

# **Surgical Methods for MTF Gender Reassignment**

A Comprehensive Guide to Your Options

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**MEXICO TRANSGENDER CENTER**

# | Welcome & Overview

At the **Mexico Transgender Center**, we understand that choosing the right surgical approach for your transition is one of the most significant decisions you will make.

Gender confirmation surgery is not one-size-fits-all. The optimal technique depends heavily on your anatomical starting point, your surgical goals, and your lifestyle considerations.

This comprehensive presentation details the four primary surgical methods we utilize, outlining the procedural mechanics, advantages, limitations, and specific recovery protocols to help you make an informed decision.

# The MTC Advantage: Surgical Hair Removal

A standard requirement for many inversion techniques globally is 12 to 18 months of painful and costly pre-operative electrolysis or laser hair removal to prevent internal hair growth.

**At the Mexico Transgender Center, we utilize a specialized surgical defolliculation approach in the operating room.**

During your surgery, our skilled surgeons meticulously dissect the tissue flap and manually scrape away the subcutaneous fat and hair follicles from the dermis. This safely clears the tissue of active follicles, saving you thousands of dollars and months of delay.

***Clinical Note:** While highly effective, patients should be aware that dormant follicles (those not actively growing during surgery) can occasionally be missed, carrying a slight risk of minor future internal hair growth. Additionally, the scraping process requires precise thinning of the tissue, which our experienced surgeons carefully manage to preserve optimal blood supply.*

# 1. Penile Inversion Vaginoplasty

The Penile Inversion method remains the “gold standard” in gender-affirming surgery globally due to its long history of reliability and excellent cosmetic outcomes.

**The Procedure:** The surgeon carefully dissects the penile skin and inverts it (turns it inside out) to form the lining of the newly created vaginal cavity, situated between the rectum and the bladder. The scrotal skin and urethral tissue are artfully repurposed to construct the external genitalia, including the labia and a sensate clitoris.

## Pros

- Uses native genital skin, providing excellent natural sensation and aesthetic blending.
- A highly reliable, widely practiced technique with decades of clinical data.

## 2. Penile Inversion with Scrotal Graft

This hybrid approach is utilized for patients who desire full penetrative depth but lack sufficient penile tissue—a common occurrence for patients who began hormone replacement early or utilized puberty blockers.

**The Procedure:** To overcome the lack of penile skin, the surgeon harvests a section of scrotal skin. This tissue is thoroughly cleaned of fat and follicles (utilizing our surgical defolliculation) and is sutured to the end of the inverted penile skin, acting as an extension tube. It is then positioned to form a deep vaginal canal.

### Pros

- Guarantees adequate vaginal depth even with minimal starting penile tissue.
- Eliminates the need for complex abdominal or intestinal grafts by utilizing localized genital tissue.

# 3. Zero-Depth Vaginoplasty (Vulvoplasty)

Vulvoplasty is an external-only procedure designed for patients who seek the aesthetic and functional external appearance of female genitalia but do not desire a vaginal canal for penetrative intercourse.

**The Procedure:** The surgeon removes internal erectile tissues and utilizes native skin to sculpt a highly aesthetic clitoris, labia majora, labia minora, and female urethral opening. Crucially, no deep dissection is performed between the bladder and rectum, meaning no internal cavity is created.

## Pros

- **No dilation is ever required.**
- Significantly shorter surgery and an easier, less painful recovery period.
- Drastically reduced risk of deep pelvic complications (fistulas).

## 4. Robotic Peritoneal Pull-Through

This is a highly advanced, minimally invasive robotic technique that utilizes the body's internal abdominal lining to create a superior vaginal canal.

**The Procedure:** Using a precision robotic surgical system via small abdominal incisions, the surgeon accesses the peritoneum (the highly vascular, elastic membrane lining the abdominal cavity). This membrane is pulled down and attached to the pelvic floor to form the upper portion of the vagina. The lower entrance is lined with a scrotal skin graft.

### Pros

- Achieves excellent vaginal depth independent of external genital size.
- Peritoneal tissue provides **natural self-lubrication**.
- Virtually eliminates the risk of internal hair growth.

# Summary Comparison

METHOD	VAGINAL DEPTH	SELF-LUBRICATION	DILATION REQUIRED	BEST SUITED FOR
<b>Penile Inversion</b>	Dependent on native tissue	No	Yes (Lifelong)	Patients with adequate penile tissue seeking a proven method.
<b>Inversion + Graft</b>	Excellent (Extended)	No	Yes (Strictly)	Patients with minimal tissue seeking full penetrative depth.
<b>Zero-Depth (Vulvoplasty)</b>	None (External Only)	N/A	<b>No</b>	Patients prioritizing an easier recovery, no dilation, and external aesthetics.
<b>Robotic Peritoneal</b>	Excellent	Yes (Natural Mucosa)	Yes	Patients seeking natural lubrication or those needing revision surgery.