

# **A Butterfly's Journey**

**SRS with Dr Suporn**

**2<sup>nd</sup> Edition**

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# INTRODUCTION

There's many blogs, forum discussions, and YouTube video's about women's 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 women 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 they're all private discussions and I'll repeat none of them 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. 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 I still missed it months later.

I went back for a revision 15 months later, and was not disappointed. I gained a new appreciation of the experience, and Dr Suporn fully delivered on all those promises of his technique. It was in many ways a completion of what went before.

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

# 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 women 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<sup>1</sup> 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 his 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<sup>2</sup>. 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.

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<sup>1</sup> As is common in Thailand, Dr Suporn goes by his first name. That's fortunate, because I can't pronounce Dr Watanyusakul.

<sup>2</sup> This was one of my revisions in 2016.

There's endless stories of how happy women 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 2500 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 it's 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, and no one's ever died<sup>3</sup>.

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 very NSFW post-op pictures by [remadenthailand](#), and even more NSFW (porn) [Danielle Foxxx](#). More recently is [lifesexperimentblog](#), [Jesse Baets](#) (NSFW/porn), and [TheRealSveta](#) (NSFW).

In 2016 Dr Suporn co-authored a [paper](#) in the Lancet "Serving transgender people: clinical care considerations and service delivery models in transgender health".

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

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<sup>3</sup> Post-op Care Book and email with the clinic.

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 Sophie<sup>4</sup> – 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 himself<sup>5</sup>, 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, women 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<sup>6</sup> wait list. Women 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 (Breast Augmentation) or FFS (Facial Feminisation Surgery). 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 for a FFS consult in my first appointment with Dr Suporn, and he insisted on doing it much later. He didn't want to distract me, only I was far more distracted by waiting than if he'd just got it out the way at the start. He's got a very firm way of saying no, and I wasn't about to argue with him considering what was coming.

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<sup>4</sup> The clinic admin and point of contact for all emails.

<sup>5</sup> Email from the clinic "Dr Suporn conducts all his procedures personally without a surgical assistant other than his anaesthetist and his team of operating theatre nurses."

<sup>6</sup> One year in 2015, its over 1½ years in late 2016

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'm not sure if I'd choose Dr Suporn for FFS simply due to the lack of reports about it. I'm very risk adverse and I'd like more certainty. However knowing what I do now 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.

I already had my letter when I applied, but according to the [Surgery Checklist](#) you don't need to send the psychiatrist letter when you book. You must send it to them no later than 6 weeks before surgery.

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 about<sup>7</sup>.

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

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<sup>7</sup> 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.

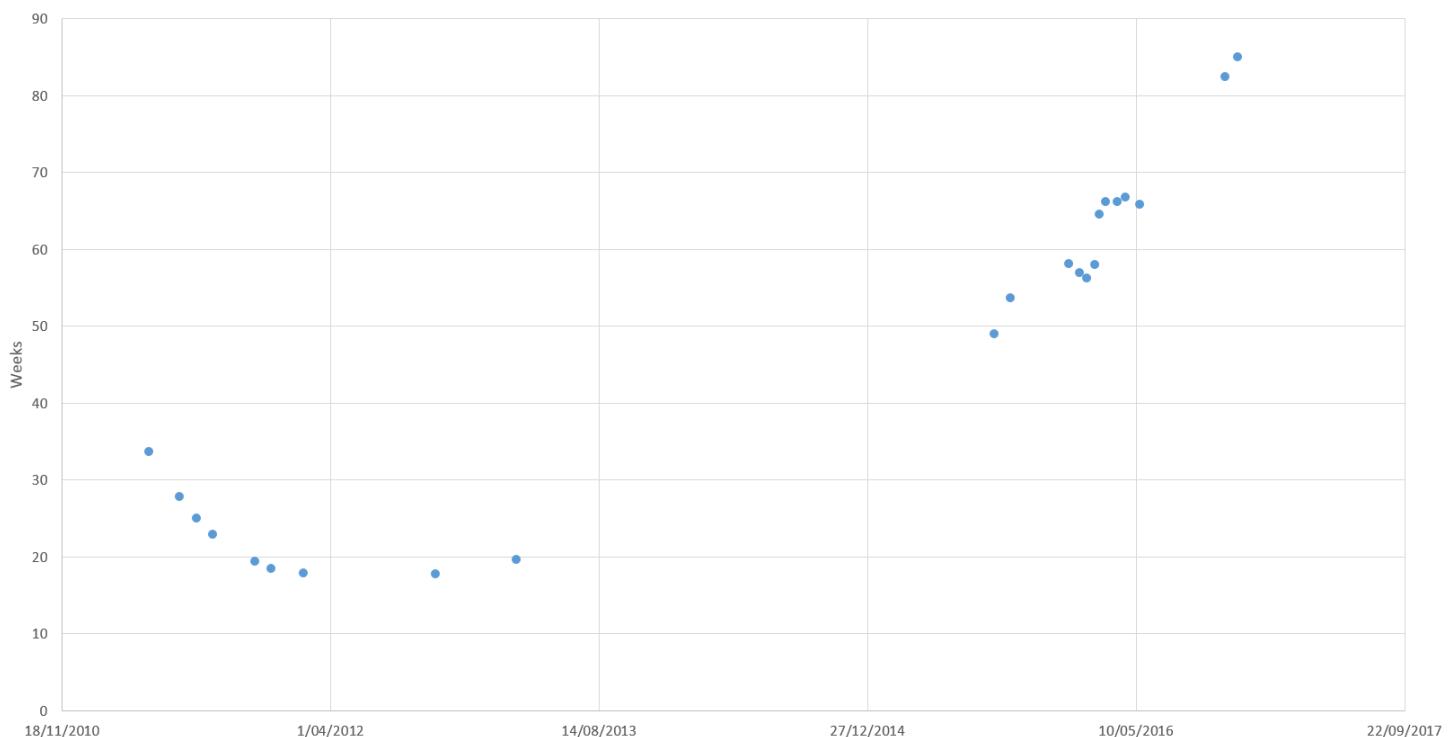
law. The local psychiatrist is arranged by the clinic. I'm not a lawyer, and especially not a Thai lawyer, but I believe the relevant legal requirement is this

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.

The wait list when I booked in 2014 was close to 1 year, 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.

I managed to find the approximate length of the wait list over the last 5 years, and its going up quite rapidly.



There's a nice [trick](#) to monitoring the cancellations if you want to try changing your date using a free web page monitoring service.

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 women looked rather unhappy about stopping. My levels were still fairly good even though I'd let the implant run down for surgery. I got a new implant about 6 weeks after I returned from Thailand.

## 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 historical resource. However it's essentially dead these days, while the Suporn Butterfly group on Facebook is quite popular.

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](mailto: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 Typhoid<sup>8</sup>. 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 3<sup>rd</sup> one can be done after returning from Thailand. The first two offer short term protection only, the third is for lifetime protection.

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 I feel 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.

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 Dr Suporn won't operate if you have HIV (or rather the hospital won't allow it) and 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. Having SRS is extremely motivating.

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<sup>8</sup> Apparently these are not required for Chonburi, but I had mine anyway. Better safe than sorry.

# 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 permitted 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

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1st Original SRS Letter	Wallet, Credit cards
Passport with 60 day Thai Visa	Doctors Letter (HRT and fitness for surgery)
Thai & Australian Cash	

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## 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

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## Suitcase

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Toiletries	Sanitary Pads
Mains extension lead, power board, plug adaptors	Digital luggage scale (for checking on the way back)
Clothing	Earplugs (just in case its 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)	Non-slip mat for laptop

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I took a few other things, travel umbrella, insect repellent, sun block, but didn't use them (and they are easy to buy locally). I didn't get out much. However if you're going to be active, perhaps a carer or returning for revision, then you're more likely to need sun block and insect repellent – I got bitten by insects and sun burned on my return in 2016, and met one women's carer with a bad reaction to an insect bite.

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 most 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 found a few large elastic bands are useful to attach a power board and laptop power supply to the bed table; they work just as well as packing tape and are a lot easier to clean off afterwards. I didn't need a voltage convertor as all my electronics is compatible with Thai mains.

I'd recommend a non-slip mat for stopping laptops sliding off the over bed tables in the hotel and hospital. I could have saved myself \$500 if I'd used one at home after SRS. Safe to say I used one when I returned for my revision and it felt a lot safer.

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 that's not a sight I want to see. I've heard of women 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 forgot 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.
- 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 (once).
- 500ml Betadine as I intended not to bring any back with me (I didn't want to risk making a mess if it leaked in the suitcase).
- 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 preferably not start again before arriving home to avoid the risk of [DVT](#). Many women I spoke to were given permission by Dr Suporn to restart HRT after they got out of hospital.

The clinic also require you to stop blood thinners such as aspirin. Be **very careful** about taking any kind of drugs before surgery without permission from Dr Suporn as it could get your surgery cancelled.

A bit of Internet research showed there's a huge number of other drugs, herbs, vitamins 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.mygyno.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 through the paperwork. Note that HRT is available without prescription in Thailand (see page 34).

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

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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"> <li>Limited quantities are allowed for personal use (30 days of prescribed usage)</li> <li>A medical treatment letter/prescription from the prescribing physician is required</li> <li>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</li> <li>A completed application for the applicable</li> </ul>
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

## Controlled Narcotics Drugs

### Category I Narcotics

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

Acetyldihydrocodeine Acetylmethadol Alfentanil Allylprodine Alphacetylmethadol Alphameprodine Alphamethadol Alphaprodine	Ethylmorphine Diphenoxylate Dipipanone Drotebanol Etoxeridine Fentanyl Furethidine Hydrocodone	Norcodeine Norlevorphanol Normethadone Normorphine Norpipanone Opium Oripavine Oxycodone
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Anileridine	Hydromorphenol	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	Methyldesorphine	Properidine
Dextropropoxyphene	Methyldihydromorphone	Propiram
Diamprodime	Metopon	Racemethorphan
Diethylthiambutene	Moramide-Intermediate	Racemoramide
Difenoxin	Morpheridine	Racemorphan
Dihydrocodeine	Morphine	Remifentanil
Dihydromorphine	Morphine	Sufentanil
Dimenoxadol	Methobromide	Tapentadol
Dimepheptanol	Morphine N-Oxide	Thebacon
Dimethylthiambutene	Myrophine	Thebaine
Etonitazene	Nicocodine	Tilidine
Dioxaphetylbutyrate	Nicodicodine	Trimepridine
Egonine	Nicomorphine	
Ethylmethylthiambutene	Noracymethadol	

#### Category IV Narcotics

1-phenyl-2-propanone	Elymoclavine	Ergothioneine
3,4-Methylenedioxypyphenyl-2-propanone	Ergocornine	Ethyldidine
Acetic Anhydride	Ergocristine	Diacetate
Acetyl Chloride	Ergocristinine	Isosafrole
alpha - Ergocryptine	Ergometrine	Lysergamide
alpha - Ergocrinine	Ergometrinine	Lysergic Acid
alpha -Phenylacetoacetonitrile (APAAN)	Ergosine	N-acetylanthranilic Acid
Anthranilic Acid	Ergosinine	Phenylacetic Acid
beta - Ergocryptine	Ergosterol	Piperonal
beta - Ergocrinine	Ergotamine	Safrole
Chlorpseudoephedrine	Ergotaminine	

#### Category V Narcotics

Cannabis	Papaver somiferum	Psilocybe cubensis
Mitragyna speciose		

#### Controlled Psychotropic Substances

##### Category I Psychotropic

Cathinone	Mescaline	Parahexyl
DET	Mescaline derivatives	Phenazepam
DMHP	Mescaline analog :	PCE
DMT	Escaline, Isoproscaline, Proscaline, 4-Thiomescaline or 4-TM, 4-Thioescaline or 4-TE	PHP(PCPY)
Etryptamine		Psilocine

GHB (Gamma-hydroxybutyrate) JWH-018 JWH-073 Methcathinone	4-Thioproskaline or 4-TP, 3-Thiomescaline or 3-TM, 3-Thioescaline or 3-TE, 3-Thiometaescaline or 3-TME, 4-methylaminorex	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 on 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). There's a Citibank near the clinic in Chonburi, but they don't have an ATM. I was told the Citibank branch with an ATM is about 1 km away.

When paying the clinic I transferred an odd amount (I overpaid) 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 helped as there were none.

### **Approximate cost of SRS (2015, ex-flights)**

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

<sup>1</sup> The cost in late 2016 is 575,000 Baht.

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 is included (for up to two people) in hotel room charge, but not lunch or dinner.

### **Hotel Cost<sup>1</sup>**

	Cost per night, baht <sup>1</sup>		
	1-13 nights	14-26 nights	27+ nights
Standard/Superior Room (3 <sup>rd</sup> floor)	1600 (1650)	1400 (1450)	1250
Business/Delux Room (7 <sup>th</sup> floor)	2100 (2150)	1850	1600
Junior Room (2 room suite)	3550 (3500)	3300 (3200)	3100 (3000)
Internet (unlimited hours for 30 days)	3000 (0)	1500 (0)	0

<sup>1</sup> Prices in 2015, with late 2016 price in brackets where it's different. One person, or two people sharing.

For convenience 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.

### **ATM**

The hotel can exchange foreign currencies, and there's a large number of ATM's in the area.



7-Eleven accepts VISA, MasterCard, American Express, Diners Club, UnionPay, JCB, Discover, MEPS, Umay+, and AEON.

## 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 lasts 60 days from entry). I downloaded the form, filled it in and took it to the consulate, and returned a few days later to pick up my passport with the new VISA stuck inside. Easy.

## Travelling alone

Like many, I travelled to Thailand by myself. There were also many women who had helpers along; partners, 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 ladies 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<sup>9</sup> 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.

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<sup>9</sup> If you're really going to do this, try Pattaya instead. It's a lot closer, cheaper, and you're more likely to get back without problems

## Travel Dates

There's a couple of month long non-surgery dates each year, in October and April. If you book within a month of either side of those you'll have less company at the hotel, and for many that's one of the [very special things](#) about going there.

Clinic appointments with Dr Suporn are on Mondays and Thursdays afternoons, and I'd suggest booking return flights around those times. If you leave on Monday morning you're going to miss your afternoon appointment and you may as well have left the previous Friday.

I wasn't concerned about the season and weather when I booked my dates.

# 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 to be friendly, polite and helpful. During my first trip 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. When I returned for my revision I made some local friends and they seemed to think being transgender was quite normal and had a number of trans friends themselves. 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 hotel address is:

934 Sukhumvit Road,  
Bangplasoi,  
Muang,  
Chonburi 20000  
Thailand

Tel: +66 38 283 111

On arrival at the airport you fill out a “Departure Card” – keep this with your passport as you'll need it again when you leave. If you can't find it, like me, you'll be given another one to fill out and get sent to the back of the queue.

The airport is one of the nicer ones I've visited, large and modern, although depending on where you're travelling from you may end up in older parts of it. 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.

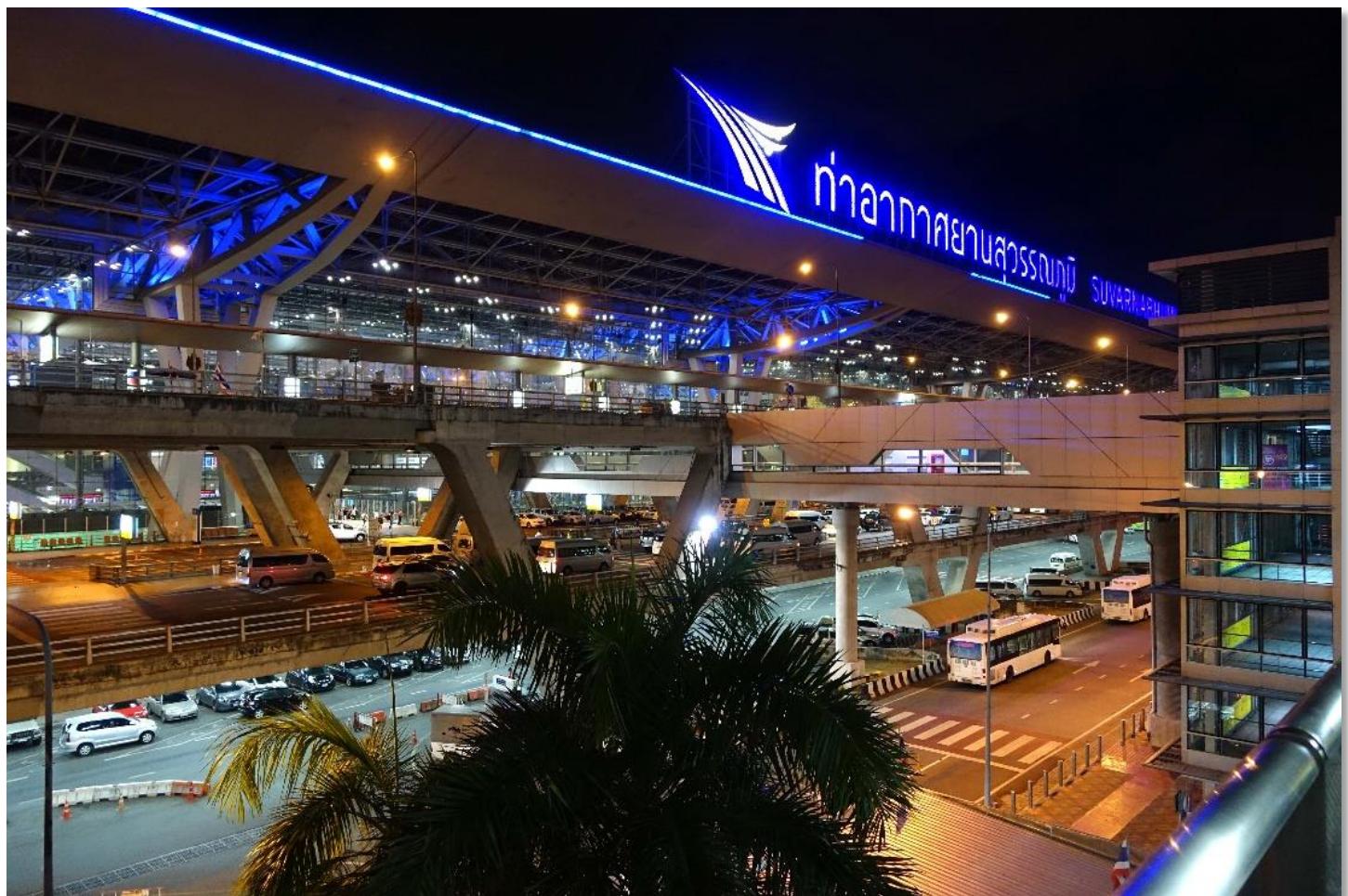


The main phone/data providers have shops in the airport, in the public area after you exit customs. ***The airport is the best and cheapest place to buy a phone SIM, especially if you want data.*** More on that later (page 25).

The photo shows the DTAC shop (next to exit 7).

You meet the clinic staff between exits 3 and 4. They are the ones holding a card with the Suporn Clinic written on it.

The airport viewed from the carpark where the clinics van was parked.



## Phone and 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, and that your phone works on the same bands as in Thailand).

[DTAC](#) provides fast 4G Internet access in Chonburi, and is currently (2015) 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 3 km from the hotel). 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 the plans or prices that were 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.

In 2016 the 30 day airport prices for DTAC in 2016 were 549, 849, and 1349 baht for 4.5 GB, 9 GB, and 20 GB high speed data respectively. The DTAC staff will even put the SIM in your phone and get it working for you

The hotel WIFI was more or less adequate in 2015, but I found it quite annoying in 2016. If you have multiple devices the hotel want you to pay for each one; there's no such problem if you can use DTAC and your cell phone as a hotspot. I also had difficulty with my VPN at the hotel. I'd recommend using DTAC instead of the hotel WIFI (but note that from late 2016 the WIFI apparently became free).

I mainly used Internet for 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](#), and even that may not work with Netflix.

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 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.

While the hotel (and hospital) also have telephones I've learned never to use a hotel phone for outside calls, especially international calls. They tend to be incredibly expensive and I didn't bother checking the cost. The hotel phone is however useful for calling other rooms. For international phone calls I'd prefer to use Skype.

## 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](#).

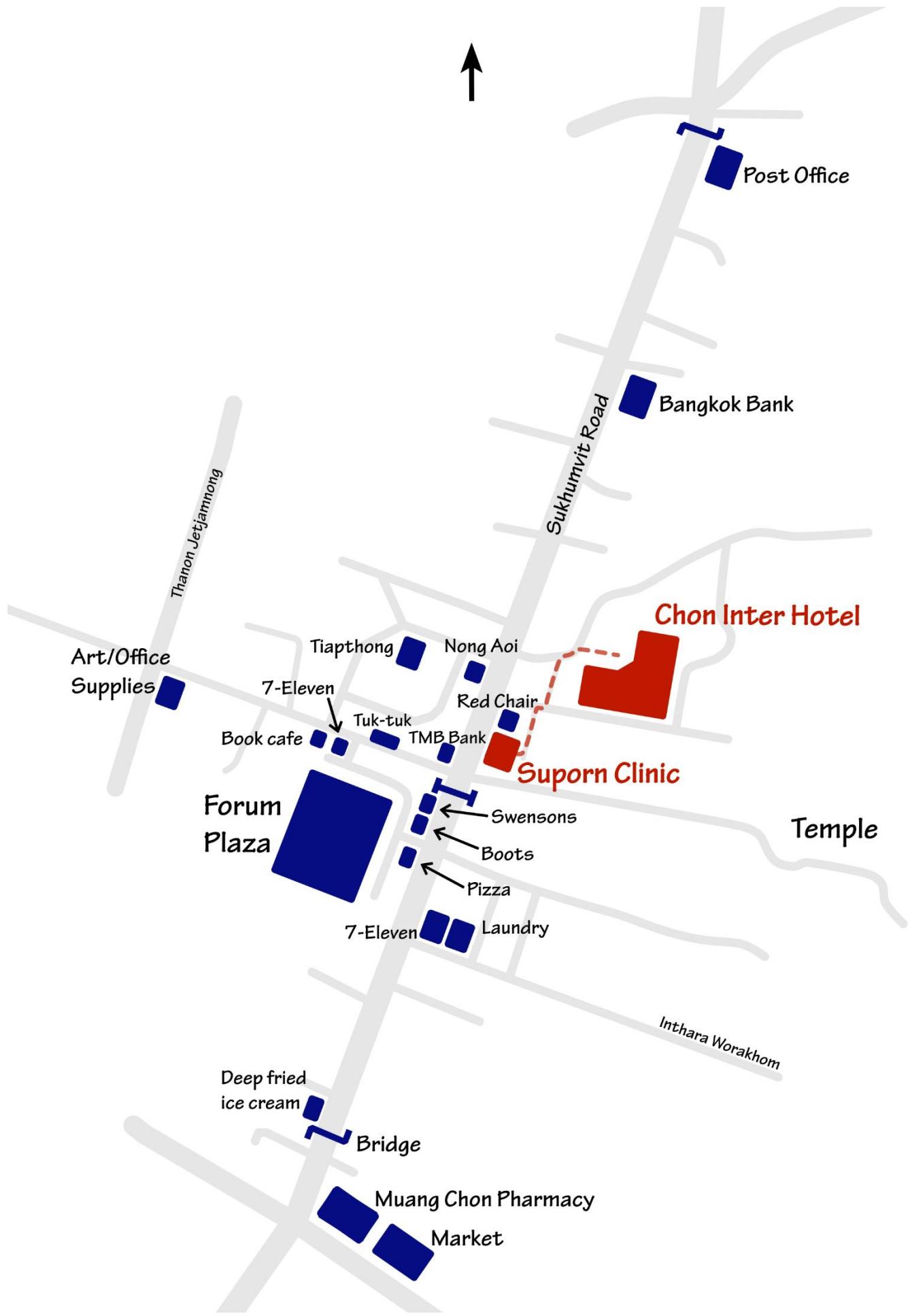
There's an endless supply of shops selling adaptors to international standard plugs. This photo is one of many in the Central Plaza shopping centre (note that these are not voltage convertors).



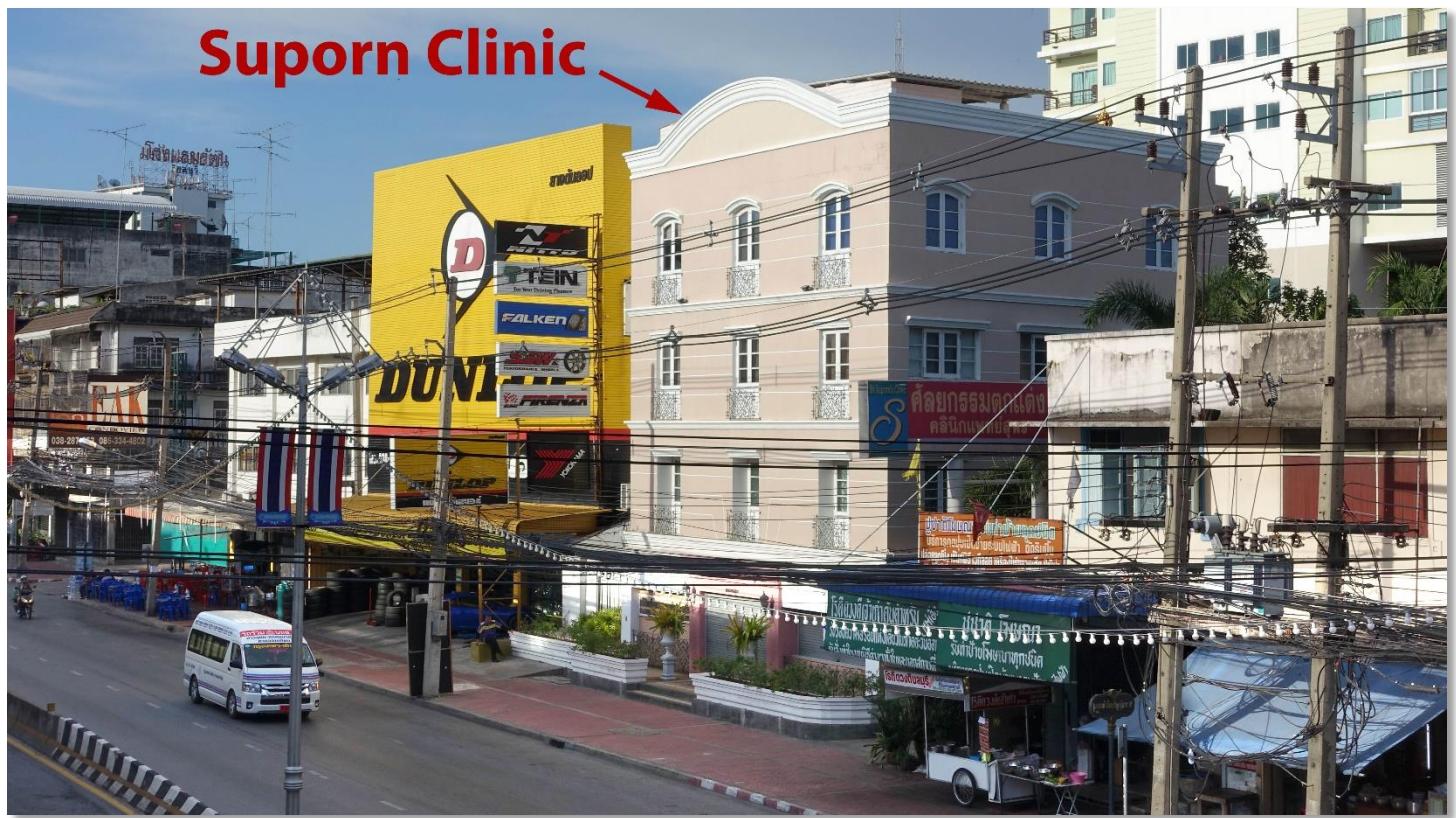
If you buy a really cheap one check it works reliably, as apparently they can break quite easily.

## The Local Area around the Clinic

I've drawn a map of the area around the clinic showing 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.



This photo shows the Suporn Clinic viewed from the bridge, looking north. The Red (and blue) Chair restaurant is just visible on the left of the bright 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).



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 remove the "?hl=th" from the end of the url. I've noticed the street view occasionally changes slightly from what I've entered here; I don't know why.

Landmark	Google maps	Latitude & longitude
7 Eleven near Laundry	<a href="#">link</a>	13°21'49.11"N, 100°59'24.99"E
7 Eleven near Forum Plaza	<a href="#">link</a>	13°21'55.14"N, 100°59'22.93"E
<a href="#">Aikchol Hospital</a>	<a href="#">link</a>	13°21'18.20"N, 100°58'32.80"E
<a href="#">Bangkok Bank</a>	<a href="#">street view</a>	
<a href="#">Central Plaza</a> (drive)	<a href="#">street view</a>	13.336930, 100.969701
Chon Inter Hotel	<a href="#">street view</a>	13.365981, 100.992096
Forum Plaza (walking distance)	<a href="#">street view</a>	13.364445, 100.989836
Laundry	<a href="#">street view</a>	13°21'48.75"N, 100°59'26.35"
Pagarang Restaurant	<a href="#">map</a> , <a href="#">street view</a>	13°18'17.2"N 100°54'08.4"E
<a href="#">The Pizza Company</a>	<a href="#">street view</a>	
Post Office	<a href="#">street view</a>	
Market near Pharmacy	<a href="#">street view</a>	
Muang Chon Pharmacy	<a href="#">map</a> , <a href="#">street view</a>	
Najasaataichue Chinese Temple	<a href="#">street view</a>	
Night markets	<a href="#">map</a> , <a href="#">street view</a>	13°21'49.2"N 100°58'49.5"E
Red Chair Restaurant	<a href="#">street view</a>	
Suporn Clinic (Sukhumvit road)	<a href="#">map</a> , <a href="#">street view</a>	13°21'54.97"N, 100°59'26.78"E
Suporn Clinic (back street)	<a href="#">street view</a>	

Swensen's (ice cream shop)	<a href="#">street view</a>	
Tesco Lotus shops (drive)	<a href="#">map</a> , <a href="#">street view</a>	13.340450, 100.973090
The Book Café	<a href="#">street view</a>	
Wat Tham Nimit (Buddha statue)	<a href="#">map</a> , <a href="#">street view</a>	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](#)

There's a [video](#) on YouTube by Marissa Jayne Wolfe showing the walk from the Clinic to the Hotel.



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.

The garden is nice, but I don't think I've ever seen anyone sitting out there.

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 surgical suite upstairs. Normally the clinic is packed with women, 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<sup>10</sup>, 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.



The clinic cat is always hanging around at the back of the clinic. It's very friendly, so much so that I had a hard time getting a photo. It just wouldn't sit still.

## Laundry

The clinic staff recommend [this laundry](#) if I didn't want to use the hotel (it's expensive).



Looking back past the Laundry to the main road, the 7-Evelen is the shop on the right corner (but not really visible).

## The Drug Store

This pharmacy sells Q-C, but I'd recommend going to the Muang Chon Pharmacy instead as it's got a far large range.



Its right next door to "The Pizza Company".

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<sup>10</sup> Fon was no longer there in 2016.

## Muang Chon Pharmacy

I visited two local pharmacies in 2016. This one is a bit further away from the hotel, but you don't have to cross the bridge and it's got an incredible range of supplies. Best of all you don't need a prescription for estrogen, progesterone, spironolactone, or many other drugs. It's all over the counter. Injectable HRT is not currently available (and may be prescription only). Painkillers like Tramadol and codeine are controlled drugs and you'd need a prescription for those (just curious). It's a better pharmacy than anything I've seen at home and even has oxygen cylinders, catheters, syringes, needles (including 18g, 23g, and 25g), etc.



View from Sukhumvit road

Google [street view](#) and [map](#).

One of the shop staff speaks English and I had no difficulty communicating.

The other pharmacy, the “Drug Store” is next door to the Pizza shop on Sukhumvit Road, near the Forum Plaza. See page 33.



Behind the counter, left to right, suppositories (useful for constipation), Progynova, Utrogestan (micronized bio-identical progesterone), Divigel (estrogen gel), estrogel, and Q-C lube.



From the left, front to back, then right

Progynova 2mg and 1mg, Utrogestan 200mg and 100mg, oestrogel, condoms, Proluton depot ampules, Estradiol valerate ampules, and Q-C Lube.

The condoms and Q-C are the same as used by the Suporn clinic.

Note that bed pads are available from the Phoenix Supermarket in the Forum Plaza (level 2).

They don't sell stronger than 10mg/ml Estrodiol Valerate ampules in Thailand.

I started by asking the price of Q-C then noticed everything else I could buy. Note the price of Q-C here is half that of the clinic, and even cheaper if you buy 120+ tubes.

Product	Price (Baht)
Q-C Lube 6-pack	250
Q-C Lube 6-pack, 20 packets minimum (i.e. 120 tubes)	200
Condoms 12x3 pack (as supplied by the Clinic)	180
Progynova 2mg 3x28 tablets	600
Progynova 1mg 3x28 tablets	540
Oestrogel 80g tube	260
Ultragaston Micronised progesterone 200mg 15 tablets	520
Ultragaston Micronised progesterone 100mg 30 tablets	600
Aldactone/Spironolactone 25mg, 100 tablets	700
Aldactone/Spironolactone 25mg, 100 tablets (local brand)	500
Aldactone/Spironolactone 100mg, 100 tablets	1600
AMK 1000mg Antibiotic (Amoxicillin 875mg, Clavulanic Acid 125mg) 10 tablets	180

## Markets near the Muang Chon Pharmacy

This is a relatively small market and is in no way comparable to the Night Markets (page 49).



Just around the corner from the pharmacy is a market. It's difficult to tell there's anything much there from the road as it's all hidden away.



Fresh fruit



... and fresh crabs, still moving

## Deep Fried Ice Cream

Not far from the Muang Chon Pharmacy there's a bridge over the road, and just before that on the other side of the road is a restaurant ([Google street view](#)) selling deep fried ice-cream. I had to try it.



I was hoping for something exotic and tried the deep fried coconut ice cream for 25 baht. I'm not really sure what to make of it. It tastes ok, but not great. The staff spoke a little English.

I managed to get the ice cream sign translated.

Chocolate	Strawberry	Choc Chip	Ovaltine
Milk	Rum Raisin	Lime	Coconut
Blueberry	Cookie & Cream	Green Tea	
Vanilla	Rainbow		Mocca

## The Forum Plaza

The Forum Plaza is fairly run down shopping centre within walking distance of the hotel, assuming you can make it over the bridge. It's convenient and a good place to stock up on supplies.

Floor	Notable Shops
Ground	Dunkin Donuts, KFC (Kentucky Fried Chicken), Phoenix Department Store
1	Phoenix Department Store
2	Phoenix Supermarket (food, snacks, water, drinks, clothes hangers, sanitary pads)
3	Nothing much, a couple of small phone shops
4	Entertainment, computers, children's playground

View from 1st floor



### The Forum Plaza 2<sup>nd</sup> Floor Phoenix Supermarket

On the second floor the Phoenix Supermarket has the usual things you'd expect of a supermarket. I bought various snacks, soft-drinks, and a clothes drying hanger.

After my 2016 revision I went shopping for some extra sanitary pads. Being well prepared I'd taken a photo on my phone the ones the clinic had given me so I could recognise them, but there's a vast array of them and I was totally lost trying to find the one in the photo. One of the shop staff took pity on me and just handed me the correct pack. It must have been pretty obvious why I was standing there.



If you find you need more clothes hangers for the wardrobe you can also get these very cheaply here.



Bed Pads in the far corner from the entrance among the incontinence supplies.



You don't normally see Chopsticks in Chonburi, but can buy them in the Phoenix Supermarket for 12 baht a packet.

## The Forum Plaza 4<sup>th</sup> Floor Entertainment

There's an entertainment area on the 4<sup>th</sup> floor, but unless you have children with you or speak Thai (the cinema) there's nothing much of interest.





## Bangkok Bank



A 5 minute walk from the clinic north along Sukhumvit road is the Bangkok bank.

There's ATM's here, at the top of the stairs on the left. There's ATM's everywhere around the clinic, including at the 7-Eleven, so there's probably no need to go to this one in particular.

## TMB Bank



When I returned for my revision in 2016 I went to the bank (TMB) directly across the road from the clinic to get some cash.

I got 5000 Baht (about US\$140) from the ATM out the front, with a fee of 200 Baht. The ATM had both Thai and English at the same time on the screen.

One of the staff spoke English and told me the ATM takes AMEX, but not Mastercard. I used VISA.

## Post Office



The post office is another 3 minutes' walk along the road from the Bangkok Bank, or 8 minutes' walk from the clinic.

Opening hours:

Mon-Fri 8:30am to 4:30pm

Sat-Sun 9:30am to 12:30pm.

## The Book Café

The Book Café turned out to be one of my favourite locations when I returned for my revision. It's only one shop away from the 7-Eleven at the Forum Plaza; the orange shop at the far right of this photo. There's another entrance at the back, on the road around the forum Plaza, and it's internally connected to the bookshop next door. Google [street view](#).



The all-important coffee machine.

Cappuccino is 45 baht, and I prefer much it to Starbucks (admittedly that's not saying much).



And the even more important soft sofa. I never thought there would be something more important than coffee, but after surgery its turns out there is.



One of my favourites, condensed milk toast.



Strawberry Kakigori is a pile of finely shaved frozen milk with strawberry sauce, and a side of more strawberry sauce and what was probably condensed milk.

99 baht. I like it.



Strawberry Bingsu, 259 baht.



Of course chocolate is good too. I think this was Chocolate Honey Toast, 138 baht.

After all these pictures of food I should say that this one wasn't actually mine.

## Swensons



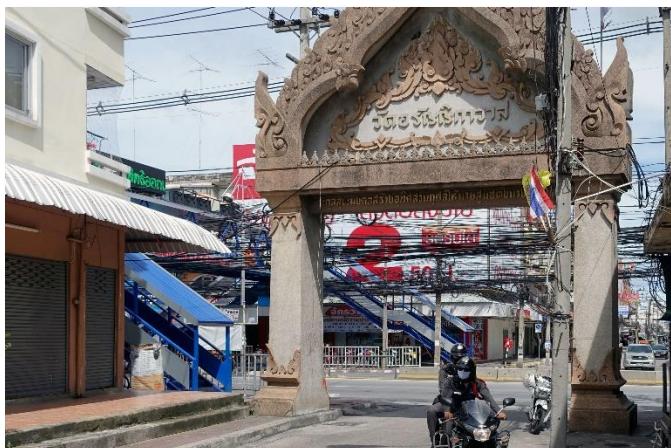
I've only been to Swensons once, when I returned for my revision. It doesn't really appeal to me as it's quite Western, but I tried the Durian ice cream.

Durian has a "unique aroma"; the fruit itself is banned from the hotel (and the staff will notice if you take it in), but it's said to taste quite different.

Even the ice cream smells, but I paid for it, so I ate it. I guess it really does taste better than it smells, but it's better in the sense of not as bad. And whatever you do, don't burp afterwards. Anyway, I'm not doing that again.

## Temple

There's a temple very close to the clinic. The first picture is taken from the road leading to the temple, looking back out onto Sukhumvit road, and at the left the stairs to the bridge. The clinic is just around the corner on the right as you walk out onto Sukhumvit road. This Google [street view](#) from out on Sukhumvit road entrance shows the temple entrance on the right, and the Suporn clinic on the left. Another [street view](#) at the end the (long) road and looking at the temple area.





## Tiapthong Restaurant

I had Gai Tom Kah (chicken in lemon-flavoured coconut milk soup with Siamese ginger) for 120 baht and Gaeng Panang (a red beef curry) for 150 baht. I thought the soup was some kind of starter, but it was enormous and would have made a meal by itself – I couldn't finish it. Both dishes were good.



Tiapthong is a nice change from the Red Chair resteraunt.

They don't speak English, but did have an English menu.

Google [maps](#) and [street view](#).

## Nong Aoi Restaurant

Nong Aoi on Sukhumvit road, just across from the Suporn Clinic, that I went to with some local friends. Its good food, and really cheap. Four of us had a huge meal for just less than 1000 baht.

It's open very late. We went there at 11pm for dinner and stayed until 2am. It's the only time I've managed to cross Sukhumvit road without using the bridge. This was when I returned for revision, I'd never have tried that after SRS.

There's no English spoken there, and no English menu. I'd label the photos' but I've no idea what we ordered.

See [Google Street View](#).

Nong Aoi



Corn Salad



Fried Chicken Skin



Hot Pot



Papaya Salad with Crab



Seafood Stir Fried Noodle



## Tuk-tuk Stand



There's a [tuk-tuk](#) (pronounced took-took) stand not far from the clinic, but it's over the bridge and probably not the best of ideas after surgery.

The tuk-tuks are sometimes parked on the opposite side of the road, as seen in google [street view](#).

## Art and Office Supply Shop



Plenty of paints, brushes, paper, office supplies, etc.

There's also a smaller range of office supplies in the Phoenix Department store on level 1 of the Forum Plaza.



View from the street

Google [street view](#).

## Central Plaza

[Central Plaza](#) is large modern shopping centre located about 4 km from the Chon Inter (don't attempt to walk it). [Google Street View](#) showing Central Plaza and the Taxi pickup area outside.



View from one of the upper floors.



[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 (119 Baht), 2 small buckets, extra coat hangers, and clothes drying rack to hang in the bathroom.



If you can't find the tables in Big C and need to ask the staff there's a good chance they won't understand your English, as happened to me when I went back in 2016.

I had to search on my phone for a suitable picture to show them, but this one would be easier since its theirs.

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 a Taxi driver to get back. I've had difficulty in foreign countries before where no one can understand my 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 led 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 starting<sup>11</sup>. It was a lot less than the hotel rate.

## The Red Chair Restaurant

When I had SRS I didn’t eat outside the hotel before surgery; I didn’t want to risk getting sick and having my 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 after SRS I only went on the last few days as I was trying to avoid walking. When I returned for my revision in 2016 I visited quite regularly.

On one occasion I ordered red curry chicken, duck with ginger and pepper, a bowl of rice, and 2 bottles of water for 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.

Although there’s an indoor area of sorts, it’s more like a street café and it looks kind of rough compared to the hotel restaurant. It’s only open for dinner.



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.

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<sup>11</sup> It's a classic Thai scam

I took a few photos' of my meals. These look a lot better than what's printed in the menu. No [food stylists](#) here.



From left to right, top to bottom

Stir fried chicken with red curry, 100 baht

Fried Rice With Pork, 40 baht

Fried Chicken with garlic and pepper, 100 baht

Fried Port Spareribs, 80 baht

Chicken Green Curry, 100 baht

There's a large English menu, a few pages of which I've shown here. The menu was translated into English by the Suporn Clinic as a service to their patients.



I'm told the food is Chinese influenced Thai, while the Nong Aoi restaurant across the road is [Isan](#) (Northern Thailand).

## The Night Markets

When I returned for my revision I heard about the night markets and went with a local friend. I believe there's markets selling food on every night, from 6pm to 12pm, but Tuesday and Fridays are what's call the "night market". The night market apparently has a lot more than just food, but I didn't get to see it.

You can ask about the markets at the hotel reception, and the hotel taxi costs 400 baht return. We arranged to be picked up at the same location a couple of hours later.



Crispy fried grasshoppers; not a very popular stall.



Omlette.



Fruit in sweet syrup attracts an incredible number of bees. The stallholder causally sieves them out every so often.



Angry birds sushi.



An amazing selection of fruit.



Really cute sweets.



Cute little pineapples, the size of apples.



Curries.



It was a wonderful experience, especially if you like Thai food and have someone to show you around. I don't think I saw a single other foreigner there, and everything was of course really cheap. The main problem was I couldn't possibly try everything, or even very much.

I didn't even know about it when I went the first time, but I'd definitely recommend visiting the markets.

## Pagarang Restaurant

The hotel staff recommended the [Pagarang Restaurant](#) as being really good, and expensive. It's actually kind of run down looking, but you can't beat the location and we all had a great time. It's a bit of a drive, and not far from Dr Suporn's beach house. There's some reviews on [tripadvisor](#). See also [Google street view](#).



The hotel taxi cost 1200 baht return and the meal was around 3800 baht for 4 people including drinks.



There's an English menu and it's almost entirely fish. They made me a non-fish dish that wasn't on the menu.

## Chon Inter 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. Staying at the Chon Inter is a huge positive; it's not a 5 star hotel, but it is good value, caters well to Dr Suporn's patients and its nurtures a supportive social environment.



The Chon Inter is 3 stars according to the sign on the reception desk.

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 though the clinic for discounted room rates, and there's rooms reserved for Dr Suporn's patients on the 3<sup>rd</sup> and 7<sup>th</sup> 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 for checkouts from 16:00 to 20:00.

There's a new hotel manager in 2016, and like the previous one he speaks good English and I found him approachable. He's also very keen on improving the services to Suporn patients in the hotel. The general level of English in the hotel is poor but sufficient to get by. I never had any real problems.



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.

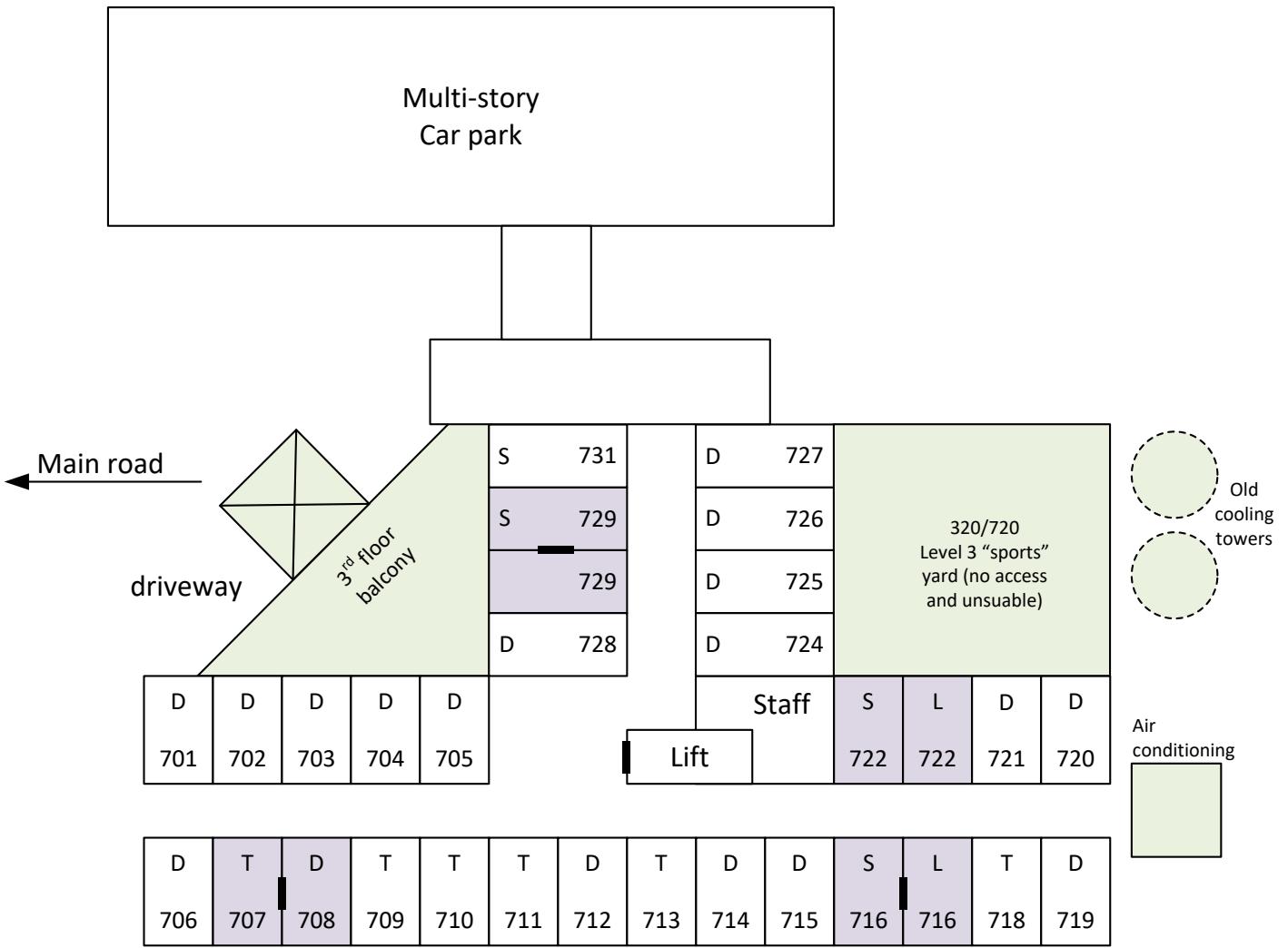
The hotel front desk can make photocopies and print documents from a USB flash drive.

## Hotel Rooms

There's 3 basic types of room to choose from, those on level 3 being cheapest and level 7 more expensive. Suites are the most expensive and have two rooms, offering more privacy for those who might need it. Rooms are available with single and double beds. You do get a significant improvement in quality for each step up.

You're not offered a choice, but depending on which side of the building you'll get a nice view (on level 7 only) and noise from the air conditioning cooling towers, or a not very good view and quiet. On returning for my revision I was given one of the rooms near the cooling towers, but after a couple of days I decided to move to a much quieter room overlooking the 3<sup>rd</sup> floor balcony. I was a little concerned I'd get traffic noise, but there wasn't any. These cooling towers have been replaced/moved in late 2016 (and the noise has moved with them).

The room layout on the 3<sup>rd</sup> floor are similar to that of the 7<sup>th</sup> floor, with a few rooms missing and a slightly different arrangement of room types.



D = double bed      T = twin bed

S = single bed      L = lounge

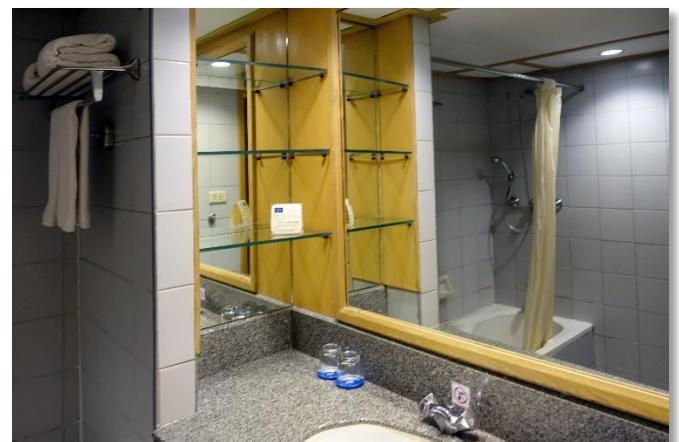


The view from room 712. I've not stayed in a room on this side of the building. While it's an unexciting view, it also seems to be quiet. There's more and larger buildings to the right.

The hotel manager kindly allowed me to take photos of the various rooms types.

## Superior Rooms (Level 3)

The superior rooms on level 3 are the cheapest of the 3 types of room. The finish in the rooms is basic, no carpets, no room safe, and old (CRT) TV's. These rooms are perfectly functional, but not nearly as nice as the more expensive rooms. These 4 photos are from room 305 with twin beds.



Personally the only thing I'd miss with these rooms is the safe and adjustable shower.



The showers in the 3<sup>rd</sup> floor rooms can be detached from the wall to use hand held, but the wall mounting height is not adjustable and far too low to be practical. The showers in the 7<sup>th</sup> floor rooms are much more convenient.

There's no hair dryer, but you can borrow one for free from the hotel.

The double bed room 304 is similar.



### Delux Rooms (Level 7)

The Delux rooms on level 7 are the mid-price rooms, and are quite a bit nicer than the rooms on level 3. Some of the differences include carpets, better TV's, room safe, hair drier, and an adjustable height shower. I stayed in one of these rooms both times.





The shower height is adjustable, whereas the ones on the 3<sup>rd</sup> floor are not.

## Level 7 Suite

The Suites on level 7 are a step up again from the Delux level 7 rooms in terms of finish. They have separate bedroom and lounge, each with a modern TV, and separate shower and bath. I believe there are suites on level 3, but I've not seen one.



## My Room in 2015

In 2015 I stayed in one of the mid-range 7<sup>th</sup> floor rooms. The 7<sup>th</sup> 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.

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

One of the first things I did on arriving was to ask for all paid items (snacks, drinks, whatever) to be removed from the 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". I'm not really sure what an appropriate tip is in Thailand, but I'm told 50 to 100 baht a day would be fine.



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 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. These cooling towers were removed in late 2016.

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](#)). I'm told it's a 20 minute walk, but that's not something you'd want to attempt newly post-op.

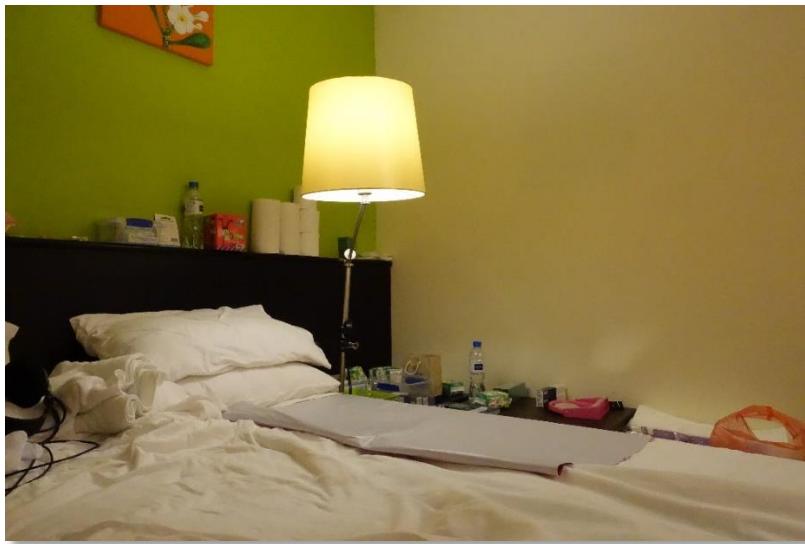


The room air-conditioning and lighting is turned on by putting your door access card into a slot just inside the door. When you take it with you on leaving the room, the air-conditioning will turn off and the room will heat up very quickly. It's usually possible to put other types of cards in these hotel 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 a 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 life easier).



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.

I was by myself so I was able to reserve one half of the double 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 learned to be very careful about being properly prepared.

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 wasn't adventurous enough to try it.



I'd heard that it can be difficult to find the kind of 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.

## Room Safe

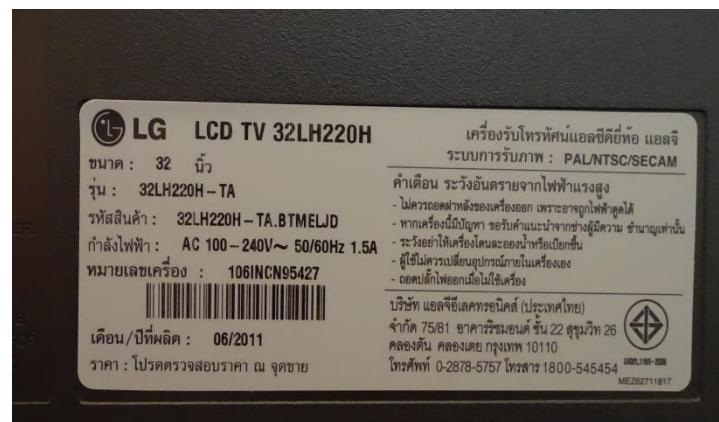
The room safe is not very large, but after removing the internal shelf and some careful manoeuvring I was able to fit my tablet computer inside. Be careful to prop the computer (or whatever) up out of the way of the door as it's very thick and heavy, and could damage anything stuck in the way when it's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

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

## 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.

The rooms I saw on level 7 did all had televisions with HDMI, while the televisions on level 3 did not.



## Bed Table



I bought a small table for my bed at the Big C in Central Plaza for only 129 baht (see page 45). 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* more comfortable than sitting in a chair.

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

## Laundry

It's quite expensive using the hotel 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.

There's a pull-out clothes line above the bath, and if you'd like to try stringing another one 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 curtain rail (also available in the Forum Plaza Phoenix Supermarket). I prefer this as it's easier to move when I want a shower.

## Shower

I noticed when I returned for revision that the flow rate of the showers is quite low, and it can be very difficult to adjust the temperature. The slightest turn of the tap goes between too hot and too cold. It seems this is related to the time of day – i.e. how many others are using the showers.

## 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.

## 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](http://en.wikipedia.org/wiki/Bidet_shower)

I tried it pre-op and post-op, and what a difference! So much easier post-op, no dangly bits in the way.

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.

## 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.

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 (and I did do this in 2016). Or I suppose you could just use in room breakfast order form and not go out. 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.



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.

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 items (the quality of the Thai food was much better at lunch and dinner).



### Breakfast

Left: I always started with coffee & sweet bread (unfortunately no longer available in 2017).

Below Left: Fresh fruit.

Below Right: The chef makes omelettes to order. Just point at what you want and she'll make it, and bring it over to your table if you don't want to wait.



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.

Between my two visits the ice cream seems to have changed. In 2015 they had Thai variations on Western ice creams, and I really liked it. The vanilla was unlike I'd ever had it before (in a good way), and the lemon ice cream was particularly good. Apparently lemons are green in Thailand and so is the lemon ice cream, which I still find hard to believe. Unfortunately that all changed in by the time I went back and they are now typical cheap Western ice creams. It's still great after eating excessively hot Thai food, but I can't help but be disappointed. Ice cream is 90 baht.

There's a Chinese restaurant, and I'm told it's a lot better but it's also a lot more expensive. It's very formal looking and not the kind of place to go by yourself. 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.



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).

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.

### 3<sup>rd</sup> 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.  
Both times.



On the 3<sup>rd</sup> floor balcony.



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.

## Club House



The Club House is a recent addition and is a nice place to sit and talk.

## Hotel Roof



The hotel roof is accessed by stairs from the 7<sup>th</sup> 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.



Chonburi looks a bit nicer at night.

## Hotel Taxi

The hotel has a taxi service. While it's a fair bit more expensive than getting a local taxi it is convenient and safe. The hotel taxi is not always available and you should book it in advance if you can (including the return trip). Don't count of them being available if you haven't booked.

I got stuck at the hospital for a while after going over with the clinic van as the hotel taxi was not available and the local taxis were all busy. I'd not try to [walk back](#).

It costs 200 one way, or 400 baht return to Central Plaza.

A taxi ride into Bangkok will be about 2500+ baht one way, a local taxi perhaps 1500 baht (if you can find one that will take you on the 2 hour trip). Locals make the trip for about 100 baht in one of the vans that constantly drive past the clinic, but I wasn't brave enough to try it.

## 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.



There's a second entrance road to the right, not visible, where you normally enter.

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.

Near the Mezzo café on the ground floor is a garden.



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.

You can have a visitor stay with you in your room, sleeping on the sofa bed, however I've heard it's difficult to get bedding from the hospital and you might need to 'borrow' pillows from elsewhere. There's also VIP suites available if you pay extra.



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. I spoke to someone who managed to get two extra mattresses, but one was sufficient for me.

I've heard that of late 2016 they hospital is now supplying the extra soft mattress as standard and will give you a second one if you ask. Best to make sure.



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 doorway.

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, one of the clinic staff sleeping in my room that evening, and perhaps some people and lights in the operating theatre, 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 at least 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 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 they 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 think 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 and I never needed to use the English/Thai translations in the Instruction Book (page 74). 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. Just in case, bring a skirt as it's easier to wear with a catheter. 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 there's 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.

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



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



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, but I asked and it's just a safety feature throughout the hospital.

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

## Hospital Food

The Mezzo café is 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 in 2015. The menu is in the hospital room so presumably you can order from it, although I never did that either. I love 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's separate menus 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.





The Mezzo Café has indoor and outdoor seating areas.

The iced cappuccino was good.



You can get pizza delivered to your room. This one is seafood, from "[The Pizza Company](#)". The pink and white bits are crab sticks.

## The Beach House

Every second Wednesday there's a free trip to Dr Suporn's beach house. It's a nice day out and worth doing if you're up to it. A massage is available for a small charge. My thanks to [Amy](#) for the next photo.





On the way we stopped at the Najasaataichue Chinese Temple. It's one of the most important Chinese temples in Chonburi and there's blog posts about the temple [here](#) and [here](#), and [google street view](#).



On the way back from the beach house at the end of the day we drove through an area with lots of monkeys. Unfortunately, or perhaps that's [fortunately](#), we didn't get out for a closer look.



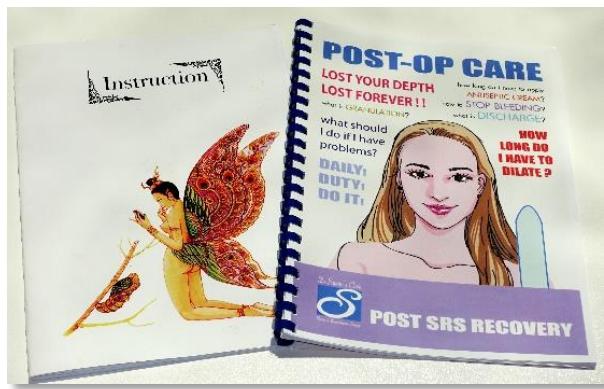
# MEDICAL

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 appear to have 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 sutures 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, far longer than I was supposed to, and 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.*

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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.

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- 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.*

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Note that betadine is not used.

## The Dilators

The clinic supplies a kit of 4 dilators<sup>12</sup>, 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 to leave at home.

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 difficulty actually seeing one of the scars at the point I needed to measure it, and it's only been getting better since.

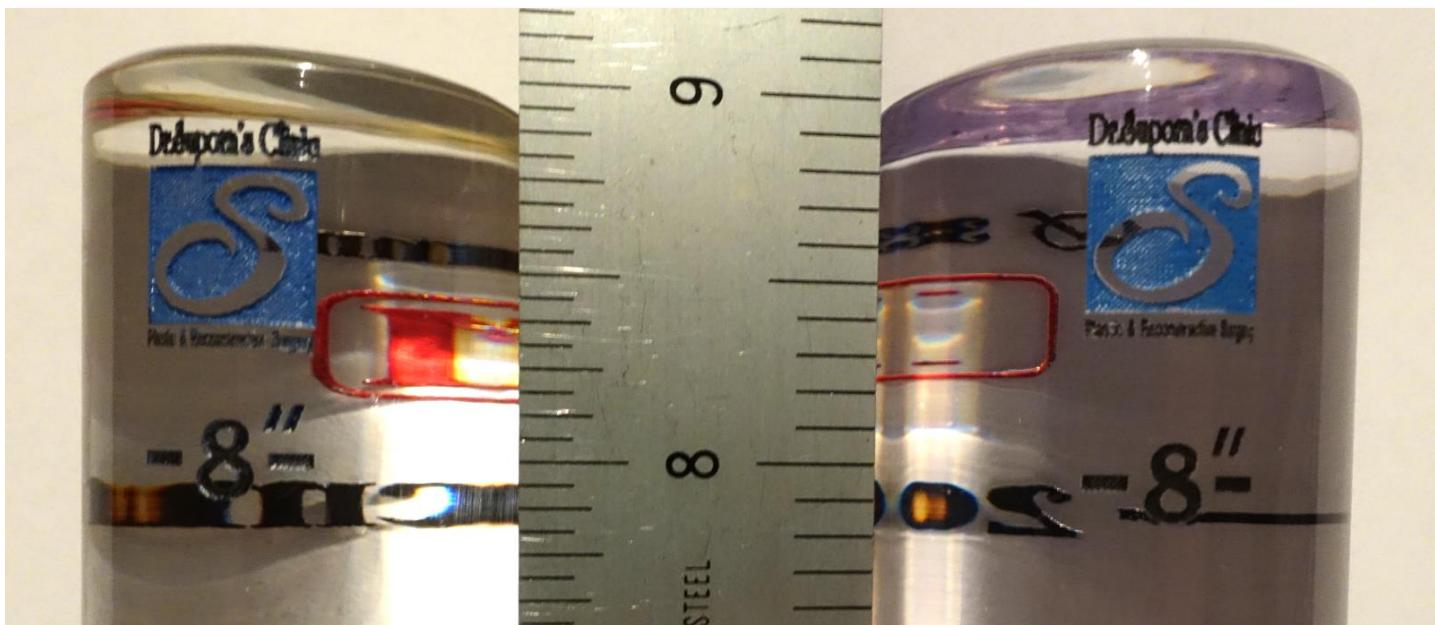
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<sup>12</sup> Also known (to some) as Thai boyfriends, and after that there's "organic dilation"

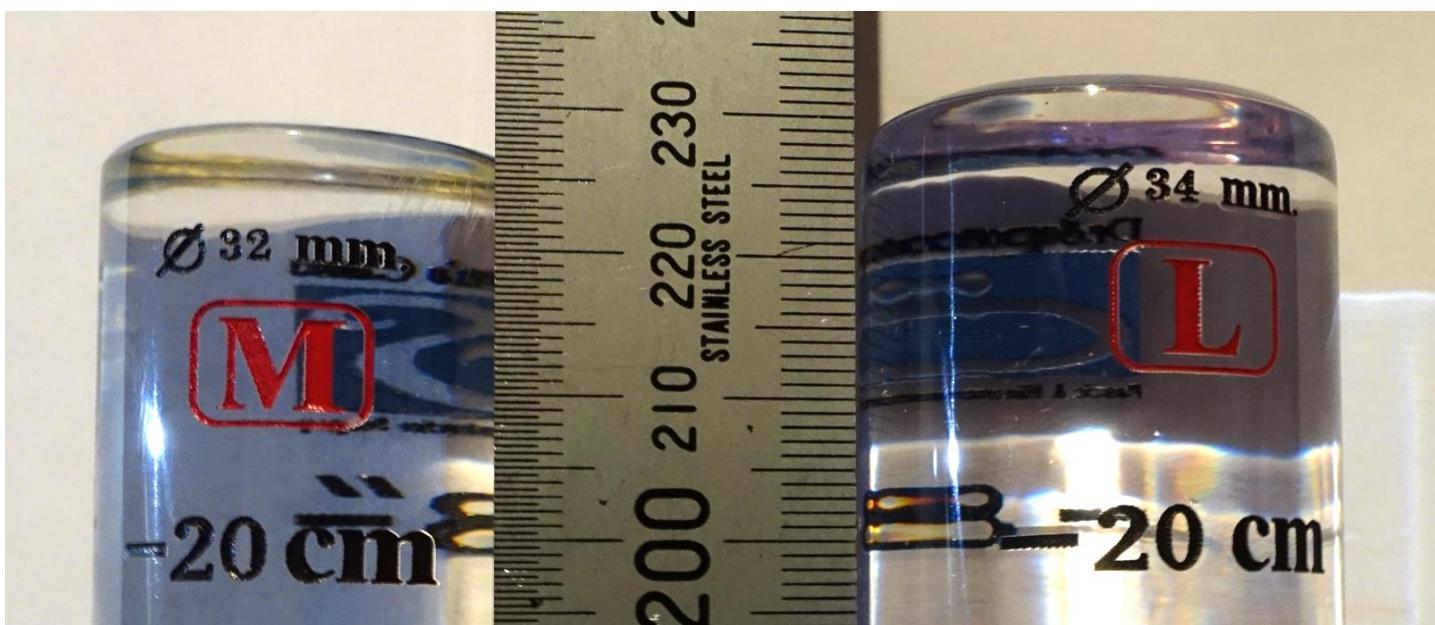
I was curious about depth and dilators so I started measuring everything. Somehow it was a lot more interesting pre-op, and I've since lost interest. Anyway, here it is.

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 very 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 measured 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, by 7 months I was at 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  $5\frac{1}{8}$ " or 178mm (5<sup>th</sup> dot) depth measured to the scars, and  $6\frac{3}{4}$ " 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 dilator quite significantly; due to the blunt end it's really about increasing width, not depth.

By 15 months I'm at  $8\frac{1}{2}$ ", although I'm not measuring to the scars anymore as I can't see them (it is deeper, it's just difficult to say how much) and there's only a very small part of the dilator sticking out as (its 9" long).

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 (and more recently, from [2010 to 2013](#), the average depth is 7"). 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 guarantee<sup>13</sup>, since 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 you'd rapidly lose depth and 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. By 18 months I was dilating only once a week, and I spoke to post-op women there for revision who were dilating from once a month to only twice a year (and counting sex as dilation).

The clinic stresses 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 becoming a vicious cycle 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.

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<sup>13</sup> Email from the clinic "Please note that Dr Suporn's technique guarantees a vaginal depth of at least 6 inches."

Dilatators 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 helpful. 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 your 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 minutes 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 and I've never had an infection. Once home I continued to shower and cleaned with soap or chlorohexidine 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. It was fine to start with, but I continued to use it and developed a rash after 5 months ... where you really don't want one. Women 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 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 white Silvex cream makes pee appear 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 fermenting<sup>14</sup> (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). Place the syringe at the vaginal entrance and squirt the water in, don't try to insert the syringe itself.

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

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<sup>14</sup> Post-Op Care book

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 also get bored easily and it's something to do). The last thing you want to do once you've started dilating is have to stop for any reason. Like getting up to find the clock, yet again. Rather than edit this 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, a bed pad is 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 resting on the bath to the left is a glass containing betadine that's used to wash the syringe to clear the vagina after dilation. The lid is one of the coasters provided in the room for cups and glasses.

### Detailed steps for static dilation

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- 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.
- 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 sutures (the outer pair of sutures 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.

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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 you need extra chemical irritation.

Dilate before showering 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 until 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 the second and third months are going to be even harder than the first. I got downstairs for breakfast deep in "thought" and poured my usual coffee. Only I forgot the cup. Oops...

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.

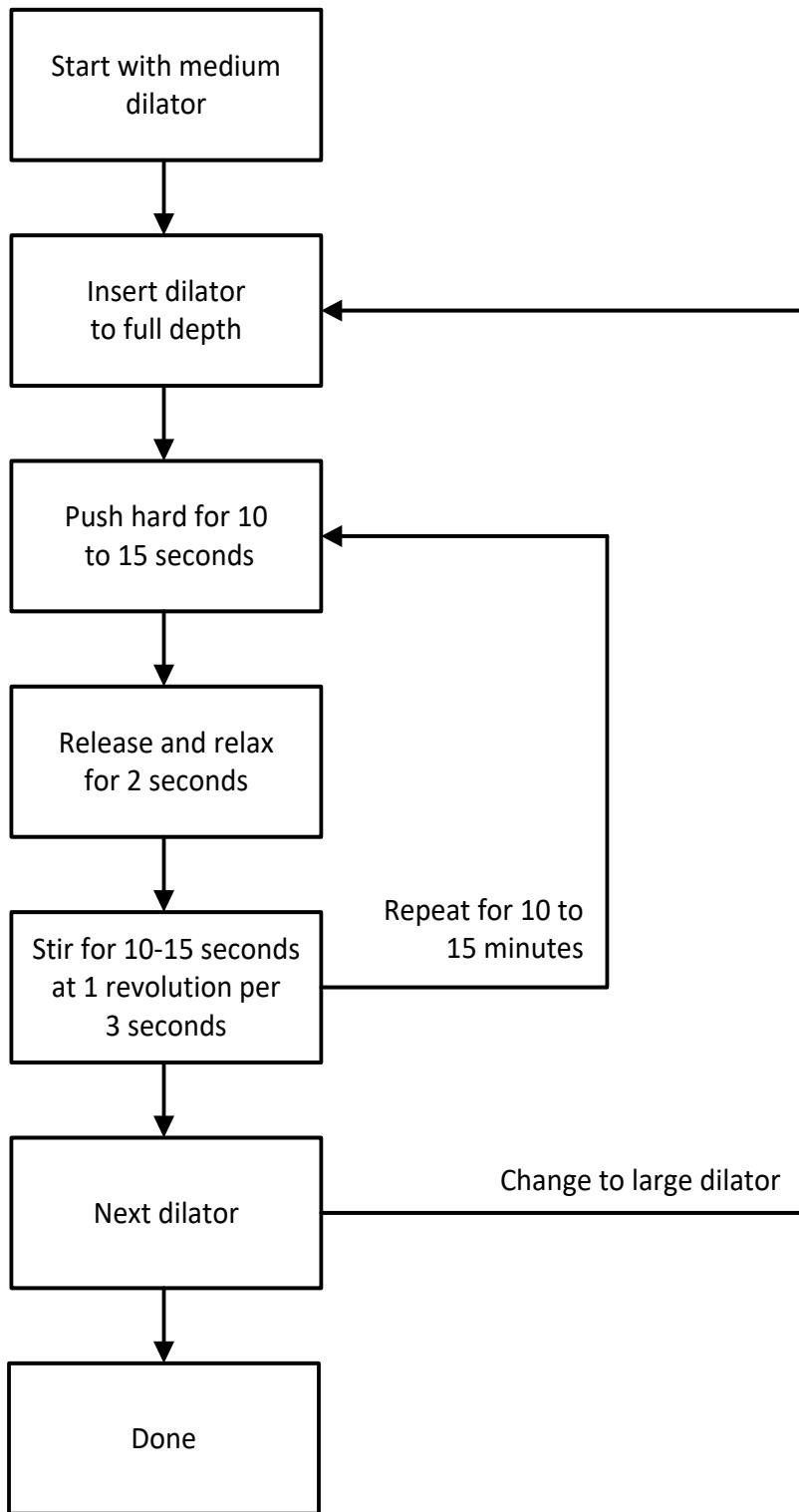
The initial preparation for dynamic dilation is much the same as for static dilation, then first using medium dilator, perform steps 1 to 5, then again with the large dilator

1. Insert to full depth
2. Push hard to 10-15 seconds
3. Release and relax for 2 seconds, let it come back out a bit
4. Stir for 10-15 seconds at 1 revolution per 3 seconds, don't push it in hard
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 lube, 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 of 30 days 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 probably bought a 6 month supply. After recovering from SRS and going through the difficulty of finding a replacement lube I thought it would have been better to buy a year's worth, but when I returned to Thailand for my revision I tried Q-C again and found I'd gotten used to the replacement lube and preferred it. I think you'd want to stick to Q-C for at least the first 3 or 4 months, where it's most difficult and you're still healing. I'd have been a lot more willing to experiment at 6 months, and some women would no doubt like to try alternate lubes like coconut oil after 3 months.

For months 3 to 6 there's 2 dilations per day (thankfully), so that's  $90 \text{ days} \times 2 = 180$  dilations. The total number of dilations at home for the first 6 months is then  $120 + 180 = 300$ , and for me at  $\frac{2}{3}$  tube per dilation this is 200 tubes. Three to six months supply then ranges from 120 to 200 tubes.

At 200 baht per 6-pack carton at the Muang Chon Pharmacy, 200 tubes or 34 cartons is about US\$190, and 14Kg 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). It's also half the price at Muang Chon Pharmacy compared to buying it from the Clinic.

As usual everyone is different, and so is the amount of lube used; some women use far less than I do, so your mileage may vary. I've read of women 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 couple of pharmacies nearby, but I wasn't up to walking much and the clinic 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 sliquid<sup>15</sup> 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 it 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 with hygiene and tried to avoid 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 couldn't compare at the time), but it's very good and very cheap, so I'm sticking with it. Over the first 18 months post-op I think I've been through four of those 5 kg bottles of lube. I can only wonder what the supplier thinks I'm doing with them.

When I returned for my revision in 2016, I tried Q-C again and found I now preferred the Wet Stuff LITE. Maybe you can used to anything?

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's said to accelerate 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 other lubes if I'd tried them earlier.

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<sup>15</sup> sliquid Silk Hybrid Lube Glycerine & Paraben Free; [Amazon link](#)

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 seems to have a similar consistency to Wet Stuff Lite.



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 women suggest Surgilube, but it contains chlorhexidine gluconate, the main ingredient of hibiscrub. Apart from upsetting the vagina's natural bacterial balance (bad), I'd not like to risk getting a chemical rash inside my vagina. It was bad enough outside.

## 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 7½ inches he managed. Through dilation I managed to get that up to 8¼", later reducing to 8" as the swelling went down. By 18 months I'd increased it to 8½". 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.

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- |           |   |
|-----------|---|
| Hibiscrub | Hibiscrub or hibicloud is a liquid antiseptic containing <a href="#">chlorhexidine</a> , 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 home <sup>16</sup> . |
| Betadine  | <a href="#">Povidone-iodine</a> is the brown liquid and is used on the sutures 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    | <a href="#">Silver sulfadiazine</a> (probably also called <a href="#">silvadene</a> ) is a topical sulfonamide/silver antibacterial used as a topical cream on burns. It's a white cream, applied after peeing and dilation.  |



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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 that 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 on the incisions.

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; its overkill and no doubt a good moistening soap would be perfectly fine.

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<sup>16</sup> I kept using a weaker 2% version and it eventually gave me a horrible rash. So much for better safe than sorry.



## 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.

## 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 didn't use 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.

## 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 women cope well with SRS. I've heard of a [few cases](#) where women have [real problems](#), and I suspect some women 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 women 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 anaesthesiologist 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, sutures, infection, and constipation.

In my research and in talking to women I've heard so many different stories; some women find dilation relatively easy, others very slow and difficult. It seems most women 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 women 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 women 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 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, electrolysis 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.

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 Tramadol 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 very hard time without it. Some didn't even need it, and just used paracetamol instead.

Tramadol 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.

Even though I ended up taking Tramadol for a 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 women recommend ice packs 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 women said it did nothing. Some cannot tolerate Tramadol; 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 Tramadol, and it would have been awful if it were strong. I believe Tramadol 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 Tramadol (or at least I hope it is), and fortunately I'd not been driving before realising the problem.

Tramadol 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 women not get on with Tramadol, 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 Tramadol 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've recently heard of a few cases of women having serious pain post-op, and being unable to tolerate Tramadol, or it being ineffective. About 6-10% of European Caucasians are poor metabolisers of Tramadol due to the CYP2D6 genotype<sup>17,18</sup> and may need an alternate drug. I believe the clinic does have other painkillers available, so ask if you have problems.

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.

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<sup>17</sup> [Tramadol Therapy and CYP2D6 Genotype](#), By Laura Dean

<sup>18</sup> [Do genes influence outcome from anaesthesia?](#), British Journal of Anaesthesia, Volume 90, Issue 6, Pp. 725-727

I had no difficulties obtaining painkillers on my return home, but in hindsight I should have discussed it with my doctor as some doctors are a bit difficult about prescribing them. I should have also bought back more than a two week supply, because I could have, and there's less risk of something going wrong.

When I returned to Thailand for my revision I asked about other painkillers, and you can get a daily [dynastat](#) injection if you need it. However you can only get it for a maximum of a week due to potential for liver damage. I believe there are other options available as well, so do ask if you're having problems.

## 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

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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

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### 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 tablets; you can take the full dose of each. I don't know who's right.

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[Paracetamol](#) 500 mg      Painkiller – light, also known as Acetaminophen.

*Overdosing on paracetamol can cause fatal liver damage. There is no cure.*

[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

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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.

Don't drink alcohol while you're on tramadol. Doctor's always tell you not to mix alcohol and drugs, but I tried just a tiny amount a few months post-op and it gave me an appalling headache for the rest of the day.

## 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 cereal<sup>19</sup> 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 a 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 women 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 sutures coming out (probably), both minor.

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<sup>19</sup> Uncle Toby's Bran Plus, 34.2g/100g fibre

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<sup>20</sup> Maxi are much heavier and larger than the clinic supplied pads and I had no problems with leaks (unlike some women using the clinic pads). It was a good decision to bring them. Supposedly the 60 pack is a 5 month supply!



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.

Don't use scented pads as they can [cause irritation](#).

## 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.

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<sup>20</sup> Always are not available in Australia

Early on there's quite large lumps at the ends of the incisions (dog ears), where Dr Suporn has done something internally. These lumps slowly reduce and I couldn't see them behind my hair, but they didn't disappear and I had a revision to remove them when I went back.

By 6 months fully half the scar had 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. I'd expect that as the scar fades further it's going to become practically invisible.

At 10 months I was puzzled to see the scars again, but I think must have been due to a change in the colour temperature of the lights in my bedroom. There's no suture marks or any detail, just a fine line with slightly different colour skin on either side. By the time of my revision at 15 months I couldn't see them again even with those same lights. Out of curiosity I asked a doctor about the scarring at about one year post-op and he told me there's minimal scarring and what I can see is pigmentation – scaring is what you can feel as lumps with your fingers.

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



I'd 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.

When I returned for my revision I asked Dr Suporn if Kelo-Kote would help. He said to try it if I thought it would help, but when pressed he didn't think it would (unless I had hypertrophic scarring, which I didn't). He also said not to use it within 3 days of sutures being removed so it doesn't get under the skin. I'll qualify that by saying this was all in the context of SRS, since that's what I was there for, and I didn't ask if that was his opinion on other uses.

## 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 double<sup>21</sup> 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 life has changed.

The revision itself is easy enough. You change into a hospital gown at the clinic, and a nurse applies topical anaesthetic to your new genitals and tapes it over to keep it there. 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 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 women do.

I don't recall what the injection was, but it was probably the [dynastat](#) which I received for my revision in 2016.

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 women 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; it reduced the depth between the inner and outer labia. 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.

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<sup>21</sup> "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](#)

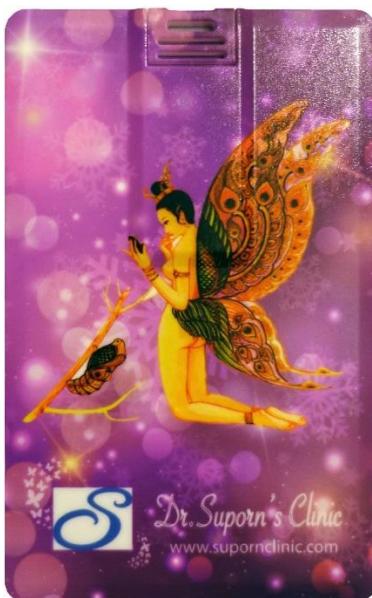
As far as the really important things go author [Kate Bornstein](#) said it best; the plumbing works and so does the electricity. The ‘electricity’ is nothing like the male experience, and fits everything I’ve ever heard genetic women describe it as; for better and worse. Similarly urinating is also 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 scouring through 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 (and even more by the time I went back for revision). 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.



Left: 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, though it's not immediately at the entrance, 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 (if ever). I had it removed a year post-op (page 103).

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. I believe you're supposed to complete this at least one year before 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.

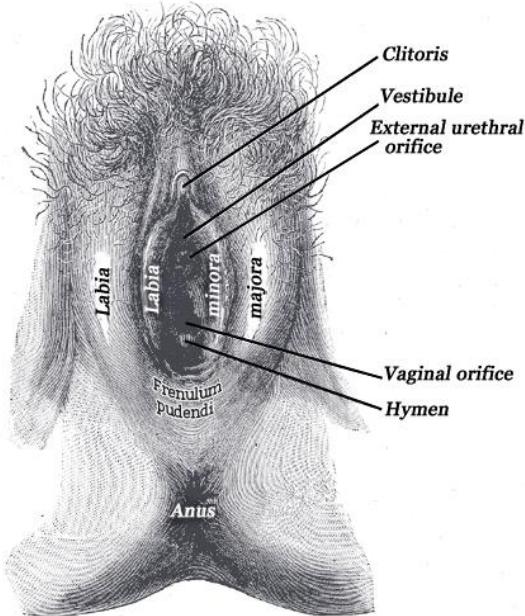
The most unexpected thing is that my eyesight improved quite significantly (15%), to the extent that I need new glasses. I've heard one other post-op women say the same, but the cause is a bit of a mystery. Perhaps it's caused in some way by a new hormone balance.

## Long Term Revision

I do intend to return to Dr Suporn and have a revision sometime in 2016 or 2017 (and did, see page 115). 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 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. None of the other revisions require a gap in dilation.

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.

## “Vaginal” Hair

As mentioned I'm one of the unfortunate few who has vaginal hair post-op, only it's not actually in the vagina, but the [vaginal introitus](#). Due to Dr Suporn's technique it's never actually in the vagina itself.

The hair eventually grew long enough to be quite noticeable, and about a year post-op I decided to have it removed.

I'd heard that genital electrolysis is [very painful](#), even more so than facial electrolysis. That's hard to imagine, as I find facial electrolysis incredibly painful, far more so than SRS. Fortunately I found a doctor to perform the electrolysis and was given local anaesthetic injections to eliminate the pain of electrolysis, and topical anaesthetics to reduce the pain of the injections (as Dr Suporn does for revisions). The entire process was virtually painless.

In the end, much as Dr Suporn predicted, I had about “two dozen hairs about 1 to 2 inches deep”, with nothing at all for the first inch. It didn't require a speculum or any special equipment, and took about two or three hours to complete. I only did a single session, and 6 months later I'm yet to see any new hairs.

In retrospect I'd recommended not having genital electrolysis prior to SRS with Dr Suporn (as per his own recommendation). Due to his technique it's rare to have hair post-op and it's easily removed if you do. Please be aware that if you're going to another surgeon this advice is very specific to Dr Suporn; I've read a few stories where surgeons recommend against it and women have ended up with hair the deep in the vagina that cannot be removed.

## 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.

Check the gender change paperwork carefully. I spoke to another patient who found errors in the dates, and while she got them fixed easily enough, it would have been a problem if she had already left.

# SRS CALENDAR

I've organised this section 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 to the hotel 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 women actually turn up presenting male. The answer is not many; perhaps 3 or 4 over the last 10 years. 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.

## 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...).

My 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 me 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 hasn't done in many years). 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.

He asked me if I had any questions. I didn't. I couldn't imagine him saying anything that would change my mind at this point, and I couldn't think of anything.

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 priorities.

## 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. [Nil by mouth](#).

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.

It's getting very real at this point, and if you've any doubts about it this is where you'd be at risk of cancelling. I remember thinking at that even if I changed my mind I'd go ahead with surgery anyway. I don't trust a decision made under these circumstances, and I just know I'd seriously regret it if I did back out. In any event I was calm and it didn't bother me; either that or I've completely forgotten about it along with everything else.

You can ask for medication to help you relax in the hospital, but whatever you do, ***do not take any medication without permission***.

## 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 really does makes perfect. I felt 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. I think the key point here is to relax.

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 cream. It seemed simple enough when he did it, but I ended up having to ask again back at the hotel, and others did as well.

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 ½") 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 though 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 though 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 sutures (labia majora). It's mostly painless, but did sting later. The remainder of the sutures 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 appointments with Dr Suporn twice a week.

## 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 with 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. I probably shouldn't have done this, as it is possible to get a rash from betadine just like I did from hibiscrub.

## 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. Its ever so easy going everywhere in a wheelchair, and especially though security. I was taken in the wheelchair to the business lounge to wait, then the attendant 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, but [some women do](#). If I'd had a really long trip home I would have been tempted to stay in Thailand longer (and maybe somewhere other than Chonburi).

## 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 more 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 (including shower, up to starting to insert the dilator)
8	Get to depth with medium (32mm) dilator
10	Dynamic dilation
3	Change to large (34mm) dilator and get to depth
10	Dynamic dilation
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 so often. 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 sutures (and I kept finding little bits of sutures 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.



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 women.

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 its'

not practical to work in bed – if only I'd thought of that before leaving perhaps I could have arranged something.

## 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, plus some “Tramadol SR” tablets, a slow release version of Tramadol that is taken only 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 BA or 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 a day 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 a bit 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 women 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 realise at the time and didn't try).

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. I didn't use it again until I started preparing for my revision.

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 sutures 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.

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.

# REVISION 2016

I'd always planned on having a revision, even before having SRS, thinking that no matter how good my result it could always be better. It's easy enough to go back, so why not? That may not have been the best of plans according to Dr Suporn, as there's a risk that revisions can cause problems; if you're happy with the result then why take a risk that it will end up worse? Of course I didn't learn this until after my revision...

Regardless, I returned to Dr Suporn at 15 months post-op for a revision. I did have some issues, but was quite happy with my result and half-way to thinking that it was nothing too important and I didn't really need to go. I was so wrong about that.

In some ways it's hard to explain the difference the revision made. Yes, things look and feel better, but even so it's more than that. It just feels more right. All those things I was uncertain of are gone, and now I know they were in fact wrong. I'm delighted with the results of my revision and can't imagine what I was thinking before.

I had no idea how I'd feel going back. It was such an incredible experience the first time, but then there's so much meaning and emotion associated with SRS, and this was very different. I also found myself a bit nervous about meeting Dr Suporn again; I had long list of things I wanted revised and no idea what he'd say.

I think I was more aware of other people this time. I suspect that after SRS I was quite self-absorbed with recovery and time passed differently somehow. This time I was far more aware of how very different our individual experiences were. I probably liked it there more than most, but almost everyone enjoyed their time there and made new friends. One or two couldn't stand being there and just wanted to get home. Ease of recovery also varied greatly.

One of the newly post-op women showed me a photo of her result and I suddenly realised how much things had changed over the year. You get used to the slow changes as your recover, and forget what it was like at the start. My result now, after 15 months and pre-revision, looks nothing like it did while I was still in Chonburi.

While my notes say there was some pain involved this time, as I write this a couple of months later I can't even remember it; in contrast I won't be forgetting the pain from SRS anytime soon. There was none of that long term disability I had with SRS; I went for long walks while still in Chonburi and was easily recovered for office work when I returned home.

I've been wondering if I'll go back for yet another revision. I certainly don't need to, but that's what I thought last time. My result is the best I've ever seen, but aesthetically I could see room for small improvements and sometimes I feel a tightness (as best as I can describe it) that I can't explain. These are such minor imperfections and I don't entirely trust myself on this; I've a strong tendency towards perfectionism, and do I want a revision or another "holiday"? I also need to remind myself of Dr Suporn's warning about the risks of revision, but I'm beginning to find it hard to imagine he could get anything wrong, and I know that's not rational; he's only human and he warned me himself.

In the end the revision was somehow better than I expected and I had a wonderful time. That last probably says more about my personal situation than anything else; it's a fairly long stay with nothing much to do, even recovery is easy. It felt like I was completing what I started a year ago. I'd thought I was finished, but apparently not.

## A Familiar Face

I wasn't expecting to meet anyone I knew and was quite surprised to see a familiar face. While there's women of many nationalities at the clinic, both times there's been a couple of Japanese women and the same guy looking after one of them. I remembered him because he stands out a bit; he's one of the very few men I saw at the clinic and he almost had an air of working there, but not.

I got to talking to him and learned he provides a service to help Japanese women have SRS in Thailand. He was there with his wife who translates between Japanese and Thai, and younger man, Minato, who'd only recently joined the company. I ended up going out for dinner at the Red Chair restaurant with Minato, and it turns out both he and his boss, Ryoya Okino, are the first transmen I've knowingly met<sup>22</sup>.

They started a company, [Nabeshirts](#), selling binders for transmen fourteen years ago, and two years later began to help women with SRS. Apparently Dr Suporn is regarded as the "god of SRS surgeons" in Japan and they help about 5 or 6 Japanese women a year have SRS with him, as well as a number of other FTM and MTF surgeries elsewhere in Thailand.

## Preparation

I'd planned to have my revision somewhere from one to two years post-op. Dr Suporn requires you to wait at least one year, and I'm impatient and didn't want to wait more than two.

There's a different wait list for revisions than that for SRS, and it's not posted on their website. It was about 4 months when I booked. After surgery, at least for mine, you stay for 2 weeks before returning home.

I'd recommend making a written list of revisions and questions for your appointments with Dr Suporn. He's so efficient and focussed that he sweeps you along and before you know it the appointments done and you've forgotten to ask him something. He doesn't push you get it over, it's more like he leads and you can't help but follow. If you have someone with you it wouldn't be a bad idea to have them take notes of his instructions as they are important and I found it hard to remember everything.

## Dilation

Up to one year post-op you need to dilate every day after which you can reduce it significantly. However only 3 months later, following my revision, I'd have to go as much as 30 days without dilating and I was quite concerned about what would happen. I trusted Dr Suporn knew what he was doing and it wouldn't be too bad, but if you've ever left it too long between dilations you'll understand the concern.

To be on the safe side after 12 months I decided to continue with daily dilation and a month before the revision I again started using the large orange Soul Source dilator. It was much easier this time than before (page 112), and unless you have some pressing need I'd not bother with using it early on.

I've no idea if all this really made any difference to my recovery, but Dr Suporn did seem surprised how easy it was to insert the speculum when he examined me and asked what I'd been dilating with.

## Money

The revision and all medicines are free, but you do need to pay the hotel and travel expenses yourself. The clinic will arrange transport to/from the airport for 4000 baht (total), cash only, paid at the clinic after you get there.

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<sup>22</sup> I did get permission to write that.

I had my revision in the surgical suite upstairs in the clinic, but even if you needed to return to the hospital it would still be free. It's not really free of course, it's included in the original price for SRS.

## Packing List

It's fairly obvious what to pack based on the previous trip, but there's a few things to note

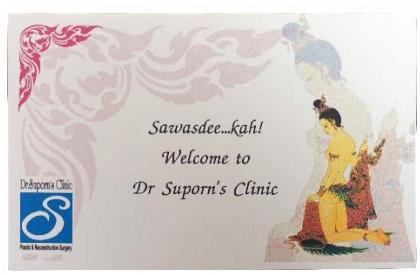
- I took my donut cushion, but never needed it. Since it takes up a lot of luggage space it would be better to leave it at home and in the unlikely event of actually needing it buy another one.
- Dilators. Dr Suporn does ask you to dilate one last time before the revision, and I wanted to dilate every day before then anyway.
- I went outside a lot more than before and got sun burned and bitten by insects. I was lucky, but some people's skin reacts badly to those insects. Bring or buy sun block and insect repellent if you're going out.
- You don't need to take betadine or painkillers home. I returned my unused Tramol to the clinic as Dr Suporn didn't give me any written prescriptions and I didn't want to take it though airport customs. I also didn't take the paracetamol as its unpackaged (i.e. loose tablets in a bag) and it's best not to take unidentifiable medicines though airports to avoid potential problems.
- I bought a few bed pads from home so I could dilate before my revision, but you can get them in Chonburi easily enough in the Forum Plaza Phoenix Supermarket.
- Take a mirror so you can shave your genitals, apply Betadine/Silvex, and generally admire the revision. Also if you had any problems I'm sure you'd want to take a look. They don't give you another one.
- You'll need something to shave your genitals. Take it or buy it there.
- I bought some sanitary pads from home, left over from SRS, and found that due to the location of the bleeding immediately post-revision these longer pads were initially more suitable than the ones the clinic provided immediately. Later on when I ran out the clinic ones were fine.

## Revision Calendar

As with the SRS calendar I've numbered the days with reference to the revision as day 0.

### Day -4

My flight arrived well after midnight and I was picked up by the clinic diver. Last year, for SRS, I was also met by one of the English speaking clinic staff, but not this time. It hardly matters since I know how it all works now, only the driver didn't speak English and I had some difficulty persuading him that I needed to go back to the DTAC shop and buy a Thai SIM card.



The driver presented me with an envelope containing a welcome card with initial appointment details, a small card with a staff cell phone numbers, and another with a few useful Thai translations.

I bought some Q-C at the clinic (and later found it's much cheaper at the local pharmacies), and that was the first time I'd used it in a year. It's really thick compared to what I've become used to. When you squeeze it out

it stays exactly where you put it. I found it does dry out a bit eventually, though nothing a few drops of drinking water won't fix.

It felt really odd dilating in the hotel room and took me a little longer to get to depth than normal. I've got used to my bed and the various pillows I use at home. It's all different here. I wish I'd bought the mirror Dr Suporn gave me. I still use it at home, but didn't think of it. I did have a small mirror, but Dr Suporn's props up on the bed more easily.

## Day -2

I went shopping in Central Plaza and picked up a bed table from Big C. They had moved around since the last time and I couldn't find them. I asked the staff, but they couldn't understand what I was asking. Luckily I was able to find a website with some pictures on my phone and they understood that. You'd think I'd have put a copy of this document on my phone...

I bought a couple of power boards for use with my electronics, using one as an extension lead so I could move my computer anywhere on the bed. I used rubber bands to attach a power board to a leg of the bed table, but packing tape would have worked as well. Rubber bands are much easier to clean off if you care about that kind of thing.

## Day -1

I'm feeling a bit nervous and stressed about the revision, more so I think than when I had SRS. That doesn't make much sense, considering how serious SRS is, but perhaps I was just overwhelmed by SRS.

I had a pre-revision appointment at the clinic and was asked a few questions about my result, depth, sensation, dilation schedule, etc, and the revisions I wanted. I'd already printed out a list of revisions and just gave it to them. From the reaction I got I don't think many people do that, but I'd recommend coming prepared with a written list to avoid forgetting anything. I doubt Dr Suporn will perform any revision unless you specifically ask for it, on the general principal that if you're ok with it then he doesn't want to take the risk of making it worse.

Before coming I'd been uncertain if any of this was really necessary, but I'd had a lot of time to think it over so my list of revisions was extensive. I get a bit carried away sometimes. I was going for perfection, or as close as I could manage, didn't care about pain or length of recovery, and it didn't occur to me at the time there was any risk in doing unnecessary surgery.

- Posterior/anterior commissure revision.
- Dimple or dent in mons pubis. When I look down at my mons pubis there's a big dent in the middle where the labia meet, as if you'd pressed your finger there. I expected it to be a smooth curve from one side to the other. This is part of the anterior revision.
- Vulva gapes open a bit (when it shouldn't). This is part of the posterior commissure revision.
- Labia asymmetry, right side is enlarged. He's going to reduce it and make it match the left.
- After SRS I had a revision for a detached labia minora (it was falling off), and the sutures where he joined it back together made the depth on that labia, where it joins the labia majora, quite shallow compared to the other side. I'd prefer it to be deeper like the other side.
- Extra tissue around the urethra. This was particularly noticeable early on, but reduced significantly over the year. Definitely needs cosmetic revision.

- Two lumps of granulation tissue, perhaps 5 mm across attached like a [skin tag](#) near my clitoris. I suspect this has been interfering a bit with how the area feels. Dr Suporn told me before I left Thailand last time not to let any other doctors touch this area, and I hadn't.
- Erectile tissue. Difficult to describe, but I can feel perhaps too much when aroused and when using my fingers. It's never visible and I'm not really sure if it is a problem or not, but Dr Suporn is going to revise it. I've no idea how he's even going to find it.
- Pee is not absolutely vertical, veering very slightly to the right. It perfectly acceptable the way it is and doesn't cause any problems, but I may as well mention it.
- The internal area around my clitoris is quite messy looking (I'm not really sure what the issue was here, but Dr Suporn fixed it up).
- After shaving I noticed [dog ears](#) for the first time since the early days. At the top ends of both large vertical scars are lumps under the skin. They were not noticeable with hair there, but I really don't like the look of them. Immediately post-SRS they were much larger and I'd assumed they had disappeared. Dr Suporn said he could get rid of them, but I'd have an extra 15 mm of scar there. Such a choice. I don't want either. In the end I thought, what's an extra 15 mm of scar when I got so much more than that already, and decided to revise them.
- Sensitivity. I'd sometimes find when showering that the spray would hit a very sensitive spot. I'm not really sure what it was, but something was exposed.

Prior to Dr Suporn's examination one of the clinic staff had a look at my result (genitals) and went through my revision list with me. I'm somewhat embarrassed to admit that some of the issues I had were not what I thought they were – I thought I knew my way around down there.

Dr Suporn then arrived and asked a few questions and had a look inside with a speculum. It's all good. He seemed a bit surprised by my depth and how easy it was to insert the speculum and asked what dilator I've been using – the orange Soul Source for the last month, but even with the clinic dilators I'm very "diligent" as the post-op care book puts it.

We went through the list of revisions and Dr Suporn said I didn't really need the revision to the posterior commissure or dent/dimple in the mons pubis at the top of the vulva. This dent is apparently something that some genetic women have, however I've never seen it like that and don't like it at all. I want a smooth curve from side to side. Dr Suporn said it's a personal preference and was happy to do it.

He said the posterior commissure was already good and it's not really necessary to revise it, but agreed to do it anyway. I couldn't understand how he thinks it's ok the way it is, but I believe it's his honest professional opinion since he doesn't seem to be bothered by doing it or not. Having it done will make life more difficult for me over the coming weeks, but I'm perfectly happy to do that.

In no cases did I have to push him to do any revisions, he was just informing me of his opinions and letting me decide.

Dr Suporn agreed to revise everything, and perhaps more. I was a bit unclear on some of what he proposed to do, but he was doing everything I asked so I just agreed. If there was anything extra I'm fine with that.

This is the first time I've met him since returning, and again he's very busy. Even though I had a written list of questions I want to ask I still managed to forget a couple of questions and had to wait around for a couple of hours before I could see him again. He's very focused and efficient, and while he didn't push me to finish the

appointment his intensity just carried me along. There's no time for idle chatter. I also felt he was a bit more open this time, and really got a kind and caring vibe from him.

I went into the appointment a bit nervous and came out feeling really positive and excited. I can't wait for tomorrow. This was where a major part of his technique really pays off; he's kept as much material as possible, and now has the scope to revise it. If he'd thrown it away I'd be left with seriously limited options. He really does do free revisions, and he's more than willing to spend the time to do it right.

I took the opportunity to ask again if he could remove some spots for me (worth another try, I'm nothing if not persistent), and this time he explained that if he did and I had hypertrophic scarring that I'd need bi-weekly steroid injections for up to a year to avoid making a worse problem than I'd started with. Since I'm not living in Thailand that's impractical and I should see a local plastic surgeon. It's not a question of money, even though I'd have been prepared to pay quite generously he didn't even ask. I can't help but feel disappointed. I'm sure there's good surgeons back home, but there's also bad ones and I don't know how to tell the difference.

The next day I'm to dilate in the morning, shave my genital area, and be at the clinic 2 pm for my revision. Apart from that I'd no idea what to expect. I had a much better idea of what was going on for SRS, but I think that's a general theme this visit. You do need a lot more hand holding the first time, when you go back it's so much easier and less stressful.

## Day 0 - Revision

Shaving took rather longer than I expected, and I'd not recommend leaving it until the last moment. Unlike SRS you have to do this one yourself. You can buy blades and shaving cream at the Forum Plaza if necessary. You're going to need a mirror as well.

On arriving at the clinic I'm sent off to the shower to wash my genitals with hibiscrub and change into the orange surgical gown. I kept my bra, but no underwear or shoes; everything else is placed in a locker. No photos allowed in upstairs surgical theatre/suite – I asked.

If you've not worn a surgical gown they don't tie in the front like a normal gown. The strings on the left side tie inside to strings far on the inside of the right side, then the right folds over the front of the left side, and ties to matching strings.

The nurse then prepped me for the revision by applying what looked like half a tube of [EMLA](#) to my genitals and taping it shut. This numbs the area so that it doesn't hurt when Dr Suporn injects the local anaesthetic. Basically the same as the previous revision, but I don't think I waited as long as last time before Dr Suporn started and while not terribly painful it was unpleasant. I was then given a [Dynastat](#) injection, providing 8 hours of pain relief. This barely hurt, much less so than the injection I had after last year's revision.

If I've still got bad pain tomorrow I can call the clinic for another Dynastat injection. I didn't know it before, but you can also get these injections after SRS if you need them, for a maximum of a week to avoid potential liver damage.

I was given some antibiotics to take shortly before the revision and also opted to take a half a sleeping tablet to help relax me; I can definitely recommend it. After about 20-30 minutes when it didn't have much effect I was given the other half. I didn't actually sleep though it sounded like they expected me to, but I did feel very relaxed during the entire procedure. I could feel it wearing off before the end, but I was quite calm about it all by then so it made no difference.

Around 3 pm I went upstairs to the surgical suite and got on the table. Legs in stirrups, and my left arm straight out and resting on a metal plate that forms part of the electrocautery machine, and lightly strapped down so I wouldn't accidentally move it off the plate. If you wear glasses you have to remove them as they can cause burns due to the electrocautery machine. When it was operating I could hear an odd noise, and smell...

I finally remembered to ask Dr Suporn what he thought of my result, was it average, good, bad, whatever? I'd always wondered, and while I thought it was good compared to what I'd seen on Internet, I'd really no idea. One of the girls here in the hotel told me a couple of days ago that Dr Suporn said hers was one of the best he'd ever done – he certainly didn't tell me that.

So, my depth and sensation are “best” and aesthetics is 90%. Best obviously doesn't mean the best he's done, but very good. Above 90% I suppose, whatever that means. And the really good thing is, that 90% is pre-revision, and the revision seems extensive. I was very pleased at the time, but the more I think about it the less I understand what it means. I have a bad habit of overthinking things.

Dr Suporn took nearly 2 hours to perform the revision, which is a long time when you consider that his SRS takes on average 5.5 hours. It's not that far off what some surgeons take to perform the entire SRS. He showed me in a mirror what he'd done at the end, and while it's very different I'm uncertain what I'm looking at. I'm sure it's going to turn out wonderfully, but I'm not a surgeon to appreciate the beauty of it at this point. I was however very impressed with the time and care he took, and his obvious pride in his work when he showed me what he'd done.

I came out of it very happy, apart from the pain of lying on that table for two hours. It was worse than the surgery (and that pain was only local anaesthetic injections). There were a couple of brief moments where the local anaesthetic didn't work, but Dr Suporn immediately stopped and fixed it up. Speaking as someone who really doesn't like suffering, it's nothing

Dr Suporn gave me instructions on how to care for myself and stressed a number of times that for the next two weeks I must be careful not to open my legs wide or lift my knees back (as with SRS) to avoid damaging the posterior commissure. Never slide my butt on the bed, always lift up before moving – he stressed that a number of times. Don't spread labia open (with my fingers) and no dilating for 30 days. Otherwise I can move normally, but need to avoid tensing the muscles in the area. After that I need to avoid stretching the area more vigorously for two months.

I forgot to ask if I still had any vaginal hair, but I did ask if the clinic could remove it. They can't/don't.

For the remainder of the day when I pee I need to wash the area with drinking water (so make sure you have some spare), then apply Silvex (like I did after SRS). Tomorrow I can use tap water, followed by hibiscrub, betadine, and Silvex (again like SRS). The use of drinking water is new, but I assume the difference is due to the first day's post-SRS being in hospital.

I think I got one last local anaesthetic injection, good for an hour when Dr Suporn finished, then was driven back to the hotel. It was a bit of a challenge getting in the car as the door was quite high and I didn't want to open my legs, not to mention I was still a bit cramped from lying there for two hours.



I was given a bag of supplies to take back to the hotel. It brought back memories of being post-op SRS, only far far smaller.

The plastic bags of Tramol, Idarac, paracetamol, Prenarpil, Ciprocef, Danzen, Silvex, two bottles of betadine (small yellow bottle & clear bottle with brown liquid), hibiscrub (red liquid), sanitary pads (2 pink packs), bed pads, and the sterile dressing kit containing the tweezers and cotton wool balls for applying betadine to the sutures.

Eventually the anaesthetics started to wear off and it started hurting, so I took one Tramol around 6 pm, then another at 7 pm. Perhaps I could have taken one of the lesser painkillers, but I had so many Tramol last time I don't much care anymore; I know I won't get addicted to it and I'm very careful to make sure I don't accidentally overdose. It still hurts, but is quite bearable.

I was given a cold pack which I used to good effect. After it eventually warmed up I put it in the freezer, where I promptly forgot about it until I was packing up to leave. Clearly the pain drops off quite quickly.

Around 6:30 pm, I'd been avoiding it, but I needed to pee. There was quite a bit of blood on the pad, more than after SRS. After SRS there was more discharge, but that was a mix of blood and other liquids. This time it was just blood. After washing with drinking water there was a fair bit in the toilet bowl too. I'm finding I don't want to pee any more than strictly necessary, which also happened after SRS; I don't like cleaning up afterwards.

I bought some spare sanitary pads with me that I had left over after SRS. These are quite long compared to the ones the clinic supplies, and I used mine until I ran out. The bleeding is quite high up compared to before, probably due to the anterior commissure revision, so longer is better. The clinic pads were fine once the bleeding stopped, and I continued to use them while I was using Silvex.

When peeing my instructions were

- On the day of revision wash with drinking water only, then apply Silvex as you'd do after SRS.
- On subsequent days wash with tap water, hibiscrub, then betadine, and lastly Silvex as you'd do after SRS. I was given a small squeeze bottle of betadine in addition to the large one, so that I could apply it to the join between the inner and outer labia – just pour it in the groove and let it flow down.

After dinner I started on the medications I was given, Danzen to reduce swelling and the antibiotic Ciprocef. I'm not sure it was necessary, but I took a sleeping tablet at 9:30 pm. I'd had enough for today.

At the end of the day I'm really happy to be here. So far Dr Suporn has fully delivered on his promises, and I'm expecting great things. I've had pain, but really nothing I've not had before and for far longer than this will be. I wonder if I can get another revision next year? That would be something!

## Day 1

I was in some pain when I woke and took two Tramol, and later on one Idarac. Tramadol has affected me mentally though, I feel a bit spaced out and quite sleepy. I don't like it at all. I must have gotten really tolerant

to it before, and probably didn't notice the effects early in SRS recovery due the surgery and/or all the other drugs.



I went downstairs and picked a tray of food for breakfast and one of the hotel staff delivered it to my room for me (special service for Suporn patients only).

I could have carried it, but I'd not have been able to open doors without putting the tray on the floor and there's no way I'm bending down like that.

I had an excessive amount of coffee, bread, bread, fruit, omelette, and a mix of orange and pineapple juice.

I'm to be in my room by 10 am for the daily inspection. More memories! Aey came by at 10 am, panties off, spread, etc. She checked my drugs. Much the same as post-SRS. She advised me to relax and move normally; don't make any special efforts to control movement that will tense the muscles in the vaginal area. Take it all easy and slow. It's ok to walk around the hotel, but not outside.

It's quite comfortable slipping back into the routine. I think part of what made me nervous a few days ago was not having any idea of what was going on. There's a lot of information available about having SRS with Dr Suporn, but almost nothing about revision.



I'm not feeling up to going out, so its room service and dinner in my room. Number 25 from the big menu, "Stir Fried Chicken with Dry Chilli".

I'm not sure it makes any difference, but I asked for it Thai Style and spicy.

I've been sleeping a lot today, all afternoon and most of the evening. At a guess it's the Tramadol, but perhaps it's the surgery. By the end of today the amount of blood on the sanitary pad has greatly reduced.

## Day 2

I took a Tramol and Idarac this morning. I didn't really need to, but why not; I don't like pain and it hasn't killed me yet. I felt slightly nauseous after that, so I decided not to take it again.

My morning inspection today went well and it's all good, no separation. I'm told I have an appointment with Dr Suporn at 1:30pm and was offered a lift by car. I'm feeling pretty good already so I walked.

My appointment with Dr Suporn went well. It's all ok so far, but he said not to slide my butt when moving on his table. Lift it up and move. It's quite difficult to remember when you're feeling good, and I have to be very careful for the next 2 weeks. One of the staff said no heavy exercise for 3 months.

Standing in front of a mirror I can see it's greatly improved. The anterior commissure looks much better even though everything is still very swollen. I had no bleeding today.

I finished one tube of Silvex today and got another at the clinic.

### **Day 3**

I felt a burning sensation over my genitals today, almost like it's infected. I remember the same from SRS and nothing bad happened so it's just part of the normal healing process.

I'm still swollen and still using hibiscrub/betadine/silvex after peeing.

### **Day 4**

I didn't wear a pad overnight for once since I didn't really need it anymore and I want to let some air in there.

I was quite shocked when I found blood in the toilet after peeing, and then found it was all over my butt. Some old, some new, probably a few teaspoons. I must have injured myself last night when moving on the bed; I remember feeling a sharp pain, but I didn't think too much of it at the time.

I'm feeling really bad about this and almost started crying. It appears that revision is much more delicate than SRS and you don't get that constant feedback (pain) reminding you to be careful like you do after SRS. Dr Suporn does say to be careful, repeatedly, but he said that for SRS as well.

At the morning inspection I'm told a few teaspoons of blood is nothing to worry about, she's seen it so many times before. Dr Suporn will see me in a couple of days. It's reassuring, I guess, but I'm still feeling *really* bad about it.

### **Day 5**

I visited another patient in the hospital today. I got a lift over with the clinic van, but it doesn't stay long so I caught a taxi back (200 baht). That took a while as the local taxis were very busy and the hotel taxi had gone to Bangkok. I'm still really worried about the bleeding yesterday.

### **Day 6**

I finally had my checkup with Dr Suporn this afternoon. After all that worrying it turns out everything's fine. The bleeding was no problem and if anything goes wrong he'll just stitch it up again. He's so calm and confident about the result and "problems" and I feel so much better. If I have any damage before I go back he'll just stitch it back up – it sounds so easy!

Dr Suporn removed the sutures in the dog ears, and I think some others but I'm not sure what. There's still plenty of sutures left. I'm to continue applying betadine to the sutures for a few more days, hibiscrub for one more week, and Silvex for two more weeks (before I left he again said two more weeks of Silvex). I got some more antibiotics and Danzen.

My result is beginning to become clearer, and it's good. Very good. I asked if he saw anything that could improve if I went back again, but it's too early to tell. He said I could send some photos later.

### **Day 7**

I feel so much better today. I had an Idarac this morning just in case, but didn't take any more that day. There's a constant low level pain, but it's quite mild.

I've been to the pharmacy twice today, once to the Book Café, over to the hospital to pick up one of my new friends who's returning to the hotel today, and just generally wandered around. I've been walking very slowly, but that's partly because of the heat – over 40°C at one point.

## Day 8

I took an Idarac this morning just in case, and forgot to take another once it wore off. There's only a very small amount of pain today and there's no real need to take a painkiller.

We had a trip to Suporn's beach house today. It's nice, but the best part was getting together with the other women and talking. On the way back we drove through an area with lots of monkeys; we didn't get out.

## Day 9

No pain today, so no painkillers. The lack of pain means its' sometimes difficult to remember to sit properly to avoid damage, and Dr Suporn did say, so many times, be very careful for the first two weeks.

I had another appointment with Suporn today. He said hibiscrub only once a day, after showering.

## Day 10



I went out for what must have been a two hour walk half-way to the waterfront. I took a hat, but forgot my sunblock and got sunburned.

Much of it was quite different to the area around the clinic.

## Day 11

I'm feeling pretty good and went out for dinner at 11pm with some Thai friends to the restaurant across Sukhumvit Road and got back at 2am. I've written about it elsewhere, see "Nong Aoi" on page 43.

## Day 13

Suporn appointment today. All looking good, I can dilate in 2 weeks as I normally would. And keep using Silvex for another 2 weeks. No more hibiscrub, no more betadine. He gave me 4 tubes of Silvex.

## Day 14

I'm leaving tomorrow so I settled the bill with the hotel today. I've charged a lot of meals to my room, and if there's any credit card problems I'd prefer to find out today while I have plenty of time to fix it. I don't need

that kind of trouble when I'm about to leave for the airport. Cash will cover any extra expenses in the next day.

## **Day 15 – Fly Home**

Mostly packing up, I'm leaving today.

I returned the remaining Tramol and unpackaged paracetamol back to the clinic. I've no prescription for it and don't want to risk taking either through customs (the paracetamol because it's not in the original packaging and customs can't identify it).

I had a bit of a send-off from some of the other women there. So nice of them.

## **Day 26**

The dimple in my pubic mound seems to vary during the day from not present to a mild dip as the level of swelling changes.

I've been getting occasional itches and tightness, probably the sutures. I haven't noticed any falling out yet.

## **Day 27 – D-Day**

I did my 1<sup>st</sup> post-revision dilation today. I definitely noticed the 27 day gap, and it's much more difficult. I got to 6 inches without too much trouble, but it was hard going after that. It was tight, but more than that, difficult to get to depth. I felt very slight sharp pains, possibly sutures. After 6" it was more the usual dull pain of getting to depth, but nothing unbearable and that's without any kind of painkillers.

It took quite a long time but I eventually got just a bit over 8", so it looks like I've lost about  $\frac{1}{4}$ ", perhaps slightly more. I don't expect any difficulty getting back to normal, I just don't want to do it today.

I'm sore all day after dilating, but I've not had any bleeding. I applied Silvex, just in case. I think I'm supposed to stop the Silvex now, but I'd rather stop after I've got the dilation back to normal and there's less chance of doing any damage.

Dr Suporn said I could dilate as I normally did, but I decided to use only the medium dilator the first day, and only slowly start to use the large. I also wanted to start with a more static style of dilation, with a much smaller dynamic component that I'd usually do, then slowly increase it until I'm back to normal. There's no need to suffer more than I have to.

Afterwards was the first time I've had much a look inside since Dr Suporn showed me, and what a difference to before! It's hard to describe how it all looks, but it's neater and more right somehow; more than the sum of its parts.

There's still a little triangle at the top of the vulva where the labia join. It's far better than before, but I'd have preferred it to be narrower still. It seems to be well within the normal female range. I'm not sure if I specifically mentioned that to Dr Suporn or if I just assumed it was a standard part of the anterior revision.

The labia asymmetry has reduced as the swelling went down. The urethra revision still looks very raw and red, and I've still got sutures.

## **Day 28**

On my 2<sup>nd</sup> post revision dilation I used both the medium and large dilator, and didn't go the full 10 minutes with the large. I realised when I started that I was still a bit sore from yesterday.

I did mostly static dilation, with a bit of dynamic, and got the same depth as yesterday, so I'm still down about  $\frac{1}{4}$ " with both dilators.

## **Day 29**

My 3<sup>rd</sup> dilation I'm getting a bit closer to my original depth. The difference with medium seems to be getting smaller, but it's so small anyway it's getting hard to tell the difference. Dilating to depth is still somewhat painful, and I can feel it's still sore from yesterday. It feels kind of raw, but not painful enough to take painkillers (and I've plenty of Tramadol left from last year).

## **Day 30**

I didn't seem as sore during my 4<sup>th</sup> dilation, but I'm still sore afterwards. It occurs to me I should probably do this in the evening instead of the morning so I can sleep on it.

## **Day 31**

My 5<sup>th</sup> dilation was noticeably easier today, and not nearly as sore.

I was going to dilate in the evening instead of the morning, but I just couldn't wait. It seems I've got into some kind of habit and I feel restless until I get it out of the way.

## **Day 32**

6<sup>th</sup> dilation. I got my depth back!

## **Day 34,**

My 8<sup>th</sup> dilation is noticeably easier, but not yet as easy as before my revision, and I'm still sore afterwards.

I still have lots of the dark coloured sutures. I'm not sure I've lost any yet.

## **Day 36**

It's my 10<sup>th</sup> dilation and I noticed the sutures are starting to come out. That's good, because they are occasionally slightly irritating, and the one in the posterior commissure is sometimes a little painful.

I'm still applying Silvex, but only after dilating. I'm planning to stop soon, after more sutures come out.

## **Day 38**

12<sup>th</sup> dilation. I still have sutures and I'm still a bit sore.

## **Day 40**

My 14<sup>th</sup> dilation is close to normal, with only a very small amount of soreness for the rest of the day.

## **Day 43**

16<sup>th</sup> dilation. I just noticed that noticed that all the dark sutures have gone with only the light ones remaining.

## **Day 44**

17<sup>th</sup> dilation. It all seems to be back to normal, though I'm still not using the orange dilator.

## **Day 62**

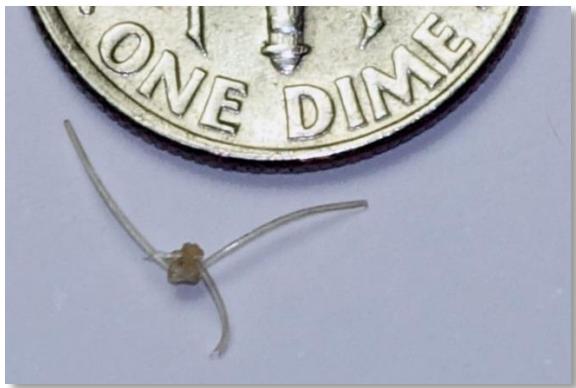
I've been away from home for the last 11 days and only dilated twice with the medium. I didn't take the large dilator with me. Amazingly dilation today was totally normal, so I'm not doing it every day from now on.

It was a little harder while I was away, but it's always more difficult when I'm not relaxed at home. I also used Q-C instead of my usual lube and I forgot my mirror, neither of which helped.

## **Day 64**

Dilated again, totally normal. After this I decided to start spacing my dilations out see just often I needed to do it. The next two dilations were after 3 days each, then 4 days after that, and again all normal.

## **Day 78**



Another 4 days, no problems.

One of the last sutures to come out, I think there's only one more.

## **Day 82**

It's been 5 days since I last dilated, and it felt more difficult and took longer to get to depth than before. Not enough to cause problems, but I think I'll stick to 4 days for a while. From what others have told me I expect the gap is going to continue to increase quite rapidly.

## **Day 86**

Oops, five days again and it was normal. I was expecting more difficulty. I've no idea anymore how often I really need to dilate. If I were away from home for a couple of weeks I'd be tempted not to dilate for the duration because I know that even if it's not ideal, it's also not that difficult to recover from.

## **Day 93**

Seven days this time, and it's a noticeably more difficult. Not enough to cause a problem, but I can tell the difference to 5 days. I'll continue with once a week for a while. Perhaps I could do even less but I don't mind doing it anymore.

## **The End Result (again)**

I find it quite difficult to express how my result looks now, months after revision. It's certainly very very good; the best I've ever seen. I've seen a lot of the surgeon's results that have been posted on Internet, and it's *far* better than almost all of them. Compared to what seems to be average, well, there's no comparison.

Compared to genetic women's vagina's, for example the [Great Wall of Vagina](#), mine is quite average; better than some, not as nice as others, but it's getting into the territory of personal preference at this point.

I look at it and see the ‘obvious’ signs that it’s from Dr Suporn’s SRS, and yet I doubt many others would notice. You’d really have to know what you’re looking at. I’m not even sure it’s obvious; perhaps I only know because I’ve seen how it’s evolved over time from the original surgery and I’ve looked at far too many post-op pictures? I think I’ve managed to confuse myself a bit, and I’m no longer sure what I would have seen only a few years ago before I went through all of this.

Would it fool a casual inspection by a doctor? I’ve not tried it, but unless they are used to seeing SRS results and are expecting it, then yes, I’d guess so. There’s so much variation in nature and there’s nothing that stands out as unnatural.

It’s not perfect, I still have some minor issues. There’s still some slight asymmetry of the labia and I sometimes feel a small amount of tightness that doesn’t seem like it should be there. I’ve no idea what that is. I noticed some other minor cosmetic issues that could perhaps be improved. Trying to be rational, none of these things are worth going back to Dr Suporn over, or even taking the risk of having another revision. I’m very tempted to do it anyway, but I have to question my judgement.

The posterior and anterior revisions could perhaps be made a little more perfect. Or perhaps not, I don’t know what’s achievable. They did make a big difference already.

I can’t see the scars any longer, at least not from the closest distance I manage. I know where incisions were because the skin is a slightly different colour on either side of it. I assume there’s some skin removed between the two sides and what was previously a smooth transition is now more abrupt.

I wish I could publish photos of my results here, but I just can’t bring myself to do it; I’ve never even taken any. The photos’ on the clinic website are old and not very good, and I have the impression that the clinic doesn’t feel its right to ask patients if they can publish theirs. I don’t know why that would be, but if anyone reading this doesn’t mind, you’d be helping a lot of people if you allowed the clinic to publish yours.

## **The Individual Revisions**

There’s definitely some erectile tissue removed and perhaps this is why it feels better overall. I can sense there’s some still there if I try, but I really have to go looking for it to find it with my fingers now. I assume it’s more in line with what a genetic women would have and I’m very happy with that.

About two weeks post-revision I started noticing a change in sensation, like something that wasn’t quite right and I’d not been aware of, or gotten used to, had gone. I like it a lot, it all feels somehow more natural now.

My labia minora (inner labia) were greatly improved, and while still slightly asymmetrical, they do look nice. One labia was significantly larger than the other before, and larger than I prefer. They are both nicely sized now. I do quite like the look of very small cis women’s labia, but I’d prefer not to have that for myself as I feel it’s more likely to give away that I’ve had SRS.

The shallow depth of the labia minora where I had a revision for a detached labia shortly after SRS seems to be unchanged. I’m not sure what happened there; perhaps I forgot to tell him? If I ever go back I’ll get it revised, but it’s a very minor matter.

Inside my vulva things just look better. Not perfect by any means, but a great improvement.

The posterior commissure revision made quite a difference and I’ve very happy with it. The anterior commissure was also good. The dimple or dent in my mons pubis disappeared after the revision, but as swelling reduced it came back slightly. It’s well within what I’d consider the normal range now.

The sensitivity problem I had with water spray in the shower is fixed.

I'm not sure if the angle of peeing has improved as it was quite good before. It's still not quite vertical, but it's perfectly functional and I never notice except when I'm looking for problems (bad habit).

The dog ears are gone and the scars are no longer visible after my hair grew back. There's no practical difference really to before the revision, but I'm happy they are gone. Peace of mind.

# FEAR AND ANXIETY

I know some women have fears surrounding surgery, but I've nothing I can say. Having surgery never worried me, or if it did I've forgotten it along with everything else. I don't ever recall hearing anyone talking about their fears, so I when saw a recent Suporn patient [speak up](#) about it I asked her if she'd be interested in writing about it here. This is what she had to say:

**I had SRS in August 2016 with Dr. Suporn**, and am into my 4th month post-op now. I am really happy with everything thus far, and things keep getting better by the day/week. I see a few months down the road things being really awesome. Unfortunately, going into it there was no way to know I'd be as happy as I am today with SRS and Suporn's results. SRS can elicit a bunch of emotions and reactions in the months, weeks, and days leading up to surgery, many of which are happy and positive ones. Sometimes, though, they aren't. I had some pretty rough emotions going into it and I hope that if I share my experiences it can help others with potential feelings and/or emotions they may experience. Or at minimum have better ways to handle them than I did.

It can be a very emotional time for many people based on conversations with those I've talked to, myself included. Many, although certainly not all, of the girls I talked to in Chonburi who had SRS ahead of them were nervous. And that's okay and understandable. Perhaps they've never been to a foreign country. Perhaps they are scared of potential regret. Perhaps they've never had a major surgery before. Perhaps it's just the lack of hormones. Regardless of the reasons behind it this is something that is quite literally a once in a lifetime experience. And you know it will be something unique going into it unlike most other experiences where you only realize it after the fact. This can create potentially crippling anxiety or fear as it did with me in the last 24 hours before SRS.

I find it difficult to summarize the breadth of these emotions and fears I had in those last 24 hours. I have never felt anxiety or fear like that before, and I hope that nobody else does. From a few days before during the pre-op checks through to the night before when I practically refused to go to bed because of it. Or when I was going down to the [OR](#), I was crying uncontrollably, cold to the touch, and paler than I've likely ever been. When I got into the OR and on the table this continued unabated. It was so intense that I was fighting every urge I had to cancel the surgery. And I almost lost that battle at a few points and the only reason I didn't cancel was I refused to let myself speak unless I was directly responding to the staff. When the [anesthesiologist](#) told me he was putting me to sleep I was happy that the fear was going to end, but so scared of who I would wake up as and I almost canceled again. Would I wake-up as a girl who was happy to finally have the body she wished she had been born with, or would I wake-up as a girl who regretted everything and wanted to undo this? Thankfully for myself and every single girl I've talked to there or otherwise, I woke up extremely relieved I didn't cancel. If I had canceled it would've been soul crushing to the point I'd have immediately regretted cancelling and likely go through a very rough period of depression until I could get it rescheduled. Cancelling would've delayed SRS and made it more costly, not have changed the need for me to get it.

I hope nobody goes through the feelings and fears and anxiety I did, but I know I wasn't the first and I won't be the last to experience those things. So from hindsight I'd have done a few things differently that likely would've made it a lot better. First and foremost, I'd have mentally and emotionally

prepared. Don't rush into it like I did (~3.5 months from initial decision to get SRS and booking until SRS happened). Secondly, do your best to stabilize your support network. Talk with people supporting you about their needs and expectations Try to have a calm living situation (i.e. don't change roommates during this period like I did). Get work to a stable point as well. Third, make sure you let the clinic know at minimum the night before that you're afraid, scared, and/or anxious and ask them if they can give you anti-anxiety medication. I was told by the clinic they can provide anti-anxiety medication, but I was trying to avoid it for my own (stupid) reasons. They will help however they can. Finally, and perhaps most of all, you wouldn't have gotten to the point of being in Thailand for SRS if you didn't feel it was right for you. It's not an easy or cheap process to get SRS, from getting letters, to financing it, to flights, to time off work, visas/passports, etc. This isn't like getting a tattoo you later regret because you were drunk one night. It takes time and planning to get to this point and you didn't do this on a whim. If you need help through it the clinic, fellow girls there, and your support network are there to help. Let them help, look forward to the future, and try to enjoy the experience.

Now at 4.5 months I can say it's been absolutely worth it to me so far. I haven't really "explored" things down there much, but the little bit I have has been awesome (I even figured out I'm orgasmic again recently). But that's not why it's been worth it to me ultimately. Instead the reason is that so many of my fears, worries, and concerns have dissipated. I no longer worry about clothing outing me. I like myself naked. I don't fear getting into a sexual situation like I did before. I don't feel like I'm an "impostor." I can finally begin life as myself. I'm still recovering, but I look forward to the future in a way I never did before. And **that's** why it's been totally worth it to me.

[The Living Experiment](#)

# JOHANNA'S STORY

I met a young British women, let's call her Johanna, who had such an "interesting" experience we thought it would be helpful to share it with others.

Despite being in the UK Johanna started her transition before puberty, starting [cyproterone acetate](#) at 13 and estrogen at 16. It's an ideal medical transition, but left her with minimal<sup>23</sup> "donor material" and very poor prospects if she underwent SRS using the penile inversion technique practiced by surgeons in the UK. She was also concerned with the quality of the results in the UK in general, and due to her personal circumstances, the lack of aftercare.

Many of us are apprehensive about travelling to a foreign country for surgery. Johanna suffers from a number of medical conditions, some of which are potentially life threatening, making the decision even more difficult. These include insensitivity to common painkillers, allergy to [seafood](#) (which is everywhere in Thailand), [hypokalemia](#), [anorexia](#), [laryngotracheal stenosis](#), [phimosis](#), [hypermetabolism](#), [mild hypoxemia](#) and non-iron specific anaemia. To balance all that she heals unusually quickly, has a high pain tolerance, and is extremely physically fit.

She's obviously very intelligent and independent; you'd have to be to transition at such a young age outside the British medical system. I was also impressed with the depth of her knowledge and her care in choosing Dr Suporn. Even so, it's a brave decision.

And yet, for all the many difficulties, she told me "It was a fantastic experience and I kind of miss it."

While delighted with her result, Johanna intends to go back for a revision of her posterior commissure, clitoral hood, BA, and possibly her labia. Other than that she considers her genitalia to be "as natural and realistic as they could be without the luxury of being provided them at birth." Compared to what she could expect back home it was "night and day".

It's reassuring that someone with so many medical challenges could come to Thailand and have such a good experience. It's easy to think that you're being looked after when you're having an easy time of it, but Johanna's example shows the true level of care and expertise available at the Suporn clinic. If Johanna can get through it, anyone can.

## Aesthetics, Depth & Dilation

In her pre-op consult Dr Suporn advised her that she'd get only  $\frac{3}{4}$ " of depth with penile inversion and that he might not be able to give her much labia minora due to her phimosis as it restricts the donor tissue available for the labia.

Dr Suporn gave her 6.7 inches (17 cm) and she's had no difficulty maintaining it in the following months. The phimosis was not a problem. None of her medical problems affected her results.

Her main difficulty with dilation has been her very fast recovery. She managed to drop down to two dilations daily a month early (I was a few weeks late), and by 4 months was down to once every two days. That all sounds good, but rapid healing led to rapid scar contraction and made the early recovery more difficult. She sometimes had to dilate 4 times a day (instead of 3) in Chonburi to maintain her width, and on returning to the UK, after a 30 hour flight she said "I could barely get the small in".

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<sup>23</sup> This was not Johanna's issue, but even with a [micropenis](#) Dr Suporn is able to get 5" to 6" depth (email with clinic).

She never had a problem with depth, it was always the width, and she had to use the small dilator from 12 days post-op to 5 weeks, progressing from small, to medium, to large. She finds it easier to use dynamic dilation to get to depth, and only then start timing, as do I.

She mentioned that she'd seen a number of other Suporn SRS results (in person) and that they were very consistent, with the exception of one women who'd been circumcised. While relatively "poor" it was on par with the best results from other leading surgeons.

## Seafood Allergy

Johanna has a serious allergy to seafood and just touching it will give her a rash; actually eating it causes anaphylaxis, requiring urgent medical attention just to continue breathing.

An allergy to seafood is unfortunate in Thailand as it's widespread in Thai food. Even meat and vegetarian foods are likely to contain fish sauce or oyster sauce, and it's very difficult to get by in Thailand without being exposed to it. Johanna certainly didn't manage it, so perhaps it's fortunate that she came for surgery and not a holiday; she wasn't far from medical care at any point.

She had a lucky escape in the hospital when, due to her anorexia and general difficulty eating post-op, the staff helpfully ordered her pizza. Anything but seafood she said, and got a seafood pizza containing crab sticks. Unless you've seen crab sticks before you might not even recognise them as seafood. Johanna suspects the mistake was due to these staff not being the ones responsible for her diet and just trying to help.



She said the hospital were accommodating about the food, but if you can't eat seafood or are a vegetarian the range of food available is very poor.

This meal is one of hospital meals she preferred, beef, carrots, potatoes, pea soup and bread.

Johanna didn't think of it until afterwards, but stocking up on food in the hospital room's refrigerator might have been a possibility.

On her last day in hospital she managed to eat something that had probably been cross contaminated with seafood and had to take emetine, a potent (and unpleasant) emetic she'd bought with her.

I never had any real problems with the hotel food, but Johanna's not too happy with it. She was of course very careful with what she ordered, but probably due to cross contamination she was exposed to seafood another three times. Each time one of Dr Suporn's nurses came to the hotel late at night to administer an injection of ephedrine. She told me the medical care was excellent.

She said "the hotel breakfasts were fine, everything is clearly labelled and it's obvious what it is. They even have steamed vegetables. It's the meals later in the day that were the problem". She ate only Western food, and of that mainly burgers.

There's plenty of street vendors around the clinic selling food. I didn't take any photos or write about them, mainly because I wasn't brave enough to try them. Johanna tells me that they actually safer than the hotel food, at least for her, because the range of foods they prepare is very limited. The smaller stalls near the

7-Eleven and college on Sukhumvit road, on the way to the Muang Chon Pharmacy, generally only sell one thing and are really cheap. Breaded chicken breast with chilli sauce costs only 20 baht and there's almost no risk of contamination as they serve only the one thing. She similarly recommends KFC (in the Forum Plaza) and 'The Pizza Company', and says the vegetarian options at the Pizza Company are quite good.

And on the subject of Pizza, Johanna recommends to never refrigerate or eat cold pizza in Thailand due to the high risk of food poisoning. Apparently it doesn't contain preservatives.

It's possible to buy ramen, paper plates, and so on in the supermarket, but the hotel rooms don't have cooking facilities (there's a kettle in the room for hot water).

## Anorexia and BMI

The clinic advises the maximum BMI for surgery is 30.5, but it turns out there's a lower limit too, and Johanna was right on it at  $15 \text{ kg/m}^2$ . She's 5'11" and only 110 lbs (180cm/50Kg). Knowing she was dangerously light Johanna embarked on a special "diet" for a month before surgery, eating KFC for lunch every day. Even with all that the hospital staff were quite concerned about her weight during the pre-admission tests.

As Johanna's so thin and lacking "padding", being confined to the hospital bed for so long resulted in bed sores and bleeding on her coccyx (tailbone). After seeing these sores Dr Suporn advised her to be careful when moving and not to slide about on them. He joked "you're so skinny, just skin and bones, go to KFC get bigger."

## Hypokalemia

Hypokalemia, or low potassium, is a significant risk under anaesthesia due to the dangers of blood loss and irregular heartbeat. Dr Dilaka, the anaesthetist, prescribed a potassium supplement for Johanna to drink the day before surgery. It might have tasted like a "horrible bitter mix of bananas and copper coins", but it restored her potassium levels to normal before surgery.

## Laryngotracheal Stenosis

Laryngotracheal stenosis, or a narrow trachea, makes intubation for surgery difficult, and if not done properly can damage the vocal cords, as had occurred in a previous procedure when she was younger.

Fortunately Dr Dilaka, one of Dr Suporn's anaesthesiologists, has experience with patients who have these issues after Voice Feminisation Surgery (VFS) at Yeson in Korea. Dr Dilaka took care to explain to Johanna what she was going to do to avoid any problems.

## Catheter and UTI

Johanna managed to pee in the hospital after her catheter was removed and left the hospital without it. Unfortunately she couldn't pee again back at the hotel and had to have it put back in for another 5 days. She said "they got 2 litres out of me".

It was probably at that point she contracted a bad UTI which took another two months and numerous tests and different antibiotics to resolve. All the usual antibiotics were ineffective.

Johanna	Dr Suporn prescribes Ciprofloxacin to patients to take after SRS, an antibiotic for basic urinary tract infections. It helped somewhat with the intense feeling of needing to pee and the pain, however it had no effect on the "fragrant aroma" of my urine or difficulty
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in peeing, and the second I stopped taking it as I ran out everything got way worse.

By the time I was able to deal with the infection I was almost 2 months post op and it had become a serious infection, spreading up beyond my bladder to the upper urinary tract, causing me intense lower back pain, difficulty dilating as the muscles around my urethra were always tight and difficult to relax. I occasionally had to take morphine sulphate just to be able to deal with the agonizing pain of peeing.

I wasn't able to pee sitting down for the first couple days after returning from Thailand as a result of the infection. I had to pee standing in the bathtub, otherwise nothing would come out and I'd just hurt myself more. It got better after a couple of days, but standing to pee continued to be a regular occurrence until I got the correct antibiotics.

I had my urine cultivated and found I was infected with Serratia marcescens, a bacterium that spreads in hospitals and is not native to the genital region. After a 2 week course of both Nitrofurantoin and Trimethoprim 2x a day, my ordeal was finally over.

If you have a catheter you're not really supposed to leave your room, and you're especially not supposed to walk to the clinic, taking a detour via the Forum Plaza to buy KFC and a coke. Definitely don't do that.

## Breast Augmentation & Pain

Dr Suporn uses 'high-profile' textured cohesive silicone gel breast implants placed under the muscle using a very small armpit incision. These are particularly suited to Johanna's very narrow chest.

Johanna found having a BA and SRS at the same time made dilation far more difficult<sup>24</sup>. The BA reduces upper body mobility, and "reaching down to dilate is more difficult and restrictive, not to mention painful". She also said "showering, especially prior to the incision stitches being removed is incredibly difficult if you don't have someone to help you".

In hospital she had no pain from the SRS after the first day, but was in considerable pain from the breast massage. The standard painkillers were not fully effective and it took a while until they eventually found etoricoxib worked.

Johanna also discovered that she's allergic to Tramadol; it gives her rashes and vomiting. Fortunately she recovered very quickly and didn't need any painkillers after 10 days. She had no further pain apart from the UTI.

Given the difficulties she had with the BA at the same time as SRS I asked if she regretted it.

Johanna      I had my reasons for doing it at the same time as SRS but I do somewhat regret having BA and SRS at the same time. BA alone with the implant choice, incision area and surgeon I'd like in the UK would cost me probably about the same amount of money as the whole trip for SRS alone. Dr Suporn was a Doctor I trusted, I was going to have surgery with him anyway and he offered the implant choice and incision I was after. Was it necessarily the best choice ever? No, but it was the most ideal for me at the time.

Given the option, and the financial means to do it, I would have chosen to do BA a minimum of at least 6 months prior to SRS. I would certainly never choose to have BA

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<sup>24</sup> I've spoken to women who've had no problems with BA and SRS at the same time, so I'm not sure how typical Johanna's experience is.

done after SRS unless I was far enough beyond the scar contraction period that I wouldn't have to dilate more than once a week or so, as the initial recovery from BA is rough, and in my experience somewhat worse than the initial SRS.

I also asked about her result

Johanna      The results of my breast augmentation, and the other woman who also had Breast Augmentation whilst I was there, are consistent and very similar to the small variety of BA results on his website. The website pictures give a really accurate approximation of what results you will receive if you have BA with Dr Suporn.

I would define excellence in breast augmentation in four ways

- Realistic and proportional sizing.
- The top of the breast has a gentle slope with the nipple at its most projected point.
- The majority of the breast volume is on the lower portion of the breast
- The Breast is positioned, roughly, in the middle area of the upper arm.

The results of my breasts are very good even with the minor complications that occurred as a result of the surgery. My left breast is fantastic I am incredibly happy with the result and it meets all of the above criteria that I was hoping for. My right breast needs a minor revision, however the revision needed isn't particularly easy to get.

Dr Suporn advised me that the implant was lower on my chest than ideal prior to returning home from Thailand, as a result of over dissection of the pocket during surgery, however commented that he wasn't able to do much for at least 6 months. He suggested that I do not push my right breast down during breast massage and to continue to wear the bra I was given.

It wasn't until coming home that the implant poking through muscle was something I had noticed for myself due to the swelling going down and being more active than I was in Thailand.

My breasts look nice in a bra however if I'm not wearing a bra the nipple on my right breast is much higher than it should be and there a noticeable protrusion of the breast near my sternum and due to the weight of the implant that's pulling on the part of the muscle that has lifted up certain movements and positions can cause me fairly significant pain if I'm not wearing a bra.

I can't really afford UK hospital, surgery and anaesthesia fees if the surgery has to be performed under general anaesthesia so if I can't find a surgeon locally willing to repair my breast under local anaesthesia I will probably wait and ask Dr Suporn to revise it when I go back for my SRS revision.

At 3 months post-op I had two small faintly red marks under my armpits, about 20 mm and 5mm wide. The scarring is minimal.

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