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by [Jon Rappoport](#)

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There's a story about a man who wakes up one day and suddenly remembers he used to be a woman. He looks down at his dick and realizes it was INSTALLED at some point.

I don't know how the story ends, but I can imagine a number of cards in that deck.

Anyway, when a woman wants to have a dick and balls, she needs surgery. Phalloplasty.

Johns Hopkins has an [excellent article](#) on the subject: "*Phalloplasty for Gender Affirmation*"

Here are excerpts, to give you the flavor of doctors at work, doing their duty for humanity in the New Normal:

Phalloplasty involves using skin flaps, which are areas of skin moved from one area of the body to another. The skin flap is then reshaped, contoured and reattached to the groin to create the penis. There are three approaches the surgeon may use to construct the penis, using skin from the arm

(radial forearm free flap [RFFF]), leg (anterolateral thigh flap) or side (latissimus dorsi flap).

[I hope they're good sculptors. You wouldn't want a dick that looks like Pinocchio's nose or a table lamp.]

The first stage of an RFFF approach is creating the penis using tissue from the forearm. The area where the forearm tissue is taken will require a skin graft. This may occur at the time of the initial phalloplasty surgery, or it may occur three to five weeks afterward. If it occurs later, patients will have a temporary skin covering over the forearm to help it heal.

[No doubt more tissue is better than less. Why not go for heroic?]

The second stage, scheduled about five to six months later, may include lengthening the urethra to allow for urination out of the tip of the penis, creating the scrotum and removing the vagina, and other procedures...

[From where else are you going to urinate? Your eyes? 'Removing' the vagina sounds like stage magic.]

The third stage of surgery involves putting in place testicle implants and an erectile device to help the patient achieve an erection. The third stage typically takes place 12 months after the second.

[An erectile device. It turns on and off? By pressing a button? It's a small water wheel and a pulley?]

Penis size depends on patient preferences and the skin flap harvested from your body. Thinner patients with less fat on the skin flap will have a penis with less girth. Alternatively, patients with a greater amount of fat will

have a thicker penis.

[Hold on. Fat women have an advantage. I'm not sure that's socially acceptable. Thin women are an underserved disadvantaged community. Is the Girth Debate being censored on Twitter?]

The length of the penis depends on the patient's donor site, but typically it is about 5–6 inches. After the first stage, the penis may decrease in size as postoperative swelling decreases and the tissue settles into its new location.

[Decrease from what to what? Don't gloss this over.]

There are different ways to create the scrotum, including a procedure called V-Y scrotoplasty, a technique that creates a pouch to hold testicular implants. AART silicone round carving blocks have been approved by the FDA to be used as implants.

[Feel my pouch, baby. Feel my carving block.]

If it is important for you to urinate out of the tip of your penis, then urethral lengthening may be a good choice for you. If sensation is most important, your team will focus on a donor site with good nerve innervation. If penetrative sex is most important, and you would like to maintain an erection, then implanting an erectile prosthetic can be part of your surgery plan.

[My God, man, aren't all these outcomes absolutely necessary, considering the extensive surgical rooting around and slicing and dicing that's going on down there?]

...a urologist can place a prosthetic erectile device which will allow you to maintain an erection. As of September 2022, no implantable prosthetic devices have been FDA-approved for

phalloplasty. Instead, the surgeon can use a device intended for patients with erectile dysfunction to allow transmasculine patients to achieve an erection. There is a risk of infection and implant rejection with an erectile implant. If this happens, it may take six months before another device can be placed into the penis.

[Rejection is an unpleasant term. Isn't there a softer way to say this? And what woman turning into a man wouldn't want an erection? Isn't that the whole point of the lacerating and the construction crew? Are you saying there's a good chance she'll get infection and rejection instead of erection? (That sounds like Jesse Jackson.)]

Clitoral burying involves moving the clitoris into the base of the penis to increase sensation. This is typically done at stage 2.

[Moving? We need more detail. And burying? Is there a graveside service conducted by a pastor?]

Orgasm is possible after phalloplasty, especially if your surgery plan emphasizes preserving sensation. It is important to note that your penis will not ejaculate with semen at the time of orgasm.

[What WILL it ejaculate with? Windex?]

As mob boss Hyman Roth says to mob boss Michael Corleone in *Godfather II*, "This is the business we've chosen."

Of course, a woman could just SAY she's a man and save herself a great deal of complication. That would also earn her status as a lesbian who wants to have sex with other women. Just a thought.

Reading between the lines of the Hopkins article, I have the

impression problems might arise. Wilting erection, unsatisfactory sex, etc. I don't know whether reversing the reversal and going back to where it all started is possible, but since the surgeons are already doing the full phalloplasty, who knows what else they might try?

"He wants to be Sally again, Doctor."

"I'll give it a whack. She might wind up urinating out of her ear, though. We could run a tube down to a bag and have a UPS carrier pick it up every day."

There are philosophic questions. If the sexual sensations of the surgically altered Sally who is now Harry are physically hooked up to the clitoris, then is the new Harry experiencing something male or female?

Tune in next week, when phalloplastic surgeon and NeoPlastic scholar, Sid Marcus, CEO of We Build It and You Might Come, Inc., offers his insights from the ADX Florence Supermax, where he is serving consecutive life sentences on an unrelated charge.

– Jon Rappoport

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