

# *The Urology Center, Inc.*

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June 29, 1978

Nicholas C. Ghosh, B.A.  
Foundation For The Advancement of  
Canadian Transsexuals  
P.O. Box 1238, Station "M"  
Calgary, Alberta T2P 2L2

Dear Mr. Ghosh:

Recently I have developed a two-step procedure for the creation of a neophallus and this is why Doctor Paul Walker, of the JANUS Foundation, at the University of Texas, referred you to me.

The name of the operation is simply, two-stage procedure for the creation of neophallus. The functions are that the patient urinates through the end of a phallus; and, in the second stage have a silastic prosthesis implanted so that there is a penetratable penis. Cosmetically the method as first described by Doctor Donald Laub, is used for the creation of a neophallus which gives it an excellent cosmetic appearance using split thickness skin around the phallus shaft and full thickness skin for the glans with an actual coronal type structure behind the glans. Also the patients have a scrotum built from labia majora and within which lies a soft silastic prostheses for testicles.

Briefly, so as not to go into long surgical detail, the things that are accomplished in the two stages are as follows:

First Stage: During the first stage, the first stage of a neophallus is created which is a tubular structure and covered by a split thickness skin graft, (2) a total vaginectomy is performed and the creation of a perineal body by the approximation of the levator muscles, (3) the scrotum and scrotal contents are formed utilizing the labia majora into which are placed a soft silastic prostheses for the testicles, (4) the clitoris is denuded as in a hypospadias procedure and inserted into the base of the neophallus.

No less than six months later and sometimes longer, depending upon how long it takes for edema to subside and the skin to become supple and fully vascularized, the second stage is then performed.

Second Stage: The second stage consists of taking down a

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Proportion of the neophallus and the creation of the gland as described above so that it looks natural. A perineal urethrostomy is inserted to divert the urine perineally and the remainder of the urinary tract from the old urethral meatus to the new opening in neophallus is closed essentially by the technique of Johansen or the second stage technique of Johansen, so that there is continuity between the bladder and the distal portion of the glans penis. Basically the patients wear the perineal urethrostomy for approximately three weeks after which a retrograde urethrogram is performed to assure that healing is complete and that no fistulas are present and that the tubular structures are patent to the bladder. If so, the perineal urethrostomy is removed and the patient is usually voiding almost immediately.

You must understand that this is a very new surgical technique and we have completed the operation only upon four patients, two of which I performed as guest professor at George Washington University, in Washington, D.C. I will be the guest professor at Stanford University on October 5, 1978, where I will be completing the second stage of one of the procedures for The Department of Plastic and Reconstructive Surgery.

So far the few number of people that we have performed this operation upon have been most happy, namely, because urine comes out where it is supposed to, the penis is penetratable, the scrotum is present, cosmetically it looks good and last but not least it constitutes only two stages no less than six months apart. We have not yet had any real surgical complications, perhaps because we have not performed enough of these procedures.

The surgical cost per procedure is \$3,000.00, per procedure. This constitutes the work of two experts, one a plastic surgeon the other a genitourinary surgeon. The hospital cost will run about \$2500.00 per stay and anesthesia cost is about \$300.00 per stay, so the procedure would cost between \$5500 and \$6,000 per procedure which means that the total surgical correction would cost somewhere in the neighborhood of \$12,000.

The criteria for gender program eligibility and surgical recommendations are very explicit, this is an integral part of the University of Oklahoma and specifically the Oklahoma Gender Identity Foundation. I am Clinical Professor of Urology at our University and perform the operations in this institution. The criteria consists of those criteria laid down by The JANUS Foundation of which I am sure you have copies.

The possibility of engineering a non-surgical phallus I have not had sufficient experience. Obviously there is no available literature on my new phalloplasty yet because I do not believe

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enough procedures have been performed to warrant placing it into the literature at this time. After at least ten of them have been performed the article will be written. However, I do plan to give the article to the Sixth International Gender Dysphoria Symposium in Coronado, California between February 22 and 25, 1979.

Hoping this information may be of help to you, I remain

Sincerely yours,



Charles L. Reynolds, Jr., M.D., F.A.C.S., F.I.C.S.

CLR:dv