
A Butterfly's Journey

SRS with Dr Suporn

5th Edition

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INTRODUCTION

There's many blogs, forum discussions, and YouTube videos 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 other 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 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've since been back for 3 revisions 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.

This is mostly the story of my experience and shouldn't expect yours to be entirely the same. Over 4 years and many visits I've seen how the clinic, its procedures, and the general environment change – and by the time

you get there it will have changed yet again. I've also seen that every women's recovery is different, and you shouldn't be surprised if your experience is quite different to mine. With that in mind, its most important that you follow the Suporn Clinic's instructions and do exactly as they say. They are the experts on your recovery and what you need, not I or anyone else.

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

SOME HISTORY

This is the 5th edition of this document. The 1st edition was after my SRS in 2015, and the others following my revisions in 2016, 2017, and 2019, then visits to Thailand.

There are two themes running through this document. There's the story of my journey, in chronological order, and the more factual information about what you'll find there – more like a manual for your stay.

In some cases I've gone back and edited the older material to correct mistakes or update it with new information I've learned.

I'd like to thank the others who have contributed information and photos to this document. I hope I've acknowledged everyone correctly.

If I make any more updates I'll be posting them as [/u/Suporn2015SRS](#) on reddit. If you try to contact me there, please note that I rarely log in and it may be quite a while before I respond, if ever.

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 Watanyusakul¹ 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 deficiencies². 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 it 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 some of 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 incentive 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 labia³ or erectile tissue. I'd assume labia are a simple cosmetic revision, should you care, and I know a

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

² See the Interview, "Dr Suporn's History of SRS", page 137

³ See the Interview, "Large Labia", page 139

few women do go back for revision on erectile tissue⁴. Comments by most post-op Suporn women view the erectile tissue as a positive feature.

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

There's endless stories of how happy 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 doing⁵. 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 died⁶.

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 [lifensexperimentblog](#), [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](#). In 2019 he authored the paper [Vaginoplasty Modifications to Improve Vulvar Aesthetics](#) in Urologic Clinics of North America, and it's well worth reading if you can get hold of it.

⁴ This was one of my revisions in 2016.

⁵ See the Interview, "The Recto-Vaginal Fistula", page 142.

⁶ Post-op Care Book and email with the clinic.

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

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

I've heard a few people criticise Dr Suporn for running a factory or production line. It's true in a sense, in that he has a large number of patients, but it completely misses the point. He and his staff are vastly experienced at this and have seen and done everything before. In my experience they always have time for you, and know exactly what you need and are there to provide it. You can see this from the first contact with the clinic with the extensive emails from Sophie⁷ – everything is planned, and they guide you though it as they have so many before. Dr Suporn is the most expensive SRS surgeon in Thailand, he performs the surgery himself⁸, 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 he's not done a medical presentation in years⁹. It's as if he doesn't care about business, and it's a 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 year¹⁰ 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 usually 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.

⁷ The Clinic admin and point of contact for all emails.

⁸ Email from the clinic "Dr Suporn conducts all his procedures personally without a surgical assistant other than his anaesthesiologist and his team of operating theatre nurses."

⁹ He's done more medical presentations, I just didn't know about them at the time. See the interview "The Secret Technique", page 173.

¹⁰ One year in 2015, it was over 1½ years in late 2016 before being frozen in 2017

In Retrospect

I wrote the above from the viewpoint of my decisions at the time, but I had the opportunity to interview Dr Suporn (page 225) when I returned for my revisions and it more than confirmed all the reasons I chose him. However, I was quite mistaken in believing I'd seen good Suporn results before choosing him; they are nothing like my final post revision result or others I've since seen.

My recovery was nothing out of the ordinary, and while it wasn't easy it was quite straightforward. A lucky few recover incredibly rapidly and with ease, but I've also met a couple of women returning for revision who'd had a very difficult time. Previously this was one of those things I'd heard about on Internet, but I'd never been entirely sure what to make of it. Given the number of Suporn patients I've met over the years who had no such problems I believe this kind of thing is rare, but it is different hearing it in person rather than as a distant story, and it's a reminder that surgery is a serious matter and should be considered carefully.

None of my reasoning has changed, and had I known back then what I know now there's nothing I would change. I think I'd have been a bit more worried, but even more certain in my decision. The risks of surgery are more real to me now, but so are the benefits.

Given Dr Suporn's imminent retirement, would I choose Dr Bank? By the start of November 2019 he'd done 103 independent surgeries¹¹ and I've seen quite a few of his results, both photos and in person, and I can't tell the difference. So yes, I'd choose Dr Bank, and without hesitation.

Applying to the Suporn Clinic for SRS

After Dr Suporn announced his retirement and the formation of the Suporn Team in June 2017 there were significant changes to the schedule. I've not written about this as I didn't experience it personally and I'd expect it to be in flux for a while before things settle down for the long term.

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 about¹².

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.

¹¹ Email with Suporn Clinic.

¹² 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.

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.

The requirements to have SRS are generally agreed to be according to the [WPATH Standards Of Care](#), while the diagnostic criteria for [gender dysphoria](#) is usually defined by [DSM-5](#), although there’s also ICD-10. However, it is the Suporn Clinic’s requirements you must follow, and I’d recommend reading them carefully. If you satisfy the WPATH SOC you’re not going to have any difficulty meeting the Suporn Clinic’s requirements.

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.

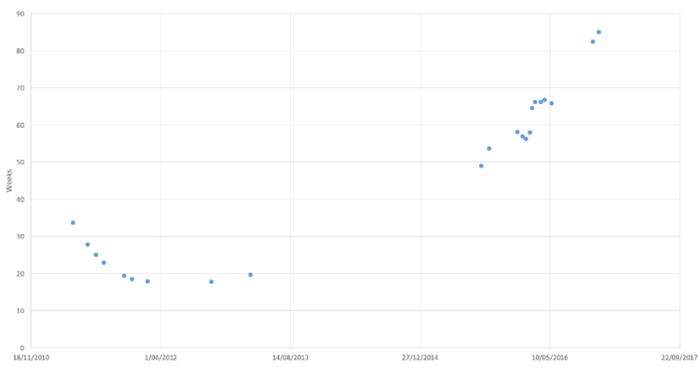
For some reason which now eludes me I got a second “improved” SRS letter from my psychiatrist; it just had a new date and the extra number of appointments on it since the one I’d previously sent. I carried both originals, but gave Dr Suporn the improved one. He actually noticed that it was different 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 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 previous 5 years, and it was 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. It wasn't 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.

When I returned for my revision in 2017 I received an email from the Chon Inter hotel confirming my booking. I wasn't too happy that the Clinic had given my email address to a 3rd party, so bear this in mind if it concerns you. However, like all hotels in Thailand they will need to photocopy your passport when you check-in.

Internet Peer Support Groups

There are several peer support groups dedicated solely to Dr Suporn patients.

Discord

A [Discord](#) server was setup in late 2017 by a previous patient to help Suporn patients communicate, share information, and provide support for each other.

You'll need to be having or had surgery at the Suporn Clinic to join, or a caregiver. The method of joining is not public, and you'll be verified before getting access. It's easy to join via the Facebook Group, or once you arrive at the Chon Inter, otherwise it's very difficult.

At the Chon Inter it's passed by word-of-mouth so you can just ask one of the other women; most of them are in on it. And pass it along to the new arrivals, not everyone is aware of it.

The Discord server is an excellent resource and appears to be the main support group now. It's well worth joining once you're there. I hesitate to recommend joining before having surgery as some of the discussion is quite intense and very real in a way that I've not seen elsewhere.

Personally, I prefer to be fully informed and given the option I'd have joined before surgery, read everything, got worried, then had surgery anyway. The only difference it would make would be to my stress levels. I say that as someone who never had any fears going into surgery, so if you're prone to that kind of thing you might want to wait.

Facebook

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 Nicola Summers who will pass your request on.

nicola@transworldcare.com

Yahoo

The [Dr S Club on Yahoo](#) goes back to 2004 and is (or was) a great historical resource. However, it's essentially dead these days – maybe actually dead, I've not looked in years. The Yahoo group provided far more information about Dr Suporn than any other site I'd seen before my surgery.

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.

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.

Personally, I'd not 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.

Vaccinations

The [standard tourist vaccinations](#) for travelling to Thailand from Australia or the USA are Hepatitis A/B and Typhoid¹³. There are others, but only if you're planning on trekking through the jungle. A full course of 3 Hepatitis vaccinations takes 6 months, although the 3rd one can be done after returning from Thailand. The first two offer short term protection only, the third is for lifetime protection.

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](#) under 15 or over 30.5.

I understand that with plastic surgery the lower the BMI the better the aesthetic result¹⁴. 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

¹³ Apparently these are not required for Chonburi, but I had mine anyway. Better safe than sorry.

¹⁴ I also discussed BMI with Dr Suporn in the Interview, see "BMI and Smoking", page 174.

before SRS, I also reached the point where it was too late to start. I've read that 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.

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. It can get very expensive going over these limits so check what its going to cost if you do.

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

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

Hand Carry

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

Carry-on Luggage

This is a small suitcase with wheels and extendable handle for the plane and hospital. It needs to be easy to move around post-op. These are the things I need on the plane, those that I can least afford to be stolen, and valuables that are more likely to be stolen in the airports. Make sure it fits as carry-on luggage on the plane to avoid excessive fees or having to send it as checked baggage (and risk losing it)

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

Suitcase

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

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 Plaza, Central Plaza, or [Tukcom](#).

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.

Packing Extra in Thailand



When I travel and find I need an extra suitcase I usually find a sturdy cardboard box being thrown out from a shop and use that instead. A free cardboard boxes is whole lot cheaper than a new suitcase; shops always seem happy if you ask to take one or two, and I have too many suitcases already.

I find a nice strong box and measure it to get a good size that's not over limit for the airline and write my name and address all over it with a permanent marker.

You can get decent packing tape and marker pens easily in Chonburi, the Art and Office supply shop has both and so do other stores. I use lots of tape as cardboard to make it less likely anything will happen to the box; however I've used boxes many times and never had a problem.

Left: Central Plaza, my thanks to Jessica for this photo.

Preparation for returning home

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

- I bought quite a pile of food so I'd not have to go out much or carry anything heavy.
- Found a trans friendly gynaecologist.
- Vaginal Syringe to clean out lube after dilating.
- Setup my bed so I could easily dilate, somewhere to put equipment within reach, TV/computer, bed pads, carpet around the bed so I'd not break the dilators if I dropped them, good lighting so I could see what I was doing, pillows to lean back on. I have a clock visible from the bed so that if I forget to take my cell phone to bed I can still measure my dilation time.
- Bed pads. I could use towels, but I'd rather not clean them all the time.
- Latex gloves. Not really necessary, but I like them.
- 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 requires 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.

<https://depts.washington.edu/anesth/care/anesthesiology/hmc/meds.shtml>

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

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

I'm not carrying cocaine though an airport, so there's no way I'm going to Thailand carrying codeine without a really good reason. I'd thought about taking a few drugs with me to Thailand before I researched it, but I ended up taking nothing rather than risk any problems or suffering though the paperwork. Note that HRT is available without prescription in Thailand (see page 55).

Useful resources are

- Guidance for Travellers under Treatment Carrying Personal Medications Containing Narcotic Drugs/Psychotropic Substances into/out of Thailand
- Wikipedia Psychotropic Substances Act (Thailand)
- Siam Legal [Criminal Drug Offences in Thailand](#)

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

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

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

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

To summarise the **Narcotics FAQ**

Classification	Restrictions
Category 1	Import/export/possession strictly prohibited without permission from the Minister of Public Health
Category 2	Medication brought into Thailand by travellers for personal use: <ul style="list-style-type: none"> Limited quantities are allowed for personal use (30 days of prescribed usage) A medical treatment letter/prescription from the prescribing physician is required Certificate issued by a competent authority of the country of departure to confirm the patient's legal authorization to carry the medications for personal use A completed application for the applicable
Category 3	Import/export/possession strictly prohibited without permission from the Minister of Public Health Permission granted for medical purposes
Category 4	Import/export/possession strictly prohibited without permission from the Minister of Public Health
Category 5	Import/export/possession strictly prohibited without permission from the Minister of Public Health

Controlled Narcotics Drugs

Category I Narcotics

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

Category II Narcotics

Acetyldihydrocodeine	Ethylmorphine	Norcodeine
Acetylmethadol	Diphenoxylate	Norlevorphanol
Alfentanil	Dipipanone	Normethadone
Allylprodine	Drotebanol	Normorphine
Alphacetylmethadol	Etoperidine	Norpipanone
Alphameprodine	Fentanyl	Opium
Alphamethadol	Furethidine	Oripavine
Alphaprodine	Hydrocodone	Oxycodone
Anileridine	Hydromorphanol	Oxymorphone
Benzethidine	Hydromorphone	Pethidine
Benzylmorphine	Hydroxypethidine	Pethidine-Intermediate-A
Betacetylmethadol	Isomethadone	Pethidine-Intermediate-B
Betameprodine	Levomethorphan	Pethidine-Intermediate-C
Betamethadol	Levomoramide	Phenadoxone

Betaprodine	Levophenacymorphan	Phenampromide
Bezitramide	Levorphanol	Phenazocine
Clonitazene	Medicinal	Phenomorphin
Coca bush	Opium	Phenoperidine
Cocaine	Metazocine	Pholcodine
Codeine	Methadone	Piminodine
Codoxime	Methadone	Piritramide
Concentrate of Poppy Straw	Intermediate	Proheptazine
Dextromoramide	Methyl-desorphan	Properidine
Dextropropoxyphene	Methyldihydromorphine	Propiram
Diampromide	Metopon	Racemethorphan
Diethylthiambutene	Moramide-Intermediate	Racemoramide
Difenoxin	Morpheridine	Racemorphan
Dihydrocodeine	Morphine	Remifentanyl
Dihydromorphine	Morphine	Sufentanyl
Dimenoxadol	Methobromide	Tapentadol
Dimepheptanol	Morphine N-Oxide	Thebacon
Dimethylthiambutene	Myrophine	Thebaine
Etonitazene	Nicocodine	Tilidine
Dioxaphetylbutyrate	Nicodicodine	Trimepridine
Ecgonine	Nicomorphine	
Ethylmethylthiambutene	Noracymethadol	

Category IV Narcotics

1-phenyl-2-propanone	Elymoclavine	Ergothioneine
3,4-Methylenedioxyphenyl-2-propanone	Ergocornine	Ethylidine
Acetic Anhydride	Ergocristine	Diacetate
Acetyl Chloride	Ergocristinine	Isosafrole
alpha - Ergocryptine	Ergometrine	Lysergamide
alpha - Ergocryptinine	Ergometrinine	Lysergic Acid
alpha -Phenylacetoacetonitrile (APAAN)	Ergosine	N-acetylanthranilic Acid
Anthranilic Acid	Ergosinine	Phenylacetic Acid
beta - Ergocryptine	Ergosterol	Piperonal
beta - Ergocryptinine	Ergotamine	Safrole
Chlorpseudophedrine	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-	PHP(PCPY)
Etryptamine	Thiomescaline or 4-TM, 4-Thioescaline or 4-TE	Psilocine
GHB (Gamma-hydroxybutyrate)	4-Thioprosaline or 4-TP, 3-Thiomescaline or	Psilocybine
JWH-018	3-TM, 3-Thioescaline or 3-TE, 3-	TCP
JWH-073	Thiometaescaline or 3-TME, 4-	Tetrahydrocannabinol
Methcathinone	methylaminorex	

Category II Psychotropic

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

Category III Psychotropic

Amobarbital	Glutethimide	Pentobarbital
Butalbital	Meprobamate	
Cyclobarbital	Pentazocine	

Category IV Psychotropic

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

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 multiple banks because I've also found in the past when a shop (or airline) gets blocked it happens on all my other cards with that 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.

I've never heard of [this happening](#) to anyone visiting Thailand for surgery, but there is a [rule requiring](#) that visitors carry at least 10k Thai Baht or equivalent currency on entry at customs (families are 20k Thai Baht). I've been doing that anyway when returning for revisions as I like to have some cash with me.

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](#). I've not tried it, but I've heard [TransferWise](#) being recommended.

For Australians 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 ¹	550,000	15,160	21,800
Hotel (7 th floor, 32 days)	51,200	1,411	2,070
Miscellaneous		695	1,000
Total		17,266	24,870

¹ 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

	Cost per night, baht ¹		
	1-13 nights	14-26 nights	27+ nights
Standard/Superior Room (3 rd floor)	1600 (1400)	1400 (1300)	1150 (1100)
Business/Delux Room (7 th floor)	2100 (1650)	1450 (1450)	1600 (1350)
Junior Room (2 room suite)	3550 (3200)	3300 (3000)	3100 (2800)
Internet (unlimited hours for 30 days)	3000 (0)	1500 (0)	0

¹ Prices in 2015, with 2020 price in brackets. One person, or two people sharing.

For convenience I kept my room over the hospital stay. There were 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. In 2020 the discounts apply from 14+ days.

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 costs 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. After multiple visits I can say that some women benefit greatly from having someone along with them, but I'm not one of them and find it difficult to relate to. 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 Bangkok¹⁵ 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.

¹⁵ 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

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.

Travel Dates

There used to be a couple of month long non-surgery dates date's each year, in October and April, but in 2019 there's only one smaller block in December/January. If you book within a month of either side of those dates 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 Thursday's 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 don't know if this schedule is still operating, it was very busy in 2019 and my final appointment was on a Friday.

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

Travel Insurance

Most travel insurance does not include medical tourism and I wasn't able to find any that did. I did have my usual travel insurance via my credit card, but its possible that it would have been invalid had I needed it. I'm sure it would not have been usable for any kind of emergency medical care once I'd had my surgery.

I decided that worst case, medical care in Thailand is relatively cheap, so I'll risk it. The chance of needing it is extremely low anyway. I'm not sure what I'd do if I were visiting the USA for surgery – probably spend a lot more time researching.

Online Shops

I've not done it personally, but you can shop online in Thailand from lazada.co.th, a subsidiary of the Chinese [Alibaba Group](#) which also owns [AliExpress](#). Lazada appears quite popular in Thailand, but like AliExpress you need to be careful not to get ripped-off when shopping there. If you're not familiar with AliExpress there's quite a lot of information online about how best to shop there, and I'd assume much of it would apply to Lazada.

See [/r/aliexpress](#) on reddit for AliExpress, a reddit post "[What not to buy on aliexpress?](#)", and [this post](#) on Lazada. Don't buy anything that can harm your health or kill you if its fake (food, skin products, etc), or burn your house down when it catches fire (chargers, etc). Be careful when buying anything expensive, you might not get it.

You can buy cheap glass dilators (and sex toys) on these sites, but it's probably a very bad idea. [Dangerous Lilly](#) has a good article [Is Your Glass Sex Toy Truly Safe?](#) on the potential dangers.

ARRIVAL AND CHONBURI

I did a bit of research into [Thai culture](#), but since I was only there for SRS it wasn't overly useful, plus I kept forgetting the few words of Thai I'd tried to learn. Language is so not my thing. I'll try at least to remember these two next time.

Hello	Sawatdee ka	สวัสดีค่ะ
Thank you	Khob Khun ka	ขอบคุณค่ะ

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.

I noticed many women using the Google Translate app on their phones. It looks very useful, especially when trying to order food outside the hotel.

The clinic advises 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 paperwork¹⁶ 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 was Tourism when first started going as there were no other suitable options (and who wants trouble getting into the country), but in late 2019 I noticed a new option for "Medical and Wellness".

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 quite nice, 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

¹⁶ See [Thailand Arrival Card – How to Fill Thai Immigration Form 2020](#)

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 hotel address is:

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

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 35).

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, only your name won't be edited out.

On the left is the Clinic Driver, Danny, who you'll likely meet at the airport along with one of the English-speaking staff. On the right, the airport viewed from the carpark where the clinic's van was parked.



There's an [observation deck](#) at the airport, but the view's not very good. Apparently it's a good for sleeping if you have too much time. You can find the escalator/lift to it at the rear of departures check-in counter R.



Returning to the airport from Chonburi you sometimes see some interesting sights.



On the way back home, a nice view from outside the airport.



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 so I could setup a WIFI hotspot on my cell phone.

AIS is Thailand's largest cell phone operator, then TrueMove and DTAC in 3rd. I've always used DTAC since they were the only 4G provider in Chonburi when I first visited, and I've just stuck with them since. That was years ago now, and the other companies have long since caught up.



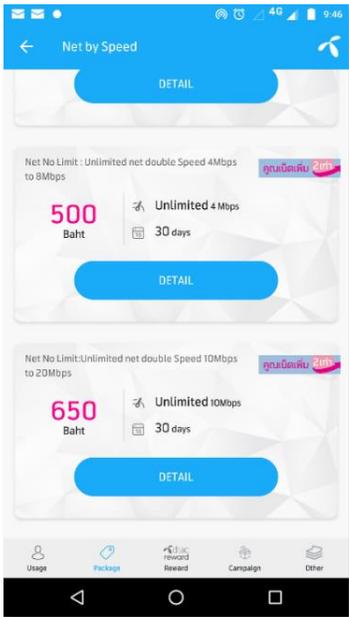
Make sure your phone is unlocked or you won't be able to use a Thai SIM card, and also that your phone works on the same frequency bands as in Thailand.

[DTAC](#) provides fast 4G Internet access in Chonburi, and in 2015 was the only company to do 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 was required, but I did need to show my passport. The shop staff will even put the SIM in your phone and get it working for you. You'll want the [Happy Tourist SIM](#).

In early 2017 the 30 day airport prices for DTAC in were 549, 849, and 1349 baht for 4.5 GB, 9 GB, and 20 GB high speed data respectively. Once you go over your data limit I believe the connections will slow down, but still work.

If you want to use the Uber style Grab app I'd recommend getting a phone plan as well as data as it relies on this to verify your identity. I'm not sure what other local apps require.

That's the easy way to set it up, but you may be able to get better value if you look on the websites for [DTAC](#), [AIS](#), and [TrueMove](#) sites before leaving and check their plans. At one point in early 2019 DTAC were offering unlimited 10 Mbit at 650 baht for 30 days, but sadly no longer.



You'd need to buy at a SIM (50 baht in 2019) and add credit to your account, either at the airport or one of the DTAC shops. Download the DTAC app and pick a plan, either at the airport using the free WIFI (login required), or using the free hotel WIFI.

I prefer to use cash for phone plans to avoid any possibility of being billed after leaving Thailand. I could see that being difficult to resolve.

The DTAC app shows the locations of their stores. Nearby ones are Chalmrthai Department Store (page 83) and Central Plaza (page 95).

Although DTAC and the other providers have shops at the airport (page 33), on my first visit 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 woman 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. When I visited in 2017 two different staff members said they didn't have any suitable SIM's; I'm not sure if this was true or because they were very busy at the weekend and couldn't be bothered. The main point of all this is **buy a phone SIM at the airport**.

Once you're in Chonburi, over the bridge from the Clinic are AIS and 'true'. In 2017 true had a 6G plan for 735 baht and AIS had some plans that seemed unlimited data with slower speeds, but it was hard to work out exactly what they had due to English difficulties. True is next to the (now closed) Drug Store/Pizza Company, and AIS next to the Massage shop.



If you need to add more calling credits to your account and want to do so in cash go into the store and tell them you want to “top up”. My DTAC SIM came with 100 baht of calls, at 1 baht per minute, or add credit to your account and use the app to buy a plan.

The hotel WIFI was more or less adequate in 2015, but I found it quite annoying in 2016 and it didn't get any better later on. 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, and others had difficulty playing games. In late 2019 I heard the WIFI at the Chon Inter must have been upgraded as it was very fast in rooms near the access points, and while the hotel wasn't too busy. Everything keeps changing.

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.

At Aikchol hospital I used data via my phone rather than the hospital fee, but I've heard the new Samitivej hospital has good free WIFI.

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 even bother checking the cost. The hotel phone is however useful for calling other rooms. For international phone calls I 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 I've heard they break easily.

Transport

Bus

There's a bus stop just over the road from the Chon Inter into Bangkok (page 75). I've not used it, but I know others have. Don't confuse this with the Bus Terminal with Pigsy's.

There's very cheap "buses" driving along Sukhumvit road all the time, but you'd need to ask a local person about them as they look more like vans.

There's another variation on a bus or taxi I caught at Tukom once (page 105), but only because I had someone with me who knew how they worked.

Taxi

The only time I've used normal taxi's these days is from the airport into Bangkok, and you don't even need to do that when you're coming for SRS. I've used it once to get from Central Plaza back to the hotel, but Grab is much cheaper and very convenient, so I don't do that anymore.

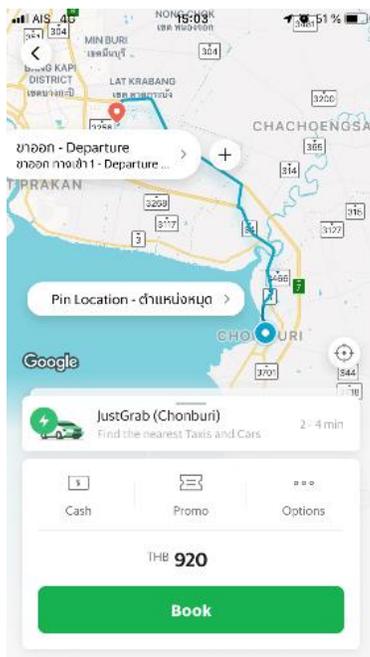
Hotel Taxi

The Chon Inter 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.

Grab



In early 2019 everyone was using the [Grab](#) app rather than a Taxi. It's the Thai version of Uber, which doesn't exist in Thailand – they left in 2018.

Grab is cheap and very easy to setup and use, but you will need a working phone number for account verification. I've used it and prefer it to using a taxi – it's very convenient. You can pay the driver in cash, there's no need to enter your credit card.

If your phone has data, but not a working phone number you're going to have trouble getting Grab working. I'd ask in the Discord channel if you end up in this situation.

If you travel via toll roads with Grab the driver will ask you for cash to pay the tolls. I've done this travelling from the airport into Bangkok and Bangkok to Chonburi, but not within Chonburi.

Left: Grab from the airport to Chon Inter is/was 920 baht. My thanks to Jessica for this screenshot.

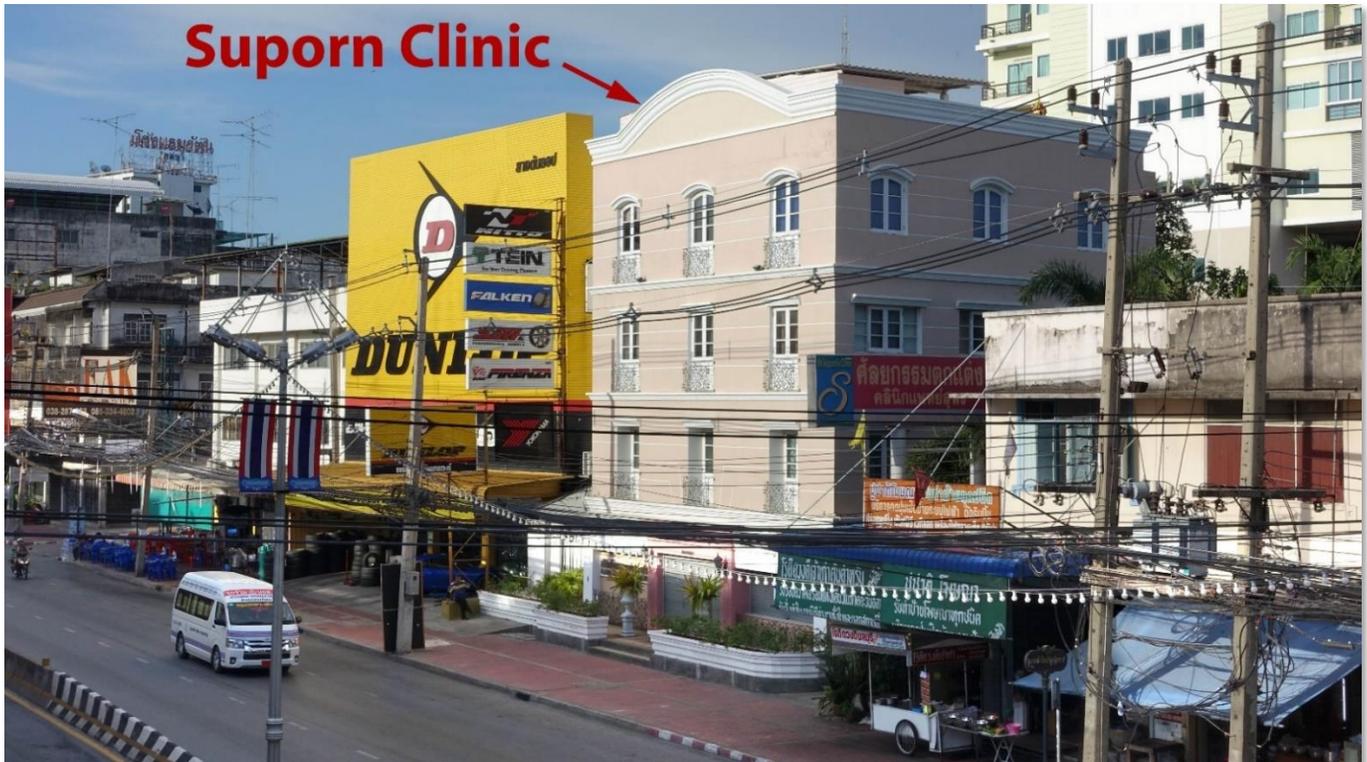
Chonburi Map

I've drawn a map of Chonburi with most of the places of interest marked. I've left out Dr Suporn's beach house as it's a lot further away.



Sukhumvit Road

Sukhumvit is the main road the clinic is on and you'll be seeing a lot of it if you want to go just about anywhere. This photo show 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). The Forum Plaza, The Pizza Company, and Boots were all closed by the time I visited in 2019 due to redevelopment.



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	street view	13°21'49.11"N, 100°59'24.99"E
7 Eleven near Forum Plaza	street view	13°21'55.14"N, 100°59'22.93"E
Aikchol Hospital	street view	13°21'18.20"N, 100°58'32.80"E
Samitivej Hospital	street view	
Bangkok Bank	street view	
Central Plaza (drive)	street view	13.336930, 100.969701
Chon Inter Hotel	street view	13.365981, 100.992096
Forum Plaza (walking distance)	street view	13.364445, 100.989836
Laundry	street view	13°21'48.75"N, 100°59'26.35"
Pagarang Restaurant	street view , map	13°18'17.2"N 100°54'08.4"E
Post Office	street view	
Market near Pharmacy	street view	
Muang Chon Pharmacy	street view , map	
Najasaataichue Chinese Temple	street view	
Night markets	street view , map ,	13°21'49.2"N 100°58'49.5"E
Cabaret	street view	
Red Chair Restaurant	street view	
Suporn Clinic (Sukhumvit road)	street view , map	13°21'54.97"N, 100°59'26.78"E

Suporn Clinic (back street)	street view	
Swensen's (ice cream shop)	street view	
Tesco Lotus shops (drive)	street view , map	13.340450, 100.973090
The Book Café	street view	
Conpanno Café	street view , map	
Jeh # 1 Vegan Restaurant	street view	
Jeh # 2 Vegan Restaurant	street view	
Wat Tham Nimit (Buddha statue)	street view , map	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.

In the early morning, say 6am, there's plenty of places open for breakfast, and it's quite pleasant that time of morning. In the evening along Sukhumvit road night there's again plenty of restaurants. Most of them don't have any English and you can only wonder what they are selling (or if its safe with some of them). They don't mess about with fires for cooking either.



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. On check-up/revision days 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, Aoi (Mrs Suporn), the 4 English speaking staff (Fon¹⁷, 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.

Supermarket in the Chon Inter Driveway

There's a small supermarket in the driveway of the Chon Inter, with washing machines for 20, 30 and 50 baht depending on size. You can buy detergent and softeners in the shop for 5 baht each. There are no clothes driers.

¹⁷ Fon was no longer there in 2016.

Just to the left of the supermarket in the photo is the shortcut leading to the back of the clinic.



Chao Doi

The Chao Doi is a franchised coffee shop at the entrance to the Chon Inter on Sukhumvit road. I've not tried it, but I hear it's quite good.



Cabaret



Unfortunately, the Cabaret closed (moved) sometime in 2019.

There's a Cabaret just across the small intersection from Red Chair, open for lunch and dinner, and the dancers are all transgender. A word of warning, when they say the food is "not hot", it's very hot. I love hot

food, but I wasn't brave enough to order anything "hot". It is a very different style of food to the Red Chair or Chon Inter.



Pork with lemon sugar



Papaya salad



Pork Larb



The menu was translated after and independently of ordering these dishes, so none of the names match. I could never work out which was which.

My thanks to Dana for translating the menu.

Mortar-Style Salads

- Ma-ma noodles, mixed seafood
- Mixed seafood
- Salad Tray, fresh shrip, horse crab, cockle, green papaya
- Cockle (shellfish)
- Fresh Shrip
- Horse Crab
- Corn and Salted Egg
- Fruit
- Fermented Salted Fish
- Thin Chinese Noodles
- Khorat Style
- Black Crab
- Black Crab Thai Style
- Som Tam Bean
- Cucumber
- Mango

Not spicy	ไม่เผ็ดเลย	mái pèt loie
A little spicy	เผ็ดน้อย	pèt nói
Medium spicy	เผ็ดกลางๆ	pèt glaang glaang
Very spicy	เผ็ดมาก	pèt mǎak

Larb-Yaam Salads

- Ma-ma noodles, mixed seafood
- Horse Crab
- Pork Larb
- Waterfall Pork (fully cooked)
- Sweet Liver
- Squid Larb
- Spicy Raw Shrimp Salad
- Shrimp Soaked in Fish Sauce
- Lime Pork
- Pork Roll Salad
- Seafood Salad
- Roasted Pork Neck Salad
- Cockle wrapped in leaves
- Deep Fried Papaya Salad
- Sticky Rice (side item)
- Chinese Dessert
- Soft Boiled Vermicelli (side item)

On Wikipedia [Green Papaya Salad](#) is an example of a mortar style salad, although the colours in the Wikipedia photo looks quite different to what's served in the cabaret. The [Khorat Style](#) salad is a regional variation.

The Red Chair Restaurant

The "Red Chair" restaurant was recommended by the clinic staff, and its almost a rite of passage for Suporn patients. Its very popular, once you've recovered enough to get out there. 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 much better than the hotel restaurant and its 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've returned for revisions I visited it quite regularly.

You can see them preparing the food out the front. 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.

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 in Thailand 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.



There's a large English menu, a few pages of which I've shown here. It was translated by the Suporn Clinic.



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

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



Spicy sour soup with chicken, 100 baht



Fried Duck with Spicy sauce, 140 baht



Stir Fried Shrimp with Spicy sauce, 120 baht



Stir-fried mixed vegetable in oyster sauce, 60 baht



Stir-fried swamp cabbage in oyster sauce, 40 baht



Stir-fried crispy pork with water mimosa, 80 baht



Stir-fried chicken with cashew nuts, 100 baht



Stir-fried pork with sweet and sour sauce, 100 baht



Deep-fried sea monster¹⁸



Stir-fried white Chinese chives with tofu, 80 baht



Stir fried mixed vegetables in ~~oyster~~ soy¹⁹ sauce



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

Roti Stall



Out the front of the Clinic, right next door towards the bridge, is a roti stall. It's open in the evenings. I tried the "original" roti, with sugar and condensed milk (there's other recipes). It's hardly healthy, but I've never had anything like it before and I *really* like it. Make sure to get them freshly made. The premade roti waiting for sale are not nearly as good.

There's a coffee shop behind the stall (same owners), and while the coffee is not as good as the Book Café it is a lot closer. I had ice coffee there a few times.

Left, a cheese roti being made.

¹⁸ Don't ask for that, its Calamari

¹⁹ Oyster sauce substituted for soy on request



Satay Stall



Just further along from the Clinic, next to the roti stall is a stall selling pork satay. There's a large pot of satay sauce next to it.

It's 5 baht per stick and really good.

I couldn't taste it, but the pork is marinated in fish sauce, and the satay sauce also contains fish sauce.



You can get takeaway or sit out the back to eat.

This is 15 satay sticks for 90 baht and comes with satay sauce and a bowl of vegetables. The bottles of water on the table are 10 baht.

Amorvero Nail Clinic

Walk out from the hotel onto Sukhumvit road and turn right; it's the second shop. You can see the hotel sign at the top right.

Opinions vary, but some women told me this place is really good. I've not been there.



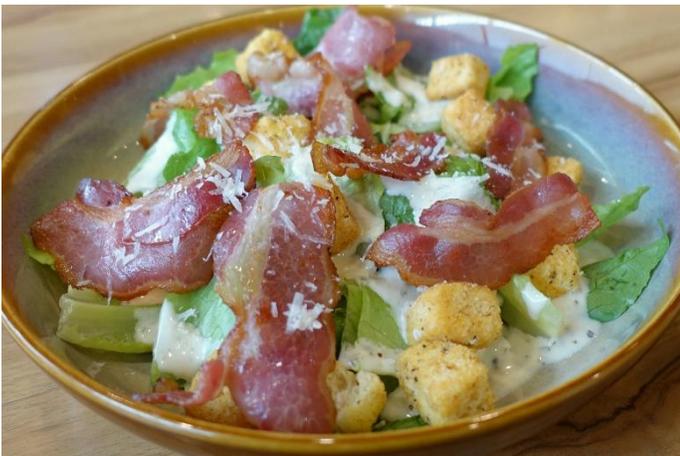
The Pizza Company

The Pizza was good, especially after all the Thai food I'd been eating. A nice change. I've only ever eaten this Pizza in a shop, but many order online for delivery to the hotel. www.1112.com

Small meat delux pizza, 119 baht



Caesar Salad, 129 baht



Lemon lime soda, 59 baht



Sai Nom's

Sai Nom's is an ice-cream shop, a bit similar to Swensen's, only cheaper and not as good. It is however on the same side of the road as the Clinic, so you don't have to cross the bridge.

Strawberry Bingsu, 85 baht



Vanilla + Coconut ice cream, 60 baht



Potato chips with tomato sauce, 40 baht



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 entirely 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

When I returned in 2019 the Forum Plaza was undergoing renovation, if not demolition. It is no more.

In early 2019 I took this photo and was told there will be a "new" shopping centre sometime in late 2019.



By late 2019, it's not quite finished...

They are keeping the structure of the building rather than demolishing it.

I've left the remainder of this section here for historical interest. I find it looking at this brings back memories, and perhaps it will do so for others.

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 2nd Floor Phoenix Supermarket - CLOSED

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 set of clothes drying hangers.



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



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.



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

You can also buy wet-wipes here, look further along this wall.



You don't normally see Chopsticks in Chonburi, but you can buy them in the Phoenix Supermarket for 12 baht a packet (I've also seen them in 7-Eleven).

The Forum Plaza 4th Floor Entertainment - CLOSED

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





The Book Café

The Book Café turned out to be one of my favourite locations when I returned for my revision. Its 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 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 it 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.

Swensens Ice Cream





I've eaten at Swenson's a couple of times. It doesn't really appeal to me as its quite Western and I can have that at home, but I tried the durian, coconut and lemon ice creams. I really liked the lemon and coconut ice creams.

Durian is a very divisive fruit; some love it and others hate it. It certainly has a unique aroma and is banned from the hotel, which should tell you something (mangosteen are also banned after an incident in 2016). However, durian is said to taste quite different to its smell.

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 its better in the sense of not quite as bad (I can't stand it). Durian is banned from the hotel for a reason and they are quite serious about it; there signs by the lifts and I've heard of guests getting caught when they take it in (did I mention the smell...).



Take away ice cream comes packed with dry ice to keep it cold. How could I resist, I just had to put it in a glass hot of water at the clinic.

Tiaphong Restaurant

I've been here a few times. It's quite different to the Red Chair, but still very good and its open for lunch. Unfortunately, it's also across the other side of Sukhumvit road. None of the staff spoke English, but they did have an English menu.



The sign above the left side of the restaurant says "Espresso" and some refer to this place as the Espresso Café. I'd never noticed that and have not tried coffee there.

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

The first time 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.

Tom Ka Gai (chicken soup)



Chicken Cashew Nut



Chicken Penang Curry



Chor Muang (sweet nutty chicken)



Stir-fried Kale with Crispy pork, 130 baht



Stir fried pork ribs with Chilli oil paste, 130 baht



Bua Loy (hot coconut dessert, green is from pandan)



Sticky rice with corn



Cabbage with fish sauce

Nong Aoi Restaurant

I went to Nong Aoi on Sukhumvit road, just across from the Suporn Clinic, with some Thai 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. See Google [street view](#).

Nong Aoi



Corn Salad



Fried Chicken Skin



Hot Pot



Papaya Salad with Crab



Seafood Stir Fried Noodle



Conpanno Café

Everything about this place is excellent, except the walk to get there if you've just had surgery. They are on [Facebook](#), Google [maps](#), and Google [street view](#).





Blueberry juice, caramel macchiato, coconut ice frost



Roti with red curry



The owners daughter, Nok, teaches art to children upstairs. She also speaks good English.



Fried-noodles with mushroom



Rice with mushrooms



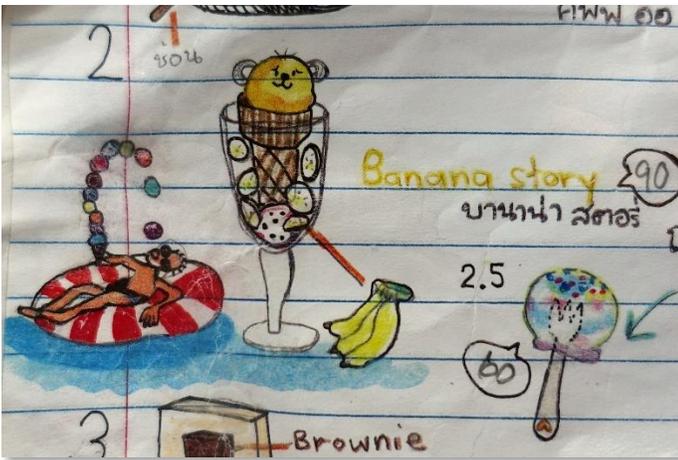
Blueberry cream - cheese compano



Hand drawn menus



Banana Story – menu version



Banana Story – in reality



Green curry pork, 85 baht



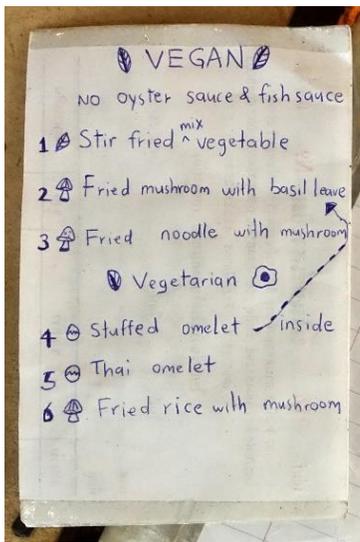
Espresso frappe, 65 baht.



Upstairs, a room full of model trains



Feeding time



It's not part of the usual menu, but there's a vegan menu if you ask. They can also make Jeh or something on request if they have the ingredients.

College Food Stalls

In 2019 these stalls have gone and there's construction in the area.

There's a number of food stalls outside the college on the way to the way to the Muang Chon pharmacy. I've not tried them, but Johanna liked them due to the decreased risk of cross-contamination with seafood (page 248).



Vegetarian Restaurant at Forum Plaza

In 2019 this restaurant was closed due to the redevelopment of the Forum Plaza. I've left this here out of historical interest.

Pictured below from the road at the back of the Forum Plaza, its directly below the temple, behind the car. To the right is the back of the book Café and the short road to 7-Eleven.



A very different view in early 2019.



I'm sure there's plenty of vegetarian options near the clinic, but I'm not vegetarian and didn't seriously investigate it. I was told of this place out the back out the back of the book café; they use egg and dairy in some of the dishes, but others are without. You can sit in the room behind the food area.

In the picture below left, at the right is the alleyway through the buildings out to the front of the Book Café.



Vegetarian at a Street Vendor

This place is right in front of the 7-Eleven on the way to the Muang Chon Pharmacy, and next to Anna's stall. It's made with shrimp as standard, but they can make vegetarian (Mangsavirat, or มังสาวิรัต) on request. Below left, cooking, right the final meal.



Anna's Stall

Anna's stall is red and right in front of the 7-Eleven on the way to the Muang Chon Pharmacy. Facing the 7-Eleven it's to the right, while to the left is another street vendor who sells vegetarian. There's plenty of space to sit down and eat.



She speaks quite good English and is very friendly. You can call her on 064-6403803 to deliver food or items from the 7-Eleven to the Chon Inter for an additional 30 baht.

Her brother Alek who also works on the stand doesn't speak any English.



Pork fried noodle.



Anna makes pork [Pad See Ew](#) and [Raat Naa](#), with a choice of big noodle, small noodle, crispy big noodle, and crispy small noodle.



ToastTree

There's a new café opened in late 2017, somewhat like the book café, but on the same side of the road as the Suporn Clinic. Walk past the Clinic and it's before the 7-Eleven. I tried the chicken burger (99 baht), but I didn't like it much. Some of the other women really liked the place.

There's no English menu, and none of the staff spoke English.

The menu contains plenty of milk drinks and deserts like the Book Café, but also beer, pasta, sausages, and what looks like cheese on toast.



Pork Shop

I've no idea what this place is called, I'm just calling it a pork shop because that's what I had and quite possibly it's all they sell. It's on the map and not far up the road from the Chon Inter. Google [street view](#).



I'd been past this place many times in the past, but I finally tried in 2019 – and it's really good and very cheap.

I'm not sure how you order here, I was with a local person. Point I guess.

The takeaway below is combination pork, whatever that is. You take both bags and put them into the same bowl.

Combination of Crispy Pork and Roasted Pork on rice



Takeaway



Jeh # 2

I've called this Jeh # 2 on the map as I've no idea what its actually called and it's the second one I've found. Its near the Nada Skin Clinic, not far from Muang Chon Pharmacy. See Google [street view](#).



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.

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.

Bus to Bangkok

Just across the street from the Tiaphong restaurant you can catch a bus to Bangkok for 67 baht (not if you've had surgery of course).



You buy a ticket before boarding at the office on the left of this photo (it doesn't really look like a ticket office inside). The bike is parked in front of it.

It's not the place on the right, under the red awning.

The price is on the counter (67 baht), and the time of departure to the right on the sign (13:00 hours or 1 pm).

"Bangkok Chonburi" is written on the side of the bus in English.

How you get back is a bit of a mystery...



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.

Google [street view](#).

Massage Shop

The women who do the massage at the Suporn beach house work at this shop (Google [street view](#)) near the Forum plaza. Its 180 baht per hour, or 250 baht to have them visit the hotel – only I've heard the hotel won't let them in anymore, no doubt as they compete with the hotel's own massage shop.

Apart from these two places, there's also massage at the swimming pool next door to the hospital. I've not had massage in Thailand, but I've heard from various different people that all 3 places are good.



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](#).

Laundry

The clinic staff recommend [this laundry](#) if I didn't want to use the hotel (it's expensive). The lady in there has sufficient English to get your clothes washed. You shouldn't need to, but *take your shoes off if you want to step inside*. She really doesn't like it.



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

Its 10 baht per item, or 15 baht if you want it washed and ironed. Mine was ready the next day. You might want to check what you get back, as I found an extra pair of socks one time.

If you walk a bit further along the road that passes by the laundry, into the back streets, there's a number of coin-operated laundries. There's also many street food vendors in the evening, though I wasn't brave enough to try any.



These cost 20, 30, or 40 baht, depending on their capacity.

I went back to this place so I could add it to the map, but never managed to find it again.

There's yet another laundry near the EAK hotel, quite close to the clinic. Below left, looking along the road leading back to the clinic and hotel. Just across the alley is a shop selling detergent. Lots of different types, but I've no idea what any of it is as it's all in Thai. Google [street view](#).



Markets near the Muang Chon Pharmacy

There's a relatively small market just around the corner from the Muang Chon pharmacy. It's in no way comparable to the Night Markets (page 66).





This photo is taken from the bridge shortly before you get to the markets/Muang Chon pharmacy. On the left is the side road leading around the back of the block to the markets.

See Google [street view](#) at the back of the market. Or maybe it's the front, I'm not sure.



If you walk a little past the Muang Chon and around the corner from Sukhumvit, you can enter the markets from the main road. It's difficult to tell there's anything much there as it's all hidden away.



Fresh fruit, and fresh crabs ... still moving



Dentist



There's an English-speaking dentist just over the bridge, right next to Swenson's, that's recommended by the clinic. I've heard that if you say you're a patient at the clinic you'll get Thai prices, which are very low by western standards.

I met one women who went there, and she seemed happy with them.

There's also a dentist at the Samitivej Hospital.

Nada Skin Clinic

I'd heard from a Thai trans women that there was a local place that did laser hair removal, and visited the Nada Skin Clinic. It's not far from the Muang Chon Pharmacy (and is owned by the same family), across the road and about 3 or 4 shops down from the intersection (it's on the map). Dr Nada has a Master of Science Degree in dermatology from Boston University in the USA.

Unfortunately the laser is IPL and expensive so I gave it a miss. I'm not entirely sure what else they do, but it seems to be a lot of non-surgical work. Facial fillers, Botox, face/neck lift, etc.



I found a [review](#) by a previous Suporn patient in 2010.

Bus Terminal

Walking north towards the Post Office, but on the other side of the road is the Bus Terminal, with Pigsy Hong Kong restaurant, 7-Eleven, Pizza Hut, plus a lot of other shops I didn't find very interesting. There's a zebra crossing directly in front of the terminal, so it's easy to cross the road. Google [street view](#).

I'm not sure what buses they have here as I've never used one.

The menu at Pigsy is in English. It's cheap and the quality is ok, but I only went once. I think some of the other women appreciated it more than I did. These photos were all taken in early 2019.



Stir Fried Chinese Kale with Crispy pork, 99 baht



Thai Basil on rice with barbeque pork, 69 baht



Post Office



The Chaloe Thai Intersection post office is another 3 minutes' walk along the road from the Bangkok Bank, or 8 minutes' walk from the clinic. [Google street view](#).

Opening hours:

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

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

Fabric Shops



There's a number of fabric shops clustered in one area of Chonburi (here's one, google [street view](#)). I think there's a better one than this, but I don't know where it is.

7-Eleven

There's a lot of 7-Eleven's in Chonburi, and 3 within easy walking distance (pre-op). There's one at The Station, one on the way to the Muang Chon Pharmacy, and another over the bridge near the book café. They are all shown on the map. There's another at Samitivej Hospital, building B.



They sell the usual things you'd expect of 7-Eleven, with some Thai variations.



[Dogs](#) seem to like hanging out at 7-Eleven. Everyone just ignores them.

Beauty Supply Store

You can't miss this place, the huge green building you'll see when you go out onto Sukhumvit road from the Chon Inter and look right (towards Bangkok). Google [maps](#) and [street view](#).



Beauty Mall by Pattaya Beauty



A bit further along Sukhumvit from the Beauty Store.

Google [street view](#).

There's a much larger one of these in Pattaya.

Chalermthai Department Store

I'd always thought it a waste of time walking to Chalermthai Department Store, but after the Forum Plaza closed in 2019 it's the only supermarket place within "walking" distance. It's not exactly far, but it's far enough that the heat gets to you. There's not much useful there apart from the supermarket and DTAC.

Walk past the post-office to the intersection and keeping left you'll find stairs to the bridge across the road. The department store is the building to the left with the KFC sign, but I like this photo of the bridge better.



I always think of the bridge entrance as the main entrance as it's where you come in from walking the Chon Inter, but there's a front-entrance around the back (Google [street view](#)). It's much easier to get to the DTAC store from the back; just go in, up the escalators to the second floor, turn around, and you'll be able to see it.



There's a supermarket is on the 4th floor and selling pads, baskets, coat hangers, stationary, snacks, etc.



Computer store



This is a lift sign, not the restrooms. It took me quite a while to work that out– wishful thinking no doubt.

There's a restroom on level 3 of the main building, along the back wall on the far right just past the last shop. This is about the location of the half flight of stairs to the other building where DTAC is located.

Level 5 Kids shopping



Level 6 Electrical ... stuff



Level 7 Games



Level 8 Karaoke



There's a DTAC store on level 2, or so the app says. Actually finding it if you've come in from the bridge is quite tricky.



Starting at the bridge entrance (level 2), walk into the store. There's two corridors running into the building, parallel to each other. Take the rightmost corridor and walk down to the far end until you can't go any further. Turn right and there's a short flight of stairs that go up half a floor. Walk up the stairs and continue walking forwards into what looks like a clothes shop, but is actually another part of the building complete with its own escalators. DTAC is on level 2 of that building. Continue walking until you see an escalator. DTAC is behind the up escalator, on the right.

I explored a bit but didn't find anything else of interest in this part of the building.

Pharmacies

The Drug Store

This pharmacy sells Q-C and at 240 baht per 6 pack it's cheaper than the Muang Chon Pharmacy (270 baht, in 2017). In general though, it has a much smaller range of products, is closer, but on the wrong side of the bridge. The women working there speaks quite good English.



Its right next door to “The Pizza Company” (which closed in 2019).

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 always available (the Suporn Clinic can supply these). Painkillers like Tramol and codeine are controlled drugs and you'd need a prescription for those (just curious).



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 77.

Open 7 days a week, from 8am – 8pm except Sundays which are 8am to 7:30pm.



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

Injectable's are not always available, but can be obtained via the Suporn Clinic.

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



The same bed pads as supplied by the clinic are 90 baht.

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. I started by asking the price of Q-C then noticed everything else I could buy. Note Q-C here is more expensive than the Drug Store (270 vs 240 baht in 2017, and remains so in 2019).

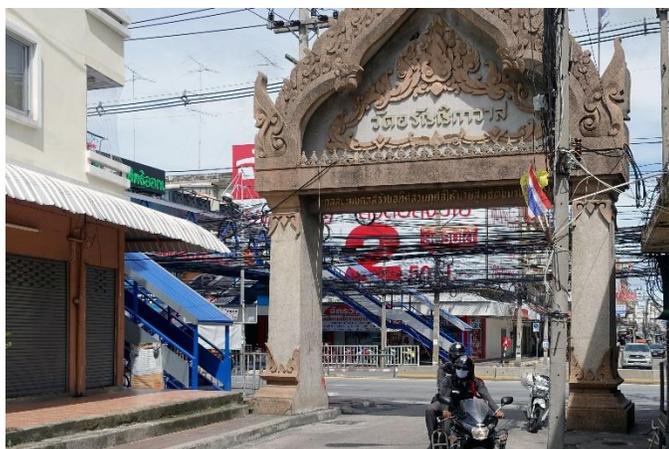
Product	Price (Baht)
Q-C Lube 6-pack	270
Condoms 12x3 pack (as supplied by the Clinic)	180
Progynova 2mg 3x28 tablets	600
Progynova 1mg 3x28 tablets	540
Oestrogel 80g tube	260
Ultragaston Micronised progesterone 200mg 15 tablets	520
Ultragaston Micronised progesterone 100mg 30 tablets	600
Aldactone/Spironolactone 25mg, 100 tablets	700
Aldactone/Spironolactone 25mg, 100 tablets (local brand)	500
Aldactone/Spironolactone 100mg, 100 tablets	1600
Progynon Depot (estradiol valerate) 10 ampules, 10mg/ml	1500
Proluton Depot (hydroxyprogesterone hexanoate), 250mg, 3 ampules	600
AMK 1000mg Antibiotic (Amoxicillin 875mg, Clavulanic Acid 125mg) 10 tablets	180
Silverderm	35
Bed pads	90

Temples

There are many temples in the area, and I visited 3 of them.

Wat Aranyikawas

This temple is just around the corner from 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 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.





Wat Tham Nimit

[Wat Tham Nimit](#) can be seen from some of the hotel rooms, or the roof. I'm told it's a 20-minute walk, but I caught the hotel taxi over for 300 baht return – and the driver would wait there for me up to 1 hour. [Google street view](#).



Above, Google [street view](#).

Donations get placed on a stick



Wat Theputharam

There's a Chinese temple near the post-office.



The entrance on Sukhumvit road doesn't look like much, but you can just walk down the driveway until you come to the front entrance.

Google [street view](#).

It seems to be more accessible than the one next to the Clinic. Take your shoes off at the door; it doesn't cost anything to go in.



Other Nearby Hotels

There's a couple of other hotels in the area that some choose to stay in for revisions or consults. The Suporn Clinic require you to stay in the Chon Inter after SRS or FFS, and the first 2 days after a revision.

I've met a few people staying at these other hotels; women back for revision or carers. They could also be an option if you're staying longer than the usual one month. Personally, I'd rather stay in the Chon Inter among other patients.

EAK

The EAK is a large block behind the Suporn Clinic. Google [street view](#).



Rattachol Hotel

There's a new hotel opened recently, just up the road from the clinic. The Chon Inter is built on a much grander scale and would have been far better when new, but the decades have not been kind. The [Rattachol](#) is now the better hotel.



Rooms start at 1600 baht per night for a walk in, or 7500 baht per week (late 2019).

Google [street view](#).

There's no pool at the Chon Inter, but you can use the one on the 4th floor of the Rattanachol for 70 baht (free if you're staying there).



Standard (cheap) room on the 11th (top) floor



TV, refrigerator, safe, hair dryer



Bathroom, adjustable height shower, no bath



Bum gun!



Breakfast reminds me of the Chon Inter in 2015 (i.e. far better than what's on offer there now). It's included for 1 person, and 125 baht for a second person - pay at the front desk. If you're staying at the Chon Inter and visit breakfast is 250 baht. It's open from 6am to 10am every day.



Breakfast



Near the front entrance.





The gym is small, but not this small – the other side was in use, so I didn't take a photo.

Its 60 baht if you're staying at the Chon Inter.

Driving Distance from the Clinic

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.



The hotel runs a free shuttle to Central Plaza on Tuesday, Thursday, and Saturdays, departing the hotel at 2pm and picking up again from Central Plaza at 4pm. At other times the hotel charges 500 baht for a return trip by hotel taxi, and you either arrange a time to return or call then when you're ready – or just use Grab, its only 90 baht each way.

Make sure to get a hotel business card so you have the phone number for the Chon Inter, and something to show a driver to get back. I've had difficulty in foreign countries before where no one can understand my pronunciation of the hotel name.



View from one of the upper floors.

Big C



[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 it's theirs.

These are also available in Tesco Lotus near Tukom.

Food Court

There's a food court in the lower floor, down the escalators from the ground floor. I found I much prefer these to the top floor.



You pay at the “Cash Card” counter and are given a plastic card about the size of a credit card with a bar code on the back containing your money. You then use this card to pay at the individual shops. Its only of use for and drinks on this level and any extra credit on the card expires after 30 days.

No idea what this is, but it looks great



Green curry salted fish



Pad Thai with seafood, extra large, 150 baht



Green curry fried rice with pork, 60 baht



This ice dessert is wonderful - how did I go all these years without trying it? Shaved ice with coconut milk of some kind, melon, and green stuff. It looks a bit like Kakigori, but after eating it for a while it's more like an icy soup.



Top Floor Restaurants



The top floor has many restaurants, and most of them seem to be Japanese.

The Laos Yuan restaurant place was unusual, it's at the far end near the cinemas. I thought I'd succeeded in ordering something without seafood until I found a crab buried underneath everything (top right). Perhaps it doesn't count since it's not a fish?

Laos Yuan Restaurant (Laos & Vietnamese)



Bamboo Shoot Spicy Salad



Deep Fried Crispy Pork with Sour & Spicy Sauce



French Spring Rolls



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 starting²⁰. It was a lot less than the hotel rate.



The taxis leave from outside the front entrance to Central Plaza. When you get dropped off by the hotel taxi it’s just behind these ones, and you get picked up at the same location. You can’t miss it as it’s where the walkway into Central Plaza meets the main road.

In 2019 the taxis quoted 200 baht back to the Chon Inter, while Grab was only 90 baht and turned up within a few minutes at the drop off place (a little behind the taxis).

²⁰ It’s a classic Thai scam

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. There's a 7-Eleven on one of the corners of the market, and it's a good place to be picked up from. There's only one of them and it's easy to find.

If you've not had surgery it's an easy 20 minute or so walk to the markets.

I'm told its rude to give tips to the stall holders at the Night Markets (its fine elsewhere).



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



Pork with rice and gravy (no idea what it's called)



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.



Driving back to the hotel at night.

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 had a wonderful evening. 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.

Swimming Pool & Massage

This was written when the Suporn Clinic used the Aikchol hospital, but they have since moved to Samitivej Hospital. There's a swimming pool at the Rattanachol Hotel near the Chon Inter.

Next door to Aikchol hospital is a swimming pool, massage parlour (back/feet), and badminton courts. The picture to the right was taken at the hospital, standing where you get dropped off and picked up by the Suporn Clinic van; it's that giant building past the car park, on the left end. You can walk directly across to it, or

out onto the main road and back down the small street it's on (there's also a small supermarket that way). The entrance to is on the left-most end of the large building.



Tesco Lotus

There's a giant building on the way back from Central Plaza to the hotel with Tukom and Tesco Lotus signs. The large building is Tukom, and a smaller building to the left in the photo below is Tesco Lotus supermarket. It's not actually small, its significantly larger than Big-C in Central Plaza. See Google [maps](#) and [street view](#).

If you need a birthday cake, and some do, they have them.





I don't know I'd have done this by myself, but I was with a Thai friend and we caught this "taxi" from Central Plaza to Tesco Lotus. The back is open and you just climb in.

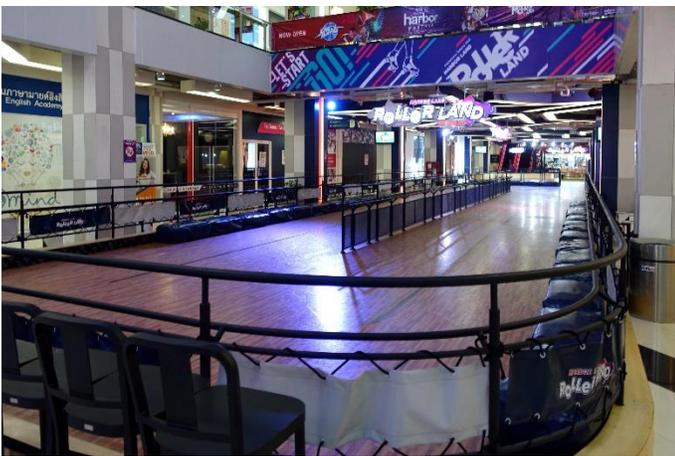
It's not far, and only cost 10 baht each. We paid when we got off.

Tesco Lotus is perhaps 10 minutes' walk from Central Plaza (if you've not had surgery), but the heat and humidity make it seem a lot further.

Tukom

Near Tesco Lotus is the Tukom building. It's mainly technology shops, but has roller blading and kids play area on the ground floor. Its right next door to a large (enormous) Tesco Lotus. Google [maps](#) and [street view](#).

If you want a long HDMI cable to plug your computer into the TV they are available in the electronics shop on the ground floor, e.g. 10m cable for 479 baht. HDMI cables are also available in Central Plaza.



A Glass Grill

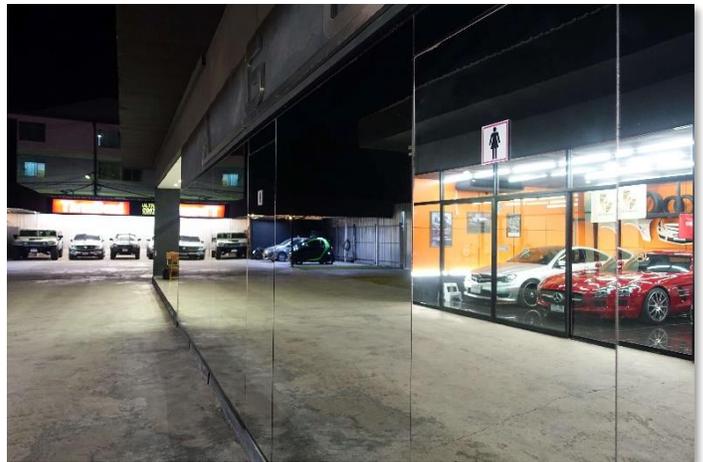
A group of us had a great time at this Japanese [Yakiniku](#) restaurant. It's all you can eat for 990 baht each, so expensive compared to most other places I've been in Chonburi, but well worth it. Here's a [review in Thai](#), its location on Google [maps](#), and Google [street view](#). There's a car collection out the back. I believe the statues of the Hulk and Spiderman outside are some kind of modern art, and the owner is a Marvel fan.



Some very expensive toys for sale out the back



The restrooms can be tricky to find²¹



²¹ Cars out of view on the left, mirrored wall on the right with the ladies' sign on the door.

Ninja Market

When I returned in 2019 the Ninja market had moved closer to Bangkok. These are from the earlier location.

The Ninja market opened sometime in 2017. Its 1km from Aikchol hospital along the main road. I'm not sure about its opening hours, but possibly the weekend only. I found it on Google [street view](#), but at the time of writing its showing a building site.



There are stalls at the back of the market, though not nearly as many as the Night Markets.

R-PHA Buffet

I visited a local buffet with some Thai friends. All you can eat for only 179 baht, including a range of fresh seafood. Some of it you cook at your table.

It was amazing, and as usual in such places I had far too much.

Afterwards we walked along to the (now closed) Ninja market, about 550m.

It's about 1½ km from Aikchol hospital, and the usual 200 baht each way from the hotel via taxi.

Google [street view](#)





Left: The green color in this pink and green spaghetti like dessert is from the [Pandan](#) plant, the same plant the staff were harvesting at Dr Suporn's beachouse for cooking. It's used in many green Thai desserts.

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 250 baht. My thanks to [Amy](#) for the next photo.



Beautiful views in the late afternoon



Not for the newly post-op



The spiky long leaved plants in the centre of the picture are [Pandan](#). The staff were cutting large bunches of them for cooking, to give flavour and the green colouring common in Thai desserts.

A nice change from the usual hotel fare.



Sometimes there's lots of monkeys around, mainly out the back where the staff work. They were quite amusing when the staff were around, other times not so much. I don't think the staff normally let them do this, but we were all trying to get photos so they stood back a bit.



They know the difference between the locals and visitors, and back right off if one of the staff picks up a slingshot. When they weren't present this one decided he wanted some of our food and was quite intimidating.



Najasaataichue Chinese Temple

On the way to the beach house we stopped at the Najasaataichue Chinese Temple for 20 minutes. 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](#).



In 2019 there was a lot of construction around the temple.

Khao Sam Muk (Monkey Hill)

On the way back from the Dr Suporn's beach house at the end of the day we drove through Monkey Hill²². I asked about getting out of the car for some better photographs, but the staff said no, [it's not safe](#).

I'm not sure the exact road we took, but it's in this area - Google [maps](#) and [street view](#).

²² See [Wikipedia](#) and a YouTube [video](#).



Left, this little guy jumped up on the front of the car to say hello, or something.



Bluefin Restaurant

The Bluefin is an excellent waterfront seafood restaurant near the beach house, and it's not nearly as expensive as it looks. There are a few non-seafood items on the menu. See Google [maps](#) and [street view](#).





Dogs, because of course there's dogs.

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



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.

Staying at the Chon Inter is a huge positive; it's not a 5 star hotel, but it 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.

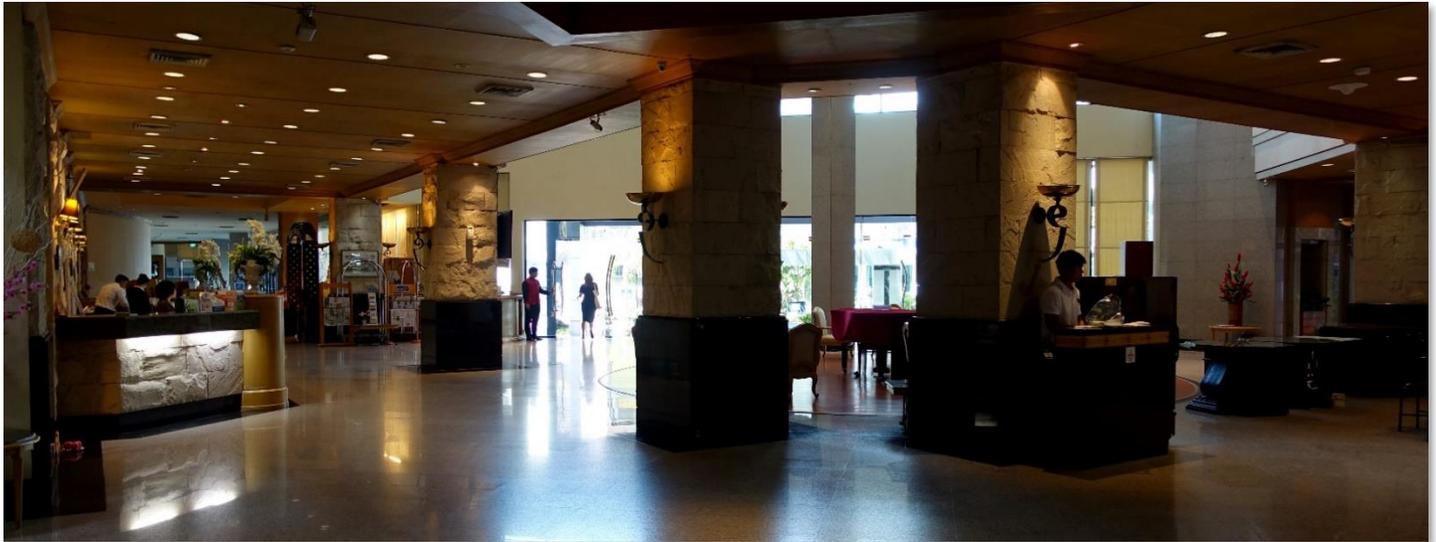
It's not as nice as the advertising photos show, but it's more than adequate. I'm not there for a holiday, and I've stayed in far better and far worse.

Hotel late check out to 16:00, then there's a half day charge for checkouts from 16:00 to 20:00 (but check these as they may have changed).

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.

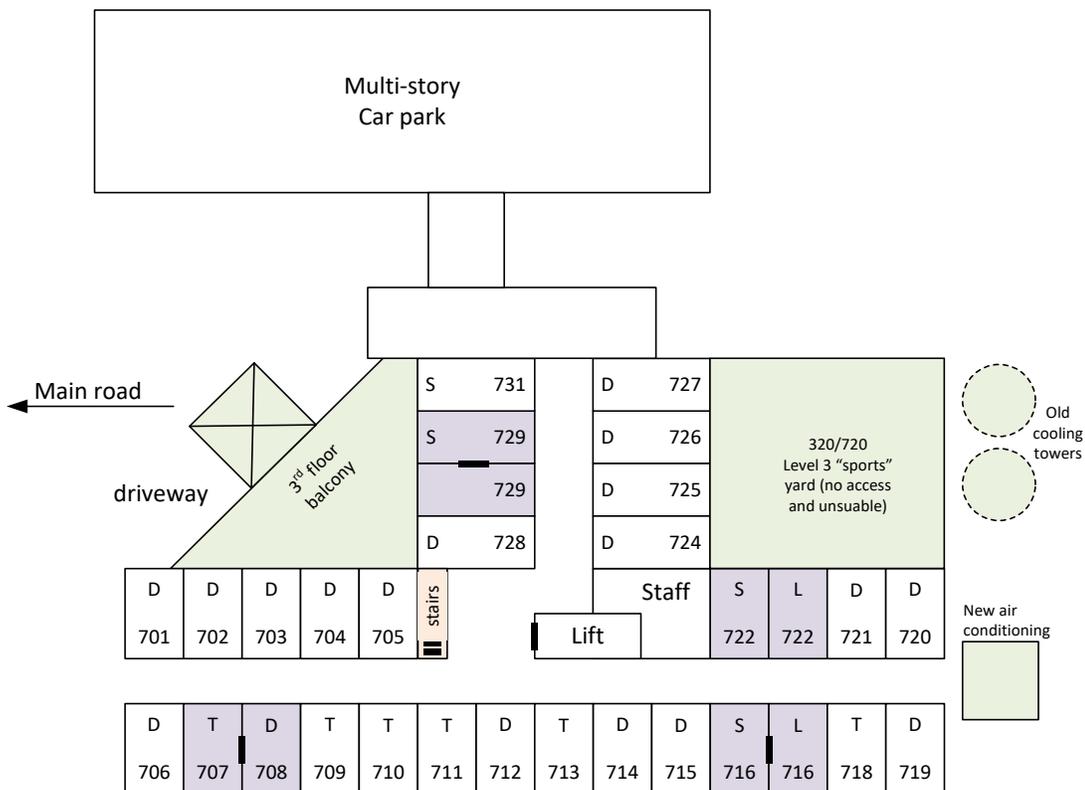
If you are staying less than about 10 days you can pay on departure, but for longer its 50% in advance on arrival. For convenience I charged all my room and restaurant meals to the room and paid the extra on

departure. I paid with my credit card on arrival, but when leaving partially (or wholly) paying with cash is a good way to get rid of excess Thai cash so you don't get hit by another exchange rate conversion at home.



There's a new hotel manager in 2016, and like the previous one he speaks good English. The general level of English in the hotel is poor but sufficient to get by. I never had any real problems. The hotel front desk can also make photocopies and print documents from a USB flash drive.

Hotel Rooms



I've drawn the layout of the 7th floor, and the 3rd floor is very similar with a few rooms missing and a slightly different arrangement of room types.

D = double bed T = twin bed
S = single bed L = lounge

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 3rd 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. I found the air conditioning very noisy on level 3 at the end of the corridor near the new cooling towers, though the women staying there didn't seem to mind. The same location on level 7 was much better, but still too noisy for my liking – I prefer absolute silence.



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 room 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 3rd floor rooms can be detached from the wall to use handheld, but the wall mounting height is not adjustable and far too low to be practical. The showers in the 7th 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 3rd 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. There are no suites on level 3.



My Room in 2015

In 2015 I stayed in one of the mid-range 7th floor rooms. The 7th floor rooms have safes, which I rather liked as I was carrying a large amount of cash I'd overpaid to the clinic. Having said that, I've never heard of any problems with room security at the hotel.

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 I managed to put up with it. 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 (page 103) 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 manage 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 charge 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 florescent 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.

Milk with a dark blue top like this one is normal full fat milk, and a light blue top is low fat. I'm not quite sure, but I think green is probiotic or low sugar, and there's heaps of other colours for flavoured milks.

Room Safe

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



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

My 325mm x 220mm x 15mm laptop would not fit.

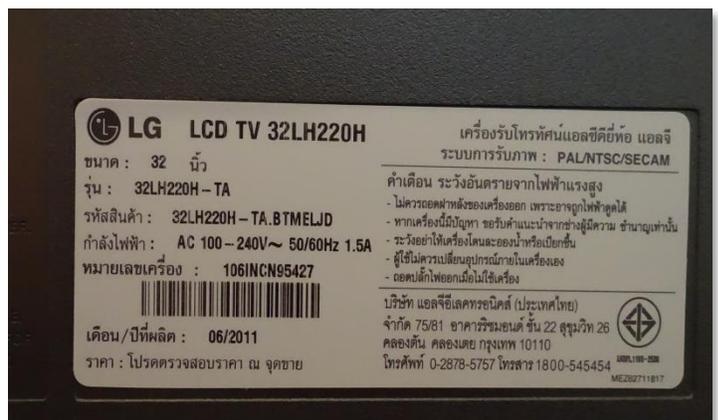
There's an instruction sheet with the safe, but I always practice opening and closing the safe without anything in it the first couple of times. Just in case I mess it up.

These are on the 7th floor only.

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. You can also get them at Central Plaza or Tukcom.

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 76). Normally I had the power cable and power board taped to one of the legs to make it tidier and avoid any unfortunate accidents.

You can also buy these at Tesco Lotus near Central Plaza.



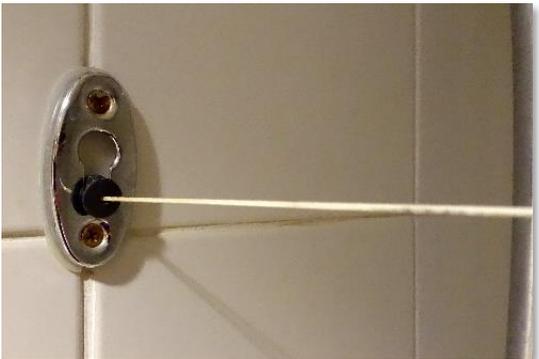
It's well worth buying one, and was great for using my computer in bed. I found lying in bed *far* more comfortable than sitting in a chair.

They are also good for food, but not much use with a tablet. Some women buy them then find they don't need them, but at least they are cheap.

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 clothesline 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, and clothes seem to dry more quickly when I move them to the main room where the air conditioning can blow on them.

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](#) (also known as a [bum gun](#)) next to the toilet is for cleaning after pee/poo and is common in Thailand.

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

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.

When my toilet has blocked I could usually unblock it by filling the bathroom waste basket with water and pouring it in from a height. The pressure often flushes it clear. There are two types of waste basket – and there's a big hole in the base one of them. Use the other one.

The 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.

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, although I don't know if that's ever happened. I ate at the hotel only, and at least if I get food poisoning there it's not my fault. A couple of other patients were sick after eating at the local (Western) restaurants, fortunately after surgery.

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'd probably not go back again.

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

There's used to be a good selection of Western and Thai food for breakfast, but its significantly reduced in 2017. The Western food is very good, but I didn't much like the look of the Thai food so I only tried it a few times (the quality of the Thai food was much better at lunch and dinner).

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.

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 (you can still buy this at Swensens). It's still great after eating excessively hot Thai food, but I can't help but be disappointed. Ice cream is 90 baht.



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



I don't know what this is, but it's worth trying if you see it. A bit sweet and very tasty.

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



Breakfast



Breakfast





There's a new menu in 2017, and I tried the BTL sandwich (280 baht). I think that's a typo, and it's a BLT (Bacon/Lettuce/Tomato). While edible it looks a lot better than it tastes.



Left, Caesar Salad. Tastes slightly better than it looks, maybe.

Below, Lasagne (with bread and chips)



Nikki works at the Clinic and you'll usually see her at breakfast. Feel free to talk to her – breakfasts are part of her job supporting patients. She's one of the support team directly looking after patients; the daily inspections, staying with you the first night post-op in hospital room, etc. She also teaches the post-op care classes.



Nikki is an ex-patient of Dr Suporn herself, having had FFS and SRS in 2012 and 2013 respectively. She then ran the Facebook Butterfly support group, resigning when she took a position with the Suporn Clinic to avoid any potential conflict of interest. She's still very active on Facebook though – look for [Nikki Summers](#).

Apart from Thai surgeons, she knows far more about surgery in Thailand than anyone I've ever talked to; before working for the Suporn Clinic she had connections with most of the top tier gender surgeons in Thailand.

Chinese Restaurant

The Chinese restaurant on level 2 is quite formal looking and relatively expensive; however, the food is much better quality than the other hotel restaurant. The 3 prices shown are for small/medium/large.

The vegetarian food looks pretty good (I'm not vegetarian).



Stir Fried Sirloin in Hot Pan Pot (#3)



Baked Goose Webs In Casserole (#56)



Sautéed Broccoli with Sliced Garlic (#62)



Braised Bean Curd with Szechuan Style (#59)



Braised Young Kala with Oyster Sauce & Garlic (#65)



Roast duck with honey (#54)



Room Service

Note the menu had changed when I returned in early 2017, and the following was written in 2015. I don't know if it's still valid.

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.



Stir Fried Chicken with Cashew nuts and dried chilli (35 on the menu).

I had this in 2015 and late 2017, and it was a lot better in 2015. It's a little spicy, 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.

3rd Floor Balcony



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

Perhaps it was the wrong time of year. All 4 times.



On the 3rd 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

When I visited in 2019 the Club House no longer operating.



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

There's also a small library of books and a computer for Internet access.



Out the back of the clubhouse is a vegetable garden that supplies that hotel restaurant. There's not actually all that much out there so most of it must be sourced elsewhere.

In 2019 it looked more like a desert.

Gym

To the right as you come out of the front doors of the hotel is the gym, and some table games. There's no swimming pool (but there is one next to the hospital). Opening hours are 12 noon - 9 pm.



Hotel Roof



The hotel roof is accessed by stairs from the 7th floor. The stairs are behind the wall you see directly in front of you when you step out of the lifts on level 7. Just around the corner on the left end of the wall is the door.

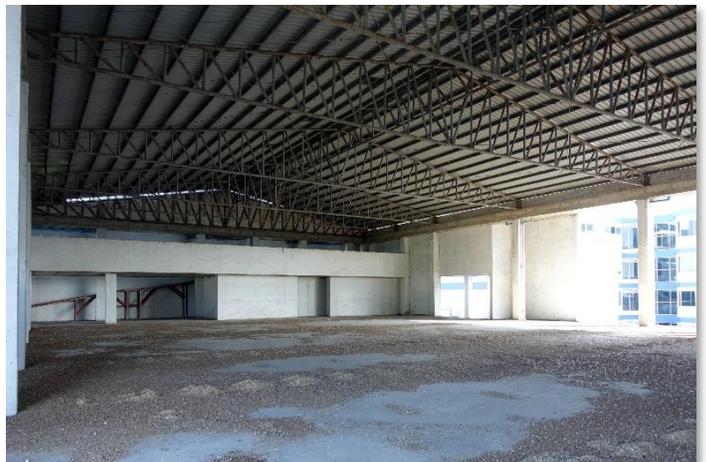
It's not terribly exciting, but the view is good and there's not much else to do.



Chonburi looks a bit nicer at night.

The “Ballroom”

On top the car park is a giant empty space that appears to be a ballroom that was never completed when the hotel was built (and would explain why the massive car park is so empty). It's almost certainly not a good idea, but you can get to it via the car park, or by going through the Club House on Level 3 to the outside stairs.



I'd stay well away from the edge as there's no railings and it's a long way down. It's probably not even healthy going up there as there's deep piles of bird droppings on the floor, and you'd not want some weird tropical disease going in for surgery.



The restrooms need a bit of work.

AIKCHOL HOSPITAL

Prior to 2018 Dr Suporn operated used Aikchol Hospital, but has since moved to the nearby Samitivej 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.

For carers staying at the hospital there's a few things in the local area within walking distance. There's a swimming pool and massage place right next door, the Ninja Market is 1km away, and the R-PHA buffet is another 550m from there.

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



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

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

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

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



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.

I have seen, on occasion, guests getting a second hospital bed, but I believe it depends on availability; I'd not count on 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 it's 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.



Left: The TV has HDMI inputs (and a there's a spare power socket on the floor below it). I've heard the staff will let you run a cable from the bed to the TV, but personally 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 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 152). 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.



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.

Looking out the window is the [Chonburi Coast Bridge](#) which was apparently built to bypass traffic jams in the town. I've not seen anything like it before. I found a [YouTube video](#) on it.



I discovered the hard way that there's no point bringing much clothing. You're wearing hospital clothes until you leave, and you'll only have to pack it up again if you bring it.

Hospital Food

I believe there's 3 menus. The standard hospital menu (separate Thai and Western selections) with checkboxes that you fill in each day, the "secret menu", and the Mezzo Café menu.



The "secret menu", so called because some women go through the entire hospital stay without finding it hidden away in the top drawer of the cabinet next to the bed.

I believe you can order anything from this menu that's less than 250 baht for free.

This photo is from late 2017.

I found the Thai food 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've heard (many times) the Western food is very poor and the Thai is much better, but I've no idea if that's true as I only ate Thai food.

Below is Seafood pasta with mushroom and cream sauce, and potato salad (standard hospital menu). Somehow my camera makes it look quite a bit nicer than in real life.



Left: Fish from the "secret menu".

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.



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

If you're ordering online, there's also Domino's, Pizza Hut, and McDonalds.

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 top draw of the bedside drawers, but I never ordered from it. I love Thai food and was determined to eat that and nothing else. I know other patients who were just the opposite.



The Mezzo Café has indoor and outdoor seating areas

The iced cappuccino was good



VIP Rooms

There's a couple of VIP rooms available at the hospital that are much larger, with a second room for guests.



Hospital Level 3 Balcony



If you exit the lifts on level 3 of the hospital, and walk directly to the far-right corner of the building, there's a door to the balcony.

I'm not sure there's anything interesting out there. I was trying to take a photo of Chonburi towards the hotel and clinic and it's the only side with views. The windows on the rest of the floors are not easily accessible, and level 3 is too low.

SAMITIVEJ HOSPITAL

In early 2018 Dr Suporn moved from Aikchol to Samitivej hospital, one of 6 [Samitivej](#) private hospitals in Thailand. It's a new hospital, only opening in 2015 and still expanding. Samitivej appears to be among the top hospitals in Thailand and is popular with expats, at least those that can afford it. I remember driving past it a few times in earlier years and thinking how much nicer it looked than Aikchol ([Google street view](#)).

As of 2019, the hospital is comprised of 3 buildings. Building A is reception, operating room, patient rooms, etc. Building B has food, including Starbucks, and the Dental Clinic. Building C is still under construction.

Building A

Samitivej in the early evening



Reception



There's a large car park out the back of the hospital with buses to convey people to the main entrance. Some of them are designed specially to entertain kids (and me).



To the left of the reception desk is an escalator upstairs, and underneath it is the au bon pain café (pronounced pan, not pain).



Directly opposite the au bon pain café are an ATM and Cashier, and in the cashier area there's complimentary coffee.

Before surgery are some medical check-ups, including [EKG](#) (left) and [X-Ray](#) (right).



On the 3rd floor is the [Operating Room](#) where Dr Suporn does his magic, and an 8 bed [Intensive Care Unit](#). After surgery in the morning you're taken to the bed Intensive Care Unit before being returned to your room on the 4th floor in the afternoon where you'll stay for the next 7 days.

Operating Room



Operating Room and Intensive Care Unit



Level 4

On the 4th floor, the nurses station, with patient rooms down the corridor to the left. There's VIP rooms at the end of the corridor, and no photography in the public areas of the hospital (I had to get permission).



I'd heard some women complain about noise and looking out the window you can see why. Although the hospital is quite new its undergoing major expansion (this is building C).

More recently I'm told the noise is not something that would keep you from sleeping, and I'd guess it will drop off as construction is completed.

Level 4 - Patient Rooms

I didn't stay on this hospital and had no chance to take any room or meal photos. My thanks to Maya, Chris, Rainbow Sprinkles, and others for providing them.



Babies crying, children's blankets ... 4th floor for birth and rebirth.

My thanks to Jessica for providing this photo.

Bottom right: Patient's room sign



I'd heard the mattresses were very hard, as they were in Aikchol Hospital. There are two types of mattress available, soft and hard, and you're given the soft one. If you want the hard mattress you'll need to ask for it. There's a 3rd type of mattress, no longer in use, that's very thick and extremely soft – I tried it and its more like

a very soft sofa. Perhaps you can get it if you ask, but the nurses may not know what you're referring to and its probably too soft anyway. The standard soft mattress seemed quite soft to me, and certainly nothing like the mattress in Aikchol.



If you get bedsores the doctos will prescribe various medications. I'm told physiogel is a life saver, at least if the bedsores are mild.

I always test room safes empty before using them – lock and reopen. I don't want to find out what happens if I put something in there and can't open it again.

Kitchen facilities



Room safe



Free Drinks



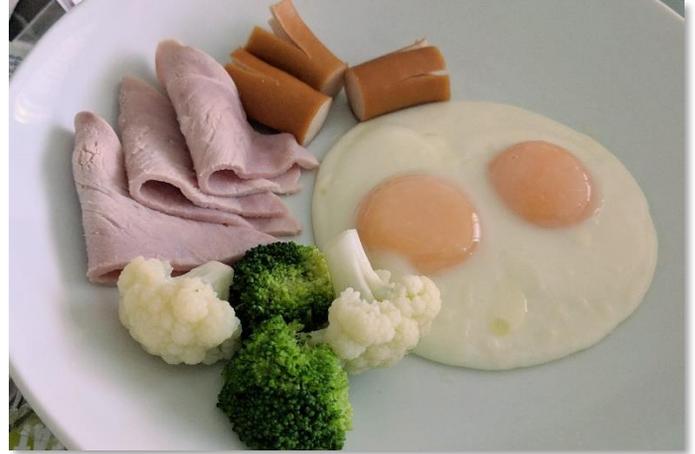
On top of the fridge is a selection of free daily drinks.

1. Drinking water, 600cc size * 4
2. Fruit juice, 1 box
3. Milk, 1 box
4. Nescafe 3-in-1, 2 packets
5. Milo 3-in-1, 2 packets

Meals

I'm told there's a secret menu – apparently you can ask for Jeh (vegan) food. However, all this is from the normal menu.

Scrambled eggs, sausage, ham, boiled mixed vegetables



Penne Carbonara



Spagetti tomato with chicken sauce



American fried rice (with British flag)



Pork porridge of some kind?



Tofu and minced port balls with rice



Minced pork steak, mashed potatoes, mixed boiled salad and hot tea



Tom Yam Fried Rice



Pad Thai



Pad Thai seasonings



Fish ball soup



Thai Basil Pork



Building B

The view out of a 5th building A window (heavily tinted). Samitivej building B is the block on the left and building C under construction on the right. On the far right in the distance the black and white chequered building is Tucom (just behind it is the giant Tesco Lotus supermarket).



Level 1 - Food

On the ground floor is Starbucks, 7-Eleven, [Squeeze](#), S&P Restaurant and Bakery, and [Auntie Anne's](#). S&P has a 20% discount every Wednesday. Pity it was Thursday and I was about to leave.



Squeeze make awesome drinks from fresh fruit drink and sells a range of fruit (35-45 baht). The two drinks below are Super Lingon (115 baht) and Coconut Moo Moo (coconut and milk, 105 baht). I'd be drinking a lot of this if I were staying there.



Auntie Anne's



Up to level 2



Level 2 – More Food

Just up the escalators, level 2 has a couple more shops.



Left: Foodhouse

At least some of this is vegetation. It's cheap, but not much English



Right: [Café Amazon](#)

Level 3 - Dental Cosmetic and Implant Center

On the 3rd floor is a dental clinic. They do accept walk ins for dental, but its best to make an appointment. I was told you only need to book a few days to a week ahead, so no need to worry about it before getting to Thailand.



They can do [dental implants](#) (70k baht with [crown](#)) and crowns (35k baht) in one day.

The Skin Clinic can do hair removal using [IPL](#), but not laser or electrolysis.

The milling machine that cuts the ceramic blocks for implants, and a closeup where the milling is done.



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.



A donut cushion is quite essential to sitting after SRS. Very few women manage without one for long.

It seems everyone gets one in a different colour and it's a popular subject of discussion.

How to go to the toilet

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

1 Pee/Poo

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

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

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

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

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

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

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

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

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

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

Neither hibiscrub nor betadine are used.

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

How to Shower (no dilation)

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

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

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

1 Shower as usual

2 Wash vaginal area (not inside) with a small amount of hibiscrub, then wash the hibiscrub off with the shower.

Hibiscrub can burn skin and should not be used excessively.

3 Dry with a baby wipe or towel rather than toilet paper. Lightly pat down rather than rubbing.

4 Apply Silvex cream, a big blob on the finger applied from clitoris (top) to bottom. Spreading around the labia is fine, but there not to the inside of the vagina.

Fingers are clean due to prior use of hibiscrub.

Note that betadine is not used.

The Dilators

The clinic supplies a kit of 4 dilators²³, small, medium, large, and a second medium dilator made from a white plastic. I've only used the medium and large, and later bought the large orange Sole Source dilator from the USA.



You can buy extra dilators for 1500 baht each at the clinic. You have to buy them when you're there, they won't ship them overseas. In 2019 I bought a couple of extra medium dilators, partly to have an in-between size (they are now 31mm instead of the original 32mm), but mainly because I never want to risk not having them.

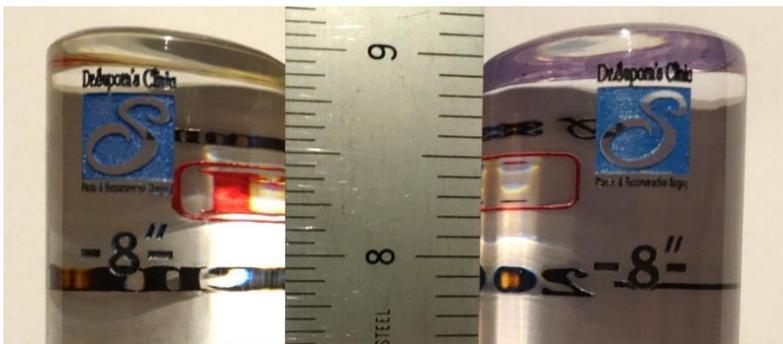
There's a smaller box available holding two dilators instead of the usual four. You'll only get the box if you buy 2 dilators, and they come in various colours.

On returning from Thailand I packed each dilator into separate checked baggage just in case one of them got lost or delayed (and I have heard of this happening). 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 ¼ 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.

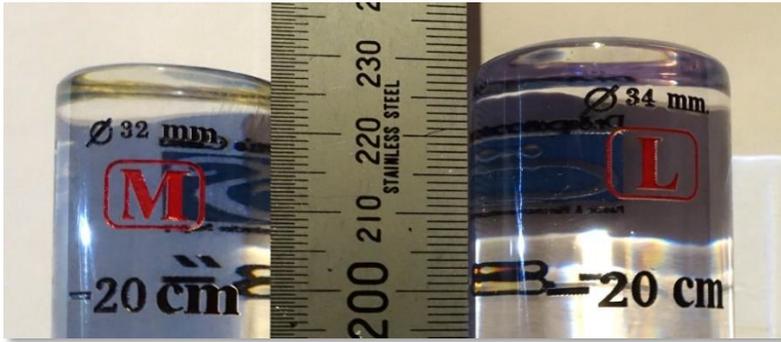
I was curious about depth and dilators so I started measuring everything. Somehow it was a lot more interesting pre-op, and I've since lost interest. Anyway, here it is.

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

²³ Also known (to some) as Thai boyfriends, and after that there's "organic dilation"



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 between medium and large is then 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).

I'm not sure when it occurred, but by 2019 the medium dilator had shrunk down to 31 mm. The markings on the dilators also changed from engraving to print, making them smoother, but prone to rub off.

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.

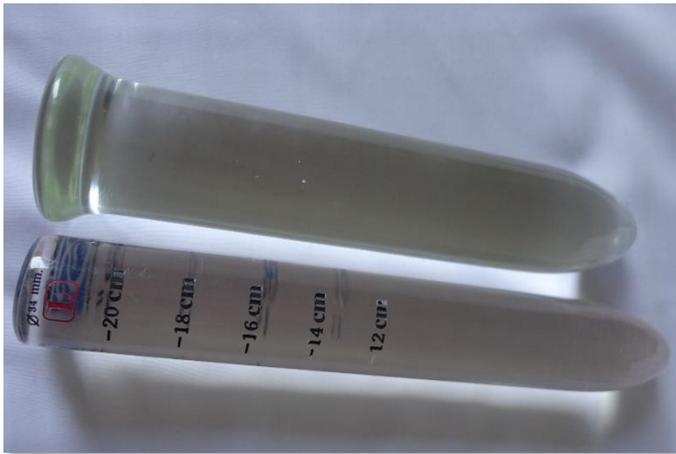
Regardless of its merits as a static dilator, I don't think the Soul Source is good for dynamic as the bend doesn't really allow for the stirring motion.

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 ¾" less with the large. With the Soul Source dilator I only get 5⅞" or 178mm (5th dot) depth measured to the scars, and 6¾ 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 8½", 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 guarantee²⁴, 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.



The 40mm [Passion Glass](#) dilator makes the Suporn large look small, and they go up to 50mm. I've not tried them and I'm not about to either.

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.

²⁴ Email from the clinic "Please note that Dr Suporn's technique guarantees a vaginal depth of at least 6 inches."

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 that's 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.

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 the exact reason, but I believe it's particularly important with Dr Suporn's technique. Dynamic dilation was invented at the Suporn Clinic in 2006.

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

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

While dilating I find it easy enough to get the dilator most of the way in, but the last inch or two is increasingly difficult and can take some time and pain. The clock on dilation doesn't start until you “get to depth”, so the 20 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 fermenting²⁵ (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 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 supplies 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 with 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

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

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

- 2 I put a rubbish bin near the bed where I could put/throw things into it. Gets messy otherwise.

- 3 Prepare the bed area, with waterproof sheet on the bed, and absorbent mat on top of that. Place the blue strap in the appropriate position so that when you lie on it you can simply pull it into position later.

- 4 All other supplies should be in easy reach without moving on the bed, including mirror, tweezers, betadine, cotton wool balls, timer clock, glasses (if required).

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

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

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

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

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

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

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

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

- 9 Clean vaginal area with hibiscrub and wash with spray from front to back.
As usual minimise the amount of hibiscrub and don't insert inside the vagina. It is damaging to skin.
- 10 Move the hibiscrub back to within reach of the bath
Unless you have 2 bottles, then leave one in each place.
- 11 Lie on the prepared bed/mat/strap
- 12 Put on the surgical gloves
Gloves are optional, but if not used then hands must be cleaned with soap or hibiscrub. However, Q-C jelly is messy and some girls have long finger nails which might otherwise scratch the vagina.
- 13 Apply condom to medium dilator
This is because the 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 the 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.
Applying from top to bottom or bottom to top makes no difference, but it needs to go on the clitoris which is inside the top of the inner labia. Spreading around the labia is fine, but don't apply inside the vagina
Fingers are sufficiently sterile due to prior use of hibiscrub.
- 26 Wear panties with sanitary pad.
- 27 Clean dilator, syringe, water basin with soap and tap water. Leave to air dry.

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

Clean dilators with tap water. I also used hibiscrub, just to be sure, but make sure it's washed of 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 injury.

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...

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

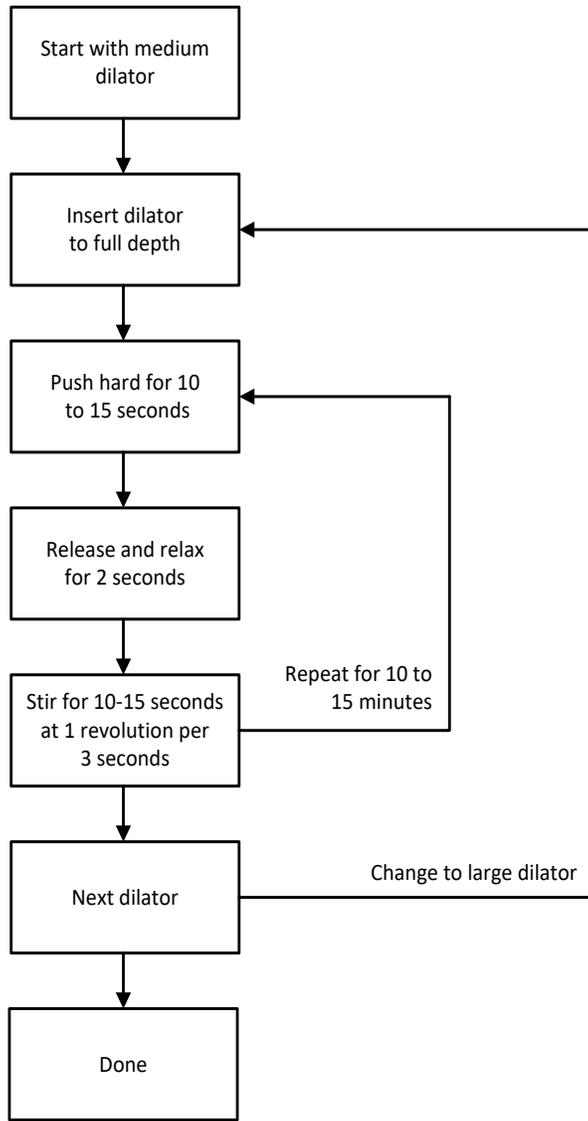
Once dynamic dilation is started static dilation is stopped completely, except where it's required to stop internal bleeding (the pressure from the dilator will stop bleeding). For static dilation I only used the medium dilator, but for dynamic I used the medium followed by the large. I've no idea what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

Dynamic Dilation



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 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.

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 $2/3$ tube per dilation this is 200 tubes. Three to six months supply then ranges from 120 to 200 tubes.

At 240 baht per 6-pack carton at the Drug Store, 200 tubes or 34 cartons is about US\$250, 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 nearly half the price at the Drug Store 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 Silvēx and doing a great job. It's extended the life of the Q-C significantly.

After finishing the Silvēx 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 sliquid²⁶ was a gift from a very kind post-op woman 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 say 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.

²⁶ sliquid Silk Hybrid Lube Glycerine & Paraben Free; [Amazon link](#)

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; it 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.

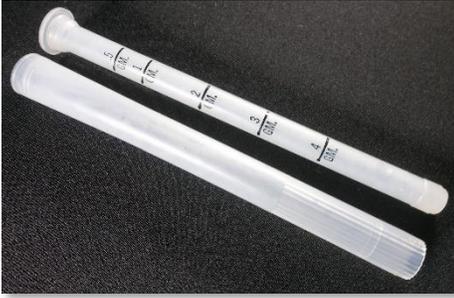
When I returned for my revision in 2016, I tried Q-C again and found I now preferred the Wet Stuff LITE. Maybe you can get used to anything?

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.

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 on the 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.

-
- | | |
|-----------|---|
| Hibiscrub | Hibiscrub or hibiclens is a liquid antiseptic containing chlorhexidine , 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 ²⁷ . |
| Betadine | Povidone-iodine 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 | Silver sulfadiazine (probably also called silvadene) is a topical sulfonamide/silver antibacterial used as a topical cream on burns. It's a white cream, applied after peeing and dilation. |

²⁷ I kept using a weaker 2% version and it eventually gave me a horrible rash. So much for better safe than sorry.



Silverderm In 2019 Silverderm had replaced Silvex. It's a different brand of Silver Sulfadiazine.



Silvex and Betadine are both antiseptics but used for different purposes. Dr Suporn explained the difference. Betadine is very strong and instantly kills germs, but also dries up and stops working. Silvex being a cream stays on the wound and keeps working for a long time, but it's messy.

I've heard women 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.



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. 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. It's 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 bought some with me, but you can buy them in the Supermarket in the Forum Plaza.



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.

I've also heard of women (not at the Suporn Clinic) using EMLA topical anaesthetic cream on dilators to reduce pain. I asked about this and was told it should not be used as its oil based, and oil interferes with healing. I saw injectable lidocaine anaesthetic at the Muang Chon pharmacy, but pouring that on wouldn't work either as it won't be absorbed (EMLA is specially formulated to be absorbed through the skin).

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 off 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 I suffering I can take (and it's not a lot). It's not just about minimising the side effects and risk of more serious problems, but if you take painkillers when you don't really need them you can get tolerant and then they don't work as well when you do need them.

In general the pain itself is similar to that you get from bruise rather than a sharp cutting pain, and you tend to move very slowly to minimise it. In comparison, 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 Tramol as quickly as possible as it made them feel ill, but luckily I felt fine. Just as well, as I suspect I'd have had a very hard time without it. Some didn't even need it, and just used paracetamol instead.

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

Even though I ended up taking Tramol 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 Tramol; either it makes them feel ill or they actually vomit. It was only after a few months that I noticed a barely perceptible odd nauseous feeling from Tramol, and it would have been awful if it were strong. I believe Tramol also had a subtle effect on my mental faculties – I actually asked my doctor if there was something wrong with me as I'd been feeling "stupid" and making lots of mistakes. It's a side effect of Tramol (or at least I hope it is), and fortunately I'd not been driving before realising the problem.

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

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

I've recently heard of a few cases of women having serious pain post-op, and being unable to tolerate Tramol, or it being ineffective. About 6-10% of European Caucasians are poor metabolisers of Tramadol due to the CYP2D6 genotype^{28,29} and may need an alternate drug. I believe the clinic does have other painkillers available, so ask if you have problems.

²⁸ [Tramadol Therapy and CYP2D6 Genotype](#), By Laura Dean

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.

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.

If you're on [SSRIs](#) (anti-depressants) you won't be allowed to take Tramadol as there's a potentially fatal interaction, [serotonin syndrome](#). If you also happen suffer significant pain you could have a problem. While there are other painkillers available the range and strength once you're outside hospital appears to be quite limited in Thailand.

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. 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

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. Note that it was discontinued in 2017 and replaced with Celebrex. The package is marked as containing floctafenine , which is a NSAID (nonsteroidal anti-inflammatory drug). I found it more effective than the 25mg Voltaren .

²⁹ [Do genes influence outcome from anaesthesia?](#), British Journal of Anaesthesia, Volume 90, Issue 6, Pp. 725-727



Ciprocef 500 mg.

Optional Medications

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

Paracetamol 500 mg	Painkiller – light, also known as Acetaminophen.
Idarac 200 mg	Painkiller – medium, see also the mandatory medication list. This was discontinued in 2017 and replaced with Celebrex.
Celebrex 200mg	Painkiller – medium, an NSAID, also known as Celecoxib. From 2017 it replaces Idarac.
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

Clonazepam is also the drug you get in hospital if you ask for a sleeping tablet the night before surgery. I prefer not to take it normally as it's a powerful sleeping tablet with a long half-life and I can feel it the next day. I was with a friend the morning of her surgery and she was still very visibly affected by the drug as they took her away from surgery. I can see how that would be really good if you were at all worried about surgery.



Tramol (green/yellow) and Celebrex (white/yellow) painkillers.

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

Don't drink alcohol while you're on tramol. 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.

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.

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 with me 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.

I pads from home, 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 Always³¹ 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.



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.

³¹ Always are not available in Australia

Scarring

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

Early on there's quite large lumps at the ends of the incisions (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 – scarring 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 is possible as his technique is unusually complex and the long stay in Thailand allows the necessary time. He does state that recovery is double³² 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.

³² "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](#)

The End Result

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

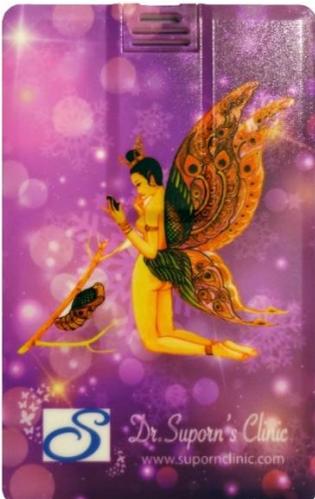
As far as the really important things go author [Kate Bornstein](#) said it best; the plumbing works and so does the electricity. The 'electricity' is nothing like the male experience, and fits everything I've ever heard genetic women describe it as; for better and worse. Similarly urinating is also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



Below: In 2016 there's a new USB card. It's about the same size as a business card, although thicker, and it can be quite tricky to open until you work it out.



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 183).

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.

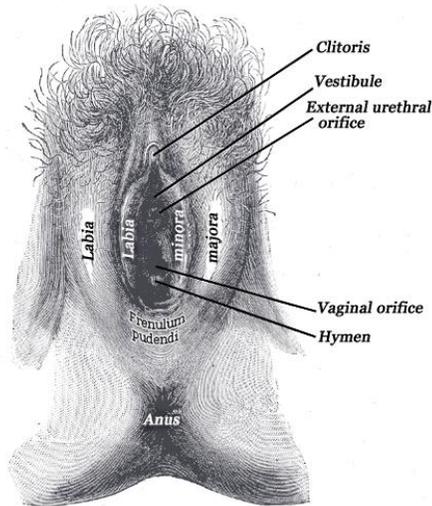
The most unexpected thing is that my eyesight improved quite significantly (15%), to the extent that I need new glasses. I've heard one other post-op women say the same, but the cause is a bit of a mystery. Perhaps it's caused in some way by a new hormone balance.

Long Term Revision

I do intend to return to Dr Suporn and have a revision sometime in 2016 or 2017 (and did, see page 196). 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 (note that with the benefit of hindsight the anterior commissure revision will dramatically improve the aesthetics even if you have a perfect result to start with).

“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 any pain, 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.

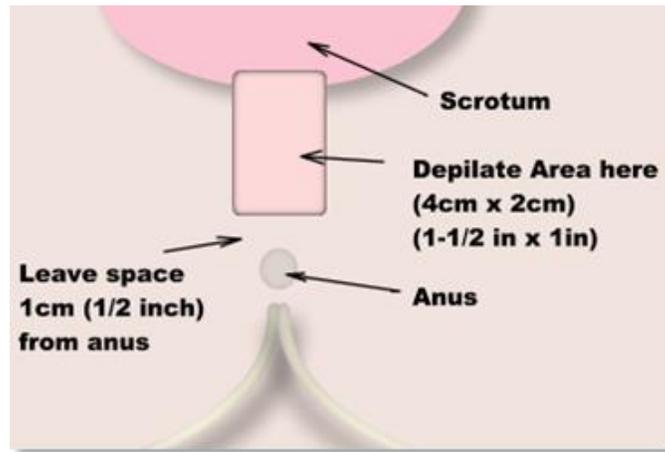
During my check-up in early 2017 Dr Suporn said I still had some hair at the entrance, but I can't see it myself. They must be quite light or fine hairs, nothing like the long dark pubic hairs I had before; there's no missing those.

The Suporn Clinic's [website](#) recommends against genital electrolysis.

Genital Electrolysis

Prior genital electrolysis is not required. Permanent genital depilation is unnecessary, expensive and uncomfortable. All hair follicles are manually excised (cut) from the scrotal skin during surgery, and will not grow subsequently. A hair-free vaginal lining is guaranteed. Prior electrolysis of the scrotal area may result in scarring and thickening of the skin which could reduce its elasticity and vaginal depth. If desired, only the perineal region (perineum) between the anus to the scrotum should be cleared (which can also be cleared after SRS)

There are only a few cases a year of hair at the entrance, but if you want to avoid even that possibility ask the clinic and they will give you further instructions, including a drawing of the area that can be cleared (below). I expect this is specific to Dr Suporn's technique, so don't rely on it if you're going to another surgeon.



The clinic doesn't have a firm rule, but suggest stopping electrolysis and laser at least 6 weeks before surgery to be sure any minor burning has cleared up and that there are no problems with infections or ingrowing hairs. After surgery they suggest waiting 6 months for electrolysis and laser.

Personally, I don't think it's worth 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. I've heard of a number of cases where Suporn patients have hair similar to mine, but I've not heard of anyone who has hair deep inside. If it does occur I think it must be very rare. Please be aware that if you're going to another surgeon this advice is very specific to Dr Suporn; I've read a number of stories where surgeons recommend against it and women have ended up with hair the deep in the vagina that cannot be removed – and this can cause recurring infections and UTI's.

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.

Approximate Recovery Schedule

Another Suporn patient created this table of times to various activities, but note that it has not been checked or approved by the Suporn Clinic. Whatever the Clinic tells you must take precedence.

There's a wide variation in how each of us recover, so don't be surprised if you're quite different. Some of us do everything in less than half the time, and there are those who take double or more. It's *very* approximate.

Activity	Week 1 - 2	Week 3 - 4	Week 5 - 6	EO Month 2	Month 3	Month 4 - 6	Month 7 - 12	Year 2	Year 3+
Static dilation	2x /day	-	-	-	-	-	-	-	-
Dynamic dilation	x	3x /day	3x /day	3x /day	3x /day	2x /day	1x /day	2-3x /wk	1-2x /mo
Hygiene	Condoms	✓	✓	optional	-	-	-	-	-
	Gloves	✓	✓	optional	-	-	-	-	-
	Hibiscrub	✓	✓	optional	x	x	x	x	x
	Syringe douche	✓	✓	✓	-	-	-	-	-
	Vaginal douche	x	x	x	✓	✓	if discharge/odour	-	-
	Apply betadine outside	✓	✓	-	-	-	-	-	-
	Final betadine douche	✓	✓	✓	✓	-	-	-	-
	Silvex	✓	✓	✓	use up	-	-	-	-
	Wash inside / separate	x	x	x	x	gentle, no soap	✓	✓	✓
	Lube	Water-based	✓	✓	✓	✓	✓	✓	✓
Oil-based		x	x	x	x	x	✓	✓	✓
Sex	Sexy thoughts	x	x	x	x	✓	✓	✓	✓
	Self exploration	x	x	x	x	gentle	✓	✓	✓
	Masturbation (outside)	x	x	x	x	x	✓	✓	✓
	Vaginal sex (gentle)	x	x	x	x	x	✓	✓	✓
	Anal sex (gentle)	x	x	x	x	x	✓	✓	✓
	Double penetration	x	x	x	x	x	x	✓	✓
	Vaginal sex (rough)	x	x	x	x	x	x	✓	✓
Activities	Baths	x	x	1 tbsp salt	1 tbsp salt	1 tbsp salt	✓	✓	✓
	Clean pool swimming	x	x	x	✓	✓	✓	✓	✓
	Beach swimming	x	x	x	x	x	✓	✓	✓
	Gentle exercise	x	x	x	x	x	✓	✓	✓
	Bike riding	x	x	x	x	x	x	✓	✓
	Exercise / yoga	x	x	x	x	x	x	✓	✓

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 PowerPoint 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', so wear clothes you can get on and off easily. 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 (see 240).

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 chose aesthetics, sensation, and depth. I'm not so sure about that now, sensation is pretty important³³. 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.

³³ In [Dr Suporn's 2019 paper](#), from 2014 to 2019, 58.1% chose sensation, 37.4% chose aesthetics, and 4.5% depth.

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 hours.



Left: Dr Suporn in the operating theatre. This is not my surgery, or probably not anyway. My thanks to the Suporn Clinic for providing it.

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 as they are easier to wear with a catheter. 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 you can just catch a lift with one of these trips.

After several months of using it the donut measures 370 x 450 x 105mm (14 ½" x 17 ¾" x 4 ⅞") 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. Whatever you do don't leaving anything in the public areas of the hotel as it will disappear never to be seen again; the staff are quite efficient.

Over the years I've developed the habit of cleaning my room when I leave a hotel to avoid forgetting anything. Everything is either in the bin or in the suitcase. There should be nothing left out.

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 40 KG. 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 new bottle of betadine to take home. Its well sealed, 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 it's

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 #1 - 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 you 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, the time and cost are not important, and do I want a revision or another "holiday"? I 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 met³⁴.

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 193), 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.

³⁴ I did get permission to write that.

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.

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

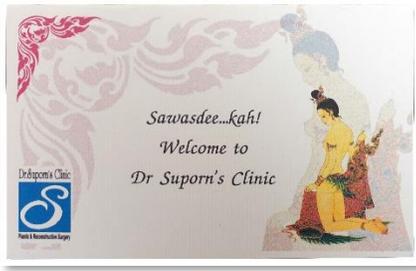
- I took my donut cushion, but never needed it. Since it takes up a lot of luggage space it would be better to leave it at home and in the unlikely event of actually needing it buy another one.
- Dilators. Dr Suporn does ask you to dilate one last time before the revision, and I wanted to dilate every 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 through 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 through 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 driver. 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 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 had the impression that Dr Suporn won't 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. However, I spoke to a women who said that Dr Suporn suggested some revisions to her, so I'm not entirely sure.

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 is a problem or not, but Dr Suporn is going to revise it. I've no idea how he's is 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 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 Tramadol, 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 it's 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 Tramadol 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 to 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 Dr Suporn if he saw anything that he 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 Ildarac 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 Ildarac 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 it's 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 Nong Aoi restaurant across Sukhumvit Road and got back at 2am. I've written about it elsewhere (page 64).

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 1st 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 ¼", 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 of 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 2nd 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 ¼" with both dilators.

Day 29

My 3rd 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 4th 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 5th 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

6th dilation. I got my depth back!

Day 34,

My 8th 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 10th 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

12th dilation. I still have sutures and I'm still a bit sore.

Day 40

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

Day 43

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

Day 44

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

Day 62

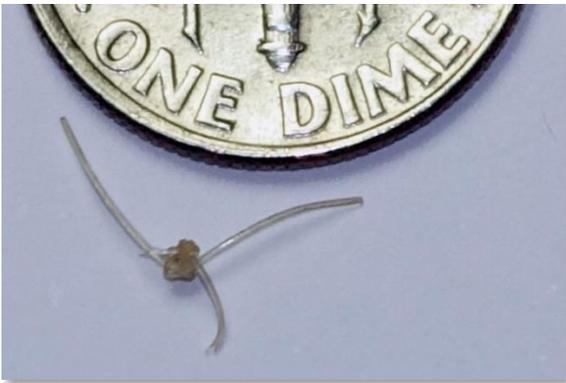
I've been away from home for the last 11 days and only dilated twice with the medium. I didn't take the large dilator with me. Amazingly dilation today was totally normal, so I'm not doing it every day from now on.

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.

CHECK-UP 2017

Six months after my revision, in early 2017, I decided to have a short holiday in Thailand and combine that with visiting Dr Suporn for a check-up. I'm glad I did, because I love Bangkok (page 251) and I've decided to return for another revision/holiday sometime (page 214).

I stayed at the Salil Hotel in Bangkok (page 273), and the taxi cost me 1500 baht and just over an hour on a Sunday morning to get to the Chon Inter from there. The return trip a couple of days later in the early evening took 2 hours and it felt like most of that was stuck in traffic as we got into Bangkok.

Examination with Dr Suporn

I had 9 issues I wanted to discuss for possible revision.

- Labia asymmetry.
- Hard tissue.
- Swollen around urethra.
- Labia not still deep on one side because of revision to detached labia.
- Labia anterior spreads apart more than I'd like.
- Messy inside vulva.
- Clitoris not well defined.
- Can the posterior commissure be improved?
- The feeling of tightness that I'd had ever since having SRS.

Dr Suporn says there's a little bit more he can do for me, but I must wait at least 9 months between revisions, so not quite yet. I don't really need it, but I can afford it and I do enjoy Thailand.

Dr Suporn couldn't see the swelling around my urethra and when I tried to show him, I couldn't find it either. It's very odd, because I've seen it many times at home. I need to be more prepared next time.

I've had this feeling of 'tightness' since SRS, but never known why. Dr Suporn says it's just a result of having surgery and will go away eventually – once I stop having revisions anyway.

Dilation

Due to my travel arrangements I was away from home for two weeks and decided not to dilate for the entire time. I recovered without any long-term difficulty last time, so I figured this would be even easier.

Day 14

First dilation in 2 weeks. It's noticeably more difficult than normal. The first 6" is ok, but rest is much more difficult, and I got stuck for a while. I'm down about ¼" depth, but at least I'm not sore afterwards, unlike when I restarted 30 days post-revision. I'm going to dilate every day until I'm back to normal.

Day 16

So much for dilating every day, I've become used to not dilating and totally forgot yesterday. However, it was easier than 2 days ago and I didn't get quite so stuck at 6 inches. Dilating is still a bit painful and I'm still down about ¼".

Day 17

It's easier again today. The last inch or so was more difficult, but not really stuck. I'm close to depth, but not quite there.

Day 18

Much the same as yesterday.

Day 19

I'm finally back to depth, 5 days after returning home. It took 6 days last time, after a 30-day gap.

By missing one dilation during my two-week break I had to dilate an extra 4 times to recover. The convenience is worth it while travelling, but not something I'd do otherwise.

REVISION #2 - 2017

Late in 2017, at 2 years and 4 months post-op, I returned for my second revision. This time I really don't need to go, but I can't help myself and I'm going anyway.

Apart from medical things there's not much to say here that I've not said before, but I've added a lot of other material to the other sections.

I booked with the clinic as usual. After booking my flights the clinic moved my revision date back a day so I ended up with an extra day before my revision, but at least I didn't need to change my return flight.

During the time I was there I met several patients I knew from last year. I didn't expect that.

Preparation

At home, before leaving for Thailand, I shaved my genitals with electric trimmer and razor figuring it would make things easier in Thailand. And it was a lot easier, especially using the trimmer.

After shaving I noticed a couple of things that are not normally visible. The v-shaped scars are still there, though faint. The dog ears are gone and the scar merges into the old one seamlessly. I'm very happy I did that revision.

Documenting the Revisions

During my check-up earlier in 2017 I'd tried to show Dr Suporn an issue I had with my urethra, only he couldn't find it, and then neither could I. I didn't want that to happen again for my revision, and prepared a lot more carefully.

After shaving I took a series of photos and picked 7 that showed very clearly the 8 issues I wanted revised. I edited the photos, resizing them to focus clearly on the issues, adjusted the levels and colour (for clarity), then put them on my iPad to show Dr Suporn. I also printed them individually on full size paper sheets in black and white, and annotated them by hand with a colour marker pen to show the exact location of each issue and a few words (2 or 3) to describe it.

Pen's a lot quicker for me than graphical editing on a computer, and its easier to see the issues with colour pen on a black and white image. I made one mistake, forgetting to say on each photo which ones were taken using a mirror and which were not; that resulted in some confusion.

The day before my revision one of the staff reviewed my revisions with me. She asked for copies of the photos on my iPad, but I couldn't get them off and she resorted to photographing the iPad screen. It would have been better if I'd emailed them to the clinic ahead of time.

In retrospect, and having asked Dr Suporn about it, the printed photos were very useful. Even so some of issues were very difficult and time consuming to find when he examined me in person, and without the photos I don't think he would have found them. I'd been very careful to take photos that illustrated the issues as clearly (badly) as I could. The colour photos on my iPad were useful here as an additional reference to compare against. A table I'd made describing each revision and cross-referencing it against the photos was not useful – Dr Suporn wants photos, not text.

Dr Suporn said that in some of the photos he gets from patients its difficult to identify the issue in question, and that an arrow pointing to it would help.

While this is another big list of revisions, my result is already aesthetically better than anything I've seen on Internet. I'm being *very* critical, and also looking at parts you don't normally get to see. I expect this these issues are a bit hard to understand, but I don't want to publish the actual photo's so it's the best I can do.

- The size of my labia is a little different on left/right (asymmetry). While this was greatly improved by the first revision it could be a little better.
- There's a very shallow depth between my inner and outer labia on one side. I believe this is caused by the revision I had to fix a detached labia shortly after my original SRS. Its not apparent unless I spread them apart.
- The posterior (bottom) of my vulva is kind of flat and looks a bit unnatural. I've already had a revision for this, but it looks like I need a bit more.
- There's some kind of notch in the posterior commissure. It small, but looks odd.
- Internally, the upper part of the vulva doesn't look right. It's kind of messy and there seems to be a piece of tissue stretched from one side to the other.
- My clitoris works (both of them, and very nicely), but it's not well defined. I can't really see it, only feel it. It's never bothered me, as this issue is not normally apparent.
- My urethra sometimes protrudes, but only when I tense my muscles. It's hard to describe but it looks a bit like the end of my little finger poking out. I can also feel it through my labia. It's definitely not natural and I want it gone.
- When standing, the vertical line of my labia spreads out for the last ½" or so instead of being a straight line like the rest of it.

Revision Calendar

Day -1

I visited Central Plaza for a bit of shopping, and picked up yet another bed table at Big C – my third. I have to wonder what happens to them all. Lots of women are buying them, and surely they don't take them home?

I went to clinic at 1:30 pm to go through the revisions planned for tomorrow, and we reviewed the notes the clinic had taken during my check-up earlier this year.

In the evening I had dinner at the red chair restaurant. I've been looking forward to this for a while, but I'd forgotten quite how hot it is.

My toilet got blocked up today, bringing back memories of my last visit.

Day 0 – Revision

My toilet blocked up again (twice) and I'm starting to get really annoyed. There was almost nothing in it the second time. At least the housekeeper came quickly, she's very efficient. She unblocked it easily enough and said not to put toilet paper in there - there's a basket in the bathroom for it. If she means what I think she means, well, that's not happening. I've also had rooms in that past where it's not necessary.

Even worse, the water flow in my shower is extremely low, barely enough to clean with at some points, and I'm not happy. I've had problems with the showers on previous visits, but this was verging on the unusable. I

told the housekeeper about it on the way out of the hotel and she said she'd get someone around to fix it - but I've had enough and I'm changing rooms.

When I got back to my room she turns up 5 minutes later with two engineers to fix the shower, and to my surprise they actually did. I'd thought it was something in the plumbing in the building. I decide to keep the room as I can live with calling housekeeping occasionally to unblock the toilet, and at least the other stuff works. It's a hassle changing rooms and I don't want to risk making it worse.

My revision is scheduled for 1:30 pm, and remembering how long it took to shave last time I resolved to be early. With an hour to spare I was having lunch in the hotel restaurant when one of the restaurant staff came over and said the Clinic was on the phone; Dr Suporn's running early and could I go over at 1:00 pm. I ended up rushing around like crazy and having to shave at the clinic – luckily I'd already got rid of most of it at home. Next time...

I had my pre-revision consult with Dr Suporn, and finally met the new Suporn Team surgeon Dr Bank. We went through all my photo's and notes and I think Dr Suporn was a bit surprised my preparations. He had quite a bit of difficulty finding some of the issues, but thanks to my excessive preparations he did eventually identify them all.

- The labia asymmetry is easy to fix.
- He can partially fix the shallow depth between inner and outer labia, but there's not enough excess tissue available to do the top part.
- He can revise the posterior commissure (again), but to improve it further means there's a risk that urine will get trapped inside and I'll need yet another revision to put it back to where it is now – only with extra scarring. I decide not to risk it. He points out that the labia on one side doesn't attach properly at the bottom and improving this might help, to which I agree.
- The notch in the posterior commissure is mainly some kind of shadow; an artefact of lighting. There's something causing it, but its very small.
- The mess inside the upper part of my vulva is scarring and he can improve some of it.
- He can revise my clitoris, but there's some risk of loss of sensation. I *really* like sensation, and it's a small issue so I decide not to risk it and skip this one.
- He can remove the excess urethra tissue, but if he removes everything that shows when I tense then opposite will happen when I don't and there will be a hole instead. That doesn't sounds good, so I ask him to do his best to compromise between the two.

Dr Bank didn't say much during the consult, but I was curious and spoke to him a bit. He seems quite friendly and his English is reasonably clear.

I asked for Dr Suporn for the same relaxant I'd had last revision as it really helped. He asked if I wanted to sleep as its some kind of sleeping tablet, but it just makes me very calm. I looked it up later and its Dormicum, also known as [Midazolam](#) or Versed. It has a very short duration, inducing sleepiness and decreasing anxiety, and has the side effect of impairing the formation of new memories (usually that's a good thing, but I like to take notes).



Pill	Drug
White with yellow bands	Celebrex 200mg
Blue	Dormicum 15mg (sleeping tablet)
White long	Cyprocet antibiotic
Round white × 2	Paracetamol 500mg

I got the usual EMLA topical anaesthetic on my genitals and then everything taped up (to keep it in). Try to pee before this as you won't be going again for a while. I was also given some pills and water to wash them down. The EMLA is so that the local anaesthetic injections that follow don't hurt, and it takes a while to take full effect. I waited for a bit downstairs, then went up to the surgical suite where I waited some more.

I was getting a bit bored and I had the impression they were waiting for me to fall asleep from the Dormicum, which wasn't going to happen, so I reminded them that I wasn't going to sleep. Only I think there was some miscommunication and they thought I meant I was ready because Dr Suporn turned up not long after. I shouldn't have said anything because I discovered that EMLA works really well – but only if you wait long enough. Those injections hurt a whole lot more than last time.

The revision took 1.5 hours, with Dr Bank sitting behind Dr Suporn intently studying everything Dr Suporn was doing. I wish I'd had a camera at that point, but they don't allow one during surgery (some legal issue). Yet again Dr Suporn seemed very pleased with how it went, saying that some of the revisions were an improvement on what he was expecting (he says that a lot). The revision to my labia has probably removed the need for revising the anterior commissure.

Dr Suporn said take it very easy for a few days. I'm planning on staying in the hotel, especially the next day, and mostly in bed.



Revision supplies from the clinic, plus two packs of larger pads from home (top right).

I slept very early that night and for a long time. I woke up on and off during the night, with very broken sleep, but I did sleep a lot of hours. I took a fair bit Tramol. I'm not sure how bad the pain would have been without it, but it did hurt and I didn't want to find out. It all brings back memories - I'd forgotten what pain was like!

Happy memories I should add. I'm smiling as I write that.

Things got very swollen quite quickly after Dr Suporn finished, and much the same as last time I had plenty of blood on my pads. I was very glad I bought the large pads from home. I'm beginning to get the hang of pads these days. In the next photo the small pad on the top was supplied by the Clinic, but it's not really big enough for the first few days and I bought some large pads with me from home. You'll need to buy some anyway, as you only get two packs from the clinic and they won't last the entire time you need them.



I liked the bottom one (Kotex), the middle (Libra) not so much, and the small clinic pad was fine later on. I've really like the Always pads I still have at home – the adhesive attaches to my panties very securely, which is more than I can say of some of the others.

Initially the pads are for blood, but I've used them later on because of the betadine and Silvex.

If you want to buy some larger ones in Thailand and can't work out which ones they are, I'd suggest just buying the largest pack with the fewest pads in it.

The larger of the pads from home were the Kotex Ultrathins Overnight with wings, and the other was Libra Ultra Thins good nights extra long pads. I was fairly active and the adhesive in the Libra pads doesn't seem to work very well. I'm not sure about the Kotex. I didn't have any problems with them, but I used them first when I wasn't so active.

Day 1

There's much less blood today, and none of it free flowing.

I didn't take any more Tramol after waking, but started on the Celebrex and Paracetamol. It hurt a bit, but I was pleasantly surprised I didn't need Tramol, and I never used it again after this point.

I'd planned to have breakfast in bed, but I needed to get out of the room so went downstairs instead. The clinic had offered me a donut but I declined. I didn't find it necessary last time, and it wasn't this time either.

I'm feeling really wiped out and slept much of the day. I don't think it's the Tramol since I've not had it for quite a while now, so it's either recovery from surgery or one of the other drugs.

Its quite interesting to realise how my relationship to pain has changed after all this. I'm lying in bed writing my diary and not really noticing the pain, but when I stop to pay attention to it, asking does it hurt, I realise that yes it does! If I were back home, and especially pre-SRS, I'd have been seriously bothered by pain like this.

Day 2

I started on the larger (Kotex) pads and I've already run out, and I'm on to the Libra. I don't like these as much.

I've very little bleeding today, perhaps none, and no fresh blood.

Day 3

I walked over to the Pizza Company for lunch today. It's the first time I've been there and I liked it more than I thought I would. In the evening I took a hotel taxi to the R-PHA buffet with some Thai friends, then walked over to the Ninja Markets. So much for taking it easy.

There was thunder and lightning tonight so I unplugged all my electronics.

Day 4

Boring...

Day 5

I had an appointment with Suporn today, and he found some necrosis. It was quite painful sitting the rest of the day, as it always seems to be after Dr Suporn pokes around down there. Its funny, because it doesn't hurt when he does it, only later. I probably should have taken more painkiller.

I'd been getting some constipation so asked Dr Suporn for some laxative. He asked if I wanted mild or strong. Luckily, I chose the mild.

Day 6

I think I may have taken too much laxative last night, and what do you know, the toilet's blocked up again. Not good...



I had lunch at one of the Japanese restaurants (Fuji) in Central Plaza today.

[Katsudon](#), 150 baht, and very average.



The hotel vegetable garden out the back of the Clubhouse is growing chilli now instead of lettuce.

Day 7

I visited the Beach house.

I developed a really sharp pain in my labia making it difficult to walk, but luckily it went away after a few hours. It was very unpleasant.

Day 8

I had an appointment with Suporn in the afternoon. I told him about the pain yesterday and he found the source of the problem (a suture) and removed it. As usual it started hurting afterwards so I took a couple of paracetamol, which fixed it.

I took the hotel taxi over to the hospital to visit another patient and give her a bit of company, and came back in the clinic van.



I went to the book café with a friend and it was great as usual.

Strawberry Honey Toast, 149 Baht.

Day 9

I went out with a Thai friend in the evening for dinner.

Day 10

The first day without any pain, not even when I'm sitting.

Day 11

Went to Central Plaza yet again.

I saw another women's post-revision result today and it looks very similar to mine. The difference the revision makes is stunning.

Day 12

I had a check-up Dr Suporn today (they are twice a week).

The swelling is going down much more now and it's starting to look really really good. I have what appears to be a small diagonal line to the side of the cleft at top of my vagina. Dr Suporn said it was due to swelling and very likely to go away. It's such an insignificant thing, but I immediately said if it didn't go away I'd come back and he laughed and said that's ok.



I asked Dr Suporn for a different sleeping tablet. The usual one's the give you are too strong and I can feel the effect well into the next day, and some of the other women said the same.

He gave me some half [Valium](#) that did the job without any side effects.

I believe [Xanax](#) is also available, but I didn't try it.

Day 13

Took half a Valium when I went to bed last night and slept really well with no effect in the morning. It's a big improvement on the standard ones they hand out.

I skipped my 10am check-up in my room this morning. I don't really need it anymore and wanted to talk longer after breakfast.

Day 14

Boring...

Day 15

I had my final consult with Dr Suporn today. He gave me another week of Danzen and 3 more tubes of Silvex, after which I can stop. He said I can dilate at 1 month post-revision, and not to stretch my labia apart for another month from now.

Day 16 – Fly Home

I'm leaving today. I've enjoyed myself, but I'm feeling very emotional (again) to be leaving; the community here is wonderful.

Day 17

I arrived home today. I didn't have any problems on the flight; it was as if I've never had the revision.

Day 21

Swelling seems to have returned to normal and the asymmetry seems to have gone - both labia about the same size.

Still using Silvex, and pads to stop the mess from the Silvex.

Still using the betadine, but I'm not sure if I'm supposed to or not – should be more careful about taking notes during Suporn checkups.

There's still plenty of stitches – I can feel them when I apply the Silvex.

Day 31 – D-Day

I'm a month post revision, so its time to start dilating again. I think it was supposed to be 30 days, but I guess its close enough (and I forgot).

I'm planning to start gently again.

Just like last time I only got to 6" or so before it started getting really difficult. Unlike last time I had quite a bit of sharp pain which felt like it was from the sutures in my labia.

I did static dilation with medium dilator only and felt sharp pains as if it was stretching sutures in my labia. I decided to minimise dynamic dilation for a while after feeling that. At least it didn't really feel tight. I mainly had difficulty in getting to depth, which took a long time, and even then I'm half to a quarter inch short. I didn't bother timing it today, but just kept up the pressure for a while.

I felt almost like the sutures would tear, but there was no blood. I'd stopped using the Silvex and betadine a while ago when the extra 3 tubes of Silvex Dr Suporn gave me ran out, but I've started again, just in case. I've got quite a bit of both of these left over from two years ago.

Day 32

Only a little bit sore from yesterday, and don't really noticed it unless I'm thinking about it. Much better than last year.

Much the same as yesterday, but much quicker to get to depth.

I've still got the blue belt for dynamic dilation – I probably should have used it.

I just noticed that my labia appear to be quite symmetrical now. Last time I noticed anything, perhaps a couple of weeks ago they were still a little asymmetric. The swelling had apparently stopped reducing, and I'd thought they were going to stay slightly asymmetrical, and decided that it wasn't worth another revision for that even if I did go back.

I noticed the sutures seem to have started falling out. Probably the stress of dilating is breaking them.

I feel a bit sore for the rest of the day, but it's not much.

Day 33

Still on medium only, static dilation. Much easier to get to depth. I'm close to depth, perhaps ¼" short. A bit sore afterwards.

Day 34

Still feel a bit of soreness from yesterday, but it's very small.

Still medium only. Got to full depth. Still a bit painful due to sutures, and static only with tiny bit of dynamic.

A bit sore for the remainder of the day.

I've a feeling the main difference to last time is the placement of sutures, which depends on the type of revision.

Day 35

I'm feeling a sharp pain for the rest of the day after dilating, but I think it's a suture sticking into something sensitive. I'm using betadine and Silvex just in case of problems.

Day 36

Still sore, but it feels like its from the sutures. Still more difficult to get to depth than before revision. Still not using large.

Day 37

Felt like there were some sutures at the start, but managed to do some dynamic dilation without any difficulty apart from being a little tight.

Day 38

Easy to get to depth and do dynamic dilation. Didn't try large yet as there are still sutures and there's no need.

Day 47

I've been skipping dilation some days. It's not really necessary to be too rigorous at this point.

I tried the large dilator today, and although I didn't manage to get top depth I'm not concerned about it.

Day 53

Dilated, back to normal in medium, but it's still difficult to get to get to depth with the large.

I've stopped here as this is the second time I've documented this process and it's not particular interesting at this point. I didn't have any difficulty getting completely to back to normal.

Month 3

All the sutures have fallen out and dilation is back to normal. What I'd thought was erectile tissue is gone, so at least some of it was my urethra. It all feels very natural and I'm self-lubricating after a bit of warmup, much the same as any natal women.

I still have some deviation from the vertical at the top of my labia for the last ½" or so. It's hardly significant, but I'm not sure how I feel about this. I think I'll just wait a while and see if it bothers me or not.

After 2½ years the scarring has practically disappeared. While I can still find it them, I've showed a few other post-op women while I was in Thailand and they said they couldn't see the scars.

The End

By the time I left for home I was starting to feel a bit stunned at how this revision was turning out. I'd thought I understood SRS and what a good result looked like, but I didn't know this was possible. It's very different to my SRS prior to any revisions; going by the [Great Wall of Vagina](#) I believe its above average compared to natal women.

I can't/won't publish photo's of my results, so its hard to explain just how good this looks. I can say that since I had SRS two years ago there have been a couple of impressive Suporn results that have been posted on Internet that are noticeably better than mine originally was. My result now is *far* better than those; if I didn't know otherwise I'd think it was the work of another, better, surgeon, only there are none. The photos available online are very misleading as to what Dr Suporn is capable of.

I suspect that by the time others have revisions they have mostly dropped out of the online trans community and no longer feel the need to post, and there's so few prepared to post photo's anyway.

Having experienced all this I can still see how its all formed from Dr Suporn's surgical technique, but its all well within the variations of natal women. If I saw a photo of this kind of result mixed in with a collection of natal vagina's I very much doubt I'd be able to pick it out.

I'm now a bit confused as to what it looked like before my first revision and what each revision actually did. I wasn't expecting these apparently small changes to make such a big difference. I also wonder how much of this I could have done in the first revision if only I'd known better. I keep wondering if I was mistaken about it being so good before, but somehow I don't think so. I wish I'd taken photos earlier.

I'm very puzzled how I missed the urethra issue last year. I assume it's always been like that, but once I noticed it just seemed so obvious - when I'm dilating and looking inside with a mirror. I think I also mistook being able to feel it through my labia (when I press hard) for erectile tissue; I didn't ask for a revision on erectile tissue this time and that sensation is now gone.

I've come to deeply appreciate the way Dr Suporn keeps as much tissue as possible during SRS. Without that I'd have had very limited scope for revisions, and those have made such an incredible difference to my final result.

Dr Suporn did warn me previously not to have revisions just because I could. If you're happy with the result, and I've spoken to quite a few women who are, then there's no need to take a risk that you could make it worse. I've no doubt it's good advice, but I'm finding it very difficult to think that way. I'm a perfectionist and I'm extremely happy that I've reached this point.

I don't think there's much scope for any more revisions. I've already ruled some out due to various risks. I asked Dr Suporn about it at my final check-up and he thought there were now only very small improvements he could do. He laughed when I immediately said I was coming back, but said ok.

I've learned a lot along the way about SRS, but even more, I've realised I still know very little; I've more questions than when I started and I'm left feeling profoundly ignorant. Although I've finished my journey and it no longer matters, I can't help but find it a deeply frustrating state of affairs. However, I'm thankful that I chose Dr Suporn because he does know what he's doing, he knows the answers to questions I don't even know exist, and I know he took care of me to the best of his considerable abilities.

REVISION #3 – 2019

I'm leaving out all the detail that's the same as previous trips. There's no point and I don't want to be too repetitive. Instead I'll focus on what's new. I have gone back and added a lot of material elsewhere, about 60 pages worth.

When I returned for my first revision I'd been a bit nervous about what would happen, but I was well over that on my second. This time I'm actually a bit embarrassed to be here yet again. I was absolutely convinced last time that I'd not be back, and yet here I am.

I'm here for one reason only. My anterior commissure doesn't look right, diverting to the side at the top and I can see it when stand. It's not overly noticeable with hair there, but it bothers me. And since I'm here I'd like some other revisions, but I'd not come back for those alone. Probably.

I've been here 6 times now, SRS and 3 revisions, a check-up and to help a friend. It seems longer, but it's only been 4 years, and every time I've been back there's been subtle and not so subtle changes – from the surgery application process to the environment in Chonburi, medications, procedures, hospital, and not the least the surgeons themselves. At the same time, nothing of real consequence has changed.

I'd noticed before just how varied the recovery process can be, but it's even clearer now. Not only from the many women I've met personally, but all those online. I've met a few women who recovered unusually quickly, several times faster than I did, and met and heard of a few others who were quite the opposite. However, that's rare and the vast majority appear somewhere in the middle.

My feelings about surgery have shifted a bit over the last few years. I think far too much about surgery, partly due to the time I've spent writing about it, but I've also been considering other transition related procedures. I ponder on the risks a lot more than I used to, possibly because I don't feel the same urgency I did before. It's hard to explain, but I think I'm more worried about the risks and recovery now than I was before having SRS.

Everyone says surgery is a serious matter and that it should be considered carefully – but looking back on it I'm not sure I did and I'm not sure I ever will. I tend to look at the odds of something going wrong and ask if I can live with that level of risk, while at the same time I'd not actually be ok with those consequences. I don't feel I've much choice about transition related surgeries though; it would have to be quite high risk before I'd consider not having it, and with a good surgeon it's not. I mainly worry about my choice of surgeon.

It's only been 4 years, but I've almost forgotten what it was like to recover from SRS. When I read what I wrote earlier it's almost like it was about someone else, and it's become quite difficult to relate to what others are experiencing early in recovery. My new and improved body is now my new normal and very natural, and it's strangely difficult to remember what it was like before. It's all kind of surreal, in a good way.

As for the hotel

- Breakfast is yet again worse than the year before - I've got to give them credit for being consistent.
- The shower is finally working well, good water flow and temperature control. Some kind of accident I'm sure.

I started the booking process 11 months before my eventual revision date and sent a few photos that were requested. The wait list for revisions has expanded since dramatically since Dr Suporn announced his retirement.

Revision Calendar

Day -2

Arrive Bangkok.

Day -1

As usual I had a pre-op consult with Dr Suporn to go through the revisions and had prepared photos of each of the issues.

- I had several different photos of my anterior commissure as the look of it kept changing. I was quite puzzled about that, but Dr Suporn said it's caused by the skin it's made from (I think its temperature sensitive). He agreed to revise this, and the procedure includes some fat transfer.
- I asked him to reduce my urethra a bit more, but he said it couldn't be done and refused. I didn't argue the point, he'd said in the previous revision that it's a tricky matter and I shouldn't overdo it.
- The posterior one of my labia is attached perhaps 5 mm to the side of where it should be, and is quite noticeable, to me at least. Personally, I find symmetry is of great importance for aesthetics. He did agree to revise this.
- I have some scar tissue internally that looks a bit messy, but Dr Suporn said it's on sensate tissue and it's not possible to revise it.

Day 0 – Revision

The pre-operative drug you're offered to help you relax has changed to [Zolpidem](#)³⁵, also known as Ambien. The previous tablet, Dormicum (Midazolam), is no longer available in Thailand, but this new one seems even stronger. Personally, I don't like the feeling, but some of the others certainly did. If you're at all nervous about surgery take it – you won't be worrying about anything for long.



I was given Paracetamol, Celebrex, and Ciprocef (Ciprofloxacin 500mg).

When I booked it wasn't known who would be doing the revision, but it turned out to be Dr Suporn assisted by Dr Bank. In my previous revision Dr Bank was just observing, with Dr Suporn doing all the work. This time Dr Bank was a very active participant.

During the revision I heard a lot of suturing, meters and meters of thread by the sound of it. You'd think surgery would be silent or small delicate sounds, but this was more like industrial scale sewing. It's a new

³⁵ [Preoperative sedation before regional anaesthesia: comparison between zolpidem, midazolam and placebo](#), British Journal of Anaesthesia, 1990
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anterior commissure revision technique, different to the one I had before, and it looks and sounds far more aggressive.

This revision was my fastest one yet, about 40 or 50 minutes. Not the fastest one I've heard of, that's only 10 minutes.

I'm not allowed to touch myself for 3 months. This was to be extremely frustrating. It wasn't much of a problem after SRS, but recovery from a revision is so much quicker.

Day 1

My pubic mound and one of my labia are very swollen. It stings and burns a lot today, but I'm happy. I've met so many people I know from previous trips returning for 1st and 2nd revisions.

I had check-up with Dr Suporn today. Everything's good.

I'm sleeping commando tonight. Less pain, I hope.

Day 6

I'm really swollen this morning on one labia, and quite sore. I don't know why. I took it easy yesterday, only going out to the Red Chair in the evening.

Day 10

I had a spot of blood on my pad today, the first since early part of recovery.

Day 13

My pain seems to have increased a bit today. I saw Dr Suporn again and everything's looking good, but he gave me Proctase and Augmentin antibiotic (AMK), 1000 mg, in addition to the usual Celebrex and Paracetamol.



Proctase 10mg for reducing swelling, 1 tablet 2 times per day.

Day 14

This morning, after having taken Proctase and Augmentin, my pain has gone.

Day 17

My last check up with Dr Suporn. My anterior commissure is a bit red and I'm to use betadine on it until it returns to its normal colour. He said I don't need to use Silvex on my posterior commissure and it's not really necessary, but gave me another 4 tubes anyway. I'm doing it.



You can get though quite a bit of Silverderm (Silvex).

Dr Suporn said I could start dilation straightaway, but I'm going to leave it for 30 days, because it's easy and better safe than sorry. Anyway, I've done it before a couple of times and what could possibly go wrong...

Recovery at Home

So much for 30 days, I forgot. At day 33 I started dilating again, with the medium as usual. It was incredibly painful, with *very sharp* stinging at the entrance. I couldn't get it in at all and had to drop down to the small dilator. I've never used that before. I thought about taking some tramadol and just continuing with the medium, but I don't want to risk tearing my new revision - it looks so nice. I can get to full depth with the small so I'm not really concerned, but I can see this is going to be a painful and tedious recovery.

I don't know if it would have made any difference, but maybe I should have listened to Dr Suporn and started dilating two weeks ago...

The small dilator feels a bit too pointed and sharp and I don't like using it. I'm worried I might push too hard and cause damage. That's not something I've ever been concerned with using the medium, except very early in my recover after SRS.

I was very motivated to move up from the small to medium, and it took about 3 weeks of frequent dilation to manage it.

I then had exactly the same experience trying to move up from medium to the large, only this time I lost my motivation and never really stuck to the necessary dilation schedule. It was very painful for quite a long time, and even 6 months later using the large is a little painful. It's not really a problem and I still get to depth, but it's not like it was before I had the revision.

It would have been very helpful if there were some special dilators for this situation. Moving from one size dilator to the next largest is far too large a jump. If only there were a series of intermediate size dilators, or possibly even better, dilators with a very gradual increase with diameter across their length. I was getting desperate for a while and thought about trying to make some, but I don't have access to the tools. Pain and suffering it was!

The End!

I think it's quite safe to say I won't be having any more revisions. That's not to say I won't be back, but it will only be to support friends who are having surgery or if I'm in Thailand anyway; I like Thailand and quite enjoy writing.

This revision improved my aesthetics exactly as I'd hoped, however more than 6 months have passed since I had my revision and dilation is still somewhat painful. It's entirely my own fault; I find it hard to take dilation seriously anymore. It doesn't matter if I dilate on schedule or not, and it's very demotivating. I've always been able to get back to normal by putting more effort in for a short time ... it's just pain. This is so different to the early days when I dilated on schedule without fail. It's hard to appreciate unless you've been through it, but early on I was terrified by the idea of missing a dilation.

At this point I doubt I'd permanently lose depth if I didn't dilate for months at a time. I am quite certain it would hurt *a lot* to get back to normal if I did that, so I'm not going to risk it. Probably.

I've begun to understand how some women end up in trouble not dilating enough early in recovery when it has serious consequences. When you're not in the right frame of mind it's so easy to let time go by, putting it off little by little until you're in trouble, and then you *really* don't want to do it. If you're at risk of this kind of thing, depression for example, you might want to consider how you plan to deal with it, perhaps even delaying surgery. You will regret it if you don't dilate properly early in recovery.

I still have some pain at the entrance, probably due to the revision. I'm reasonably confident this would be fixed if I dilated properly, either by stretching the tissue or worst case simply by tearing it (partially undoing the revision). I have some pain deep inside too, and this must be due to not dilating enough as I didn't have any revisions there.

While I'm normally quite happy being something of a perfectionist I think it's less than ideal when it comes to surgery. I've spoken to many women who have no interest in aesthetic revisions, and most of us never do go back. That's a far more practical attitude, but unfortunately not one I share.

It took a while, but I'm feeling in a really good place now. I'm very satisfied with how things turned out and while not perfect I know it's as good as its going to get without taking risks I'm simply not prepared to take. I've found a happy balance.

And in the past 4 years there's not a day gone by that I haven't woken up, checked [downstairs](#), and smiled.

INTERVIEW

I had the opportunity to interview Dr Suporn and his wife Aoi Watanyusakul in 2016, Dr Suporn and Dr Bank in late 2017.

The first interview was based on 21 pages of questions and supporting notes. Even though we spent 3 hours we only got through a fraction of the questions; it was late and they needed to close the clinic. I could have done with another week or so, but such is life...

Unfortunately, just before we started Dr Suporn got called out for an urgent matter at the hospital, returning about half-way though.

The second interview was another two hours, and again we finished before I could get through a fraction of the questions I wanted to ask.

I managed to record some of the interview and I've provided direct quotes where possible. I've attempted to write from my notes elsewhere. In addition I have edited some of the quotes slightly for clarity, seeking the intent of what was said rather than absolute accuracy (which would be my usual inclination). I'm not a professional journalist or writer, and although I've done my best I'm not completely confident that what I've written represents the clinic's views as there were a number of language difficulties.

Just to be clear, there's normally no problem communicating. It's just that the subject matter was far outside the usual making it much more difficult, and although Dr Suporn has excellent English language speakers assisting him when he's with patients that's not really appropriate here. Among other things, discussing technical aspects of plastic surgery is quite challenging.



Aoi gave me two recent issues of the popular Thai magazine [KoosangKoosom](#)³⁶ with an article on Dr Suporn. Apart from the usual magazine photo's it contains some illustrations showing Dr Suporn's SRS technique. I tried scanning and translating a page using an online service but got some kind of bizarre poetry out of it. Here's a few lines

Oh Happy booming construction season.

The reject not just the failure of the many.

Yi Feng Feng machine will beep four Kwang Sea.

I don't feel comfortable discussing conversations with people without their permission and I promised not to publish anything from these interviews without asking first. I also had difficulty getting an interview in the first place and thought the offer might help; it didn't in 2015 when I first asked for an interview, but I'm nothing if not persistent. I think I wore them down!

This document was reviewed by the clinic's International Patient's Manager before publishing, both to seek permission to publish the interview and because I wanted to make it as accurate as possible. I did get some

³⁶ 10-20 July and 20-31 July 2016 (Thai year 2559), pages 36-44 and 64-70 respectively
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valuable feedback, but of course all remaining mistakes are mine (unless you're a lawyer, in which case it wasn't me).

Dr Suporn

Childhood

As a boy, Dr Suporn had a strong interest and talent in art, winning local painting competitions and making toys. He helped his mother in the kitchen with the creative decoration of desserts. Aoi said "if someone wanted something creative tell this boy and he would make it beautiful".

As Aey so aptly put it "he's a doctor by choice and an artist by heart".

Education

Entrance into University in Thailand is governed by a single examination covering all subjects, and Dr Suporn chose medicine and architecture as his two choices of study. He scored sufficiently highly to be given his first choice of medicine.

Later in University he joined the medical club and looked after everything art related, including graphic design of presentation boards, magazines, and books for fund raising.

Dr Suporn and his wife Aoi met one year on the 24th September, an annual national holiday known as [Mahidol Day](#) in honour of [Prince Mahidol](#), the father of modern Thai medicine. On Mahidol day students of the medical sciences get together and join in activities, in this case several universities and 5 faculties. At the time Aoi was coordinator for the nursing club at one of the other universities (and these days she's CEO and runs the clinic).

Dr Suporn studied 6 years to become a doctor, and on graduating university about 30 years ago, Dr Suporn did his medical residency in Chonburi General Hospital. They have lived and worked in Chonburi ever since. It is, as one of the clinic staff told me "home". He worked and studied a further 4 years to qualify as a general surgeon, then two more to qualify in plastic surgery.

Chonburi Hospital at the time was a major trauma centre, giving Dr Suporn plenty of practice to develop his skills. "I got the skill of surgeon of surgery a lot. Some days I did appendectomy 13 cases, 13 cases in 24 hours! And trauma, has a lot of trauma" he said.

In the examinations for general surgeon Dr Suporn scored highest in Thailand that year, from around 8 medical schools and 100 surgeons. In his typical self-deprecating manner he said "it's only that year".

First SRS

Dr Suporn did his first SRS around 30 years ago, when, unlike now, transgender issues were relatively unknown and socially unacceptable in Thailand; many doctors' even segregated transgender and cis patients. People would keep it a secret and not tell anyone³⁷.

Dr Suporn came home to proudly tell Aoi all about his first SRS. She didn't understand why he would do such a thing, disagreeing with him until one day the patient came to the clinic, and crying, bowed to the ground and thanked Dr Suporn for changing her life and giving her a future. Aoi said

So my attitude changed totally, suddenly changed. I understand their feeling and I imagined if one day I

³⁷ Sounds familiar...

awake and my body is not belong to me, my body is male body, what would I do? I'd try to get rid of the male organs. So I understand that Dr Suporn helping them is correct.

As to why Dr Suporn has chosen to help transgender people given that surgeons can help people in so many different fields, very few doctors practiced SRS, there was a need, and he could help.

The level of acceptance of transgender people in Thailand these days is remarkable. Aoi explains the modern acceptance of transgender people as being related to their Buddhist religion. The Buddha said that people are born to be transgender, just as they cannot choose to be born human or animal.

Dr Suporn's History of SRS

Dr Suporn trained in SRS under [Dr Preecha](#) from 1990 to 1992 at [Chulalongkorn University Hospital](#), mostly observing, but doing 2 or 3 SRS surgeries himself. After that he says

Dr Suporn *So when I finished learning in 1992 and I start my practice in Chonburi, I start the technique SRS the same as other doctors in the world. That period we used penile skin vagina technique. Until 1992 to 2000, eight year SRS I always used penile skin version technique³⁸. Around 500 case in that period. Every case used penile skin version technique.*

Dr Suporn describes the technique back then, standard penile inversion, and how and why he created his new technique.

Dr Suporn *And so ... the problem is in the case [patient] who had not circumcised, and skin have penile [has foreskin], with penile skin version technique, scrotal skin is excess skin, so in penile skin version technique, in that period, we cut scrotal skin, thrown away.*

Not useful.

Except in some case who are circumcised, penile skin not enough, to do depth, but the patient expects 6 inches depth so I start to use scrotal skin graft, combined. I used scrotal skin graft combined penile skin version technique in the case of less thick skin [can't understand] in that period.

Ok, success, patient will be satisfied. They satisfied depth, they satisfied sensation, only cosmetic not good.

Why? Because in penile skin version technique we mainly use penis skin for the depth, just only in some who case penis skin not enough, we extend the depth by scrotal skin

Me *That's the standard penile inversion?*

Dr Suporn *Yes, so problem is labia minora not possibility*

Me *That's by Dr Preecha [handing over the paper Dr Preecha published recently³⁹]. He talks about that, so they use the scrotal skin just to get extra...*

Dr Suporn *Gets extra skin, yes. So I used before.*

So many surgeon say, oh this technique has been used maybe 20, 30, years ago, ok, same,

³⁸ Penile inversion, the technique almost every other surgeons still uses

³⁹ Male-to-female vaginoplasty: Preecha's surgical technique. June 2015. [PubMed](#)

because the technique scrotal skin graft in that period some doctor use, just extend in the case of the inadequate penile skin.

The problem of penile skin inversion is the labia minora not beauty, because even that time I try to reconstruct the labia minora, patient very satisfied. They satisfied because in that time, the result in that time, most surgeon don't do labia minora. Just only vagina canal. Sensate clitoris they very happy. I try to reconstruct the labia.

I try to reconstruct, that is 20 year ago. I try to reconstruct labia minora, or we can keep the labia minora. Picture very beauty, because can find the labia minor both sides.

So the problem with penile skin inversion is labia minora is not form complete, it's just partial. I think, think, think, many time in the year of 2000, I always think about this, how to create the technique, until around September 2000 I have the idea.

Some doctors at that time, they extend a small piece of the foreskin, it's a glans penis piece and foreskin little bit to reconstruct the hood. That time some doctors start to do sensate clitoris with hood.

Me I don't think I can write down what you're saying properly.

Dr Suporn Ok, just only overall, I will explain. Maybe complicate. And so you can just follow overall.

Me I'm listening, but I'm just saying I don't want you to waste your time because I don't think I can write it, because it's too detailed and complicated and I don't properly understand it.

Dr Suporn Ok, that time some doctor used the glans penis and prepuce but just only small piece.

So in the September 2000 I created the technique, it's a new technique in that time, it's the glans penis, the whole glans penis, and the foreskin. We used glans penis to reconstruct the sensate clitoris, and the foreskin no doctor use at that time. I use the foreskin to reconstruct the inner surface of your labia minora. So we can create the complete labia minora.

That is the first time, and at that time in the Internet, I said I don't use penile skin version, because of the penis skin I used for labia minora. So we have not any penis skin to reconstruct vaginal wall, to line the vaginal wall. So the main tissue to line the vaginal wall is the scrotal skin graft.

Before I used the scrotal skin graft I collect, I research, I already researched, even now I still research.

I collect around 200 case of complete scrotal skin graft vaginoplasty technique.

And then I present the paper, present the technique of first time 2002. I present in the Thai Royal Surgeon⁴⁰.

Dr Suporn performed SRS on about 500 Thai patients before his first foreign patient, from Taiwan. After that patients started coming from various countries in Asia, then Germany when Thai patients moved there. With the arrival of Internet there was an explosion of interest from Western patients.

⁴⁰ "A NEW METHOD FOR SENSATED CLITORIS AND LABIA MINORA RECONSTRUCTION IN MALE-TO-FEMALE SEX REASSIGNMENT SURGERY", The 27th Annual Scientific Meeting of The Royal College of Surgeons of Thailand, [link](#).

The Secret Technique

From everything I've read on Internet I'd always had the impression that apart from that first presentation Dr Suporn has not shared his techniques. Not so.

Dr Suporn has been sharing his technique at presentations in Thailand for years. For the last 3 or 4 years surgeons training at Chulalongkorn and Chiangmai have had the option for two months of selective study at Chonburi General Hospital, and from there they can come to Aikchol Hospital to observe Dr Suporn in the operating theatre. This is observation only, and very different to the kind of training Dr Bank is undergoing.

Dr Suporn also has teachers of Plastic surgery from University's observe him the operating theatre, then return to instruct their own students. He also regularly presents at [WPATH](#) conferences in Thailand. He hasn't done overseas presentations until now as they are too busy at the clinic.



In October 2017 Dr Suporn presented for the first time outside Thailand, at the [Plastic Surgery The Meeting](#) in Orlando, USA.

My thanks to the Suporn Clinic for supplying this photo.

While there's plenty of SRS surgeons in Thailand, Dr Suporn's full technique is actually quite difficult to learn and put into practice. Even knowing the technique it is difficult to become skilled in it, and a new surgeon might take 8 hours to perform a single SRS (and instead give up on that approach).

The Scrotal Skin Mesh

Its "common knowledge" that Dr Suporn uses a machine to cut the scrotal skin into a mesh, allowing him to stretch it to increase vaginal depth. The scrotal meshing machine used to cut the scrotal skin turns out to be Dr Suporn himself.

Dr Suporn By hand, hand and scissors, simple machine, I do it.

And regarding the purpose of meshing the scrotal skin, it's not to make it larger.

Dr Suporn Not stretch. Because the skin is enough. The surface skin is enough for lining the whole vaginal wall. We just make the skin perforate to drain the serum and blood. Prevent the subdermal haematoma or subdermal serum collection because it may cause the skin graft not take.

Me But everybody says it's for making it bigger?

Dr Suporn Because they think about the skin graft on the burn wound.

Referring to this as meshing caused a fair bit of confusion when I was talking to Dr Suporn. Meshing is a technical term with a very specific meaning to a plastic surgeon *and it's not what he does*. Regardless of what it's called, these cuts are to drain the wound and prevent [subdermal haematoma](#), and without it the skin graft would not survive.

There are two basic grafting techniques used in this part of SRS

- The [skin graft](#) technique which Dr Suporn uses, where there's no blood vessels transferred with the skin, and the blood vessels regenerate. This takes longer to heal than the skin flap technique.
- The [skin flap](#) technique is used in the standard penile-inversion and takes the skin with its blood vessels intact, hence the recovery is quicker.

The cuts in the skin graft don't contribute much to the recovery time; it's mainly the skin graft itself.

Scarring

I asked about the tiny sutures Dr Suporn uses, and he explained that its common in Thailand for surgeons to use smaller sutures as Thai people tend to scar more easily than Westerners (caucasians) and are more prone to keloid scarring due to their thicker skin.

Research and Improvements

Dr Suporn continues to research and improve. I'd thought the photo's his staff keep taking of my new genitals were for reference if I had any future problems, but no.

Dr Suporn Before I used the scrotal skin graft [don't understand] I collect I research, I already researched, even now I still research. I collect around 2200 patients of complete scrotal skin graft, the whole vaginal wall lining by the scrotal only, no any part of penile skin.

Me So, you're still researching? You're still making improvements?

Dr Suporn It's always this time I do operation and I collect, I do operation, collect, observe. Research. So that is why we have to take picture.

Me I thought maybe it's just in case somebody had a problem so you can look at it.

Dr Suporn No, its just for study. Why? If you do operation and you have not time to remind, to review, its mean you just do operation and you never improve. We can improve the surgery after I do operation and observe after one year or two year⁴¹.

If not you cannot improve the technique.

While the major advance was in 2002 Dr Suporn has continued improving his techniques since then, with much of the more recent advances being in the difficult cases. He describes SRS as being easy when there is no circumcision, the penis skin is long enough for labia reconstruction, and the penis diameter is not too large (a large pedicle can cause problems, and it's risky to reduce).

For example, today a [micropenis](#) with adequate scrotal skin is no problem, but 10 years ago it would have been. And now only 10% of circumcision's have problems, dependant on the scar position.

⁴¹ He essentially describes [Continuous Improvement](#)

The Future of SRS

Dr Suporn says that the top Thai surgeons are now in agreement that non-penile inversion is likely the final surgical technique and won't be significantly improved on. Advances will have to come from elsewhere.

[Microsurgery](#) does offer some potential for improvement, but its only useful in a minority of cases and is very risky. Microsurgery (using a microscope) is a very accurate technique and could solve the problem of reducing the size of an overly large pedicle, but currently carries the significant risk of total failure and loss of sensation. It's not ready.

Dr Suporn said there are now other Thai surgeons are using the core principals of his technique, and over time are converging to the same technique.

The Recto-Vaginal Fistula

One the risks of SRS and just about worst-case scenario is the [recto-vaginal fistula](#). Research pretty much any experienced surgeon and you'll find cases (and some have quite a few). Assuming a competent surgeon, the important question is not so much if it can happen, but what the surgeon is going to do about it if it does.

So, Dr Suporn has had two⁴² cases of fistula's and in both cases the clinic made a special exception to their normal rules⁴³ and paid for the patient's flights back to Thailand, their hotel and medical expenses, and Dr Suporn fixed the problem with assistance from a specialist surgeon. The clinic paid for basically everything.

I expressed my surprise about the level of care, how it's so different to other surgeons I've heard of, and how it's so reassuring that if you take the risk of going Thailand they will care for you like this - except that nobody knows about it. We again touched on the lack of promotion by the clinic.

Large Labia

Dr Suporn is known for making large labia⁴⁴, so would he make a small one if you asked?

Dr Suporn Dr Suporn makes large labia because he prepares just in case of [necrosis](#), they still have the piece to cut off. If you do the first time too small if maybe you have necrosis and you lose all the minor labia.

Me But if I said I want really small labia?

Aoi Yes, it's ok, after one year. No problem.

The White Dilator

I asked about the mysterious white dilator. The box of 4 dilators contains 3 clear dilators and one white. Why is it different and what's it for?

⁴² I understand 2 out of 2000+ surgeries is a good rate as these things go.

⁴³ Normally the patient pays flights and hotel, while the Suporn Clinic pays all medical expenses.

⁴⁴ Keeping as much material as possible is a key part of his technique, see "Why Dr Suporn?", page 8.



The original white dilator in the middle. Top and bottom are the modern clear and white dilators respectively.

Note the large notch and quite different shape of the old dilator.

Aoi showed me their original white plastic dilator. White many years ago, now it's a slightly yellowing museum piece.

Aoi It's handmade [the original dilator] and we are the first. Long time ago we use a candle. One day I think someone left the candle in the car, and it's bent and couldn't be used, and I thought, how can I do something that can help dilator?

Me So you did it?

Aoi Yes, I went to my daughter's school. I asked the teacher can you help me, because I'm a nurse I don't know how to make this. So they asked me, what do you want?

And we make one by one, one by one, and it's not in time, many patients come.

It's handmade so I went to the website and found a factory. I asked them, and they said "What! What do you want do us to do"? I said it's a medical stuff and "she said it's a funny thing you do the sex toy".

I said "no it's not sex toy, its medical stuff for Dr Suporn".

They asked the company to manufacture a new dilator, with depth scale, safe materials for the body, doesn't change colour over time, and Suporn Clinic branding.

The clear dilator is difficult to break, but the white one is even stronger.

Me So why would you not make them all of white?

Aey It look good, and it's look clean.

Me It's artistic!

Aoi Yes, yes, and he [Dr Suporn] said it's better looking than the white one, and he prefers clear so he asked for clear. He said it's clean and looked clear and looked like crystal, looks special. And the white one is ok, so we produce the white one for travelling.

And after that he asked me order 3 size, S, M, L, and after we gave to the patient many doctors asked where did you order the dilator? And the person who made the dilator for me, he's very clever, he contacted doctors in Thailand who do SRS and sells to them. So the dilators in Thailand

are all similar.

[Dr Suporn then arrives back from the hospital]

Me Why clear?

Dr Suporn Look clean, it look like a crystal [everyone laughs].

The Right Stuff – Lube

I asked Dr Suporn about choosing a lube. He said to use water based lubes for the first 3 to 4 months, until the skin graft has healed. Silicone lubes don't wash out and residual silicone can interfere with the healing of the skin graft.

You can tell it's healed when there's no more discharge or bleeding.

BMI and Smoking

We discussed how high BMI and smoking affect the aesthetic result.

Me How does the BMI affect the result?

Dr Suporn They affect the result because in obesity they have the fat tissue. Fat tissue blood circulation is not good, so they may have some skin graft may not take good, because blood supply not good. Maybe necrosis is higher and wound separation is higher, and skin graft in vaginal wall may not take well.

Aoi The same as the effect of smoking.

Dr Suporn The same, smoking, long time smoking even the patient stop smoke for a few months they still have the long-term smoking effect. It effects the peripheral blood circulation and risk of the DVT is higher.

As with obesity, smoking also increases the risk of necrosis, and necrosis can affect the aesthetic result in some patients.

Painkillers

I asked Dr Suporn a number of questions about painkillers.

- The hospital has 3 or 4 kinds of strong painkillers, and when patients don't respond to one of them they can switch to another.
- Morphine cannot be used at the hotel. It's available in the hospital only.
- They cannot provide codeine or oxycodone in Thailand.
- They can provide injections of the NSAID Dynastat which lasts about 8-10 hours, and will provide it before flights if requested. I'd heard it was limited to one week's use, but that's a very conservative limit and they can provide it longer.

Taking Testicles Home

I've occasionally seen posts on Internet forums where women would like to take their testicles home and I asked if it was possible.

It's not just possible, it's no problem. It's mainly Muslim and Chinese patients who for religious reasons need to take body parts home. Interestingly this was never the reason given on any of the Internet forums I've read.

Non-Binary Patients

When I asked if they had many non-binary patients we had some difficulty communicating. I don't think I was being clear enough and they don't use the term non-binary. I should have been more explicit and just asked if they would accept someone who identifies or presents as male.

I was however told that it is very rare for them to have patients at the clinic that are not, at least in presentation, binary MTF.

I followed this up with the clinic administrator via email afterwards and was told they do accept non-binary patients for SRS, and also those who've not socially transitioned for social or professional reasons. Presumably non-binary individuals are presenting female at the clinic to fit in.

I've noticed that it can be quite confusing talking about gender with people in Thailand, and it's nothing to do with language. I like to think I'm quite familiar with the gender spectrum, but I often feel I have a very limited understanding compared to Thai people.

The Butterfly Theme

Aoi explained that the butterfly theme⁴⁵ used by the clinic relates to metamorphosis, transformation, and freedom (something the clinic obviously helps with). The concept for the fairy like character the clinic uses was created by Aoi, drawing inspiration from the half-women, half-bird [Kinnaree](#) of old Thai fairy-tales. The women with wings relates to the butterfly.

Dr Suporn's Retirement

I asked Dr Suporn what he plans to do when he retires. He'd like to write a book to pass on his knowledge, but as for writing it in English ... that's not Dr Suporn's strong suite.

I suggested he give the book away for free, as after all there's not a lot of money in publishing such a book and giving it away for free would help spread his knowledge (and I could get a copy). Dr Suporn seemed to agree, but Aoi interrupted to say she does the business decisions. It was a funny moment illustrating the division of responsibility in the clinic. Dr Suporn's not at all interested in the business, that's Aoi's role, and I have to say, I like it a lot.

Business and Marketing

I mentioned one of my rationales for choosing Dr Suporn; that they don't do any marketing and he's still one of the top ranked SRS surgeons in the world.

Aoi We not focussed on the business. The business come later. Dr Suporn said he prefer to work and be happy with his result first and then when he happy with the result, the patient happy, the patient will come.

Me It's all word of mouth.

Aoi Yes, that is why he always tell the staff, don't think about the money, the money come later,

⁴⁵ There's one on the cover of the Instruction Book, see page 70.

forget the money. Think about the work first.

We discussed how Dr Suporn is so focussed on doing things right.

- Aoi Yes, and you know at the beginning when we do this clinic, Dr Suporn he said
“Don’t tell me how much that is cost about the stuff, because I don’t want to think, oh, we save it because it’s expensive”.
He told me, don’t tell me. I don’t know how much that costs, how much suture costs. He will do his work complete and perfect. So he need not worry how much it is. He thinks his work is first.*
- Me And he did nearly two hours on my revision. I was amazed. Two hours!*
- Aoi He try to make everything best and good.*
- Me I know, and he doesn’t care...*
- Aoi Yes, and he doesn’t want to know.
If he spend so much time I have to pay more on the anaesthesiologist and pay more medical expenses, he said that he doesn’t care anything, he do what he have to do. It is my job to take care.*
- Me And he doesn’t want to know...*
- Aoi He doesn’t want to know.*

This was after my first revision – he spent another 1½ hours on my second one.

Charities

Dr Suporn and Aoi have been quietly donating to children’s charities for almost 30 years. Among a number of other charities they have sponsored the education of 3 orphans.

It’s not something they talk about, put on their website, or use as marketing. I only found out because I read a single post years ago on some obscure Internet forum and asked Aoi about it.

My thanks to Aoi for providing this photo which was mixed in with all her family photos.



Why tell Patients their Expected Depth with Penile Inversion?

It's about patient education. Dr Suporn feels it's important to inform patients about their treatment compared to the standard. He doesn't compare against colon vaginoplasty as it's not standard.

Female Staff

Almost the entire staff is female, is this on purpose? "Yes" says Aoi, for the comfort of the patients.

Insurance

I asked if there were any plans to get insurers in the USA to pay for SRS in Thailand. "No" said Aoi.

The Suporn Team and Dr Bank

In June 2017 the Suporn Clinic announced that Dr Suporn was planning to retire and a new surgical team was being formed. Dr Bank is the first of a new team of surgeons to be trained by Dr Suporn in his technique.



I was fortunate to be able to talk at length with Dr Bank (left) and Dr Suporn (right) in late 2017. In this photo they had just come from working in the surgical suite upstairs.

Dr Bank's proper name is "Chayamote Chyangsu"; Bank is his nickname from childhood, named after a river bank.

Dr Suporn chose Dr Bank for his attitude and "good heart", and describes him as a good man. This was his first priority, and probably second and third given how many times he repeated that sentiment in various different ways. It was very clearly of fundamental importance to him.

Dr Suporn's not interested in a surgeon who's motivated by money, a "business doctor", as they would not fit the team. In an interesting parallel, Aoi runs the Suporn Clinic and its Dr Bank's wife who's interested in business.

Dr Suporn (and Aoi) have known Dr Bank and his family for a very long time. Dr Bank has lived in Chonburi since childhood, and said its probably been more than 20 years, first through his father (a paediatrician) and over the last 10 years professionally himself. His father-in-law is also a surgeon and all of them went to the same University as Dr Suporn.

Dr Bank's career has many parallels with Dr Suporn's. As with Dr Suporn he trained in general surgery, worked in trauma, moved into plastic surgery, and most recently practices and teaches plastic surgery at Chonburi hospital.

His interest in SRS started when he entered medical school in the year 2000, and had an early interest in Dr Suporn and his new technique. Back in 2005 he started planning his specialist studies in preparation for a

future in SRS. He intends to stop his current work plastic surgery to focus on SRS, saying “I fight to be in this field and I work hard to get where I am today. I do not give up.”

I asked Dr Bank why he’s interested in SRS.

Dr Bank | *I think SRS is very interesting and challenging, it is not just an operation. It is not a just a pure science, not a simple reconstructive surgery. It is a combination of surgery, art, aesthetic and architecture. It is a delicate task of transforming one thing into a new and a better version of itself by changing its looks and its functionalities.”*

Dr Bank is already experienced in the traditional penile inversion technique, having already done around 30 cases before starting with Dr Suporn. I asked him what it’s like to learn Dr Suporn’s technique after having learned penile inversion. He described it as much more detailed and complex, more refined and delicate, and the end result is beautiful. It’s more intense work and he enjoys it.

Dr Suporn mentioned that it can be difficult for surgeons experienced in penile inversion to appreciate the principles of his technique as it’s so different; things that appear similar are not.

During the surgeries on Fridays (late 2017) where Dr Bank learns non-penile inversion, Dr Suporn limits the surgeries to about 6 hours (the exact times vary), doing the more difficult parts himself. Dr Bank learns incrementally, performing those parts he’s familiar with and learning a bit more with each surgery. It’s an interesting contrast to what Dr Suporn told me last year, where a new surgeon might take up to 8 hours performing this technique, and it sounds like a much better way to learn (for the patient as well).

I mentioned that during my revision I saw Dr Bank sitting behind Dr Suporn, watching him work very closely. I had a strong impression it was the classic student studying from the master. While he teaches plastic surgery himself, Dr Bank was in agreement, saying that in “every cases I joined, I become more and more understanding of every single detail of his technique and all the reasons behind it. Every detail makes a big difference in the result and I always make sure I get every single little detail.”

I also asked Dr Bank what’s it’s like to work with Dr Suporn. He said Dr Suporn works hard, has passion, and takes care of his team. I asked if it’s at all intimidating to work with Dr Suporn given his experience and expertise, but he said no, he’s easy to work with. Dr Bank is confident in his own skills, which is perhaps not surprising considering that he teaches plastic surgery himself.

The [Clinic website](#) says that “Dr Bank currently undertakes operations locally undertaking facial cosmetic surgery and body contouring procedures.” I asked about this.

The facial cosmetic surgery is mainly eye and nose surgeries. His father-in-law (a plastic surgeon) owns a clinic that focuses mainly on these two surgeries and some breast augmentation. Most patients are Thai. Dr Bank is experienced with VASER liposuction, body contouring and fat transfer, breast augmentation and breast lift, and does this work part-time at [Bangkok Pattaya Hospital](#). Most of these patients are foreigners.

While such surgeries are applicable to transwomen the clinic’s focus is on SRS and there are no plans to offer these services without SRS.



Dr Bank's English is noticeably better than Dr Suporn's. I enjoyed talking to him, and even in the short time we spoke I could see some of why Dr Suporn was choosing him; he's nice.

Dr Suporn calls it a team, but during the interview I kept thinking they had somehow found themselves a clone instead (and let's hope so). The parallels in their careers and personality are striking, and apart from not having seen his work⁴⁶ yet Dr Bank appears to be as good as could possibly be hoped for.

It does leave me wondering how they are going to follow this up in choosing the next surgeon.

My Thoughts

I've always found it difficult to get an impression of Dr Suporn when I've met him before now. He's always been very busy, extremely efficient, totally focussed, but never very talkative. This was very different and I found him quite charming; he's very open, self-deprecating, and laughs often.

As Dr Suporn was describing his technique I stopped him and asked for less detail. I kind of regret that; perhaps I could have written it up from the audio recording. However, I had difficulty following it, a limited amount of time, and a lot of questions. In many ways I'm not so interested in his technique, as after all, all surgeons have their techniques. I'm much more interested in learning why I should trust him.

It's fascinating to see how the various aspects of Dr Suporn's personality have influenced his work; his lifelong interests and talents in art and beauty, his creativity, his absolute focus on his work, drive for perfection, and the desire for improvement. I can only wonder how all that affects his BA and FFS, but unfortunately, I know very little about either and didn't discuss it.

You'd think that some of what I've written here would be quite good marketing for the clinic, and yet I'd never heard of most of it before I had SRS. There seems to be a total lack of interest in the normal business practices of marketing and promotion, instead strongly preferring to rely on the quality of his work and word of mouth. Although it's constantly surprised me, I can no longer imagine Dr Suporn engaging in any kind of self-promotion. I feel a certain cognitive dissonance even thinking about it; just how does that happen?

This kind of thing would have had a strong influence on my choice had I been aware of it, but I had to try to make inferences and guesses from what I could piece together online (see "Why Dr Suporn?" page 15). I actually had quite some difficulty getting permission to write this; it's been over two years now since I started collecting this material. It fits with my original reasoning, but I'm constantly amazed by the actual extent of it. Having said that, being the cynic that I am, I'd probably not have believed any of it if it was on their website.

I did leave Thailand feeling rather happy with having had SRS with Dr Suporn. I feel he's not just one of the few surgeons in the world who does SRS, but a world class surgeon who's chosen to do SRS.

⁴⁶ As of 2019 I have seen Dr Banks work, both in person and photos. It's pretty much identical to Dr Suporn's.

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 "imposter." 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 woman, 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 minimal⁴⁷ "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

⁴⁷ This was not Johanna's issue, but even with a [micropenis](#) Dr Suporn is able to get 5" to 6" depth (email with clinic).

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”.

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 woman 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 initially didn't take any photos or write about them, mainly because I wasn't brave enough to try them. Johanna tells me that they are 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 kg/m². 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.

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 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 difficult⁴⁸. 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.

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

⁴⁸ 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.

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 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.

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.

KELL'S EXCELLENT ADVENTURE

In the interests of providing differing perspectives on surgery I asked Kell if she'd like to write about her experience. It's not one you'll often hear.

I'm a 38 year old non-binary transgender woman from Australia. I had SRS with Dr. Suporn towards the end of November 2017. When I set out to get SRS, I did not feel like a woman and did not intend to present as one; I felt I was male. However, I felt strongly that I should have a vagina rather than a penis and set out to correct this. It was not as straight-forward as I expected: the view amongst medical providers at the time was that I was an oddity, and no one had encountered anyone like me before. However, I'd read through WPATH7 thoroughly and noted that the guidelines did not at all prohibit me from getting SRS, and did not even necessarily require RLE as a woman. After a couple of false starts being told that I "won't ever find a psychiatrist who will touch [me] with a 10 foot pole", I was directed to and evaluated by a sympathetic and open-minded psychiatrist. He eventually wrote me a letter of support for Dr. Suporn stating that I could not present female due to social and professional reasons, but that SRS was indicated in my case – which was true at the time.

I had inquired, in fact, with the clinic admin, whether Dr. Suporn was willing to retain my testicles up in my inguinal canal, a procedure that I know has been done by at least one other surgeon – Dr. Meltzer - some time ago. Apparently this comes with an elevated risk of testicular cancer, but it was one I was willing to take. The reply back was an interesting insight into the mindset of the surgeon: I was told that if I retained my testicles, then I would "not really be a woman" and Dr. Suporn would not perform such a surgery. Whether that was in the eyes of Thai law or a personal conviction, or a mistranslation from the admin, I don't know.

Either way, this bothered me very much, as part of my need to have a vagina was motivated by a body-mapping disorder, wherein I felt like my genitals were 'scrambled' and wrongly arranged. It only made sense to me if the parts of my penis were shuffled around to form a vagina, very much in the same way that Dr. Suporn rearranges things in his surgery. This made him really the only option in my mind, and I felt I had to go with him irrespective of being unable to get a non-binary surgery.

As it turned out, as part of my journey, and in preparation for eventually getting SRS, I started a course of HRT to see if it would help settle my body-mapping problem and reduce the need for surgery. Originally, I had expected to continue to present as male post-surgery, but over time the effects of HRT on my body eventually led me to feel that a fully female body suited me more, and I decided to transition fully to female. I still regard myself as non-binary, but I like women's clothing better!

This decision to present fully female was only made literally a month before my surgery. Furthermore, as my boyfriend of 13 years and I wanted to have children someday, I stopped my HRT several times to bank sperm, even right up to before the surgery itself (I banked my last sample two days before I flew out – after 24 months of HRT it wasn't especially viable, though). So when I arrived at Chonburi, accompanied by my boyfriend (now husband), it was basically as a very masculine woman, with almost no real life experience – maybe about two months full-time equivalent. Well... no bother. I was up to it: chutzpah and moxie had gotten me this far! As it was, present female in Chonburi was no big deal – it was nice to dress fem and not feel threatened by my own sense of inadequacy. The other women were super accepting and I felt very comfortable.

Onward and inward

Preparing for my trip to Thailand was done with military precision, following the very guide you're reading now. However, I sometimes found the raw volume of information overwhelming and so I boiled it down to the raw basics:

- *My surgery letter (in triplicate because I'm paranoid)*
- *My Passport*
- *A supply of Thai money in cash*
- *Laptop and charger (for entertainment)*
- *Phone and charger cable (for maps/communication)*

As long as you have these, you'll be ok. Everything else you need you can get when you arrive.

My flight came in on a Friday, and my surgery was scheduled for the Tuesday. That meant there was a mad scramble at the hospital on the Saturday to get the admission paperwork and pathology tests sorted ahead of time. I weighed 91 kg at the time and was right on the stated borderline for BMI, which had given me terrible fear that maybe the weigh-in would be too high and I would be rejected - but as it turned out, they didn't even flinch or mention it. I'm physically stocky and robust, so though I was heavy for my height, I was not dangerously obese which seems to be what they care about. So much stress for nothing. That weekend also gave me time to collect a folding bed table, snacks and bunch of clean up supplies from the mall. You can never have too many paper towels, panty-liners, etc.

I had a pre-operative consultation with Dr. Suporn on the Monday and I was checked into the hospital on the Monday evening. All of my ID was in my male name; they were a bit confused when I couldn't present a driver's license or such as proof of real life experience as a woman. I've been told that not everyone has been asked for this, but when I went through every girl was being asked to provide it. Eventually it was resolved when I showed them my letter explaining that I could not present as female at that time. So, fairly little stress – all good, “no worries” as we would say in the Old Country. Try the Thai iced tea.

So, great – after showing my letter and passport and sitting the psyche evaluation, it was time to meet Dr. Suporn. A moment I had waited a long time for! Fantastic. But, well... actually, it turns out it wasn't all fun and games.

Short end of the stick

Was back when I was a baby, my hyper-religious parents had me circumcised, and the technician did a botched job which left me with substantial scarring and not a lot of skin material leftover. There was not even enough for me to be able to use foreskin regrowth techniques or devices to help build up more material prior to surgery (I tried, it was depressing). When he looked at my penis, Dr. Suporn shook his head and said the outcome would likely be, in his words, “Very bad, not a good result. Very little depth.” It was like a knife in my heart. I was utterly devastated – I screamed at my mother in tears on the phone for what she had done to me. For a brief moment I considered giving up, but I needed the surgery, or else I was 100% certain I would kill myself. I'd damn near killed myself three times before and I was so close to making things right. Backing out was never going to be an option.

Thus it was with some trepidation that I lay on the gurney in the morning. I made some jokes to the anesthesiologist (who was a super nice lady with a great sense of humour) and the next thing I recalled was being wheeled back into my room where my relieved boyfriend was waiting.

Turns out they limit it for a reason

One of the few problems I had during my hospital stay was to do with the morphine injector they give you. The idea being that when you feel pain, you press the button and it auto-administers more. I'm a pretty stocky girl and I didn't immediately feel much relief from it, so I asked the nurse to up the administration dose a bit. This was mistake number one. Mistake number two was listening to a friend who gave me bad advice: she had said that you wanted as much morphine in your system as you could get to buffer the pain once it was taken away. Apparently, when she had had hers done, they took her auto-doser off her very early and left her in a lot of pain. "Mash the pain button as soon as it lights up again!" she said.

So I did.

I managed to empty two whole massive syringes of morphine into me before they took it away. Apparently, that's a huge amount, even for someone of my size. Normally, that's not a problem – it's not enough to get addicted or anything. However, as it turns out, I have a bit of a reaction to morphine. The next 48 hours were spent wretchedly vomiting and itching from the painkiller reaction. Fortunately, I don't remember much of it, because of the lingering effect of anesthetic on my memory, but I'm told I was miserable.

Everything they say about hospital food is true

The other miserable thing I do remember from the hospital was the food. It was truly awful and gag-worthy. I tried both the western and the Thai menu choices and it was a feat of willpower to try to keep any of it down. To be clear, I used to live in Thailand and I adore Thai cooking... but not this. I struggle to honestly even describe it as "food". Now, I've heard since then that they've changed hospitals, so maybe the new place's catering is better, but on the off-chance it's still terrible, the most helpful bit of advice I can give you is that the Pizza Company delivers to hospitals: www.1112.com

They will save your stomach and your soul. You're welcome.

They're Made Out of Meat

Now, on the topic of food, I have to point out the big mistake I saw a lot of girls making while I was there. Many of the women there were enthusiastic vegetarians or vegans, or just of the mind-set that they needed to eat healthy or purge their systems of toxins prior to and after their surgery. Regardless of one's opinion on the benefits of various diets, I will strongly recommend you not pursue a strict vegetarian diet when recovering from surgery, or if you do be extremely careful to include as many proteins as you can.

When you undergo surgery, your body takes a lot of damage from cutting and whole-sale removal of bits of it: it has to do a lot of hard work to repair itself. To do that, it needs raw material in the form of proteins and fats – ideally those found in meat. Yes, your body can synthesise proteins and such from plant matter, but it has to work harder to do it than if you eat a bit of meat; it's no coincidence that your body is good at using the same stuff it's literally made from. As the saying goes, we're [made out of meat](#).

Although I was limited to the sample-size of the two dozen or so girls I met during my month-long convalescence, anecdotally the girls who insisted on maintaining a strict vegetarian diet struggled much more than their omnivorous sisters. Conversely, I made a determined effort to eat a portion of meat and carbs, along with vegetables at every meal, and my recovery was easily the fastest I observed. Being physically fit and active in the year leading up to the surgery almost certainly helps here, too – I lost 35 kg in preparation

and my overall health was really good.

Recovering too well

Perhaps a negative side-effect of recovering well is that you feel you are making so much progress that you can be more active. This is a deceptive line of reasoning. Unfortunately, I did not realize this at the time and very quickly I was up and about and being active, even so far as to join one of the outings to Dr. Suporn's beach house only a week after surgery. Straight up – this was a mistake.

During the outing we stopped to visit a temple, and stupid me somehow got it in my mind to walk up all three floors of the structure. In doing so, I managed to cause partial separation of my labia. Not only was this as painful as it sounds, but it also required a minor revision during my checkup later that week. I don't recommend it. 2/5 would not tear again. When you are recovering, look after yourself and try to avoid walking much for at least the first week out of hospital, no matter how good you feel. Fortunately, after the separation I continued to heal well and there is no sign at all of where the damage occurred – I got lucky.

On the topic of side-effects, I found I had bad sciatica along my right upper thigh that was painful to touch. I suspect that my weight in the surgical stirrups for 5 hours of surgery must have compressed a nerve. It persisted for a very long time, and even now, 24 months later it is still slightly tender compared to its sinister counterpart. I was told by Dr. Suporn that it should go away completely in time.

Adrenal overdrive

Also, another curious post-surgery side-effect was that my adrenal gland went into overdrive. This might have been an effect of my testosterone being relatively high in the lead up to surgery, as I'd had much more of it floating around in my system than most girls with years of unbroken HRT under their belts. Interestingly, this is mentioned in the guide book they give you – the sudden reduction in testosterone from the testicles being removed can cause the adrenal gland to start to compensate for it by producing androgens or some such, I don't know (I'm an engineer, not a doctor!).

*Whatever the case, almost immediately after surgery and for many months later I had awful red blotchy dermatitis and rapid regrowth of stubble and facial hair – this was a bit confronting and undesirable as I had finally gotten to the point in my life where I was really **trying** to pass as female. And especially in a place where many transwomen go to do the finishing step on their transition; women attending the clinic almost uniformly passed well and some were downright gorgeous. It is easy to feel inadequate and intimidated around such graceful and elegant creatures. Honestly, the nerve of some people, being all beautiful, and confident and happy in their own skin – why there oughta be a law against it!*

Sensation, aesthetics or depth? You can have it all!

But, you know, that's what I was there for, too – to feel better in my own skin. And I can straight up say that Dr. Suporn is an absolute genius and a wizard, and probably also some sort of leprechaun to boot for the trick he pulled. Quite aside from what he told me at the consultation, the result I got was nothing short of miraculous. During the consultation, they gave me a questionnaire asking me to rank my desired aesthetic outcome, depth and feeling in order of preference: I choose max feeling, then depth, and aesthetics last. I was also asked how much depth I would ideally like. Fortunately, I happen to know the exact measurements of my boyfriend-now-husband. I asked for 7.5"+ and girth to match about the same size as an orange [Soul Source](#) dilator (No, ladies, you can't have him - he's taken.) Dr. Suporn delivered 7.75" and the aesthetics are very

satisfactory. I couldn't be happier. But it gets better: I'm also fully sensate and can orgasm from penetrative sex*. 5/5 would SRS again. Highly recommended. Now, it may seem odd to people that I can orgasm from penetrative sex, but I tell you it is no lie. However, there was a degree of heartache to be had along the way to finding this out.

In a flap about flaps

Prior to surgery, my testicles were extremely sensitive and I could almost climax just on handling them. I'm told this is a rare, strange thing, but it had always been normal to me. The sensation was not dissimilar to handling one's sensitive breasts. As you might expect, given the injustice done to me by the circumcision, I was anxious that this sensitivity be preserved. From my understanding of the procedure, no major nerve pathways – most especially the perineal nerve that connects the sensitive skin along raphe line of the scrotum – would be cut. However, post-surgery this area remained totally numb to me. As my month-long stay wound to a close, and other tissues started to regain feeling, I began to get extremely anxious that maybe I had misunderstood and I had permanently lost this sensation that I had valued.

At my penultimate checkup, I asked Dr. Suporn about what had been cut, specifically, but his English is not great and I don't think he fully understood. I asked if he had cut through the whole nerve and he said yes – that the scrotal skin was fully cut away. This, again, was a punch to the guts and I was inconsolable for days. I felt like I had had something precious taken away from me. That weekend was Christmas, but my boyfriend and I were simply desolate from the awful feeling of despair that had come over me.

Merry Christmas, Dr. Suporn!

One little bright point in all of this was the fruition of a plan to help make the lives of girls at the clinic a bit more festive. My surgery was scheduled in the end of November, and that meant my recovery period stretched out over Christmas. My boyfriend and I spent the festive season in Thailand, returning just before New Year's Eve.



In preparing for the trip, it had occurred to us that many of the girls at the clinic would not be accompanied by anyone and would not have anyone to give them Christmas presents – this simply would not do! So, we hatched a scheme to 3D print enough little plastic butterfly pendants on a chain for all the girls at the clinic, both for primary surgery and for revision. We even had a special one cast out of pewter to give to Dr. Suporn. We put them in little boxes and gift-wrapped them all and on Christmas day we handed them out.

Dr. Suporn actually let us celebrate at one of his wife's beach houses and even put on a festive spread! To our delight, we weren't the only ones who had had the idea of giving out presents, and other girls and family handed out presents, too – like homemade silk flowers and chocolates – so everyone received a small armful of gifts! If your booking has you in Chonburi over the end of December, please bring something if you can (even just something small and cheap) to continue the tradition and make the day brighter for everyone there! It was a wonderful and unique experience I'll never forget, even if it was overshadowed the awful sick feeling of having lost something precious to me.

The best Christmas present, ever

On Boxing Day however, was my final check-in with Dr. Suporn, and also the one where they go through the results with you... including photos of the surgery. And very quickly my understanding of what had been done didn't line up with what I was seeing. I took the time to insist on getting proper interpretation (including roping in Dr. Bank at one point) to figure out what was done and where. As it transpired, only the sides of the scrotum away from the raphe line are cut away (where they are far from the nerve), to form the vaginal lining. The flap with the perineal nerve becomes part of the labia and the entrance to the vagina. Crisis averted! My highly sensate bits were intact – it was ok. And three months post-surgery, things finally started to wake up, and I discovered that I hadn't lost anything at all. In fact, I had gained something truly precious.

Oh, also, my boyfriend likes it too – so thumbs up from him!

Howdy partner

On the topic of partners, the clinic and a lot of women in online forums are always careful to stress that going to Suporn for SRS is a thing you can do on your own without a helper. This is true. However, I want to be upfront and say that having a trusted, intimate partner with you (or perhaps a very close friend or family member you have absolutely no hang-ups around) will make a world of difference. And it's not just for obvious things like help getting dressed, or going to the bathroom or doing washing and cleanup after dilating. It's also for random things like getting up to get the door when the clinic nurse comes, or going to the shops when you run out of snacks, or even just helping get the pillows right.

But by far, the most helpful thing of having a partner there with you is emotional support. After surgery you will be in a lot of pain and emotionally fragile: physically, your body will have just had something hugely invasive and damaging done to it, and you will have taken a massive step forward in your transition journey – perhaps after many years of effort to get there. There is also the possibility of the surgical result being less than ideal, which would also take a huge emotional toll. Bringing part of your support network along with you can be the difference between coping just fine and having an utterly miserable experience. Anecdotally, the women I met at the clinic who had a helper seemed to have a much better time of it than those on their own.

Having a ball, or two

As a curious aside to my whole Suporn experience was the most delightful memento that I acquired. Now, it's worth mentioning that I'm a bit strange and decided that if I couldn't keep my testicles internally, then I would keep my testicles externally. Thus, prior to the surgery I asked if I could please have them preserved. I actually brought with me a bottle of 10% [buffered formalin](#) and some [borosilicate](#) jars to do the preservation myself, if needed. To my surprise, the admin said "Yep, no problem" and shortly before I was wheeled in, my boyfriend was startled to be presented with a small specimen jar with my boys in it, floating in formalin. While I expected to have a big of a struggle to get it done, it turns out that many religions require one to keep one's body parts for eventual burial, and many doctors are very cool with it. I did the same thing just recently with parts of my jawbones from when I got [FFS in Spain](#)... My collection of my own body parts continues to grow. What do I do with them? I keep them hidden out of sight because my boyfriend won't let me put them on the mantelpiece!

Of course, being an Aussie, I am subject to Australia's insanely harsh biosecurity laws. To actually get the specimens back into the country requires paperwork. I did my homework on this and found that provided that the tissues are preserved in 10% formalin or 70% [ethanol](#), or one of a few other specific ways, they can be

imported with only a letter that notes the preserving doctor, hospital, date, method of preservation and includes a description/numbering to clearly connect the specimen package to the paperwork, all with the doctor's signature and no other marks on the letter. The clinic admins were happy to provide this.

All this info (and more!) is available on the Australian biosecurity import conditions [website](#) (And honestly, the airport security people are so astonished that a passenger knows anything about what they're actually supposed to do, that just saying "Yeah, I looked it up on BICON" is kinda enough to get them to wave you through. The customs agent didn't even want to visually inspect the specimens, even after several enthusiastic offers to show it them to him – not that you can really blame him, right?)

Rough air

A quick note on flying home. My boyfriend and I sprung for business class seats, which was stupidly expensive but, in retrospect, an excellent idea. That's partly from the style and comfort, and partly from the fact that due to a miscommunication between the two of us, my painkillers ended up being packed into the checked luggage. So, the 9-hour flight back to Australia was endured with nothing more potent than the couple of paracetamol tablets I happened to have in my purse, and grim determination. I shudder to think what the pain would have been like flying home in economy without painkillers. Don't repeat my mistake – let my life be a warning to ye.

Back to work

After three months back down under, I went back to work. I took it gently at first and eased myself back into it. Lots of questions from colleagues who had no idea what I'd had done (I was still presenting male at work), and lots of polite deflection from me – I slyly insinuated that it was a "urogenital problem that required some structures to be removed, but I'd really rather not talk about it" (hint: testicular cancer). With that, most people will get awkward and stop asking intrusive questions.

Really, aside from keeping up my dilating schedule, life went on much as normal. The only real difference was that it was strange having to always sit to pee in the men's room; I rather thought someone must notice eventually, but nobody ever did. It didn't matter much, though – six months later I came out as female and I've been living my best life ever since. But that's me, though – always doing things weirdly backwards.

Revising history

It is now two years since I had my surgery. In that time, I've come out as a woman professionally (though I am still non-binary) and I've married my husband – I've never been happier! As I'm writing this, I'm actually back in Chonburi for a revision – apparently my new ladyparts come with a two-year, 1000 km warranty, so now is the time to have the proverbial tires kicked.

To be sure, I've been absolutely thrilled with my result – I've kept all but 0.25" of the 7.75" depth I had coming out of surgery. It fits my husband perfectly and he enjoys it very much – our wedding night was very special! The aesthetics have come together nicely, although they're obviously not perfect because of the limited amount of material available. But overall, I'm absolutely tickled pink – I describe it as a triple-gold star A+ result. I know that I'm very blessed to be so fortunate.

My revision mostly consisted of getting a little bit of urethral prolapse reduced, which is apparently a common and expected condition for Suporn patients. I also had a small amount of granulation and hair at the entrance to the vagina removed. Dr. Suporn was a bit hesitant to do the hair, and told me it was really my responsibility

to do that, but he was kind enough to do it for me anyway! Lovely! Finally, I also had my clitoris slightly freed – it had proven to be a bit buried and difficult to get to, and I wanted to have more access to it for sexy fun times.

The process for the revision was much less invasive than for my primary surgery, and it all went fine. Well, except that I maaaybe didn't get enough local anesthetic when I was lying on the stirrups. I felt pretty much everything Dr. Suporn was doing, and audibly gasped when he cut some tissue to release my clitoris. Now, I handle pain better than most and it was ok (I kinda like that sort of thing), but I suspect most girls would not have enjoyed the experience. Don't be shy to ask for more painkiller if you need it. Just so, after the surgery I was given several baggies of Panadol, Celebrex, and Tramadol and I didn't take a single one. The pain was nothing like the primary surgery.

In summation

So, to recap, brave sister (or dude, it's cool – dudes can have vaginas, too!), here's my advice based on my experience:

- Care about the essentials but don't stress.
- Be healthy so that you have the best chance of a good, fast recovery.
- Eat meat. It's not only tasty, but it's also what your body needs to heal.
- The Pizza Company will save your soul.
- Don't deliberately overload on morphine – it sounds cool, but it isn't.
- Don't forget your painkillers in your checked luggage, stupid.
- Remember that Suporn and Bank are amazing miracle men – highly trained professionals who stand atop their field as experienced doctors performing a proven technique. I don't promise your result will be perfect, but I am very confident that in their care you will have the best chance possible.

That's all I have to say about that. Best of luck with your surgery!

-Kell

***Let's talk about sex, baby**

Ok, so I've been asked about sex. Apparently I'm very open in a way that others generally aren't, and I've had a steady sexual relationship with my husband and with some close pre-op transgender women, which makes me unusually qualified to talk about post-op intercourse. I hope at some point to have an intimate experience with a cis-woman or post-op transwoman, but to date I've only had close encounters of the penis kind, with a smattering of oral. In this guide I will use "he" to refer to one's penis-equipped penetrating partner, entirely because my one happens to be male; I'm quite aware that women can have penises too, so flavor to taste.

As mentioned above, I have a settled post-op depth of about 7.5" – that's on the higher end for Suporn, and entirely a consequence of my larger stockier build. However, it's worth noting that you've got to be immensely lucky to have a partner who can penetrate more than about 6". This is because the way your bodies align during sex tends to keep about 1" of penis outside the vagina. My husband and I had to work very hard to get him deeper, and we've only managed to fully hilt him once or twice. So, if you're 6" depth, you likely don't need to be worried about being unable to take your partner fully, unless they are unusually talented in the

trouser department.

In all of the discussion set out below, the advice I am giving assumes you are at (or sufficiently close to) the three month point where you can have sex and sexy thoughts, and as appropriate past the six month mark where you can have rough sex. These are all my own thoughts and experiences and your mileage may vary.

Getting started

After surgery you are supposed to wait three months before intercourse. This gives the soft tissue, and especially around the urethra time to heal. My husband and I were a bit keen – and also I was healing really well – and so we tried it at 2 months and 3 weeks. We were very, very careful, as you might expect! I made sure he wore a condom for the first six months to protect me from any bacteria. Lots of lube (we found L-Gel works great, more on that later) and very slow gradual penetration got him to depth. It helped a great deal that I had just finished dilating, and for the first six months post-op, I strongly recommend that you dilate before penetrative intercourse. As it was very painful for me still, he only made small movements but given he was so worked up for it, he was able to climax on my first time. The sensation of your lover ejaculating inside your vagina for the first time is profound – I was blessed to lose my girl virginity to the man I love!

Over time, just like dilation, sex has become faster, easier and more enjoyable. Now days I can get lubed and hilted by my husband in less than 3 minutes. It's a pleasurable experience for the both of us and - when we're being gentle - usually not very painful for me. We are both typically very satisfied at the end.

How it feels

To give some context about what sex with a Suporn-brand vagina is like, I will naturally draw on reference to pre-op intercourse I've had as a comparison. I realise that many readers may not have had penetrative intercourse as the 'top' (penetrating), or 'bottom' (penetrated) partner, or either. I will try to keep things general enough to be instructive even for those without sexual experience.

For those with experience in receiving anal penetration, the best approximation I can give is that it is the same feeling of fullness, but rather than having contact only around the anal sphincter, it is a long continuous tightness down the length of your vagina. You can clench your pelvic floor muscles to tighten and grip, or release them to allow easier freer movement (which you'll mostly do during your early healing).

The feeling of pleasure from penetration itself is not like the sensation from penile stimulation. Rather, it is like the pleasurable sensation experienced during ejaculation where you feel the pressure at the base of your penis, deep within your pubic mound, right at the bottom near the [levator ani muscles](#). If you have some sensation in the neovaginal pouch itself, that might also contribute. I'm fortunate enough to have some scrotal sensation that is pleasurable, like gently stroking the scrotum along the raphe line (the middle line of the sac).

The Suporn method leaves the prostate intact, and much like in anal intercourse pre-op, you can feel it quite well through the lining of the neovaginal pouch. This effectively becomes your 'g-spot' and it's sensitive to rub that particular place with a finger or your partner's penis. The downside of this is that the neovaginal pouch is now between the prostate and the lining of the rectum, which means you can only get very little prostate stimulation in anal sex.

It should be noted that it is exceedingly difficult to orgasm just from penetration, even for cis-women, so if you aren't blown away with the feeling of something pushing in and out of you on its own, don't feel let-down. That's business as usual for ladyparts.

The main event for post-op female pleasure is, of course, the clitoris. Conveniently, the Suporn method provides you with a primary clitoris and two backup clitorises in case the main one does not take. At first,

before your brain has a chance to rewire itself properly, touching your clit and clitoral hood feels for all the world like poking the head of your penis... because that's exactly what it used to be. But over time, it morphs into a better representation of your actual anatomy and it feels very natural. The key ways of getting stimulation of your clit are pubic contact during intercourse, or manual stimulation by fingers, tongue or a toy. All of these can be very enjoyable and the latter are the primary sexual toolbox for those who prefer female partners.

Climax and orgasm

Volumes have been written on the subject of the female orgasm. The degree to which this body of literature applies to post-op transwomen has yet to undergo scientific scrutiny, but in my own anecdotal experience, I have found my experiences to be roughly in-line with the collective cis-gender experience. Female orgasms tend to be longer, slower, full-body experiences and warmth and pleasure, rather than the high intensity peak of male orgasms. After 12 months on HRT you should probably have noticed this difference already, but I found that post-SRS and orchiectomy the distinction was more pronounced. Not every woman will achieve these (even amongst cis-women) so don't feel bad if you don't personally experience them; you can still have a fulfilling sex life without.

At the risk of being too analytical, I loosely characterise my orgasms into three classes:

Little-O: Small swells of full-body pleasure. This come often during penetrative sex and occasionally grow into larger climaxes. I might have several dozen of these during a single session. They tend to have only a little afterglow and little release of ejaculate.

Big-O: A big crescendo climax with strong afterglow – the archetypical female orgasm. This is the climax that makes you cry out “Ooooh!” as the swell hits. Very pleasurable in your sex and in your chest, down to your feet. Substantial release of fluids and tightening of your pelvic floor muscles and anus. It's delightful when you synchronise with your partner and you are both left satisfied and cuddling in the afterglow.

Boy-O: Most like the previous male orgasm, this is the hardest to achieve and requires direct manual stimulation of the clitoris and labia. It is intense and peaky like a male orgasm, but with longer afterglow. Large release of ejaculate and strong engagement of the pelvic floor muscle and pulsing of the anus. I have only achieved this by masturbation, but I live in hope of getting there through penetrative intercourse.

Post-sex

Post-sex and masturbation, I always douche with warm water two or three times, washing out any lube or ejaculate that might be inside. After you're fully healed, it's apparently ok to leave fluids inside you for a while before you clean them out, but if you go a whole day without douching it will irritate your insides and you will be a bit sore. I found that in my case, immediately after sex my vaginal muscles would contract rapidly – within about four minutes of finishing, it would be impossible to insert a douche nozzle comfortably. It's a good idea to have your douche bottle set up in the shower ahead of time so you can fill it and empty before you start cramping up. If you're a little slow and it's difficult, either add some lube to the tip of the nozzle to ease it in, or else wait about ten minutes and try again.

I have occasionally had small injuries in sex (which I'll talk about in a bit) and when that occurs I have douched with betadine. I've since been told by Dr. Bank not to do that, as it disrupts the microflora growing inside the vaginal pouch. I still think that if I have a serious bleeding injury I will use antiseptic as a precaution, but otherwise I'm trusting in his advice.

Lubrication

One thing I cannot stress enough is the importance of lubricant during penetrative sex – and not just any old lubricant. Previously, my husband and I used thin oil-based lubricants suitable for anal sex, but I found that these did not give enough of a film and left me feeling raw. The best we found was a product called L-Gel that can be ordered bulk online: it's a thick, water-based lubricant that I also use for dilating. I do not naturally produce any lubricant at all – my family has a history of this – so if I don't have a constant sliding film I can suffer badly.

Injury risks

At this point, it's worth highlighting that post-op sex is not without risks. I've endured substantial pain from poorly placed penises, inadequate lubrication, overly forceful partners and more. Nobody at the clinic even talked about them, so I feel it's important to mention them and so save you some potential discomfort or, at worse, reparative surgery. Below are some risks you might encounter from relatively gentle and regular sex – obviously, if you step it up a notch and go rougher, you correspondingly increase the risk of something breaking.

Bottoming out: *The obvious risk that I first worried about was the end of my partner's penis slamming into the back wall of my neovagina. As I mentioned above, this is not generally a thing that happens to me, and when it does happen the mechanics mean it's rarely with enough force to cause an injury. However, just shy of the end of your neovaginal pouch are your pelvic floor muscles, and what can happen is that if they are tense or if you are clenching them, your partner may push into them and cause you some pain. Like many women, you may find that you need a little preparation or foreplay with a lubricated finger pushed inside to gently stretch them out and relax them prior to intercourse. Without that preparation, your partner should take it easy for a minute or two until you're warmed up, and then they can go full steam ahead.*

Pop out: *If your partner withdraws his penis substantially or entirely from your vagina on the out-stroke during intercourse, his penis may then be being misaligned for the next thrust in. This may cause the penis to strike your introitus (the muscle ring around your vaginal opening) or your urethra as it jams back in – I call this 'pop out'. I suffered from some urethral prolapse and after several occurrences of this, I ended up with a tear at the bottom of my urethra and a lot of bleeding – my husband was very concerned! The best way to avoid this is to be sensible about how vigorously your partner thrusts, and being careful to angle yourself so that each thrust is a straight shot in. This also decreases rubbing against the introitus which can be uncomfortable during the first six months after surgery. A large part of my attention during intercourse is taken up managing the approach angle of my partner by tilting my hips to minimise pop out.*

Carpet burn: *The rubbing against the insides of your vagina during penetration can be intense and it can damage your lining if you run out of lubricant. I was once subjected to a fucking machine with a 2" diameter dildo on the end, without adequate lubricant for 40 minutes. I tried to tough it out, but in the end I had to ask to stop. I developed carpet burn in two places inside me which bled a lot and took weeks to heal. Lubrication is important and you put yourself at risk of injury if you don't apply enough and reapply it periodically during sex. You can improve your experience by making sure that you can dilate about 5 mm wider in diameter than the object you're taking. Beyond the [Soul Source orange dilator](#), you can buy glass dilators from [crystaldelights.com](#) that go up to 50.8 mm in diameter.*

Your partner needs to be cognisant of these risks, and I recommend taking the time to brief new partners on the limitations and requirements of your vagina, especially if they have never slept with a post-op transwoman before. They cannot assume that vaginal sex is just like cis-female vaginal sex or anal sex.

Assume the position

I have tried a variety of sexual positions and postures which you might consider. They each have their own benefits and risks, and generally you will find what works best for you and your partner.

Missionary position: *In general, the classic missionary position is easiest, as it puts your vagina at a comfortable angle for your male partner to enter, allows him to support himself on the bed, and you can have an easy time of it on your back. This posture also gives great sensation as your partner's pubis will grind against yours, stimulating your clitoris and labia. There is very little risk of your partner popping out and I've found it helped my pleasure and sensation to raise my legs up and apart in a "Y" shape to improve his access and proximity to my clitoris. You can also wrap your arms and legs around your partner during climax, and kiss him during intercourse, which makes it very intimate and enjoyable. I typically finish a session this way.*

Doggie style: *A favourite with the boys and a staple of porn, this makes it easier to get more depth, but I don't think it feels as good, personally. However, you can't beat looking down at yourself and seeing your breasts wobble as your partner is thrusting away. It's intensely validating as a woman to be in a pose that is de rigor in the erotic industries, and it also gives your partner the option of switching from your vagina to finish in your anus if you are into that sort of thing. As with naturally-constructed vaginas, of course, you should never go from anal to vaginal without cleaning, or switching condoms.*

Doggie style gives the girl the most control over what angle the penis is entering her at, and it is a constant task to move your pelvis to minimise potential pain or injury that could occur by your partner's thrusting. However, this also comes with the highest risk of your partner "popping-out" during thrusting. Most injuries I've taken have been during doggie style.

Cowgirl/reverse cowgirl: *These more adventure positions are easier if you are a lighter girl with a well-endowed partner. I found it very difficult to get aligned and exhausting to hold myself up, let alone bounce up and down to stimulate my husband. It's very easy to get misaligned and the risk of popping out and snagging your introitus or urethra on your partner's penis is high. I think if I was a bit lighter it would have been easier, as he could have helped by giving me a bit of extra momentum with his hips, but as is it's very challenging. My husband reports it is enjoyable, but the difficulty for me makes it a rarity in our session.*

Standing sex: *Another more difficult position, this requires a good match between your and your partner's heights (or a convenient platform to stand on). The opening of a Suporn vagina, like many neovaginas, tends to be a little further forward than a cis-girl's, due to the shape of the pelvis (especially if you went on blockers too late). Thus, you need to lean relatively far forward, or have a slight height advantage over your partner to line things up well. It's best to brace your hands against something solid while doing this. Like missionary, this position puts all the work and all the control on your partner, but the odds of popping out and jamming into you painfully is low.*

Sideways and other acrobatics: *There are more exotic positions that one might try, such as side-on with leg raised while lying on the bed, or draped over sex furniture or sawhorses or stockades. Generally speaking, the more out of alignment you are with respect to your partner, the less pleasurable it will be for you and the greater your risk of pop-out.*

Masturbation

I've talked a lot about sex with a penetrating partner here, but many girls will want to self-stimulate, or else have a friend help them out. I have to be upfront and say that masturbation post-op is much more difficult and time-consuming than pre-op – you go from literally having a bundle of nerves in your hand, to trying to stimulate partially buried nerves in a complex structure. It takes time to learn how to do it properly and for the first few months it will be immensely frustrating.

Easiest to access is your clitoris and back-up clitorises – they are front and centre and therefore very easy to get to. I find that stroking with a single finger from just above my urethra, up between the labial folds and then finishing over the clitoris is very pleasurable. I also take two fingers and wiggle them side to side and up and down over the labial folds and clitoris collectively, especially when highly aroused. You don't need lube or any preparation to do this, so gently stimulating yourself can also be done on the go when you need a little stress relief and you have a moment's privacy. Typically, it will take me about 30 minutes of concentration to bring myself to full climax this way, so I like to take my time with it and set aside a little space in the evening for self-care and relaxation. Of course, if you have a partner available, you can substitute their fingers or tongue for this task.

Going deeper, you can use your fingers to push up inside yourself and rub your g-spot. Depending on your build and the length of your fingers you may find it challenging. The g-spot is located at the top of your vaginal canal, about two thirds of the way towards the rear (although your anatomy may vary). I find quick firm presses - but not too hard - work best for me. Generally I need lube to get a finger inside as I'm too dry on my own, even when aroused. It's best, of course, to have a friend get right up there, as they can likely get deeper and put better pressure on your g-spot. Toys can also work for this task, but I've yet to find a dildo that I enjoy vaginally.

After climax you might gush a bit, especially if you are a bit pent up. If you are planning to reach climax you should probably do so naked while sitting on a towel, just in case you leave a wet spot under you.

Getting rough

Anyone who knows me or my husband knows that we aren't just limited to relatively gentle play. I'm a practicing masochist and I like it very rough indeed. The good news is that after about 6 months, you should be up for it too, if that sort of thing takes your fancy. Rough penetrative sex obviously requires the same common sense as regular sex injuries - don't insert anything you're not dilated or lubricated enough to comfortably fit, and don't risk injury to your introitus by pop-out – but with extra attention on the part of your partner.

Even if you're not especially kinky, have a '[safeword](#)' for immediate stop. If you play hard, you will eventually take an injury to your vagina and you need to be able to signal "I'm not ok, I need to stop now". Until you are very experienced with your new body part and substantially healed, it's worth limiting yourself to highly trusted partners who are familiar with which sounds you make indicate acceptable pain and which sounds indicate actual injury. Often they can change their motion to avoid the injury without you needing to say anything and break scene.

When you do take an injury, first assess whether it's an internal or an external injury. If it's internal, put a Kleenex or other clean pad at the entrance of the vagina and wait until the bleeding stops. When it's clotted, you can carefully put a douche bottle inside and clean the wound and then put some betadine up there. Hold on tight, because it's going to hurt fiercely. If it's external, stop the flow of blood with some compression, then clean the wound with some betadine, and if need be put a dressing on it.

In either case, if it's serious and continues to hurt long after the event, consider seeing a doctor. If it doesn't stop bleeding with pressure, call your local emergency number. Fortunately, I've only ever needed to clean and dress an injury to my urethra, but it's good to have a game plan for worst case just in case.

While unlikely to be an issue for most couples, if you are engaging multiple partners in a session or using an automatic machine, you will find that there is a natural upper limit to the amount of abrasion you can take, even if you lubricate properly. This is simply because the lining gets irritated and starts to hurt, rather than any accumulated injury per se. I haven't had the opportunity to train this up but I believe that practice and conditioning will improve your endurance. Whatever the case, if you push too hard you will likely end up

feeling unable to perform for a few days after.

Depending on your tastes, you might be inclined to try impact play to the vagina. To date, I've only done this in the lightest of ways after almost two years recovery. Being spanked on the vulva was painful but did not feel like any damage was done. As I'm very new to it I'm still learning my limits – again, this is something I would recommend trying only with a very trusted and experienced partner. I think it would be very easy to overdo it. Thus far I've only done spanking with hands, but at some point when my confidence is improved I will graduate to a flogger or crop. Be mindful that as a constructed part of your anatomy, the mechanical strength of your labia will be less than that of a cis-woman, so plan accordingly.

Sex instead of dilation

To round off what has become a minor treatise on post-op sex, I will add that perhaps the most convenient side-effect of a regular sex life for a post-op girl is the ability to substitute sex for dilation. This is dependent, of course, on having a regular partner whose penis is comparable to the large dilator – but even if he-and-or-she is somewhat smaller, it's not a problem. After all, your dilator is there to get you large enough to take your partner; once you have reached a comfortable equilibrium you don't need to stretch any larger than that. Indeed, my husband asked me not to dilate to any larger size as it reduces the quality of his sensation.

We started substituting sex for dilation around 12 months post-op – after everything had settled down. I still check with my dilator every couple of months to make sure I'm not losing depth, but thus far I've not lost anything substantial. Regular vigorous sex has definitely done the trick: during my revision consultation Dr. Suporn warned that inserting the inspection speculum might be tight and uncomfortable. Instead it slipped right in and he seemed surprised: "That was very easy". I had to stifle a giggle.

VEGAN IN CHONBURI

A vegan carer was writing a guide to food in Chonburi and I asked her if she'd like to include it here.

It was only my third day in Chonburi when I thought of writing a small guide to vegan eating in town. As a carer I knew I would have the freedom and the time to explore, and that could be an interesting project. I had come knowing I'd have to go through some obstacles, I just had no idea how hard it would be.

The language was the biggest obstacle for me, and after just 24 hours of barely eating, I threw myself in bed crying. Very dramatic, I know, but being jet lagged and hungry really paves the way for a breakdown. I started my first week in Chonburi thinking this was a horrible place for a vegan, and one thing motivated me to get back on my feet and keep going (besides the fact that I had no other choice, in the end). It was the fact that I knew I could do the hard work of finding out what to eat and then write a piece to help everyone that came after me. So that's how this started.

Much of what I discovered came from tips I got from the other girls. Sometimes I was just lucky. This is not an exhaustive guide - I am sure there is much more to be found in the city if you explore. I just went to the point where I was satisfied with my options.

Before going out to the restaurants, it's important to know what being a vegetarian means in Thailand. Unfortunately for us, our western concepts of vegetarian and vegan are not easily translated in Thai, and since most of the people serving you food don't speak any English, you have to use some of their vocabulary. That doesn't mean you have to speak it - Thai is hard - there is a way around it. I carried with me a piece of paper with the phrase "I don't eat any meat", but most of the time I just used google translator on my phone. It worked really well in all but one place I went to, in which my salad came with a crab leg! It was the Laos Yuan Restaurant at Central Plaza, by the way. I thought that was the funniest thing when I remembered that the same thing happened to the author of this PDF, and then I checked and it was the exact same restaurant!

มังสวิรัต

The first important concept is มังสวิรัต or [Mangswirati](#), which means you don't eat noticeable pieces of meat, but still consume eggs, fish stock and other animal products. So that's not restrictive enough for us vegans/vegetarians.

เจ

The second one is เจ or jeh. It has religious roots and adepts believe that foods with strong flavour are harmful, so they don't eat any animal products, nor garlic, onions, shallots and some spices and herbs. That's very restrictive, but our only safe option between the two. The problem, though, is sometimes people don't know what it means!

After some very stressful experiences, I found it's better to do some research on the dish you're ordering and ask for them to remove specific animal products. This is where the (google) translator comes in handy. There's a website I found helpful with the phrases you have to write or say, and also explains a bit more about the concepts above

<https://learnthaifromawhitequy.com/a-vegan-in-thailand/>

The first couple of weeks were not easy. Having to go out and find a place to eat made me really anxious, and the thought of all the awkwardness and miscommunication made me afraid. But I got used to it eventually, and I discovered most of the Thai people I met were very helpful. By the end of my trip I was ordering very confidently from the restaurants I went to because I had already tested out my arsenal of phrases! Of course, it's easy when they have illustrated menus :) I hope you feel that way from the start, because here you can

see you have some safe options!

Foodhouse at Samitivej Hospital

This is the restaurant on the second floor of the building right beside the hospital (building B), where they have a Starbucks. Here you can order noodles or rice, with stir fried vegetables and mushrooms. One of the staff understood a little bit of English, so I could use words like rice, noodles. I asked for vegetables by pointing to the vegetables on the buffet, and mushrooms by showing them a picture. They usually charged me between 30 and 70 baht.



Fried noodles with vegetables and mushrooms.

Jeh Restaurant

Apparently, that's the name⁴⁹ of the place! They have a sign in the front that says "jeh" in big red Chinese letters (see Google [street view](#)). You can look out for these signs all over Thailand - they mean the place is vegan. Through an exchange of simple words like "no meat" and gestures, one of the staff confirmed everything there is vegan. It's a buffet, but they also have a food cart at the front - you can order fried noodles - and a few packaged snacks.



To order food, I just pointed at what I wanted, pretty simple. I usually asked for rice and one or two toppings. The one with the mushrooms is very hot, be careful. You can also ask for takeout (may need to use Google

⁴⁹ Its labelled Jeh # 1 elsewhere in this document.

Translator or something similar). I sometimes came here for lunch and bought dinner on my way out - the restaurant closes at 3pm!

Some of the buffet options are stir fried vegetables, vegetables with tofu, mushrooms, and soups. I don't really understand the pricing, but a meal costs around 35 baht.



Fried noodles.

Opening hours 5:30am to 3:30pm, 7 days a week.







Stir fried vegetables (peas, baby corn, carrots, tofu) and stir-fried mushrooms in soy sauce with chili (a lot of it, look at that huge piece of chili), and rice.



More rice, this time with cauliflower, zucchini, bell pepper, tofu and pineapple on the left, and mushrooms, minced soy, chilis and greens. Those were especially tasty!

Espresso Cafè (Tiaphong Restaurant)

I didn't visit this one much because I had a problem the first time. I ordered green curry from the vegetarian menu and it came with what looked like pieces of meat. I wasn't sure, but I had just ordered a salad that came with a crab leg the day before, so I wasn't feeling good about it. There was also vegan shrimp - it said so on the menu - but at this point I had a lot of trust issues with Thai food. I was a little bit disgusted, but I picked the "meat" out and ate the rest, which was extremely hot for my taste. After just a couple of hours my body decided to let everything go.

They do have a vegetarian menu in English, but some of the dishes include fish (or vegan fish?), so I don't know if this is a safe option. The staff doesn't speak English.

The Red Chair

In an illustrated menu they offer a good amount of meatless dishes, and most of them are stir fried greens. There's also a dish of stir-fried vegetables and mushroom (my favourite), and fried tofu with chives. All of those are made with oyster sauce, but you can ask the waitress "no oyster sauce", translated, of course. They cost between 80 and 100 baht each. Rice is 10 baht. It's the closest option to Chon Inter!

Companno Cafè

My favourite place to hangout. It's open from 8:30 am to 11:30 pm. There isn't much for vegans on the menu,

and unfortunately, they don't have soy milk for the drinks, but it's worth visiting for the atmosphere.

Talking to one of the staff, they mentioned they would make a vegetarian menu in the future. They had a small side menu prepared the second time I was there. I had the vegan stir fried noodles with mushrooms (make sure they don't add eggs), and on another day the stir-fried vegetables with rice. They taste very good and cost around 110 baht.

The hotel Restaurant

I didn't eat much from the hotel because it's expensive and not very good. I wasn't very happy with the breakfast options either, and I usually just had fruit. Not even the bread is vegan. I couldn't find vegan bread at the stores I went to in Chonburi (7eleven and Tesco), by the way. If you eat eggs and dairy you'll have more options. To complete my breakfast I sometimes had oats with vegetable milk I bought at Tesco.

Here's what I tried at the restaurant

- *Stir fried rice noodles - ask for no meat, no eggs, no fish or oyster sauce. The staff at the hotel speak some English so it's easy to get what you want. The noodles come with vegetables and mushrooms, but I think you can ask them to add tofu too.*
- *Minestrone soup - I didn't like this one, it was basically watered down tomato sauce with boiled vegetables.*
- *Fries - I don't think this needs to be reviewed and I'm not suggesting you eat this as a meal, but I want to warn you it's a big plate of fries. It's not a side dish!*

DIETARY RESTRICTIONS

Gluten Free

Tips from previous patients

- Bring as much food as you can with you, including sauces
- “We bought gluten free pancake mix and the egg stand in (Chon Inter breakfast) cooked it up for us and that was amazing.”
- “I survived mostly on plain white rice and fries (which we were not even 100% sure are gluten free).”
- At breakfast in the Chon Inter the bacon is served on bread.

Seafood

Johanna has written about Seafood allergy in Thailand, see page 247.

Vegan

It’s possible to substitute tofu for meat in the Chon Inter, and some items at the Red Chair.

A carer has written about vegan eating in Chonburi, see page 265.

There are two Jeh restaurants within walking distance (if you’ve not had surgery), which I’ve labelled Jeh # 1 and Jeh # 2.

I’ve not visited this place, but its recommended by a previous patient as having vegan ice cream, able to make vegan food, and having big turtles as pets!

- <https://goo.gl/maps/a4qYwieqpUDbeA4r6>

Again, I’ve not visited this place, but it was also recommended for vegan food.

- <https://g.page/j-tieng-chonburi>

BANGKOK

Six months after my first revision, in early 2017, I decided to have a short holiday in Thailand, and combine that with visiting Dr Suporn for a check-up (page 212). I visited again in late 2017 for another check-up/holiday. It's very different to Chonburi...



On my first trip I stayed in Bangkok most of time, only visiting Chonburi for a couple of days. It's a good thing that Dr Suporn works in Chonburi; there's far too much temptation in Bangkok and the rate of revisions would no doubt be far higher.

From landing to arriving at the hotel took me 3 hours. There was an enormous queue for taxis at the airport and the traffic into Bangkok from the airport is fairly heavy. It was much quicker the next time when I arrived well past midnight.



Salil Hotel

I'd heard the [Salil Hotel](#) at Thonglor Soi 1 was good, being relatively cheap (for foreigners) and having a great location. It's a very trendy area, and apparently full of entertainment and nightlife, although I can't say I did much.



The hotel is one of those used by [PAI](#) so you'd expect it to be trans-friendly; only I've a feeling that's pretty much standard in Thailand.

A number of the staff spoke English, but I also noticed a lot of Japanese writing everywhere in the hotel. I asked and there's a large number of Japanese people staying in there. There were a large number of foreigners most places I went in Bangkok.

The standard room rate is 2100 baht per day, Premier Balcony is 500 more, and Delux is 3000 baht. For the location, see Google [maps](#). Generally, I liked the hotel. The only complaint I'd have, and its not overly serious, is there's noise from ongoing construction and the walls were kind of thin – I could easily hear talking and the TV in the next room. There's free WIFI, refrigerator (noisy), and a room-safe quite a bit larger than those in the Chon Inter.

If you don't like smoking, make sure you request a non-smoking room. When I arrived the second time the entire floor smelled heavily of smoke in the hallway. They tried to shift me to another room on the same floor, but I doubt I could have stayed in any of those rooms and ended up in one of the other buildings.



Stir fried chicken with cashew nuts, 150 baht.

The food at the hotel looked nice, but like the Chon Inter, it was a bit disappointing.

I went for a walk along the main road. It was very busy and the driving is absolutely crazy. Even the zebra crossing is scary; the cars totally ignore it. I had to wait until a car pulled out of a side road next to the crossing and blocked the oncoming traffic before I could get even halfway. And once you're in the middle of the road nobody will stop.

Moon Glass, the missing piece

Not far from the hotel is a small café. Everything looked pretty good, but I never got past the iced coffee. Behind that is the bar "Moon Glass" and a Thai restaurant. The restaurant is quite formal (and expensive), but you can have the food at Moon Glass as they share a kitchen.



There's free WIFI at the café (and I'd guess the other two places as well).

Marriot Skybar

Bangkok has a number of [Skybars](#) where you can get amazing [views](#) across the city, not to mention having a drink.



I went to [Octave](#) on the 45th floor of the Marriot hotel in Thonglor, mainly because it's so close to the Salil where I was staying. It's so high I could feel my ears pop going up, just like in an airplane.

There's a dress code, but they let me in anyway. While I conformed to the code I was quite poorly dressed and somewhat surprised I got in.

I also had dinner at the Marriot, but I found the Thai food better at the Red Chair in Chonburi. Heaps cheaper too.

Soi Sukhumvit 55

This is the main road near running though Thonglor and it's only a short walk from the hotel. It's an offshoot of Sukhumvit road – the same [Sukhumvit road](#) the Suporn Clinic is on; it's nearly 500 km long.



BTS

The [Bangkok Mass Transit System](#) or BTS, has a stop near the hotel and was a very easy way to get around Bangkok.



Siam Paragon

I'd planned a more cultural day out, along the river and Royal Palace, but made the mistake of stopping off for lunch at the Siam Paragon along the way.



The Siam Paragon is a high-end shopping centre (Prada, Louis Vuitton, etc), with an impressive underground food court, but I shouldn't have gone exploring the area around it. The incredible heat and humidity that day sapped all my energy and I ended up going back to the hotel instead of the Palace.

Central World

[Central World](#) is an immense modern shopping centre with a huge number of international brands. Again, I noticed a lot of Japanese shops, including the bookshop [Kinokuniya](#) which had Thai, Japanese, and English books. Central World is less than 10 minutes' walk from Chit Lom BTS station.



View from the 7th floor, with the two glass lifts on the right.



The food court at the top of the building has an amazing view of the park and temple below. The food looked quite incredible too.



Apparently there was a celebration of some kind later on in the day, but it was very quiet when I arrived.



There's a temple behind Central World.

I found an entrance, but there was no English signage anywhere and I wasn't sure if the gates I was standing in front of were even for the temple. Luckily a helpful Thai man told me to just go on in.

The juxtaposition of temple and city is an interesting sight.



In the grounds of the temple.

South East Pharmacy

The South East Pharmacy has a very good reputation (but see [this](#)). It's not as large as the Muang Chon pharmacy in Chonburi but does seem to stock a wide range of drugs including HRT.



Catch a train two stops from Thong Lo to Asok, then walk about halfway to the next station, Nana, and it's on the right side of the road. See Google [maps](#) and [street view](#).

I don't know the extent of it, but apparently Thailand does have a significant counterfeit drugs problem; it's probably best to go to reputable pharmacies.

They don't have [spironolactone](#) (Aldactone) or [bicalutamide](#), but I got prices for some of the products they did stock.

Product	Price (baht)
Proluton Depot (hydroxprogesterone injection), 10 ampules	2400
Duphaston 10mg, 20 tablets	420
Progynova 2mg, 3x28 tablets	480
Utrogestan 200mg, 15 tablets	420
Utrogestan 100mg, 30 tablets	420

Chatuchak Weekend Market

[Chatuchak Weekend Market](#) has somewhere from 5000 to 15000 stalls in the market, depending on what you read. There's more than enough that I saw only a tiny fraction of it and felt lost most of the time. There's all the usual clothing and food stalls, miles of them, but so much more; if you find yourself in need of a hedgehog or sugar glider (or pigs or chickens) it's the place to go.



It's easy to get there from the hotel, walk to the nearby Thong Lo BTS station, and catch a train to Mo Chit which is the last station on one of the lines. I bought an all-day BTS ticket for 140 baht from the ticket office. It probably would have been cheaper just to buy what I needed, but it was cheap and I didn't want to spend time trying to figure out how everything worked.



Chatuchak is somewhere at the base of these buildings, as seen from the train station looking back towards Thong Lo.



The park as seen from Mo Chit station. The market is over the road from the station (on the left in the photo) and walk back a bit towards Thong Lo.

THE ONLY TRULY IMPORTANT THINGS

Since I've written so much its worth pointing out that there's only 3 truly important things you must do when having SRS with Dr Suporn. Worst case, the rest doesn't matter.

- 1. Take your passport**
- 2. Take your SRS letter**
- 3. Take some money**