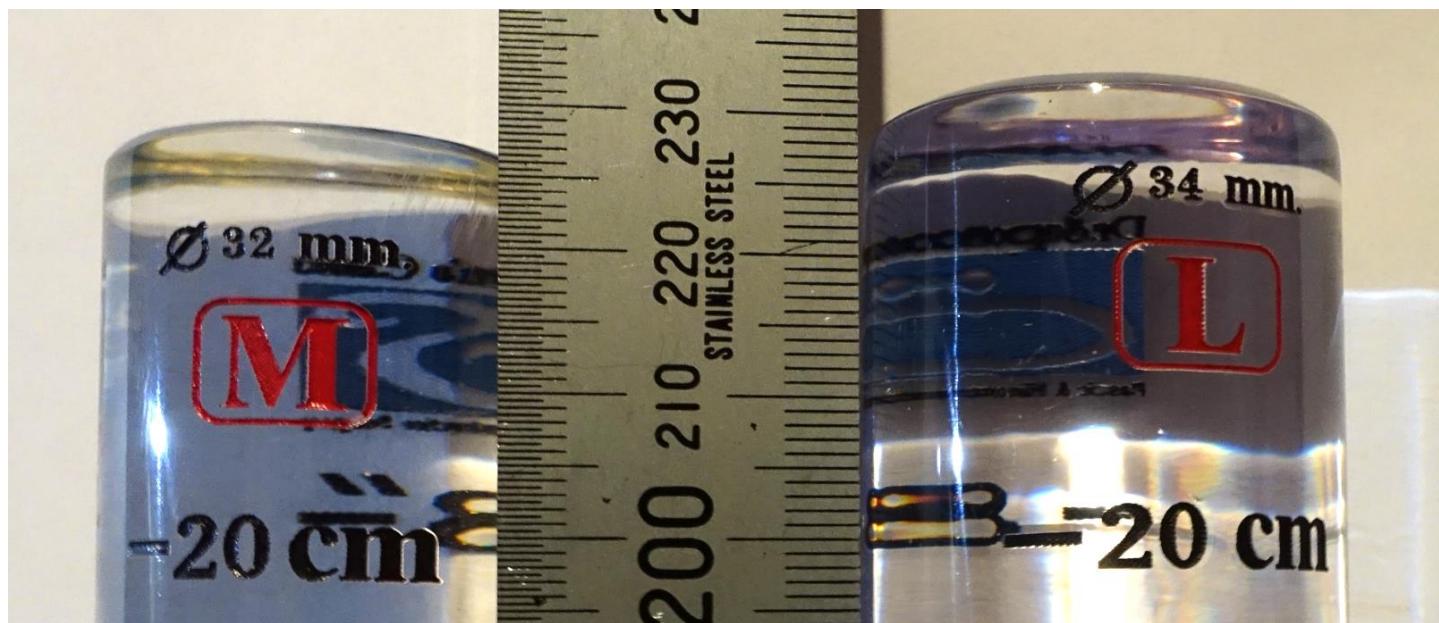
I was curious about depth and dilators so I started measuring everything. Somehow it was a lot more interesting pre-op, and I've since lost interest. Anyway, here it is.

These first two photos show the depth markings of the large and medium dilators side by side, and standing vertically on a flat surface. It's therefore measuring from the pointed tip of the dilators. There's a small difference in the measurement. The imperial measurements were slightly different, while the metric measurements were practically identical.

Imperial measurements, Medium and Large Dilators



Metric measurements, Medium and Large Dilators





The medium dilator was slightly under the specified 32 mm, at 31.46 mm.

The large was a little over the specified 34mm, at 35.16 mm.

The difference then is 3.71mm instead of the expected 2mm, which goes some way to explaining how it feels so much bigger. Even so it feels a *lot* bigger than that.

The white (medium) dilator was 32.12 mm (nominal 32 mm), and the small 27.46 (nominal 26 mm).

In my experience the way you measure, and the dilator you measure with, makes a very large difference in depth. There's not a lot of point in comparing depth to others without knowing this, and to be honest not a lot of point anyway. However tracking your own depth is essential to make sure your dilating properly and not losing depth. It does lose its interest as the months drag by.

In month 4 I started using the much larger 38mm diameter [Soul Source #4 orange dilator](#).



I measured the Soul Source diameter as 37.04mm. This dilator also has a bend in the end, which in theory is a good idea as it follows the contour of your body; in practice I find it keeps getting twisted around which is quite uncomfortable.

Regardless of its merits as a static dilator, I don't think the Soul Source is good for dynamic as the bend doesn't really allow for the stirring motion.

Having said all that I get 8" (perhaps a bit more, it's hard to see) with medium dilator measured to the scars, and about $\frac{1}{4}$ " less with the large. With the Soul Source dilator I only get 5 $\frac{1}{2}$ " or 178mm (5th dot) depth measured to the scars, and 6 $\frac{1}{2}$ or 170mm depth measured to the entrance of my vagina.

Dr Suporn does have an excellent good reputation for achieving depth, and 8" is very good; his dilators wouldn't be usable much past that as they are too short (the Soul Source #4 still has plenty to go). At a guess I could over time increase depth I can achieve with the soul source quite significantly; due to the blunt end it's really about increasing width, not depth.

Dr Suporn's 2004 paper "[The Effectiveness Of Full-Thickness Scrotal And Groin Skin Graft Vaginoplasty In Mtf Sex Reassignment Surgery](#)" gave results of 147 patients with a range from 5.0" to 8.5", an average 6.47", measured with a 30mm dilator. I'm unclear how this compares to now, as the medium dilator used to measure depth is larger, at 32mm. I'm also not sure how to reconcile this with the 6" depth guarantee⁸, since

⁸ Email from the clinic "Please note that Dr Suporn's technique guarantees a vaginal depth of at least 6 inches."

clearly there were patients in the study getting less, but I'm confident that it's going to be at least as good as any other surgeon and likely much better.

Dilation

Dilation is important. Really important. Without dilation the vagina would eventually heal extremely tight or closed. There's a class on dilation, extensive notes in the clinic's post-op care book, Dr Suporn shows you how to dilate in the hospital, and you're even helped though the first one by one of the clinic staff on your return to the hotel. For all of that when I did it alone by myself for the first time I felt I'd forgotten critical points and had to go through the book again to try and work out what I was supposed to be doing.

I started making detailed notes and asking the clinic staff endless (and no doubt annoying) questions. Months and hundreds of dilations later I wonder what the problem was, but I do recall I was not the only one with questions.

There's plenty more I've not mentioned here, but it's not important; you get all the help you need. What I've discussed here is not really important either – I survived and so did everyone else.

Dilation is three times a day for the first 3 months, then twice a day for the next 3 months, and once a day for the next 6 months. It takes over your life for those first three months, but gets much easier after the first year. I spoke to post-op women there for revision who were dilating from once a month to only twice a year.

The clinic stress the need to be diligent in dilating, and I found it to be absolutely true. The few times I've left it a bit longer than usual, and I mean hours, it's become much harder and more unpleasant. If you weren't careful I could see it become a vicious circle of rapidly increasing difficulty and pain. In Chonburi I tried to do it every 8 hours, to the point where I ended breaking my sleep into two periods every day, late night and afternoon. That's not so easy back home.

On the advice of the clinic staff I used the left side of the bed to dilate as it was closer to the bathroom. That made sense. I placed all the supplies within easy reach on tables to the left of the bed, and my computer, mouse, phone, and clock on the right. Once home due to the layout of my bedroom I ended up doing the opposite and discovered an important difference.

I'm right handed, so I use my right hand to hold the dilator. There's no way I could do this left handed. This means that my right hand gets covered in lube, while my left is pretty much free. In the hotel with supplies on the left I'd end up with both hands covered in lube, plus my mouse and cell phone tended to get some as well. It's all very awkward. At home it's easy to keep my left hand clean, and use it work my computer and phone without any problems. I should have swapped sides at the hotel.

Dilating is messy and far more practical naked. The only problem is getting cold from the air conditioning and sneezing - the dilator shot out like a rocket onto the bed, and caused some minor bleeding. Those muscles are really strong and the pressure enormous. I'd not fully appreciated before this just how much muscle the dilator is going through; it's all the way in, not just the entrance. No more air conditioning while dilating.

Dilators are very slippery and quite hard to hold onto if you're not careful. I dropped mine several times, luckily only onto carpet. If you don't have carpet, it would be worth putting a rug next to the bed so they don't break or get chipped. I placed all my supplies within easy reach while dilating, a first set very close and spares next to those, just in case I dropped the first lot (which I did). You don't want to get up and you can't lean very far over while dilating.

I found having a small bucket next to the bed to hold the dilators as I finish with them very useful. They are covered with lube or worse, and you'd not want put them on the bed or floor. I picked up two small buckets and some baskets at the Big C in Central Plaza. They cost almost nothing. The baskets were handy to arrange the other supplies.



Open the Q-C by removing the cap, reversing it, and pushing it back on to pierce the foil seal with the integrated tube puncturing mechanism.

Static dilation is the initial technique for the first 2 weeks or so. It is continued until Dr Suporn examines you and says you're ready to move to **Dynamic Dilation**.

Why dynamic? According to the clinic staff the vagina will eventually shrink tight around dilator if you just use static. I'm not sure but I think it's particularly important with Dr Suporn's technique where the vagina is formed from skin that's cut into a mesh so that it can stretch to the required size, and this cutting causes extensive scarring that dilation counteracts. Dynamic dilation was invented at the Suporn Clinic in 2006.

I was warned several times that in the first few months it's most important when lying on your back to never raise your knees very high (towards you face). This can cause damage to Dr Suporn's work. Much later on I'd do this as a trick to get lube in – lie right back, raise knees, spread and just pour it in, but don't try it in the first 3 months.

Dr Suporn also gave me his classic "no sexy thoughts" warning; avoid getting aroused for the first couple of months as it can cause bleeding and damage. Sure enough it does hurt, and I had to stop watching one movie that was getting a little too "romantic".

While dilating I find it easy enough to get the dilator most of the way in, but the last inch or two is increasingly difficult and can take some time and pain. The clock on dilation doesn't start until you "get to depth", so the 20 minute you take getting to there doesn't count; you still have your 10 or 15 minutes to dilate.

I've been fairly obsessive about hygiene. Once home I continued to shower and cleaned with soap or chlorhexidine before and after dilation, and cleaned the dilators with chlorhexidine. Up until the end of month 3 on I was having 6 showers a day. It's almost certainly unnecessary, like a seatbelt in a car is unnecessary (I've never needed one), but I've heard some horror stories about infections and I don't want to go through that. Very painful.

Hibiscrub is applied to the genitals before and after dilation, but only in very small amounts as it can burn the skin. I was fine to start with, but continued to use it and developed a rash after 5 months ... where you really don't want one. People have also managed to get rashes from betadine, lube, and wet wipes, so it's not always obvious what's causing it. After that I also stopped washing the dilators with hibiscrub, using soap instead.

I was told that the condom and KY should be applied with gloves on, but if gloves are not used then your hands *must* be cleaned with soap or hibiscrub. Latex gloves are also useful if you have long fingernails, and I found later at home they help you hang onto a slippery dilator. Take care with lubed dilators; they are very

slippery and I dropped mine on the floor a few times. I spoke to someone who'd chipped one and using sharp dilator is not a good idea. I put a mat at the side of my bed at home so that if I dropped the dilator (and I did) I'd not break it. There is a spare medium dilator, so worst case you still have one.



Condoms are sterile and used on the dilators for help prevent infection. I read somewhere that condoms protect against the etched writing on the side of the dilators, but I can't say I noticed it.

You don't need condoms (for dilation anyway) once you get home, but I bought an extra 5 cartons (30 days) just in case (as usual). The post-op care book says you can use them for a second month, but it's optional.

Another problem best avoided is constipation. I'd heard first-hand how it can take two painful hours trying to reach depth, and failing, because there's no room in there. Not good. That's one of the wonderful things about the community at the hotel, all the knowledge that gets passed on.

After a week or back at the hotel I thought I might have a [UTI](#). I had some of the symptoms described in the post-op care book, cloudy pee, pain above the pubic bone, and difficulty peeing. It seems Silvex can make pee cloudy and SRS does the rest.

Early post-op while showing after dilation I'd occasionally find a big "chunk" of something, dead tissue of some kind, drop out into the bath. It's quite disgusting, but "normal". There was some very odd discussions around the breakfast tables some mornings; knowing smiles and shared suffering. It's kind of funny now I look back on it.

At the end of each dilation a syringe is used to clean out the lube to stop it fermenting⁹ (that's bad). The clinic supply a simple medical syringe, but once you get home you need a proper one (there's a picture at 1+ Month post-op).

I managed to get an insect bite on my ankle that was driving me crazy while dilating. Once you've started dilating you don't want to stop, and you can't lean over to scratch. I never did manage to work out what I could have used to scratch with; the longest thing in the room was a coat hanger and it was a bit too short.

The first dilation should be complete before 10 am when the clinic staff start their daily in-room patient visits, and the last dilation complete by 9 pm to avoid inconveniencing the clinic staff should they need to come out and help you (they will visit of course, but it would be quite inconsiderate).

Pain killers are supposed to be taken after eating to prevent upset stomach, but I took them on waking then did dilation 30 minutes later, followed by breakfast. No problems. This also worked out well for meeting the other ladies for breakfast, as most of them preferred later rather than earlier. I was usually careful to only take Tramol before dilation and not other times; as there a limit to how much you can take at once and within 24 hours. At other times I'd use Idarac and paracetamol.

Static Dilatation

These notes are excessive, and some of its obviously not important. It's just what I chose to do, and I wanted to establish a routine to make things easier (I may have also been a bit bored). The last thing you want to do

⁹ Post-Op Care book

once you've started dilating is have to stop for any reason. Like getting up to find the clock, yet again. Rather than edit it down I'll leave it as I made it.

Static dilation is done twice a day, once in the morning and once in the evening. Ideally the period between dilations should be about 8 to 12 hours, although this is not a strict rule.



The clinic supply a blue plastic strap that's used to hold the dilator in place once full depth is reached. This makes the 30 minutes of static dilation really easy. It's a shame it's no use for dynamic dilation.

The plastic sheet covers the bed, the bed pad placed on the sheet, and the strap on top of that. Lie on the strap so that it comes up between your legs and your body weight holds it down. Hold the other end and pull it up between your legs to hold the dilator in place at full depth.

After cleaning it's hung over the towel ring under the bathroom sink to dry.

It's hard to see, but on the left is a glass containing betadine that's used to wash the syringe to clear the vagina after dilation.

Detailed steps for static dilation

- 1 If required a painkiller can be taken 30 minutes prior to dilation.

The instructions on the packets say to take the painkillers after a meal, but it's not strictly necessary, especially if you feel no ill effects. It is possible to substitute a stronger painkiller for one of the (2) weaker ones if it's not enough, but no more than two tablets. Painkillers are normally taken after meals to reduce the chance of feeling sick, especially Tramol.

- 2 I put a rubbish bin near the bed where I could put/throw things into it. Gets messy otherwise.
- 3 Prepare the bed area, with waterproof sheet on the bed, and absorbent mat on top of that. Place the blue strap in the appropriate position so that when you lie on it you can simply pull it into position later.
- 4 All other supplies should be in easy reach without moving on the bed, including mirror, tweezers, betadine, cotton wool balls, timer clock, glasses (if required).

Make sure there's extras of any supplies that are likely to run out

- 5 Prepare the sterile dressing kit. Refill the betadine pool, cotton wool balls, surgical gloves, and tweezers.

The square gauze pads are part of the kit but are not required for anything.

- 6 Prepare the bathroom so that the clean (bottled drinking) water in the yellow basin ([kidney dish](#)), betadine and 50ml syringe is within easy reach while standing in the bath.

The clinic staff pour some betadine in one of the glasses by the bath and place a lid over it. I did the same.

- 7 Place the hibiscrub within reach of the toilet then Poo/Pee

This makes it easier to get the dilator in and avoids the need to stop in between to pee.

8 Wash with the vaginal area with the shower spay beside the toilet, spraying from front to back.

9 Clean vaginal area with hibiscrub and wash with spray from front to back.

As usual minimise the amount of hibiscrub and don't insert inside the vagina. It is damaging to skin.

10 Move the hibiscrub back to within reach of the bath

Unless you have 2 bottles, then leave one in each place.

11 Lie on the prepared bed/mat/strap

12 Put on the surgical gloves

Gloves are optional, but if not used then hands must be cleaned with soap or hibiscrub. However Q-C jelly is messy and some girls have long finger nails which might otherwise scratch the vagina.

13 Apply condom to medium dilator

This is because there vagina is not yet fully healed and the condom is cleaner than the dilator.

14 Apply a generous amount of Q-C jelly to the dilator and spread it around.

15 Apply some of the Q-C Jelly to the inside of the vagina with your finger.

This is also helpful if there's any difficulty finding the correct hole...

16 IMPORTANT: Lie down with legs flat against the bed and only slightly spread. Head up against pillows.

Do not lift knees up as this will cause the wound to separate (bad).

17 Relax and insert the dilator to its full depth as given by Dr Suporn.

Full depth is measured to the scars indicated by Dr Suporn and is somewhat painful.

Before inserting the dilator turn it first so that you can read the numbers, and make sure there's sufficient light in the room to see them. If you need glasses best have put them on already...

18 Pull the blue strap into position between your legs to hold the dilator in position at its full depth.

19 Remove gloves and toss in the bin.

20 Start the 30 minute timer.

21 Keep dilator at full depth for 30 minutes.

13 Slowly remove the dilator and holding the absorbent mat between your legs get to the bathroom.

Don't want to make a mess everywhere. I've found a paper towel or wet-wipe makes it easier to grip the dilator to pull it out, and makes less mess.

14 Stand in the bath with your back to the wall.

It may help to lean on the wall when squirting in the water.

15 Fill the syringe with 50ml of drinking (bottled) water from the basin.

The one you prepared earlier.

16 Place the syringe at the entrance to the vagina and squirt the water in. Repeat 2-3 times until the

water comes out of the vagina clean.

Don't insert the syringe into the vagina.

It's helpful to locate the entrance with your finger.

Expect to see various bits of debris come out into the bath.

17 Repeat the previous step with 50ml of clean water, then suck up an additional 5 ml of betadine into the syringe before squirting it into the vagina.

18 Shower as you usually would, wash hair, body, etc.

Shower to clean up the mess, but also the rest of your body as you don't want to have too many showers each day as hibiscrub burns the skin.

20 Clean the vaginal area with a small amount of hibiscrub, and then wash it off.

21 Dry off with towel (as usual).

22 Go back to the bed with the absorbent mat if it's not too dirty.

A new one can be used, but the clinic will change for replacements if you manage to run out.

23 Lie down with mirror positioned to see vaginal area.

As we're not inserting the dilator we can spread legs/lift knees to see properly.

24 Using the plastic tweezers grab a cotton wool ball and dip it in betadine, and apply to all the stitches (the outer pair of stitches and the ones down the centre).

25 Cover the sterile kit, and the betadine can be reused the next day (unless it goes sticky).

The betadine will probably need refilling anyway. The pool where the betadine goes one of the cotton wool ball storage locations, so move them elsewhere.

25 Apply Silvex cream, a big blob on the finger applied to clitoris.

Appling from top to bottom or bottom to top makes no difference, but it needs to go on the clitoris which is inside the top of the inner labia. Spreading around the labia is fine, but don't apply inside the vagina

Fingers are sufficiently sterile due to prior use of hibiscrub.

26 Wear panties with sanitary pad.

27 Clean dilator, syringe, water basin with soap and tap water. Leave to air dry.

I was told that for hygiene sanitary pads should be replaced at least twice a day, and more if necessary.

Clean dilators with tap water. I also used hibiscrub, just to be sure, but make sure it's washed off properly as that's the last place I need extra chemical irritation.

Dilate before shower so we don't need to clean the vagina too often. Once I got home I did start showering before dilation, as I was making an extra effort not to get any infection and I thought the risk of problems from extra washing would have diminished by now. I've no idea if this is appropriate.

Static dilation can also be used to stop internal bleeding if it occurs. I had minor bleeding once, but didn't notice until I was told so by the clinic staff in the daily "inspection" at the hotel.

Dynamic Dilation

Firstly, **DO NOT** start dynamic dilation instructed by Dr Suporn. Starting early can (and has) lead to injury that requires revision by Dr Suporn. Dynamic dilation is rather more aggressive than static dilation and a certain level of healing is required to avoid damage.

My first dynamic dilation was in the evening, and came as something of a shock. It is a more aggressive technique, and it's supposed to be hard, but even so... Looking back on it I think I may have tried too hard. It was painful, but not at any moment unbearable (with 2 Tramol). It was the constant effort of two 15 minute sessions really wore me down and at the end of it I was trembling.

The next morning I woke up and dilated and it was fine. And then I actually woke up and it wasn't. I don't usually remember dreaming, but I remember that one. I was beginning to wonder what I'd let myself in for; months of this was going to be bad and we're told second and third months are going to be harder than the first. I got downstairs for breakfast deep in "thought" and poured my usual coffee. Only I forgot the cup. That's a first.

Thankfully it got rapidly easier after that, and no one else mentioned any great difficulty. Some of us are just lucky I suppose.

Once dynamic dilation is started static dilation is stopped completely, except where it's required to stop internal bleeding (the pressure from the dilator will stop bleeding). For static dilation I only used the medium dilator, but for dynamic I used the medium followed by the large. I've no idea what dilators anyone else used, but the box does contain a small dilator.

With static dilation you basically just stick the dilator in and wait. For dynamic you put it in and perform a circular stirring motion, sweeping a conical area with the point at the deep end remaining still. Do not rotate the dilator about its axis.

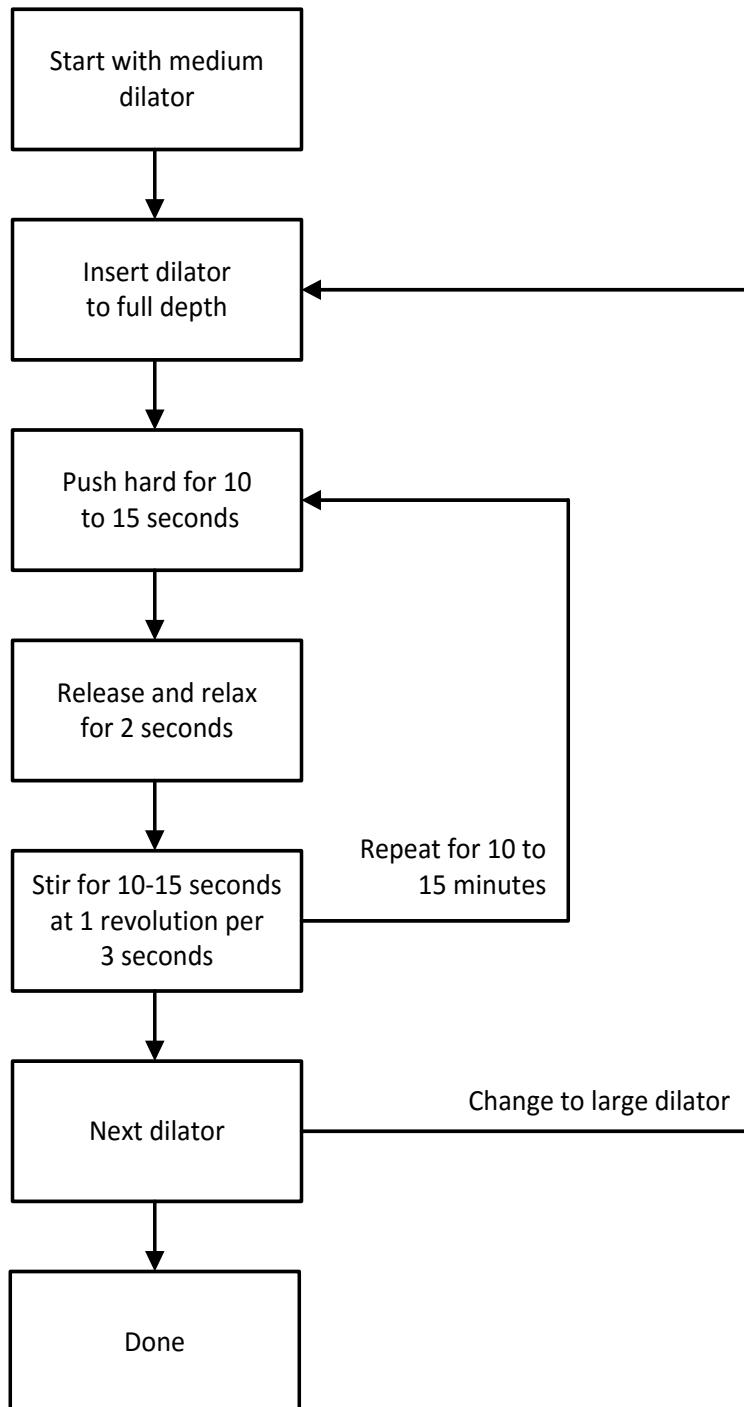
The initial preparation for dynamic dilation is much the same as for static dilation, then first using medium dilator, perform steps 1 to 5, then again with the large dilator

1. Insert to full depth
2. Push hard to 10-15 seconds
3. Release and relax for 2 seconds
4. Stir for 10-15 seconds at 1 revolution per 3 seconds
5. Repeat from step 2 for 10-15 minutes

The 10-15 minutes only starts once full depth is achieved, and once complete repeat the entire process with the large dilator. At the beginning I took it really seriously, trying to get the time just right, but the exact times are not important, and it's somewhat difficult to concentrate on the time anyway. As I'd been increasing depth Dr Suporn told me to reduce dilation time to 10 minutes and warned me several times not to try to too hard; it may increase recovery time.

I've found it helpful to use the dynamic technique even before I'm at full depth, as it helps me get there. However I only start measuring the time once full depth is achieved.

Dynamic Dilation



The small clock provided by the clinic can be used for dilation and the ticking helped me focus and keep time, but it's really annoying when I'm trying to sleep. I found burying it under a spare pillow helped. I'd have used my cell phone, but I kept getting lube on it.

Lube

The clinic supplied a giant pile of Q-C, but even that started running out about a week before leaving. Additional medication is provided free, but it seems lube is not medicine and must be paid for.

I've read many times that K-Y is a very poor lubricant for dilation and I'd absolutely no desire to experience any problems with dilation in the early days of recovery. Thinking better safe than sorry, a week before leaving I bought an extra 20 cartons (120 tubes) of Q-C for the next couple of months.

I worked this out as follows. I'd been using 2 tubes per day, or about $\frac{2}{3}$ of a tube per dilation. For months 2 and 3 there are $2 \times 30 \times 3 = 180$ dilations (2 months at 3 per day), and at $\frac{2}{3}$ tube per dilation that's $180 \times \frac{2}{3} = 120$ tubes.

Ten cartons (60 tubes) of Q-C weighs about 4.2Kg, so it's a significant weight to carry back, but even so I wish I'd bought back a lot more. It turns out that Q-C really is a good lube and I got really worried for a while when I couldn't find a decent replacement.

Apparently it's not possible to post Q-C from Thailand as it's a gel, and other forms of carriage are prohibitively expensive. If I could do it again I'd have bought a years' worth and paid for the extra weight on my flight. The expiry date on the Q-C I had was 2 years.

For months 3 to 6 there's 2 dilations per day (thankfully), so that's $90 \text{ days} \times 2 = 180$ dilations. For months 6-12 there's only one 1 dilation per day (yes!) = $6 \times 30 = 180$ dilations. The total number of dilations at home for the first year is then $120 + 180 + 180 = 480$, and for me at $2/3$ tube per dilation this is 360 tubes.

If I recall correctly Q-C was 470 baht (US\$14) per 6-pack carton, and 360 tubes = 60 cartons, hence US\$834, and 24Kg so there would have been shipping charges. While that's quite a lot of money it's still much less than KY in Australia (although much more than the Wet Stuff Lite I'm using).

As usual everyone is different, and so is the amount of lube used; some people use far less than I do, so your mileage may vary. I've read of people using so little lube they hurt themselves.



After 3 weeks at home there's still 66 tubes of Q-C gel remaining.

A week after returning home I started keeping the empty tubes until I could get a tube squeezing tool as there's still quite a lot of gel left in there, and Q-C is not available in Australia. There's a couple of weeks of "empty" tubes waiting in the picture.



A tube squeezer in action on a tube of Silvex and doing a great job. It's extended the life of the Q-C significantly.

After finishing the Silvex and running out of Q-C I stopped using the tube squeezer.

These can be bought on Amazon.

I noticed that most supplies started running out a week before I left. I assume this is planned for the minimum recommended 24 day stay in Thailand, and I stayed for the extra week beyond that as they suggest. You can ask at the clinic for Q-C, and they will either sell it to you or tell you where you can buy it yourself. There's a pharmacy somewhere close, but I wasn't walking much and they supplied it. Some of the supplies are free (including all medications), others you have to pay for.

Although I bought back over 100 tubes of Q-C it only took a couple of months to run out, then began the search for a replacement. I ended up going through quite a number of them. There's moments where you have to laugh about what you've let yourself in for, and buying lube by the kilo is definitely one of those. I've become quite the connoisseur of lube.

Left to right sliquid Silk, L-gel (A\$16), Wet Stuff Plus, tap water, 5Kg (11lb) Wet Stuff Lite (A\$39), 1Kg Wet Stuff Lite (A\$20), 100g KY (A\$9), 50g Q-C. I use the tap water to wet the lube when it starts to dry out and becomes thick or sticky, and the small bottle makes it easy to apply only a few drops at a time.



The sliquid¹⁰ was a gift from a very kind post-op women who was there for revision, and came highly recommended. I did like it a lot and only a small amount is needed, but it's not easily available in Australia and somewhat expensive. It also contains a small amount of silicone, which the Wet Stuff LITE does not so perhaps its needs more cleaning after dilation. The Post-Op care manual recommends using water based lube (for the first 3 months) and I've read elsewhere that silicon lubes can cause infections; perhaps this is not the safest lube to use.

L-Gel by Medical Industries Australia is much cheaper than K-Y, but I found it far too thick for dilation. I've been mixing it with a Wet Stuff LITE which is a bit thin and it does seem to improve things. I'll buy more when I run out.

KY has a similar consistency to Q-C (perhaps slight less viscous). It is easily available but very expensive, and many women says it's not nearly as good as Q-C. At A\$9 per 100g, it's more than 10 times the cost of Wet Stuff.

After buying a 1Kg sample of **Wet Stuff LITE** I liked it so much I got another 5Kg, and just as well I did because I ran out of that first 1 Kg in less than 1 month. The consistency is not ideal; it's very runny and tends to pour off the dilator, and eventually gets sticky. On the other hand it's a very good lube, and I can use lots of it without worrying about the cost. It tends to thicken up a bit during dilation, but a few drops of water from a small water bottle easily wets it; I don't even need to remove the dilator.

It's a bit difficult to handle a 1Kg bottle while dilating, but the 5Kg bottle would be totally impractical. It's a lot easier pouring out of the 5Kg bottle into the 1Kg then pump it into the even smaller 270g Wet Stuff bottle. I don't know if it matters, but I've been quite careful hygiene and tried to void getting any contamination into the 5Kg bottle; its sits there for a long time and I don't want it going bad. There's no pump on the 5Kg bottle.

I tend to go through a lot of Wet Stuff (1Kg/month), but it's so cheap it doesn't matter. I'm not entirely sure if it's better or worse than Q-C (I ran out and can't compare), but it's very good and very cheap, so I'm sticking with it.

I also tried coconut oil (organic) which many transwomen recommend. While it worked, I found it messy, tends to dry out, and is difficult to wash off. It has a consistency a bit like butter, being solid to start with then melting in your hands (or wherever). I didn't like it and stopped using it, but later found that out that because it penetrates and moisturises the skin it accelerates healing time considerably. Perhaps it would have been worth the hassle.

I used Q-C exclusively for the first 3 months, so it's possible I might have had a different experience with the lubes I did try if I'd tried them earlier.

I didn't, but it might be a good idea to take samples of lubes you might to use to Thailand and try them out while still having access to Q-C. It would give you a good idea if you need to buy any extra Q-C while there. Ask the clinic if the sample is safe to use during the first month, just in case.

I placed samples of lube on a dilator to show the difference. Left to right is L-Gel, Q-C, KY, and Wet Stuff Lite. After a couple of minutes the L-Gel and Q-C barely lost their shape, while the Wet Stuff immediately ran down the sides of the dilator. I'd almost run out of K-Y so there was only a drop left. I didn't test Wet Stuff Plus, but it before it seems to have a similar consistency to Wet Stuff Lite.

¹⁰ sliquid Silk Hybrid Lube Glycerine & Paraben Free; [Amazon link](#)



I've come across recommendations to use a [vaginal applicator](#) to apply lube. The photo shows the two parts; fill the outer applicator with lube and use the inner plunger to push it out into your vagina.

The one I tried didn't fit the Q-C tube, but was easy enough to fill. However I didn't like feeling of the hard plastic, and it was so little lube it didn't make much difference. Perhaps if I'd actually had any problems with dilating it might have been of some use.

I've heard people suggest Surgilube, but I've not tried it.

Depth

At the grand unveiling and first dilation Dr Suporn instructed me on how to dilate and measure depth. Depth is measured with the medium dilator in as far as it will go, to the scars, and I was more than happy with the $7\frac{1}{2}$ inches he managed. Through dilation I managed to get that up to $8\frac{1}{4}$ ", later reducing to 8" as the swelling went down. That sounds more accurate than it is, as there's always slight variations and I can't even find the scars months later.

I'd not intended to increase depth, but we're told to dilate diligently and I may have taken it a bit too seriously. Dr Suporn later told me to reduce dilation time from 15 minutes with each dilator to only 10, and several times told me not to try so hard or it would delay healing. I'm not sure if I did it wrong, but 6 months later as I write this everything seems fine, except that I still use Tramol to manage pain when dilating. I have heard of women pushing the dilator though the end of their vagina and needing revision (thankfully not while I was there), so best not get too carried away.

Antiseptics

The clinic provide hibiscrub, betadine, and silvex.

Hibiscrub Hibiscrub or hibicrens is a liquid antiseptic containing [chorohexidine](#), probably 4% judging by the colour. You only need a few drops as it's very powerful and can be quite irritating to the skin. You're supposed to stop using it once you get home¹¹.

Betadine [Povidone-iodine](#) is the brown liquid and is used on the stitches and diluted as a vaginal wash after dilation. Betadine can also irritate the skin, so it's probably best not to spray it everywhere.

Silvex [Silver sulfadiazine](#) (probably also called [silvadene](#)) is a topical sulfonamide/silver antibacterial used as a topical cream on burns. It's a white cream, applied after peeing and dilation.



Since I was using chlorohexidine at home (which I shouldn't have done) I got some other hospital grade skin care products. I'm not suggesting anyone needs to get this, a good moistening soap would no doubt be perfectly fine.

I'd seen people recommend using an atomiser for betadine, and I tried it, but found it very difficult to control looking in a mirror. It tends to go everywhere, and considering it can [irritate the skin](#) I don't think it's a good idea. Using the clinic supplied cotton wool balls and tweezers was very easy and allowed relatively precise application.

At home I went through about 3.5 litres of betadine, used in the early days for internal washing with the vaginal syringe after dilation. The syringe holds about 350ml, which is 35ml of betadine for a 10% solution, per dilation. That's 105mL per day, and the bottle only hold 500mL. I was supposed to use it for 4 weeks at home, but kept going a bit until 6 weeks.

The next photo from back home is left to right, 2% chlorohexidine skin cleanser, betadine, betadine, 2% chlorohexidine skin cleanser, Microshield Handwash, and Microshield Moisturising Lotion. I used small bottles of chlorohexidine and betadine for convenience sometimes. The handwash and moisturising lotion are both used in hospitals and help to prevent skin damage from frequent cleaning (especially with chlorohexidine), though I didn't have any real problems with that and didn't much use them.

¹¹ I kept using a weaker 2% version and it eventually gave me a horrible rash. So much for better safe than sorry.



Baby Wipes

I'd heard that it's a good idea to use baby wipes (wet wipes for babies) early post op, and it is. Things are delicate down there, and they don't tear and leave bits stuck to you like toilet paper does.



I used about 2½ packets of the large 80 pack wipes.

The small wipes are to carry when out, which I never used as I almost never went out.

The Curash brand, fragrance free, was the best I could find in Australia, [no alcohol or other bad chemicals](#). You'd hope not, considering it's for babies.

They should be disposed of in the bin, not the toilet as they can block up the system.

Gloves

The clinic supply sterile latex gloves while in Thailand. They don't require or even suggest using gloves at home, but I wanted to avoid any chance of infection and I bought a box of vinyl gloves back home to use. As

usual Dr Suporn's version turned out much nicer and I bought latex after that. There's plenty of online stores that sell them for about A\$10 for a box of 100.

I ran out of gloves at one point and discovered that not only are they sterile but they help you grip the dilator. It slipped out of my hand and hit the tiled floor, luckily not getting damaged (I moved the rug after that). They also make it a lot easier to clean after dilating, so I've kept using them.

I tried a box of medium and large before ordering more, and they were flexible enough that both fit.

There's another glove material available, nitrile, which can be used if you're allergic to latex. Its also about double the price. I didn't try it.

Pain

On the whole I found SRS was not overly painful, given that I took a lot of painkillers. It's frequently not very pleasant, but was quite tolerable. I have the impression that with or without painkillers most people cope well with SRS. I've heard of a [few cases](#) where people have [real problems](#), and I suspect some people have difficulty due to poor dilation technique or inadequate pain medication.

It was very noticeable back at the hotel how different everyone's experience was. Some were sitting for breakfast without the donut after 2-3 weeks, while I couldn't manage it for months.

Apparently some people have so little pain they go out to the shops soon after getting out of hospital and injure themselves (and need revisions). I understand that the nerves are not yet recovered so you can't feel much (I could!).

I went through various stages and reasons for pain, from in hospital to general pain in the surgical area, to pain during dilation.

Pain in Hospital

In the hospital I was given pethidine whenever I needed it, injected into the IV line. It's painful for a moment as it goes in, but works very fast and I often fell asleep soon afterwards. Sleeping was almost the best part, as the hospital is utterly boring. I don't think I had any bad effects from the drugs, apart from hardly being able to remember anything, and there's some definite benefits to that.

I believe the standard drug in hospital is morphine not pethidine, but I've had problems previously with morphine so it was changed. I discussed this with the anaesthetist in the pre-op consult. They are very good with that kind of thing.

Back Pain

The only serious pain I had was momentary searing muscle pains in my back that were apparently a result of being in hospital. They would only occur if I was stretching to reach something high, like placing a towel over the shower curtain rail in the bathroom. I quickly learned not to do that. The clinic arranged for me to visit a doctor in the hospital, but it started getting better so I can cancel it.

Pain during Dilation

Pain during dilation is a complex subject. It's absolutely essential to relax during dilation and it's stressed at length in the Post-Op care manual. Of course this is easier said than done.

There are a few other things that can cause pain, including bad technique, insufficient lube or applying it improperly, granulation, stitches, infection, and constipation.

In my research and in talking to people I've heard so many different stories; some people find dilation relatively easy, others very slow and difficult. It seems most people don't have too many problems, but whatever happens dilation must be done properly or you'll end up with a poor result.

I believe I got pretty good at relaxing, and for a while I was reducing the amount of painkillers I was using. As they tell you (once you're post-op anyway), the second and third months are more difficult, and eventually pain increased to the point where I'd wake up in significant pain every morning, and dilation was unthinkable without Tramol. I was fairly aggressive with dilation, and Dr Suporn warned me to be careful or I'd make recovery more difficult, but I don't think this pain was caused by dilation. Just my lucky genetics.

Applying the lube with your gloved finger and doing a bit of pre-dilation is often recommended. I can't recall now if I tried that. I don't later on.

I've read of people taking half a Valium or ¼ Xanax (sleeping pill) as a relaxant to help with dilation, but I never tried it myself. I'd be a bit concerned how it would interact with the other drugs, and I'd not consider it without asking Dr Suporn.

It's worth taking into account the possibility that too much painkiller might lead you to injuring yourself during dilation. You need to be able to sense what you're doing. I don't think I came anywhere near that; it just took the edge of the pain. I could still feel it. I have heard of people injuring themselves during dilation, though not while I was there; I assume it's quite difficult to do so and you'd need a massive pain tolerance or far too many drugs.

In General

I had quite significant pain in the surgical area for months, which I controlled with painkillers. Obviously its best to minimize the use of painkillers, but I eventually gave up. There's only so much I suffering I can take (and it's not a lot). It's not just about minimising the side effects and risk of more serious problems, but if you take painkillers when you don't really need them you can get tolerant and then they don't work as well when you do need them.

In general the pain itself is similar to that you get from bruise rather than a sharp cutting pain, and you tend to move very slowly to minimise it. In comparison, epilation is far far worse. While still in Chonburi I had a strong burning sensation over my pubic area, but the painkillers took care of it. Pain was much stronger in the morning before I'd take pain killers, but never bad enough to wake me up. In the early months pressing down above the pubic bone felt like pressing a painful bruise, so I tried not to do that.

In the hotel it was Paracetamol, Idarac, and Tramol. Before I returned home Dr Suporn gave me an extra two weeks of tablets to cover the time until my next Doctors appointment where I could get some more. According to the Australian Therapeutic Goods Administration you're allowed to carry up to 3 months of medicines (at maximum dose) back into Australia under a [Travellers Exemption](#). Dr Suporn supplies the required prescriptions with the paperwork you get on leaving.

Back in the hotel some patients were trying to get off the Tramol as quickly as possible as it made them feel ill, but luckily I felt fine. Just as well, as I suspect I'd have had a hard time without it. Some didn't even need it, and just used paracetamol instead.

Tramol can be addictive in the long term, and six months is quite a while to be on such a powerful drug. I reduced the amount as dilation reduced, twice a day after 3 months, then once a day after 6 months and stopped at shortly thereafter. I never had withdrawal symptoms; perhaps a few days of tiredness but it's hard to be sure. Perhaps I'm lucky.

Even though I ended up taking Tramol for a very long time, I'm very wary of how safe it is. It's a strong drug and people have [died from overdosing](#) (not related to SRS). I'm normally very careful to remember when I've taken it, but on occasion I've forgotten and chosen to wait and see how much pain I get to find out.

Idarac is not available in Australia, but I found it worked better for me than the alternatives I tried. I should have bought back a few months' supply, but I ended up using 25mg Voltaren ([Diclofenac](#)) tablets which are available without prescription from a pharmacist. These are kept behind the counter, and I'd get interrogated every time I ask for them. The smaller 12.5mg Voltaren are available off the shelf, no interrogation required.

Some people recommend ice packs for to reduce swelling and pain. I bought one with me, but never got around to using it. There's a refrigerator in the room, with a small freezer compartment and an ice cube tray.

I seem to have suffered more pain than usual, but luckily I have a very good tolerance for the side effects of painkillers. Some patients were able to use paracetamol and sit without the donut; I was nowhere near that for months. I found Irarac worked but wasn't strong enough, while some people said it did nothing. Some cannot tolerate Tramol; either it makes them feel ill or they actually vomit. It was only after a few months that I noticed a barely perceptible odd nauseous feeling from Tramol, and it would have been awful if it were strong. I believe Tramol also had a subtle effect on my mental faculties – I actually asked my doctor if there was something wrong with me as I'd been feeling "stupid" and making lots of mistakes. It's a side effect of Tramol (or at least I hope it is), and fortunately I'd not been driving before realising the problem.

Tramol has many potential [side effects](#), but common ones include nausea (up to 40%), constipation (up to 46%), vomiting (up to 17%), indigestion (up to 13%), dizziness (up to 28%), drowsiness (up to 25%), and headache (up to 32%). I have to say that sounds way worse than what I've observed; I heard one or two people not get on with Tramol, but not half of us. It is possible that many didn't need that level of pain relief so it was less noticeable. Luckily I had no side effects at all. Unlucky that I needed it.

I probably (ok, definitely) shouldn't have, but I started taking Tramol before my appointments with Dr Suporn as it often ended up stinging afterwards. When I had my revision I was given a long acting anaesthetic injection that lasted the rest of the day (you need to ask for this), and it was still quite painful.

I have recently heard of a few cases of people having serious pain post-op, and being unable to tolerate Tramol, or it being ineffective. If I'd known that I would have tried Tramol before departing for Thailand and looked into something else if I had a problem with it. Possibly even taking something with me, and suffering through the customs paperwork. I tend to be overly cautious.

I had considered what I'd do if my pain continued to get worse at home; there are far stronger painkillers available than Tramadol, but they are very highly addictive. Still, I'd rather manage addiction than pain, and worse, the serious consequences of not dilating properly.

Medications supplied by the Clinic

Disclaimer: obviously these are what I was given and may not be appropriate (or safe) for anyone else. I may also have written down these notes incorrectly, so don't rely on them.

The medications I was given were divided into two groups, one mandatory and the other optional depending on need. There's 3 different painkillers, Paracetamol, Idarac, and Tramol, and you're supposed to use the weakest one you can.

The prescription I have says antianxiety Xanax 1mg (sleeping pill), but I don't think I ever used it.

Mandatory Medications

Ciprocef 500 mg	Antibiotic, also known as Ciprofloxacin
Danzen 5 mg	Anti-inflammatory, also known as Serratiopeptidase .
Idarac 200 mg	Anti-inflammatory – Analgesic (painkiller) This was in the mandatory set of medications for the first week, but if there's no significant pain it's not required. The package is marked as containing flostafenine , which is a NSAID (nonsteroidal anti-inflammatory drug). I found it more effective than the 25mg Voltaren

Optional Medications

According to the clinic staff, the painkillers can be mixed, so if you take a lighter one and find you need a stronger one you can do so, but do not take more than 2 tablets in total. I asked a doctor and pharmacist about this when I got home and was told there's no need to limit it to only two tables; you can take the full dose of each. I don't know who's right.

Paracetamol 500 mg	Painkiller – light, also known as Acetaminophen. <i>Overdosing on paracetamol can cause fatal liver damage. There is no cure.</i>
Idarac 200 mg	Painkiller – medium, see also the mandatory medication list.
Tramol 50 mg	Painkiller – heavy, also known as Tramadol
Prenarpil 5 mg	Sleeping pill containing the active ingredient Clonazepam .
Prolax 5 mg	Laxative, Bisacodyl 5mg



Tramadol (Australian version of Tramol)

Except for the ones you go home with the clinic packages them loose in plastic bags, repacked from large bottles in the clinic.

Constipation

I'd heard a few very unpleasant stories about trying to dilate while constipated, and was very keen to avoid it. The first evening back in the hotel after surgery I took a laxative tablet, just in case. I figure better diarrhoea than constipation. I didn't take any while in the hospital; diarrhoea while stuck in a hospital bed doesn't bear thinking about.

While the laxative certainly worked, the pineapple at breakfast can also apparently help with constipation and I made sure to get a decent helping every day. I also had a very high fibre cereal¹² I bought with me, and yet for all of that I was still getting constipated. By the end of my stay and I had started taking the laxative daily. I assume some of the medications are causing it, and it is one of the more common side effects of Tramol (and possibly antibiotics).

Pineapple is also said to be good for post-op swelling, but there's [possible interactions](#) with antibiotics, and blood clotting. Presumably Dr Suporn would say something if it was a realistic problem.

I tried the high fibre cereal at home before I left for Thailand and was very surprised by how well it worked. I can only guess what it would have been like without it in Thailand, and I wonder how everyone else managed. You know it's healthy because it's like eating shredded cardboard; it helped to think of it as medicine. But having said that I'd end up usually eating cereal for dinner instead of a real meal, and with the lack of activity it worked out well. I couldn't eat much in the evening and the last thing I wanted was rich food. Cardboard was just the thing.

Sanitary Pads

The clinic supplies sanitary pads, but I'd heard that Always brand are much better and I bought my own. I'm hardly an expert on these things, but I can see why people recommend them. The clinic supplied pads are quite small and thin compared to the ones I bought with me. I had the occasional problem getting blood on the bed sheets, but overall they were very effective. As the hotel will charge if sheets cannot be cleaned I started sleeping on the red plastic mat supplied for dilation, with a towel on top, and an absorbent bed mat on top of that.

According to the clinic staff sanitary pads must be replaced at least twice a day, even if it's not otherwise necessary (which it was). Most of what they collect is not exactly blood, it's more of a blood tinted liquid. I only had actual bleeding twice, from sneezing while dilating and a stitch coming out (probably), both minor.

I bought a box of [60 Always Maxi](#) that I finished on day 24, and another of box of [88 Always Ultra Thin Unscented Pads with Wings, Long/Super](#). I'd only used about 20 of these by the time I got home, and I stopped using pads altogether before I finished the box. The Always Maxi are much heavier and larger than the clinic supplied pads and I had no problems with leaks (unlike some people using the clinic pads). It was a good decision to bring them. Supposedly the 60 pack is a 5 month supply!

¹² Uncle Toby's Bran Plus, 34.2g/100g fibre



The white pad is from the clinic and the green is the Always Maxi. The Always is much much thicker.



I've read suggestions to buy pads in Thailand to save carrying them. I've also heard that that the ones available in Thailand are not as good. I don't know which is correct, only that the ones I took were very good.

One of the problems shopping in Thailand is that you can stand in front of shelves of products and not be able to work out the difference between them. I suspect it would be very difficult to work out which pads were extra-long when it's all written in Thai.

Bed Pads

The clinic supply bed pads to keep mess off the bed while dilating. I also kept one aside to sleep on so I'd not get blood on the sheets (again).

I also use them at home to save cleaning up towels or the bed. They don't need to be nearly as large as the ones the clinic supplies, and I found 40 x 60cm pads more than adequate. They do need a waterproof backing and to be somewhat absorbent. There's many suppliers online, for example in Australia the Cello Paper Incontinence Pad IP4640, A\$55 per 100.

Scarring

After a month it started to become more difficult to judge depth as the scars I was measuring to were becoming were more difficult to see. I have a much older scar from a previous medical procedure from a very senior surgeon in a major Australian hospital. Dr Suporn's work is far superior.

Early on there's quite large lumps at the ends of the incisions, where Dr Suporn has done something internally. These lumps slowly disappear.

By 6 months fully half the scar has disappeared under normal lighting and I measure depth by guessing. I'd not realised that was even possible for scars to fade like this. I'm looking using a mirror and normal room lighting; perhaps if I were a contortionist and could get closer I'd be able to see it again, but I'm not. I'd expect that as the scar fades further it's going to become practically invisible.

I don't know why he's so good at this, but I noticed that Dr Suporn's stitches are very fine. Nothing like what I've had before.



I've been using [Kelo-Cote](#) since about 6 weeks post-op, and while it's not possible to tell if it made any difference, I also tried it on another old scar and it has improved that one noticeably. Sophie (clinic admin) advised me that it likely wouldn't make any difference, but I'll keep using it, just in case.

I usually use a hair dryer to dry myself quickly after showering, before I apply the Kelo-Cote.

I'm not even close to finishing a 60g tube after 6 months, admittedly forgetting to use it about half the time.

Early Revision

I required a revision after one of my labia became slightly detached. I also had some asymmetry, so that one inner labia was more swollen and larger than the other. Dr Suporn also corrected this during the revision, although as it turns out not completely; when I return to Thailand next year I'd like to get this improved. I assume I'll end up with smaller labia, but they would still be very much there and I quite like the smaller look anyway. He does a really good job with labia.

Revisions appear to be quite common, and many of us had them. I feel this is an advantage in choosing Dr Suporn; you can tell he's a perfectionist and it allows any problems to be fixed before returning home. I don't know if Dr Suporn has a higher rate of revisions than other surgeons; apart from anything no one publishes statistics, but I think it is possible as his technique is unusually complex and the long stay in Thailand allows the necessary time. He does state that recovery is double¹³ what would be expected elsewhere, and I'm very happy to trade off the extra time and potential revision for the quality of his work.

On reflection as I write this I tend to think of these early revisions as quite different to those you'll encounter with most other surgeons, and calling them revisions while technically correct is somewhat misleading if you want to make comparisons. With Dr Suporn it's more like just an extended part of the original surgery, not something you need to go back for. Most western surgeons will send you home as soon as you are able, and well before you've had a chance to get these tweaks. Going back for a revision becomes a much bigger deal, and you often have to pay.

Revisions are carried out in a small surgical suite upstairs in the clinic. My first time in stirrups, and it was quite a surreal experience! It's yet another those moments where you know things have changed.

The revision itself is easy enough. You get changed into a hospital gown at the clinic, and a nurse applies topical anaesthetic to your new genitals and tapes it over to stop it escaping. You then wait around for an hour or so for it to take effect before being called into the surgical suite. The topical anaesthetic numbs the area so that it doesn't hurt (much) when Dr Suporn gives you a series of anaesthetic injections which do the real job of stopping pain.

The procedure itself was painless and Dr Suporn asked me to let him know if I felt anything so he could give me more anaesthetic. I felt relaxed until he started then started getting a bit stressed out, just from the idea

¹³ "In our experience, Dr Suporn's patients require about twice the duration of total recovery period (3 to 4 months) compared with having SRS elsewhere", [link](#)

of it rather than feeling anything. It really helped having one of the clinic ladies stay with me the entire time and keep me distracted.

Local anaesthetics wear off after fairly quickly so just in case I asked for something stronger to have for later. They gave me an additional injection that lasted for the rest of the day; lucky that, because even with the injection it was still painful once the local wore off. I don't think you'd get it without asking and I'd guess few people do.

I was told to make sure I dilated twice before coming to the clinic that afternoon as I'd have to miss my evening dilation following the revision. The next day everything was back to normal. Looking back on it, there's nothing to be concerned about. It's all very normal and just one of the many interesting experiences that month.

I believe it's best to be careful and do whatever you can to avoid the need for a revision. Many people are very active, and I've heard this is a very good way to end up needing a revision. It's not just the extra suffering, but I can tell where I've had the revision if I look carefully. Luckily it's only a small thing.

The End Result

Well, I don't have that yet. They say it takes a year, and I believe it. The changes were very rapid early on, but even after 7 months I'm still seeing changes. It doesn't quite feel normal yet either; the pain is long gone but I feel what could best describe as a tightness in that area. I assume that's going to go away eventually.

As far as really important things go author [Kate Bornstein](#) said it best; the plumbing works and so does the electricity. The 'electricity' is nothing like the male experience, and fits everything I've ever heard cis-women describe it as; for better and worse. Similarly urinating is also very different, and now there's very little sensation to it; its men who feel something there. Sometimes when I'm not paying attention I only realise I've started because I can hear it. The way you go about it is different as well, it's all about relaxing not pushing it out. So relaxing sometimes that it's easy to lose track of time, which explains a few things...

I mentioned the result is impressive, and it is. It is not however perfect.

Compared to surgical results I've seen souring though endless Internet sites it's among the best aesthetic results I've seen, and I was among the older women there. Most importantly I have all the correct structure and there's nothing that can't be tweaked.

My depth was initially 7.5" and I've somehow managed to increase this to 8", perhaps slightly more. I've no complaints there. After I increased my depth Dr Suporn warned me several times not to dilate too hard as it would extend my recovery time. Perhaps this is why I was taking pain killers for 6 months.



This is as close as I can come to including pictures of my result here. It's a photo of a USB flash drive containing the pictures taken during surgery.

At least I'm told it does, I can't look.

As recommended I'd not had genital electrolysis. I asked Dr Suporn about the possibility of vaginal hair and he reassured me that it was unlikely, but if it did it would only be around the entrance. Lucky me; I have vaginal hair. I can't easily see where it's located, and I'm leaving it a while before getting electrolysis. I'm in no hurry and I don't want electrolysis while I'm still dilating so often. Come to think of it I don't ever want it down there.

If you feel the need you can contact the clinic for instructions on exactly where to clear this hair. It's only a very small patch, with the rest done during surgery.

Immediately post-op I had no clitoral sensation, and Dr Suporn warned me this could take up to a year to return. I believe it's quite common in this kind of surgery, to have either hyper sensitivity or none. Strangely I wasn't concerned at all; I think I was so happy to just get to this stage it didn't really bother me. Fortunately sometime in the next 6 months it returned, although I'm not exactly sure when. Unfortunately I do still have granulation there, but it should be easy enough to fix when I make the effort.

I've had a number of other rather pleasant changes related to the surgery. I've been on HRT some years and had all the usual, but my breasts had eventually stopped growing. Well, they hurt again. So wonderful. It's kicked off a whole new round of changes; muscles are just melting away, my waist/butt changed even more, body hair disappearing, and so on. It seems [spiro](#) only got me so far.

In the early days I'd feel sensations but couldn't work out where they were. It's a very strange feeling. Some kind of remapping took place and it returned to normal fairly quickly.

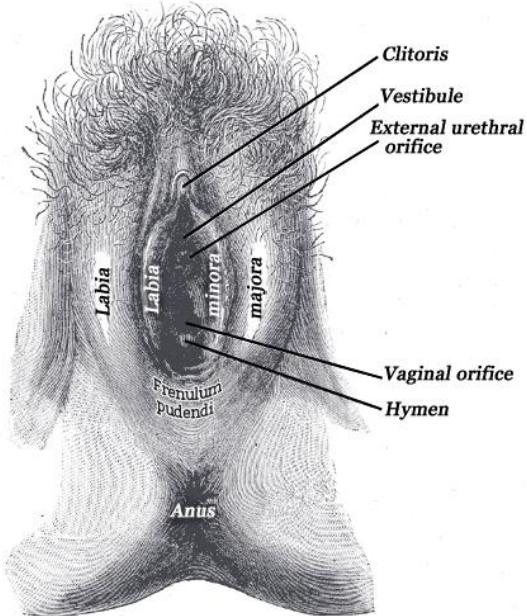
The most unexpected thing is that my eyesight has changed quite significantly, to the extent that I need new glasses. I've heard one other post-op women say the same, but the cause is a bit of a mystery. Perhaps it's caused in some way by a new hormone balance.

Long Term Revision

I do intend to return to Dr Suporn and have a revision in 2016 or 2017. Not that it's really necessary, but I'd like to and I find I'm missing the place. I've heard from others that what they had before this revision was great, and after it's even better, so I can't wait to find out for myself. Even though the medical side of it is free, or at least included in the payment for the original surgery, I do wonder sometimes if it's worth the extra bother.

I'm principally interested in 4 areas; labial asymmetry, [posterior commissure](#) (forchette), [anterior commissure](#), and erectile tissue. I believe these are all well-known revisions, and I may as well ask Dr Suporn advice on any other improvements he thinks he can make. There's some internal area's that could probably be improved, but I'm not sure how to describe it.

Erectile tissue is the remnants of what we had before. As discussed earlier Dr Suporn keeps as much material as possible. I understand that it's very risky to remove too much as it could lead to loss of sensation. In my case it's never visible, but I can feel something I don't care for, so perhaps I have a little bit too much. It's difficult to tell at this stage as I'm still healing and have granulation. It's been improving over the months, so I'm hoping it goes away by itself; the fact that's it's improving does lead me to wonder if it related to erectile tissue at all. If not, I know it is one of the revisions Dr Suporn performs.



In this [image](#) the posterior commissure is labelled "Frenulum pudendi", and the the anterior commissure is the area above the clitoris and below the mons (not indicated).

The posterior commissure looks a bit shelf like after SRS, and not overly natural. The tissue is too delicate to withstand dilation, so can't be done in the initial surgery or within the first year as you can't dilate for 30 days afterward.

I'm not entirely sure about the anterior commissure as at the moment as it could still just be swelling, but as I look down the shape of the mons and anterior commissure doesn't look quite right.

Certificates

On leaving Dr Suporn's care I was given paperwork containing

- Prescription for all the various drugs I was carrying.
- Medical certificate stating I'd been diagnosed with GID and had SRS (2 copies)
- Medical certificate for the airport saying I'd had SRS and "If possible, please assign her a comfortable seat and wheel chair."
- Discharge paperwork from the hospital including blood test results for [HIV](#), electrolytes, [creatinine](#), [CBC](#), RBC and some others I didn't recognize.

You can get a certified copy of the letter if you pay extra.

CALENDAR

I've organised this bit like a calendar, but there's bits missing as I can't remember when they occurred. I didn't keep a diary of my SRS, and I'm beginning to regret it now. Oh well, next time.

The clinic paperwork numbers days with 0 being the day of surgery, and I've followed that here.

Day -4

Picked up at the airport by clinic driver and one of the clinic staff. It's an hour or so and I didn't find it very interesting.

I'd been concerned about travelling to Thailand given my passport and legal name are still male, and took the opportunity to ask how many people actually turn up presenting male. The answer is not many; perhaps 3 or 4 over the last 10 years. Clearly the airlines don't care what you look like, and you're more likely to stand out at the clinic/hotel if you do so. Not recommended.

Day -3

I had a very busy day, including the pre-op consult with Dr Suporn, the psychiatrist, and anaesthesiologist. I was also taken to the hospital for some medical tests, including a blood test, [ECG](#), and X-ray. You must take your passport to the hospital. It seems [it is possible](#) to use other documentation, but [it's a lot of trouble](#).

Whenever you have an appointment scheduled the clinic gives you a card with the time and location. I waited at the hotel as instructed on my card, and was picked up from hotel and driven to clinic. I was tempted to walk as it's only just around the corner, but I didn't want to cause any trouble (just 3 more days...).

The first time in the clinic was quite an emotional experience. I've seen photos and read so much about it over the years, and here I was. I was given some paperwork to sign, a box of dilators, and a very tasty one off fruit drink. Women holding a box of dilators was to become a common sight in the clinic. You knew who'd just arrived. Those dilators look a whole lot more intimidating in person than when you see them in pictures.

At the pre-op consult I asked Dr Suporn if he could remove a few spots (he's a plastic surgeon after all), and was given such a firm no that I didn't even bother offering to pay for it; I have a very strong impression that he's not interested in money. It's odd, considering he's by far the most expensive SRS surgeon in Thailand, but I'm quite sure it's true.

Dr Suporn showed his power point presentation, basically the same as on his [website](#) but a little more up to date. Then there's a short physical exam, checking the 'donor material', and he tells me I could get good depth using the standard penile inversion (which he doesn't do). I'm not sure why he tells me this as it's not why I'm there, but apparently he tells everyone; sometimes good, sometimes bad. I'd guess it's a hangover from the early days when he started using his new technique, but I'd imagine everyone who goes there these days knows he's of his reputation for getting depth even with very small donor material.

Prior to the psychiatrist appointment I'd been given paper and instructions to draw some pictures (the [House-Tree-Person](#) test). I've not drawn pictures since I was five, so I wasn't too happy about that. I consoled myself with the thought that I'd never heard of anyone failing this interview, including those who drew stick figures. Knowing what I do now I believe they are very accepting, but it's probably not an automatic rubberstamp exercise. I certainly don't fit the standard trans narrative, and it wasn't a problem.

I was asked the famous question, to prioritise what I wanted in my result. Depth, aesthetics, or sensation. I knew it was coming and had given it much thought in the months beforehand ... and like almost everyone I chose aesthetics, sensation, and depth. I'm not so sure about that now, sensation is pretty important. If you have adequate material it doesn't really matter what you answer. It's only if you don't that Dr Suporn has to choose how to distribute what's available to fit your requirements.

Day -2

Went shopping and explored the local area. Last chance for a while.

Day -1

Check into the hospital. Unpacked and got bored. I think I was given a sleeping tablet, but it's hard to remember anything from this point on. No food or water from midnight.

A nurse came by to do the enema. Soapy water I think, and it hurt after a while. This is why you don't want to eat too much before going into hospital. The less the better.

Day 0

This is the day of SRS, but I remember almost nothing. If I was told how long my surgery took I've forgotten it, but it averages about 5.5 hours.

One of the clinic staff slept in my room on the spare bed/couch that evening. It's quite reassuring, I think.

I have vague memories of feeling quite lucid over the next 7 days, using my computer, doing some work emails, and so on, but I can remember almost nothing so I'm not sure. I still have a job so it can't have been too bad.

Day 7

It's a big day, but yet again I can remember very little. Drugs again I'm sure. There's a few things that really stick in my mind from Dr Suporn's visit. It must have made quite an impression because nothing much else did.

I was really struck by Dr Suporn hands. Watch the way uses them and you'll see the perfect confident way he does everything. Practice makes perfect. I felt really good after seeing that.

The dreaded catheter removal turned out to be quite an anti-climax. I won't say it was pleasant, but it was over quickly and didn't hurt.

Dr Suporn showed me how to dilate and reach my correct depth, and most importantly what it felt like when I reached it. He asked if I want to use inches or centimetres. That threw me for a bit; I've never heard people measuring it in centimetres, and I went with inches. I recall very clearly that Dr Suporn defined depth as being measured with the medium dilator, at full depth, to the V shaped scars.

He also showed me how to apply the Silvex. It seemed simple enough when he did it, but I ended up having to ask again back at the hotel, and I wasn't the only one.

If you want to leave the hospital without a catheter, and trust me you do, you need to pee before leaving. It's easier said than done. Everything is swollen and you've had a catheter for a week. You drink water and have a couple of hours to pee. Of course, there's nothing like a deadline to help you pee. I was getting worried that

I'd not make it, and finally tried standing up. It would have been cleaner in the shower but that was way over on the other side of the bathroom, at least 3m away, and I wasn't sure I'd make it. It was a bit embarrassing telling the nurse about the mess, but I got to leave without the catheter! It's ironic that my first pee post-op is standing up.

If you can't manage it the catheter goes back in and you get to wear it for a few more days. It's not that big a deal, but I'd rather avoid it. This is also why you should bring at least one skirt, to hide the catheter bag. I didn't actually manage to pee all that much and was worried I've have problems back at the hotel, but it seems even a small amount is enough. I did have further difficulty back at the hotel, but this time I used the shower.



I got to try out my donut cushion for the first time on the wheelchair trip from my room to the van. I lived with that thing for months. The van comes over to pick you up and drop other patients off. It's all very organised. If you want to visit anyone in hospital I think you can just catch a lift with one of these trips, although I never did so.

After several months of using it the donut measures 370 x 450 x 105mm (14 ½" x 17 ¾" x 4 ¼") and 845mm x 990mm (33 ¼" x 39") in circumference. It fits comfortably in a pillowcase measuring 735mm x 475mm (29" x 18 ¾") when empty.

One of the clinic staff took me back to my room and helped me through my first dilation at the hotel. She set up all the supplies next to the bed, and instructed me on the correct position for dilation (it's important), and generally guided me through it all the way to cleaning up. It's goes quite smoothly, but I can't imagine doing all that without help. It's at times like this you really appreciate how they look after you.

I'd wondered how I'd manage back in the hotel by myself, but I got rapidly stronger and it was actually quite easy. There's no problem getting around in my room, and I had a list of phone numbers in case of any problems.

Day 8

I really should have had breakfast in my room, but instead I walked downstairs. I was weak and more than a bit light headed. I didn't fall over, but I did walk close to chairs and walls to support myself, just in case. People told me later I didn't look so good; I think they were being very polite. I expect I looked half dead.

Perhaps it was these early days of walking that caused me to need a revision. I'll never know, but looking back on it I wonder why I didn't take it easier.

From now until leaving one of the clinic staff comes to my room every morning sometime after 10am for a check-up. It's the same routine every day, panties off, lie on the bed and spread legs. Delightful. Sometimes they check the medication levels, and you can always ask if you start running out. I usually had lots of questions as well; do I have a UTI, am I doing dilation correctly, and so on. Once you're over the awkwardness of it all its very reassuring that they take such good care of you. I felt safe.

It's early days of course, but looking at my results it seems pretty good. Obviously not like it's going to look once the swelling goes down (I hoped), but everything's there and in the right place. I don't like the sight of

blood, especially my own, and some post-op pictures from other surgeons are quite disturbing. Mine was nothing like that.

Day 10

I visited the clinic for an appointment with Dr Suporn. The usual, panties off, spread, Dr Suporn asks a few questions, gives me a mirror and examines me, makes a few comments. It's only a few minutes then he goes and does something else while the nurses come to remove the outer stitches (labia majora). It's mostly painless, but did sting later. The remainder of the stitches are self-dissolving and fall out by themselves over the next few months.

It's quite interesting to see how Dr Suporn works. He's very efficient, always busy, but always has time for you. When you're with him he's totally focussed on you, but the moment he's done he's off to do something else and the support staff take over behind him.

It's reflected in the way the entire clinic works. He's the key to it all, but there's a large support staff that allows him to work at maximum efficiency and make everything run smoothly. It's very impressive to see the number of women in the clinic when it's busy and realise he's behind it all. I liked it. There's no room for screw-ups.

Day 14

I had an appointment with Dr Suporn. He had a look inside and instructed me to start dynamic dilation. I've written about that elsewhere.

I had more consults with Dr Suporn, once or twice a week as far as I can remember. Whatever it was it was more than enough.

Day 29

I had my last consult with Dr Suporn and it appears I have some kind of issue in the area of my clitoris and I need to be very careful until it's fully healed. This could take months, and Dr Suporn warned me not to let any other doctors touch it, not even to treat granulation which is usually a minor matter. To help with this he gave a couple of extra cartons of Silvex and told me to continue the dilute betadine after dilating for the next 6 weeks. He was rather generous with the Silvex and it lasted far longer than necessary.

I kept up the betadine for quite a bit longer as well, and went through 3.5 litres of betadine over the next 2 months. The Post-Op Care book says only the first two months, but I was really worried about getting an infection early on.

Day 30

I've mixed feelings today, looking forward to being home, but sad to leave as well.

I gave away quite a few items I didn't want to take home, some to other ladies and the remainder to the clinic for later distribution.

The clinic recommends travelling light, no more than 20 KG, to avoid hurting yourself. I had double that (business class), figuring that if it came to it I'd either throw it away or pay someone to help me. Fortunately it

wasn't a problem. The clinic's driver helped me all the way to the airport counter, carrying everything, and once there that's the last I saw of it until arriving at the other end. No problems there either.

You don't need 40KG. I only had it because I could, and I'd over packed a bunch of things.

Dr Suporn gives you a letter you can use at the check in counter to request a wheelchair. I was feeling pretty good so I almost didn't use it; that would have been a mistake. I'd been avoiding walking far up until that point, and the airport gets a whole lot bigger after surgery. It's ever so easy going everywhere in a wheelchair, and especially through security. I was taken in the wheelchair to the business lounge to wait, then he came back to take me to the plane. Such luxury.

I'd been a little concerned what the airport staff would say when they saw the letter and my male passport, but it was a total non-issue. They really don't care in Thailand and had not the slightest interest.

As I was travelling business class on the way back I was able to sleep lying down on the plane. I took a sleeping tablet (supplied by the clinic) and slept almost the whole way. It's well worth it if you can afford it.

For the flight I used a carry-on bag with wheels so I didn't have to lift it, and asked the flight attendant to put it in the overhead locker for me. I separated everything I might need during the flight (e.g. pads, Silvex, medications, book) into a small bag so I didn't need to get the carry-on bag down from the overhead. Obviously don't put large amounts of liquids or gels in carry on (Q-C, Silvex, Betadine) as it's likely to get confiscated by security. I believe the clinic also recommend not to put dilators in carry on for the same reason.

The Clinic gave me a bottle of betadine to take home, but I refused to take it. If the bottle had leaked it would cause an enormous mess. I knew I'd need it so I already had a large bottle at home; it's cheap and easy to buy more.

Dilation was noticeably harder on arriving back home, but easily manageable. The clinic tell you not to dilate during the trip.

1+ Month post-op

Dilation gets more difficult in months two and three before becoming easier again. Nerves reconnect, feeling returns, and internal scars start contracting most strongly.

Dilation seemed faster than before. I measured it once, and it took just over an hour, of which only 20 minutes was dilation. However it often takes much longer to get to depth (and everyone's different).

Time (min)	Activity
11	Preparation (from start to lying inserting dilator, including shower)
8	Get to depth with medium dilator
10	Dynamic dilation with medium (32mm) dilator
3	Change to large dilator and get to depth
10	Dynamic dilation with large (34mm) dilator
14	Clean-up, including shower and cleaning dilators, mirror, vaginal syringe, bucket.
8	Dry, apply Kelo-cote scar gel and Silvex cream.
1:04	Total

I've continued to be extremely careful about hygiene. I've heard a few horror stories about infections and I'd far rather waste time being careful than risk getting a UTI while I still have to dilate regularly. Before and after

dilation I'd shower and wash with 2% chlorohexidine (a weaker version of hibiscrub), and I continued to use latex gloves. I also carefully wash the dilators with chlorohexidine. It's almost certainly unnecessary, but I have the time so better safe than sorry.

During this month pain has been unpleasant when I wake in the mornings, and I was using Tramol to manage it during the day and for dilation. In Chonburi I'd been making a not very successful effort to stop using Tramol, but after returning home dilation increased in difficulty, and I gave up. By 8 weeks I was taking one or two 50mg Tramol (Tramadol) an hour before dilation and it would still hurt.

The pain is by no means unbearable (having taken Tramadol), but very far from pleasant. I'd reach 6" easily enough and then it felt like it wouldn't go any deeper. The next two inches were the painful bit. Pushing further is not a sharp pain, but more of a dull pain like pressing on a bruise. There were infrequent sharp pains, perhaps caused by stitches (and I kept finding little bits of stitches falling out in the shower for quite a while).

There's some level of low level pain in the general area from surgery that slowly goes away.

I was finally able to sit without the cushion at 7 weeks, although I still need to be careful and not sit too long. Sitting at a desk even with the cushion is not really pleasant for long. I can't work for long sitting down and it's not practical to work in bed – if only I'd thought of that before leaving perhaps I could have arranged something.



Vaginal Syringe, small jug to refill syringe while in the shower, 3 dilators left to right medium, large and Soul Source 38mm.

The vaginal syringe is not from Thailand, and replaces the temporary syringe they gave me.

The pink basket is probably intended to dry kitchen utensils after washing, but is perfect for drying dilators. The inner basket drains the water, and the outer container stops it leaking everywhere. I bought it at home.

The Surgipack Vaginal Syringe I use is about A\$20 and available online and in some pharmacy's. They are apparently not available in Thailand as vaginal douching is not medically recommended for cis-women.

Week 6 post-op

Dr Suporn leaves some amount of erectile tissue in place (as do all surgeons to varying degrees), and I could "feel" it sometimes, and for no good reason. It was as if my testosterone was coming back; and after all that trouble I'd taken to get rid of it.

I've managed to get minor bleeding there a couple of times and considering what Dr Suporn told me I really didn't want any additional strain. The clinic's 'Post-Op Care' book says that in about 10-15% of cases "unwanted male characteristics can return immediately post-operative" as the body attempts to make up for the loss of testosterone and that the treatment is anti-androgens "for at least 3 months". My doctor said

much the same and prescribed low dose [spironolactone](#) (25mg) to allow my body to adjust. I took it for a few months, and as usual it fixed that problem.

2+ Months post-op

I can go without painkiller but the pain is very uncomfortable, and more to the point, dilation is unthinkable. This is particularly noticeable in the morning when the previous day's painkiller has worn off.

I can sit in a chair without the cushion, although it's uncomfortable. I've not tried to sit in an office chair all day, and that would probably be very unpleasant. I'm not sure, but I think sitting makes dilation more difficult.

The usual disclaimer – I am not a doctor and this is most definitely not medical advice

I got a prescription for Panadeine Forte (500mg paracetamol + 30mg codeine) and 30mg codeine tablets, thinking they would make a good alternative to Tramol. I've tried Panadeine Forte before and it was very effective, and I could use codeine tablets to increase the strength without overdosing on paracetamol (i.e. dying).

My mistake was waiting until I ran out of Tramol before trying the Panadeine Forte, and then finding it's not as strong. It seems SRS is rather more serious than what I had last time. Even worse, I also found myself getting tolerant to codeine very quickly and taking far too much. By the end of 2 weeks I'd managed to get up to 2 Panadeine Forte tablets and 2 to 3 codeine tablets per dilation. Not a happy time.

This level of codeine leaves a burning in my throat, and is apparently quite addictive. I can't understand why people take it, and got off it as soon as I could see my doctor again.

There's two types of pain at this point, a constant level of pain that while not terrible is quite unpleasant, and then there's dilation. I've not dilated without medication at this point, so I can't say what it would be like, but I'm sure its bad (for me, everyone else seems to be fine).

I then got a prescription for my usual Tramadol and "Tramadol SR" tablets, a long lasting version of Tramadol that is taken twice a day, 12 hours apart. This works really well, and even better with Voltaren 25mg. Voltaren is non-prescription, although the 25mg is behind the counter, and must be requested. Voltaren is safe to be taken with codeine or Tramadol (remember, not a Doctor, not medical advice). I got pain relief all day and night, not just for dilation. Normal Tramadol (50mg x 2) wears off between dilations, leaving more pain, although it's not too bad by now. If I ever have FFS I'll definitely look into Tramadol SR again.

I got 150mg Tramadol SR, but in retrospect it would probably have been better to get 100mg, so I could take adjust the dose more carefully from 200mg, 300mg, or 400mg daily by adjusting the dose and gap between taking it (checking with the doctor of course). With the 150mg I can only take 300mg, and I'm missing out on 100mg. Which gave me an idea...

I tried experimenting a bit with the Tramadol, which is perhaps not entirely safe (people have died overdosing on Tramadol, and I don't think it's difficult). For the short time in which I dilate Tramadol SR is not as strong as the short acting version; so it's slightly worse for dilation, but great for the rest of the time. So, I tried 1 x Tramadol SR 150 mg and 1 x 50mg Tramadol. It worked really well for pain, but I could barely stay awake while dilating. I didn't do that again.

The same thing happens with paracetamol with 8mg codeine, or so I hear, not that I'd do such a daft thing. Don't do it.

I found plain paracetamol by itself (no codeine) totally useless, although it did have some effect with 50mg Tramol, and I'm told it's safe (not a doctor...) to combine Tramol, Voltaren, and Paracetamol, making it stronger. Definitely not with codeine though.

I learned to never, ever, run out of strong painkillers.

3+ Months post-op

After 3 months you get to go down to "only" 2 dilations a day. That's the theory anyway, but I found it wasn't enough and dilation started to become more difficult. I stayed at 3 a day for another few weeks before successfully reducing it. My work allows me a lot of flexibility so I took it easy. Perhaps I could have dropped it down sooner, but there's no need to try.

Near the start of this month I ran out of Q-C and started using unrefined organic coconut oil. I found it worked quite well and certainly smells nice, but dries out by the end of dilation and is difficult to clean off my body. I gave it a few days then tried the sliquid instead. Very little is required and doesn't dry nearly so much. I was very happy at this point that I'd bought so much extra Q-C back with me. The Q-C lasted those all-important first 3 months. Some people find alternatives acceptable, [others don't](#).

The Post-Op care book says the lube should be water based. This is for the first 3 months, after which an oil based lube can be used to improve healing (which I didn't do).

It's only around now that I can sit in an office chair all day.

I forgot to take my Tramol and Voltaren before dilating and it hurt so much I had to stop. With these drugs dilation doesn't hurt; mainly it's boring; so boring that sometimes when watching TV I forget to track the time and end up dilating far too long. I usually set an alarm on my phone these days so I don't forget.

Towards the end of the month I tried dilating with the [Soul Source #4 orange dilator](#). It doesn't look much thicker, but it was very hard to insert and I could only manage 6 inches. Even with the painkillers this one hurts, though after a week or two it does get easier. The end is tapered very bluntly, and ignoring its sheer size, Dr Suporn's dilators are much easier to insert due to their more pointed ends. I noticed that a lot with Dr Suporn's supplies; even things that look cheap (not the dilators) are usually ideal for their task.

I only ended up using the Soul Source dilator for a couple of months as it's a struggle and there's no point. I need to maintain depth, not width. I can always get width later if I really need it.

Towards the end of the month I have no pain (finally) except when I'm dilating. It still doesn't feel quite right, like there's a tightness in the area. I can see the lines where the scars are but no stitch marks. Standing and looking down the shape's not quite right. It's either swelling or I could do with a revision at some point. I'm not concerned either way.

5+ Months

I ended up taking two Tramol and one Voltaren per dilation up to month 5, before finally managing to reduce it to one Tramol and one paracetamol per dilation. It's slightly more painful, but nothing to worry about. Prior to this when I'd tried reducing the painkillers it hurt more than I was willing to bear.

Tramol is a strong painkiller with relatively low addiction potential, but I was starting to become concerned about the possibility of addiction. I may have experienced some slight withdrawal when I reduced my dosage,

as a day or two of tiredness, but with my lifestyle it's difficult to be sure. After 6 months I'll be down to one dilation per day, and I'd hope it's not possible to be addicted at that level. However I'd rather risk addition than further surgery caused by not being able to dilate properly.

Towards the end of the month I reduced from two Tramol to one Tramol and one 25 mg Voltaren. The pain is slightly increased but acceptable. One interesting change I noticed is that I now smell very female.

6+ Months

There's quite a few changes this month. My pain is long gone, but I'm still conscious of a general tightness (as best as I can describe it) in the area. I think granulation may be the cause of some of it.

I'm finally down to 1 dilation per day. The next day it took a lot longer to get to depth but was not difficult enough that to warrant going back to twice a day. After about a week of this, I went 36 hours without dilation (previous morning to late evening), and dilation was very difficult. Even with 2 Tramol it was painful and took ages to get to depth. I dilated again next morning with 2 Tramol, and it was much easier again.

In retrospect I think it may have been getting more difficult once a day anyway, so I'm going to go back to twice daily for a while. Taking 36 hours seems to have really set me back. As I did with when dropping from three to two dilations at the end of 3 months I'll give it a few more weeks at twice a day before trying again.

I've stopped using the orange Soul Source dilator for the moment. It's making dilation a lot less pleasant, and there's no real need for it. I can always get width later if necessary (unlike depth).

This month I've notice a big improvement in urinating straight virtually every time.

Towards the end of the month dilation is easier again, and I'm back at 1 Tramol and nothing else before dilation. I eventually tried with no Tramol for a week, and while I could manage I found it was so much easier with Tramol that I started again. I shouldn't really be doing this, but at least I found I'm not addicted.

I'd been avoiding looking too closely at my clitoris due to the initial problem I had; I didn't want to stretch the area too much. I do have granulation there, but it's not causing any real problems. It's a very distinctive bright red patches of skin. I've never seen anything like it before.

7+ Months

Mid way though the month I tried 1 dilation a day and it's much easier. What a difference one month makes. I'll stay with this.

The scars continue to get harder to see, and now I can only easily see part of one of them. The erectile tissue issue seems to be getting better. Possibly granulation is part of the problem, making everything so much more sensitive.

The aesthetics of my result have continued to slowly improve. I can tell it's from SRS, but I suspect most people wouldn't; I've spent far too long looking at photos of SRS results.

By the end of the month I've been off all painkillers for a couple of weeks, and tried taking one Tramadol to see if it made any difference. It didn't, so that's it, no more. Finally.

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