My Journey to Trinidad

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December 8 - 20, 2003

First off – some disclosures and facts about me. My name is Judith. I had SRS with Dr. Marci Bowers in Trinidad CO on Dec 10, 2003. At the time I was 42 years old, almost 5'11, and weighed a bit over 200 lbs. (I am NOT gonna say how much over!) I had SRS following 28 months of hormone therapy; my last pre-surgical dosages were 4 mg Estradiol, 100 mg Prometrium, and 200 mg Spironolactone. I also took an enteric dose of aspirin. I was in excellent cardio-vascular shape (despite the extra weight) due to 2-3 Jazzercise sessions per week; my blood pressure was typically 130 / 80 and my cholesterol levels were good (156 Total / 39 HDL / 96 LDL / 106 Triglycerides) for a 42-year-old XY person with a family history of heart problems. My endocrinologist managed both my hormone dosages as well as my overall health, getting me physically ready for surgery.

I am also the webmistress for Dr. Bowers, at www.marcibowers.com. I fell into that role by a fluke; I had heard about Dr. Bowers through the grapevine when I was starting to consider SRS surgeons. When I found her website, it was a placeholder / under construction. I sent an email of inquiry, and at the end of my note mentioned "….by the way, I am sure your website is ready to roll, but just in case, that's one of the things I do…." Two weeks of emails and a phone call later, and the next thing you know I had a surgeon and she had a webmistress.

I confess this so that the reader can appreciate the potential for bias here – although I think you will find me to call 'em as I see 'em. You will find that some of the gaps in information reported and commented on here have been corrected on the website (uhm, I am the web wench, after all).

And even though this document may be located on or linked from Dr. Bowers' site, it represents MY experience having SRS with Dr. Bowers, in Trinidad CO. It is intended to fill several functions: reporting on an event, guidance for future surgery candidates, and a memento for myself of what was a life changing few weeks.

Getting There is Half the Fun

I had the surgery trip from hell. I was slated for surgery on Tuesday, Dec 9. Intending to go out early and visit with Dr. Bowers a bit, I planned to travel on Sunday. Well, a Friday/Saturday Nor'easter rolled through New England and all the flights were cancelled on Sunday. I took the next day's flights offered, with the knowledge that I would get into Denver at 1:30 PM, and expected a four hour trip down to Trinidad, so I could get to Mt. San Rafael Hospital (hereafter, MSRH) fairly late but not impossibly so. I ended up spending Sunday afternoon at a farewell party for a trans friend, which I had expected to miss. So that was all right.

But the travel gods (goddesses would never be so capricious!) were not done with me. My flight from Hartford to Cincinnati got off late (shortage of ground staff in Hartford) and so it landed in Cinci right when my connection to Denver was going to be leaving. Fortunately, that flight (coming from Boston, also affected by the snow) was also late. Unfortunately, it ended up being three hours late. I got into Denver at 4:30 PM.

I arrived into a Denver airport that was having its own problems with snow. By the time I got my baggage and rental car, it was 6:00 PM, and I faced a four-hour (normal conditions) drive in snow and darkness (which I probably would have braved if the alternative was no surgery).

A few frantic calls to Dr. Bowers and she offered an alternative: stay in Denver Tuesday night, drive down the next day, and she would pull some strings and call in some favors (and work on her day off!) and do my surgery on the next day (Wednesday). Since she had surgeries scheduled each day that week except

Wednesday, I was fortunate to get that kindness, lest I be put off until the week after. So, for those keeping score at home, add points to Dr. Bowers and the MSRH surgical staff for flexibility.

I chose to rent a car to get from Trinidad to Denver. Greyhound did not look too convenient from the airport. Amtrak might be a fit if you are traveling from an Amtrak city. But for $300 for two weeks (Alamo), I could not find anything cheaper that did not add days to my trip. And I was fine to drive short distances the day after I departed MSRH, and drove from Trinidad to Denver the day after that without any serious problems. I popped a pre-emptive Motrin the day I drove north, but other than that I had been pretty much off pain meds.

The Day Before

Rested from a night in Denver, I left for Trinidad around 10:00 AM (the Sleep Inn is fairly cheap and convenient; I had prepaid for a $45 room for the night before my departure flights, and the walk-in rate for Tuesday was $65). It's a haul, straight down I-25, through the cities of Colorado Springs and Pueblo. I stopped in Pueblo at a Wal-mart for bed pads, antiseptic soap, and some other personal care items for after my release as well as during my stay.

Once I got into Trinidad, I just drove around for a while. I visited the steam locomotive downtown to take some pictures for a friend. I also got photos of Rino's, the nearby museums, the hospital, and the TRINIDAD sign (think "Hollywood") on a bluff overlooking the town. Since I had some time to kill, I went up to the Ave Maria shrine that overlooks MSRH to say a quick prayer for strength, comfort, and sureness of my path. It was very peaceful there; the recent snowfall had not been marred by footprints (until I got there) and it was neat to look down from the shrine over the town. I found it wryly amusing that a shrine to the Catholic "goddess" overlooks MSRH, where so many initiates into the world of womanhood have lain recovering.

At 3:00 PM I went to Dr. Bowers' office, which is RIGHT NEXT TO MSRH, but that was not clear on her website. Nor was it clear that she wants to see you that afternoon. I went in, said hello at the desk, thinking that I was there for a personal visit. Nope…I should have checked in, filled out the paperwork, and gotten in the queue with her other patients. As it was, I ended up sort of just waiting for 90 minutes. Once her OB/GYN patients cleared out I got called in for my pre-surgical consult.

Advice: Call her office and schedule a specific time for your consult; you will save the waiting.

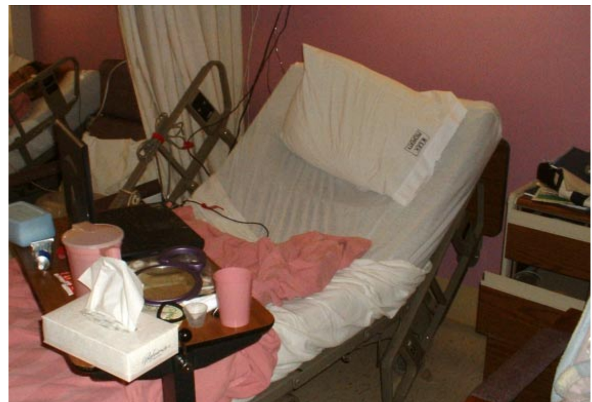
The pre-surgical consult is usually where she gets her first look at your "before" parts, putting you up in the stirrups for the first time. Hint: fold your pants or skirt nicely and hide your underwear underneath, Marci commented that "we OB/GYN's notice that sort of thing." Showing off your parts may be kind of weird, but get used to it. For the next week or so your genital region is part of the dialogue – with nurses, doctors, other patients all getting involved. You lose your shyness quickly.

After the pre-surgical consult, you are free to check in to MSRH (although we did dinner first). When you check in you will probably end up at the emergency room desk, which is located near the back of the building. The main admitting desk closes at 4:30 or 5:00 PM, although the front door remained open. I left my rental car in the lot. I guessed (correctly) that the car with Tennessee plates in the lot was another SRS patient's wheels and parked right alongside.

What I Brought, What I Should Have Brought

This is a good opportunity to talk about all the stuff I brought to the party–what was great to have, what was not needed, and what I wish I had brought.

Trinidad is desert country, so dryness is an issue. I brought lip balm and lotion and hard candy/lozenges to soothe my scratchy dry throat. If you get some time, go downtown to Curiosities (south end of Main Street)–I was gift shopping and the woman there gave me a sample squirt of a Black Tea & Honey Body Lotion (made by Shadow & Light). I was so impressed that I went and bought a bottle after surgery to take home! Any sort of skin and body hydration devices is great to have in the hospital. I also brought a normal travel case of personal care items (shampoo, razor, etc.), although once I was recovering, I had little opportunity to clean up. I was glad to have had enough facial electrolysis/laser under my belt to go a few days without seeing stubble; once I was mobile I was able to stay a bit better kempt. I also brought a small hand mirror (get the kind that has small legs to stand up on its own; it helps with both personal care while in bed, as well as looking at your nether end during dilation.



For boredom suppression I had a laptop, a cheap CD player with a bunch of disks, books, and cards. I brought along my Xmas cards (alas, they were postmarked Colorado Springs, not Trinidad). A stack of post-it notes and a pen or two are nice to have to either leave notes for the staff (if you are dozing on and off) or to exchange info with other patients. The hospital rooms have television and a remote control. My roomie and I were pretty good about sharing the clicker.

The one thing I wish I had brought was one of those little book lights. The room lighting is not dimmable: ON or OFF and fluorescent. Since I slept poorly throughout, I ended up being awake late at night and early in the morning. Once I had a roomie I did not want to turn on lights, and a book light would have let me read without disturbing her.

I brought my cell phone. My roaming charge is probably going to be horrendous, but it was nice to be in touch. There was a cell phone prohibition sign at the ER main desk, but I did not see any other signs in the hospital, and none of the staff ever said anything about it. There is a direct line into the room (Dial 8 to get outside) and so you can get online if you want and friends and family can call in. If you plan to rely on the room phone, consider getting a phone card. I also spoke to my roomie on her cell phone while she was still in Trinidad and I can report that it might sound fine on your end in Trinidad but its pretty static-filled at the other end. So maybe try to use the landline if you can.

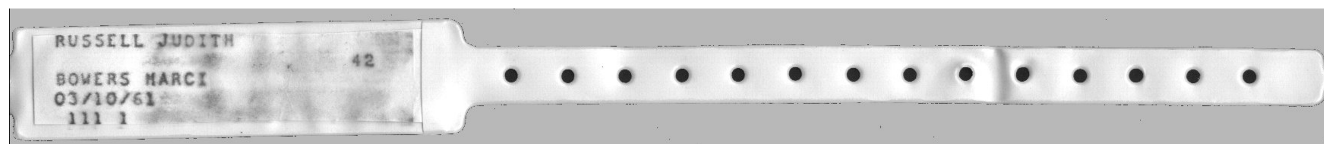
For all of your electronic gear, remember that once you come back from surgery, you will NOT be able to reach around to plug in chargers, etc. I use Velcro cable ties to wrap up my cables normally, and used these to secure the ends of my phone charger, laptop supply, and phone line to my bed rails. Once I got back from surgery they were all within easy reach when I needed them. I also brought along a small canvas bag, which I used to put things in that I wanted handy (CD player, disks, pen, pad). And I had a little stuffed Armadillo along for the ride. It's nice to have something to cuddle and remind one of a pet, a partner, or home when one wakes up alone at 3:00 AM with a dull throbbing in the genitals.

Slippers or flip-flops are a good idea….easy to kick on and off, and they provide important traction when trying to stand, sit, get on and off the toilet, move to the shower, etc., post operatively. I brought along a big terry cloth bathrobe. NOT NEEDED (and it took up a lot of room in my luggage). MSRH is sauna-like in terms of heat. A light wrap would be a good idea to cover up embarrassing stains on the back of the hospital johnny if you feel mobile, but there is no real need for warmth.

The Night Before

After I checked in, I had blood work done. Get ready to recite your personal information about four times (starting at Dr. Bowers office). You will get a MSRH patient bracelet (a nice souvenir, with both Dr. Bowers' name on it as well as my own). You will be offered a shower. TAKE IT. You will not feel clean and fresh again for 4-5 days. If you have not done genital electrolysis or laser and have some hair down there, do the staff a favor and shave it off in the shower. Saves them some time the next morning. I slept this night in my PJ's, but the next day they put you in a johnny while they prep you.

I spent the night before surgery putting all my bedside stuff into a small dresser (within easy reach of the bed), plugging in my chargers and positioning the cords, getting online (just to be sure I could) and basically getting everything out of my luggage I might need during the week. Do not bother unpacking clothes–you will not need any until the day you leave and then you will be pretty mobile.



Watch some TV, read, and relax. No food or drink after midnight. They offer you a sleeping pill; take it if you want (I did but it did not help much). Toss and turn - you have good reason to be sleepless! I like it cool at night and they never cool down the rooms, so if sleeping in a warm room is an issue, prepare for it. They will also give you an enema that night. The night nurses did not give me my night-before enema, just the morning-of enema. Dr. Bowers mentioned later that I had been "goopy". Needless to say, I was mortified!

The Morning of Surgery

They will get you up early the next day. The nurses or aides will prep you (shave your genital region, wipe you down with Betadine). I do not seem to remember this much, I think I was pretty smooth from laser so it was less memorable. My roomie had a bit more to do, and the aides actually were pretty funny and made it comfortable for her. You will also get another enema. They will give you a pair of white stretchy underwear (maternity panties) which you will wear throughout your recovery (or replacements, as they do get soiled), I brought some dark, older panties along to wear once I got out. Finally, they put your legs in compression stockings. Try to get the open toes comfortable, on your feet, if not, they will bother you for the next few days and there is no way to adjust them post-operatively – just not easy to touch your toes!

A Note About Pain Regimens

Sometime in the morning or the night before, the Anesthetist will stop in to chat. The crux of his/her visit is "How do you want to face surgery" and you usually have two options:

1. General Anesthesia, where you are knocked out hard and spend the next few days coming out of a fog, aided by a narcotic pain med pump. This is the way that most SRS operations over the years have been faced.
2. An Epidural (or Epi), which numbs you out from the waist down, aided by a light general anesthesia to just make you sleep lightly. (as opposed to an Epi-only, in which case you can be awake) The Epidural is administered through a small needle inserted in you back between vertebrae.

My anesthetist was Tim, fairly new to MSRH and a very fun and interesting person. He explained it all to me carefully, and tried to be unbiased. I chose the Epi, and was very thankful that I did. I was wide-awake within an hour of my surgery, made phone calls, got online, etc the day of my surgery. I was not nauseous after my surgery. I took no pain meds other than an occasional Tylenol. I was able to face the pain and discomfort that was there with my own defense mechanisms (denial, humor, meditation, whining, etc.) and I think this set a positive tone for my entire recovery.

Research pain regimens BEFORE you get to MSRH. Once there, talk to the anesthetist, ask questions. Although Dr. Bowers is the one making your post operative dreams come true, the Anesthetist was the one who let me face the week in Trinidad with a minimum of pain or side effects from the pain medicines. It's also reassuring to note that it's not just Dr. Bowers who is making sure that you are breathing, pain free, vital signs are good, etc. That's the anesthetist's job, and having him/her there permits Dr. Bowers to focus on her specialty – making you a happy camper in terms of surgical outcomes.

It's certainly possible that your SRS surgeon does not offer an epidural; I suspect it's a bit more advanced pain management technique and requires a certain level of experience and equipment. I am not saying I would choose an SRS surgeon based primarily on the pain management, but I would feel better knowing that I had the choice, so check with your prospective surgeons to see what they offer.

And, having had the Epi, I will think about my SRS every time some situation comedy character gives birth and mid-way through the natural delivery grabs the mid-wife by the collar and screams "GIVE ME THE EPI!" Let's just say, I get it now.

Post-Op Life Begins

I was taken over to surgery in a wheelchair. The OR nurses and techs were all friendly, and the anesthetist was also in the room. I hopped up onto a surgical cart and lay down. An IV was inserted into my hand (choose wisely, you will be stuck with it for the next 3-4 days. I got it in my right hand, which left my left hand free to rummage around in my bedside table located on the left side of my bed. Dumb luck, I never really thought about it.) and a shot of Heparin (a blood thinner) made it into my butt. Dr. Bowers stopped by in her street clothes to say hello, and I was wheeled into the OR. I sat up to let Tim administer the Epidural, and soon after laying back down I lost consciousness. I do not remember Dr. Bowers being in the room in her scrubs. It was about 8:00 am.

The next thing I knew, I was waking up in the OR recovery area. I noticed it was 2:00 pm, and after lying there a while, talking to Tim and the OR techs, I overheard Dr. Bowers say "She's awake?" and here she was again, back in her street clothes. I thanked her, she said I did great, things went fine, and that "I had plenty of depth".

I was wheeled back to my room on an OR gurney, transferred to my bed, and thus began my week of recovery. I lie there for a while, and within an hour or so had found my cell phone and called my partner, my mom, and a couple of friends. Just to tell them I was out, I was OK. And then I fell into the rhythms of recovery that I danced to for the next 4-5 days.

I wheeled into the OR as a male. I wheeled out no longer a male, but not really female either. I was too wired up, poked, stitched, drained, and numb to be much of anything. I dared not look at my new equipment for a few days until some of the medical stuff was removed. I'd say about 3-4 days post op I began to feel like a human being, and more to the point, like a female human being.

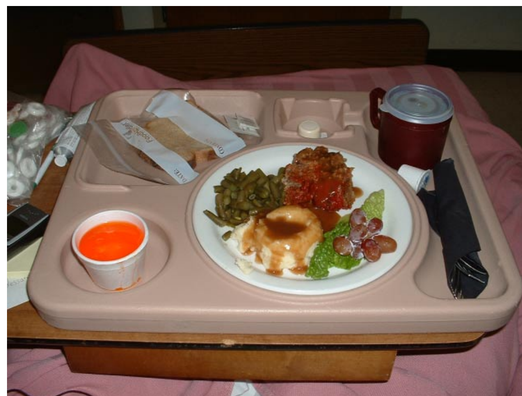
Two Hours Post Op (self portrait) so you can get an idea of my level of mobility and my attitude.

Two Days of Blessed Epidural

For 48 hours following my surgery, I was hooked up to both an IV drip as well as the Epidural. I was comfortably numb from the waist down – could not move nor feel my legs. I also had no pain. The IV was basically fluids, although an antibiotic was added now and then, as well as a nurse administered dose of Toradol (ketoroloc), an anti-inflammatory and pain medication, which tended to sting a little as it went into the IV in my hand.

I drank fluids. Drinking fluids is great for your recovery (so they say), and with a Foley catheter in, you do not have to worry about peeing. I turned into a one-woman wastewater processor, and the staff marveled at my volume of both intake and outflow. Typically, they would empty the Foley; I would ask, "How's my color?" (lighter is better) and they would say "like beer" and I would say something about Budweiser or Guinness or something else. It seems like the primary function of some of the people attending me was to fill up my water pitcher and empty my Foley. And check the ever-alarming IV and Epi pumps. If your Foley is too dark, they will demand you drink more water. Listen to them. The body is in high recovery mode and it is shedding toxins and medicines and fighting off infection, and hydration helps.

That night, I got dinner. I think I was supposed to get fluids only but my late arrival never got communicated to the kitchen staff. So I sat up (via the remote control bed), felt a little queasy, sat back a minute or so, and then devoured the entire plate. So much for nausea. It was meatloaf and mashed potatoes, comfort food. As I said to the staff several times over the recovery week "Do I look like I miss a lot of meals?"



Speaking of meals. They ranged from OK to scary. Breakfasts were OK, but usually the entrée (eggs, quiche, pancake) was cold. Lunches and dinners were good (meatloaf, roast beef, chicken) to not so good (some unidentified fish, burrito, beef stir fry). I ate most of it anyway. You might want to consider some tide you over snackage (fruit, energy bar, etc) to keep in your night table in case the food is not working for you, or if you know yourself to be a fussy eater.

Post-Epidural, Pain and Discomfort

On the third day following surgery (48 hours after) the Epi was removed (the IV stayed in until the next morning). The rest of that day was pretty grumpy, as my legs (and surgery site) gradually woke up and I began legitimately working with the real pain. The nurse came in to talk pain meds (Darvocet, Percoset, Tylenol) and I opted to white knuckle it. I did end up taking Tylenol a few times (often right before bed time) but never touched the hard stuff.

Why, you might ask? I guess I figured I had a high enough pain tolerance to deal with it. I liked the idea of working with the body's own endorphins. I feared the constipation often caused by the narcotic pain meds. And I figured if my baseline was no meds, I could always move up to light meds to take the edge off if need be. My nurse was pretty impressed; she said she wanted to bring me along when she had her next child.

That being said, Day 3 was pretty miserable. Friends from Albuquerque stopped in and I was awake and alert but not really chatty. Between their visit and the discomfort, I blew off most of dinner (a chicken breast and a baked potato) and I am STILL mourning that potato. It looked so good!

The next day (Saturday) was better, and the day after that (Sunday) I was over the hump. I took a prescription MOTRIN for both of my travel days home just to keep the edge off, but other than that, I am pain med free.

One thing I did not expect was the pain, stiffness, soreness, and weakness in my legs. I am a big girl, but I do Jazzercise 2-3 times a week and I am near the top of my class in terms of energy and stamina. But after surgery (I assume it was having my legs spread 4-5 hours, followed by 48 hours of Epi induced immobility) my legs were a wreck – with inner thighs and quadriceps feeling like they had just come off a workout marathon. I had trouble standing, lifting my legs in the bed. Getting up from a chair or toilet was a mess. Over time it got much better, although even now (11 days post op) I tend to look for hand holds to push myself up when I stand or get out of bed.

June update: when I had surgery, Dr. Bowers had her technique down but not her speed, I was in surgery about 5 hours. Reportedly, she has it down to under 3 hours these days. That should help the leg pain a lot. Also factor in that I have fairly massive leg muscles from pushing my body through aerobics 3 times a week – I think both those things exacerbated my leg soreness. Your mileage should be a lot better.

The Yucky Stuff

After your surgery, you are a mess. You have a Foley catheter in, so you cannot pee on your own. You also have two small tubes (drains) extending from your cheeks near your anus – used to drain off internal bleeding. These extend to a small container about the size of a lemon, which fills with blood over time and will be your little warm body fluid comfort companion in bed. Yech! The staff will empty these (and note the quality and quantity of the fluid) throughout your stay.

You also have a vagina filled with packing material (gauze), sutures holding the vagina closed, a couple of cotton wads stitched to your groin (anchoring some internal sutures, keeping things in place and secure inside). Two vertical stitch lines form a VEE in parallel to your leg crease, on either side of your labia. The stitches in these look ugly and are scratchy. Finally, there is a dark bruised object that looks like it might just dry up and fall off – your new clitoris.

Try not to look until things heal up a bit. If you must look, remember that things will look much better by the time you check out, but that it may be weeks before it looks like a set of genitalia and not a site of recent surgical carnage. Over the next week, your days will be filled with the removal of all this stuff. First, the drains in your butt get removed. This is weird feeling and even a little stingy, but its not painful. Afterwards, you have two little red X marks on your butt cheeks, on either side of your anus (I found them looking at the parts with a mirror later on in the week)

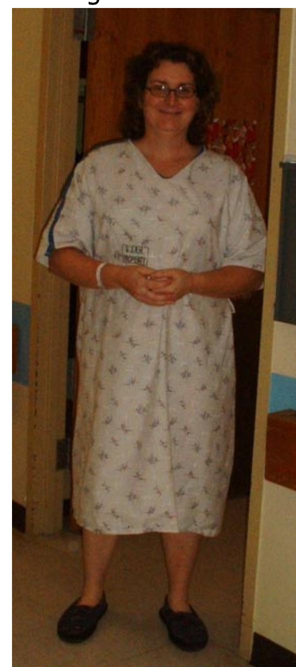
Next, the stitches anchoring the two wads of cotton are removed. This is also not bad. I did not look, but talked to the nurse as she did this, and it was over fast. These stitches sort of hold all the inside stuff in place during healing, after they come out, expect some bruising in your upper groin. (I got a horizontal bruise line about 6" long mid way between my belly button and my clit)

Around this time you can get upright and mobile. A shower around this time feels heavenly, although you feel like a fool with the Foley bag in there with you and you worry about pulling stuff or damaging stuff. But being able to wash your hair and body makes up for the discomfort and worry. The nurses will present you with an inflatable donut, which helps sitting. I have a few here at home – one for the office, one for the car, one for home – it makes it easier than carrying it everywhere you go. Personally, I found that having the donut a bit less than 100% full was better, it made the seat a bit softer and more giving.

The two big "winding up your stay in Trinidad" moments in terms of medical procedures are the removal of the Foley catheter (usually 1-2 days prior to leaving) and the opening up of the vagina and removal of the packing (usually the last day).

The Foley Removal is a big day. For about 24-36 hours before this, they start to clamp the Foley tube (usually using a rubber band) so that you can no longer pee on demand. Your bladder muscles get lazy. So you clamp it closed for 3-4 hours then open it for 15 minutes. Then repeat. They come in and tell you about this but it was not made clear that YOU need to manage this yourself. I figured it out. I started to sort of unclamp when I felt myself having to go (I was still drinking lots of water). I also unclamped when I went to the bathroom for a bowel movement.

By the time the Foley was removed, I was OK going to the bathroom on my own. (they suggest a warm shower in case you are not able to get it started on your own, so save your shower trip for that day just in case). I soon learned that if I continued to drink water like I had been, I would be up every two hours peeing. So I cut back on water to about 64 ounces a day at this point. (I was at least double that for the first part of my recovery). It took me a day or so to get comfortable with my own judgment in terms of having to go and being able to hold it long enough to make it to the bathroom. Remarkable that with all the carnage down there, the urination process remains pretty much intact.



Look Ma,
No Foley Bag!

Once the Foley is out you feel human – no longer tied to a bag of urine, you can wander with impunity, visit other SRS patients, go to the gift shop, etc. Oh, yeah, in my case, the Foley removal was the worst part – it stung a little and actually had me yelping. But my roommate and another girl reported no such feelings; perhaps I had a small irritation or infection.

On the last morning, my nurse came and opened up my vagina, and removed the packing material (think gauze worms or linguini noodles) using a small tweezers. This is an extremely odd feeling but not painful, since the packing comes out slowly and you can sort of feel it being slowly pulled out in a long string. I imagined her walking out with a laundry basket full of bloody gauze but it ended up being a pile about the size of a small plate of spaghetti.

After that they come around and teach you about Dilating, I guess I was an old hat (having purchased some Intelligence Engineering stents, traded notes with a number of post-op friends, and read up on the internet) so they did not spend a lot of time with me, I sort of knew the drill and just needed some confirmation about my positioning. The stents that Dr. Biber used (and were still being given out when I was at MSRH) were sort of rubbery dildo things – I gave mine to my partner to add to her collection (and who knows, I may end up seeing it in action at some point!) I understand Dr. Bowers is working towards using Duratek stents. I find the graduated, medical grade stents easy to use and easy to work with in terms of working up to greater volume and depth.

And one final word about a messy subject: bowel movements. Anesthesia and pain meds are notorious causes of constipation. I did not have a bowel movement for the first 3-4 days post operatively. Once the Epi was removed I really started to feel cramped, bloated, gassy. My roomie and I got pretty casual about passing wind (and fortunately I had gotten a lot of flowers, so the room stayed fairly fresh smelling!). I even pushed myself out of bed for the sole purpose of trying to sit on the commode. (not too successful at first).

The weakness in my legs made it hard for me to stand after using the commode – even with railings. The commode was just too low and I needed to call for a nurse. I finally asked for a toilet seat / riser which made things much easier (my roomie reported she appreciated it as well). I think the nursing staff should have thought of that, but once I asked, they fetched it without a problem, and from that point on I was able to use the bathroom.

From Day 1 of recovery, they ply you with stool softeners and mineral oil. Take these. Over time, the mineral oil will start making your bowel movements look like an oil spill, but it really helps loosen things up and get the bowels moving again. If you own a dog, you know that walking also tends to loosen up the bowels, so once you are able to get mobile, take some walks around the ward. I finally asked them to cut out the mineral oil when I began to have regular bowel movements and the oil slick (and taste and texture) was getting annoying, but I kept up with the stool softener. But even back home, I had some constipation and am working (through diet, as well as mild laxatives) to keep things moving. We have enough discomfort and pressure down there to have to worry about our bowels!

The Nursing Staff

Let's just say that the nursing staff at MSRH was wonderful. I never got anything less than complete respect, gender politeness, and Miss, Mrs., Jude, Judy, Judith, Maam, she, her. Many of the nurses have been there 10, 15, even 30 years. Can you imagine how many post-op men and women they have worked with? Give them a bit of respect and ask questions. I tended to ask them (at some point) how long they had been there and when I found out that some of them were very experienced, I came to rely on them for little questions and advice and "is this OK?" sort of worries and fears.

Also, this may be your recovery bed but it's their workplace. Be a happy patient and they will be more likely to walk in that door; if they know they get smiles and maybe a laugh when they visit you, they will be more likely to stop in and hang out and chit-chat. And that means more attention and better care than if you are sullen and complaining and their best efforts do not seem to ease your discomfort.

Although this is high drama and high trauma for us, for them, we are simply recovering patients who require a little medical attention but mostly creature comforts (food, water, elimination management, pain management). So you tend to see the aides and assistants more than the RN's. Sometimes it's hard to tell the difference (they all wear nursing uniforms). The aides will bring food, check on alarms, bring water, check vital signs, empty the Foley, get stuff you drop (my roommate dubbed me "Dropsie", my CD player, remote control, books, you name it hit the floor with some regularity).

I did find that the night nursing staff was usually more attentive in terms of doing a full work-up some time during their shift, without the daytime distractions of meals, showers, visitors, mobile patients, doctors visits, procedures, etc. they were better able to spend some time checking me over. I think every night the charge nurse took a good look at my genitalia, the day nurses were less likely unless I had some sort of issue or question, and they were often poking around down there doing things so they probably made note of things while they were down there.

I also found that the nursing shift changes and staff turnover during the week made it seem like care was a bit disjointed. I felt as if I they might be forgetting things or that nobody was really overseeing the whole healing process (just their 12 hour portion of it). So I tended to talk with the nurses that seemed to be veterans to ask "what on the schedule for the next 12 / 24 / 48 hours?" and then I would communicate those things to the next shift "Dina said I should be getting the drains out today at some point……" Same thing with long term issues – if my Foley had blood in it I would make sure I told the next nurses "its clear now but I had some blood earlier today" or "I have been eating pretty well but I got a little sick to my stomach after the Epi was removed"

Same thing with Dr. Bowers's comments. She would visit pretty much once a day (usually mid afternoon after her surgery) and I made sure to ask her questions, and once she left, I reported these back to the nursing staff in case they did not get into the charts. So if she said "the IV should come out this morning" I would let the nurse know she said that – a sort of check and balance.

Get involved with your recovery and nursing care – you will feel less neglected. As much as you would like to think there is a single person watching over you, the reality is that it's a lot of people working the case, and relying on your chart, and sometimes things do not get fully communicated. So if you can help to increase communication between the staff members and Dr. Bowers, it will make your recovery team all the more effective.

One Week Later: Leaving the Nest

On Wednesday, one week from my surgery date, I was being turned loose. It was a pretty nice feeling to have absolutely zero in the way of tubes and drains and packing and stuff attached to my body or in my body. Once the packing was removed and I dilated for the first time, I slowly spent the day getting ready to leave. I packed my cases, putting away all the boredom suppressants. I got some clothes out and after a shower, put on traveling clothes (baggy pants, a loose knit top). I even put on a little makeup (my roomie was impressed, as the older white frumpy tranny in that week's class, I think they did not expect me to be quite as much of a femme or quite as presentable)

The day was sort of relaxing – I still sat in the bed, ate my meals. I dilated after lunch, talking to my roomie as I did since she was curious about it, and about how the Foley and the packing removal had felt. About three o'clock my hostess for the next two days (I was staying with a friend locally) stopped in – Dr. Bowers had already signed my release and I needed to sign a few things. The nurse removed my wrist band (keep it, it's a nice souvenir) and I was free to go. I said goodbye to the other SRS patients as well as to some of the nurses. My friend took my bag and I headed out to the car; I was able to drive myself to her place (in Trinidad).

Postlude: Hanging Out, Traveling Home

I was released from MSRH on Wednesday afternoon. That evening I visited with my friend (she cooked a yummy meal and had another friend drop in) but I mostly sat on the couch, relaxed, and talked. I turned in around 9:00 pm – she had generously given up her room giving me space and quiet to dilate and just sort of veg out. But I was pretty mobile after the first night. I would highly recommend spending a few days locally (at a hotel or whatever) just to get your feet under you, to be able to contact the nursing staff or Dr. Bowers in case anything is amiss, and to gather strength and get into a post-op maintenance routine.

On Thursday, I ended up running errands all day – a wonderfully greasy diner breakfast with friends (real coffee!), then trips downtown (gifts, photocopies, souvenirs, cards) and Wal-mart (prescriptions for antibiotic lube and antibiotics) I had brought along some pain meds (Motrin) that I had had from my partners recent car accident, I checked these out with Dr. Bowers and she did not need to write a scrip. I also had my own hormones, they started me up on 2 mG Estradiol the day after surgery and I am keeping that up afterwards at least until I see my endo again. In the afternoon I dilated again, then relaxed for a while. That night, we went to Rino's (singing waiters) and goodness, I expected some sort of small town amateur musical theater but the singing and ambience and food (all Italian) was spectacular. If you get the chance – GO! I took my donut to sit on and had no problems getting out and about on the day after my release.

I also dropped into MSRH as a visitor - good thing, I had some mail, including a very generous gift certificate to a chic fashion shop from some friends! I checked in on my roomie and the other girls in recovery, I chatted with the nurses, I even got to see Dr. Bowers a few times as she did her thing. You get really close to these people (the patients, the nurses) in a sort of foxhole sisterhood and you need to own that and also own that the special community you have found for a few weeks is coming to an end. Mourn a little, cry a little. You will remember this week for a long time, and as much as you want to get home, you will also miss being a patient.

I stayed two nights in Trinidad, and Friday morning I drove from Trinidad up to Denver (3-4 hours). I stayed up there one night and flew out the next day. I am glad I broke my trip up – I had no problems with the traveling (driving or flying) but the days were long and I needed time to rest in between legs of the journey. Dr. Bowers has reported that some women are staying over a week or thereabouts, and that might be too long. I guess when you compare your time in Trinidad to, say, the month you spend in Thailand, it seems short. But remember, you do not have a 20-hour plane trip waiting for you, and it's not impossible to get back to Trinidad if you really need to for follow-up attention.

OK, But What About Your Surgery? Happy?

In a word, yes. Two caveats: (a) I am not a surgery tech geek or a demanding consumer and when people get all huffy about the number of nerves or locked into transsexual surgery snobbery death matches about which surgeon is better I tune out. I no longer have a penis. I have a set of genitals that looks pretty good to me, is sensate, and has sufficient depth to let me experience vaginal intercourse. I am an extremely happy camper. Also (b) I am Dr. Bowers webmistress and friend and I am not going to kvetch publicly even I had issues. But in any case, here's the rundown.

Where are the post-op pictures? OK, it's been six months. Time to revise "Jude's little exhibitionist document". My surgery photos are on Dr. Bowers site if you need to see 'em, or email me (judithtrans@aol.com) and I will send you a copy.

Appearance: The diagonal stitches along my labia (not sure what the official names are) healed up very well – with pubic hair they are not visible at all. Things turned out very well balanced. Even pre-labiaplasty, I am very happy with how things look – they certainly pass the "locker room shower" test.

Depth: I have retained 5" of depth based on the Stenstive detents / grooves, and I am presently using the middle three Stentsitive stents, once per day. I am not a huge depth / size fanatic – so I am not pushing the dilating to try to tweak a few more centimeters. I have used the largest Stentsitive stent a few times but its not part of my usual dilation regimen, it tends to stretch and hurt a little.

Clitoris: My clit has turned out just fine. It started out large and exposed, but it shrunk down to the size of a pencil eraser (more or less) and has pulled back nicely into a niche so it is not exposed. In fact, its nicely tucked away at this point so that a labiaplasty is definitely not required – I will end up getting that sooner or later but there are no pressing physical or cosmetic reasons to push it. Dr. Bowers is presently doing a one-stage GRS that hoods the clit from the start, and that even lessens the need for immediate labiaplasty.

If I were dating men or women who did not know I was trans or otherwise exposing my genitals for close inspection, I would get the labiaplasty sooner rather than later. But that's not the case for me, so I am a bit less motivated.

Urination: One of the classic complications or problems that people report after GRS relates to urination – basically "the pee goes everywhere" syndrome. I am happy to report good flow and good direction. I need to pee a bit more than before, and it took me a while to feel comfortable with my judgment in terms of when I "really needed to go". But at six months, it feels perfectly natural and normal. Two pieces of advice, ladies: never turn down an opportunity to pee, and practice squatting (like in the woods) before you really need to go in an emergency, so that you have the technique down. Otherwise, it might get messy.

Sensation: One of the things Dr. Bowers was working on with me was sensation. Apparently, some of the classic GRS techniques result in a hyper-sensitive clit that is near impossible to even touch, and is prone to annoying over-stimulation from clothes, underwear, etc. I have what I consider to be a good level of sensation; once it healed up, it was not over-sensitive, but was pleasurable. I describe it more like a deep sensation, which for me, is exactly right.

At this point (six months post-op as I edit this) I have only had a couple of orgasms – mostly because I do not spend a lot of time working on that and it's been a less important part of it all. (plus, being a budding lesbian, I sleep in a queen size bed with 1 partner and 3 dogs. I often end up with a puppy on my chest as I dilate…..so getting some private time is kind of difficult) Let's just say that being post-op is different – I was never particularly a horn-dog as a physical male, and the ability and desire to get sexual at the drop of a hat has pretty much ceased.

As in all things, your mileage will vary….if sensation and response (or depth, for that matter) are the biggies for you, do discuss that stuff with Dr. Bowers prior to your surgery. I imagine there are all sorts of little decisions and trade-offs that she makes in the surgery process that she can tweak to make sure to optimize your results for what is most important to you.

Final Words

Dr. Bowers really gets it (for obvious reasons). She seems to be driven to improve her technique as far as outcome (aesthetics, performance) but she also seems intent on making the process less painful, less uncomfortable, and less arbitrary from the patient's standpoint. Things that are annoying or painful or unpleasant about the process that other doctors just ignore or insist is required, she thinks about, and if there is a way to do the same thing with less impact on the patient, she changes it. Starting from the baseline of 30+ years of Dr. Biber's work with the staff at MSRH, she cannot change everything in a day, but I see a commitment to gentle, incremental change.

Dr. Bowers and I were interviewed from MSRH on the December 15th (5 days after my surgery) radio show GenderTalk, which you can access at www.gendertalk.com

I liked being at a hospital. I work in hospitals, I feel comfortable enough in them. The nursing staff in this small community hospital was friendly, knowledgeable, and fun. That being said, there is almost nothing in the recovery process that truly demands hospital care, and an aftercare facility (such as they have in Montreal or other places) would probably have been fine – and probably more pleasant in terms of sleeping, meals, privacy, etc. I would not make my SRS decision based on being in a hospital or not – both options have pros and cons.

I also have to say that the poet and the mystic in me really enjoyed walking the road to Trinidad that so many have walked before me. I thought often during my stay of the transwomen (and men) who may have stayed in my room or bed before me – and I felt buoyed and comforted by their spirits and the resonance that their own journeys had left in that place.

I have to say that overall, my SRS was a lot LESS painful and a lot LESS uncomfortable than I had feared or suspected. But it's not easy nor is it pleasant, and I have signed up for a life of higher maintenance and a bit less simplicity. I guess I was just prepared for the worst and was pleasantly surprised. I did not have high expectations or elevate my surgery to some deified height – it was simply something I wanted and needed to get done to be able to maintain my for the most part happy life as a transitioned woman without worrying about the health risks of high dose hormones and having to "transition back" should the worst case (liver damage, stroke, blood clots) become issues. But here – Monday morning of the first workweek of my post-op life – not a lot has changed. If I were expecting life to be grossly different, I would be disappointed.

Hope this helps you when thinking about YOUR surgery. If you do want to ask questions or share – please feel free, I can be reached online at judithtrans@aol.com, or Google me – "Jude Russell" usually gets me #1 or #2 these days. This document was written during my SRS journey, finished up on December 22, 2003, and edited periodically over the six months following my surgery. Photos are all by me or by a cooperative MSRH staff member.

Postscript #1: Urinary Issues, Healing, and Sensation at Five Weeks Post-op

Yes, it's true. I had a urethra problem. Apparently my urethra retracted a bit, which restricted my flow and also permitted urine to get under the skin. The result was an inflamed right labia, which kept that part of my surgery site from healing up properly – and left it somewhat stingy. When I started to really notice it (4 weeks post-op), I called Dr. Bowers. After seeing a photo that I emailed her, she suggested I come back out (although she consulted with Dr. Biber who said it was something he had seen, and could probably wait until Labiaplasty to fix). Since I had the ability to get to Trinidad (a frequent flyer ticket and some time), I traveled back out. I had an outpatient surgery on January 9 (about 45 minutes, and about 3 hours of recovery) followed by 3 days of hanging around Trinidad with a Foley Catheter. Other than the inconvenience of coming back out, it was a pretty minor fix. Since the Foley has been removed, I have been peeing much better – with no restriction or problems. While I was out there, I spoke to the 3 other transwomen who had their surgery the same week as I did (They called me, worried. Nice to have family!) and none of them seem to have had similar issues.

I also have noticed that sometime in the past week my energy level returned to normal. For the first four weeks post-op I was pretty much at half speed – a full day of work or socializing would be followed by a low energy day of napping. But for some reason, I seem to be back to normal levels – not requiring extra sleep, and able to keep up a busy schedule of travel, socializing, etc.

Postscript #2: 19 Weeks and Counting

I am cleaning up the document and thought an update might be worthwhile. Things have healed up very well. Physically, things look great – my genitalia pass the "locker room test" without labiaplasty, I am without pain or discomfort, and have no problems with urination or dilation.

Physically, I have sensation in my clitoris, although its not overly sensate as some transwomen have reported – it has been nicely protected in the upper labial folds as it shrunk and pulled back during the healing.

Postscript #3: Six Months Post-op

Wow, has it been six months? In some ways it feels like yesterday and in others it feels like it was "a long time ago in a galaxy far, far away". I am fortunate to be sitting here, writing this – so many transwomen never get this opportunity. At six months I can say that my healing has finished. I went back to Jazzercise (lightly, mind you) six weeks post op and although things were stingy and tender for a while, it felt good to be back in the real world. When I get my 100 Club award in a few weeks (for 100 classes in a 12 month period) it will be pretty special to know that I hit that milestone the same year as my GRS…..something I will **not** be sharing with the rest of the class! I have also been hiking and blading and bike riding since then – no problems.

I dilate once a day now – and will probably keep that up for the rest of the year, and we will see where it goes from there. I remain sort of low key about internal cleanliness – occasional douching but not a lot, and have had no problems. Dr. Bowers is big on letting things find their natural level in terms of bacteria and I am all for that – douching is kind of squicky.

As I continue to work with Dr. Bowers on her website, I have met (electronically and in person) a number of Dr. Bowers alumni (I even make a point to call a few people during their recovery…. it's the personal touch, yanno!) and people seem quite pleased with her work. I feel very fortunate to have connected with Dr. Bowers when I did – I think that the skeptics who considered her a flash in the pan are being proven wrong, and that she is rightfully taking her place as one of the major GRS surgeons in North America. When I sent in my deposit, she had not yet done her first solo surgery. Now, with a waiting list that stretches 6 months and a growing list of satisfied customers, she has become a hot ticket…. and I am pretty pleased to have gotten in on the ground floor of something special.

I am probably not going to be revising this document from this point. Visit Dr. Bowers site for photos and other references. If you do get the chance to meet Dr. Bowers at a conference or trans-event, take it, she is a pretty special surgeon and a pretty special woman. And if you do want to say hello or ask questions, I am always happy to talk; I can be reached via email or AIM at judithtrans@aol.com.

Safe journey all – regardless of where your path leads you!