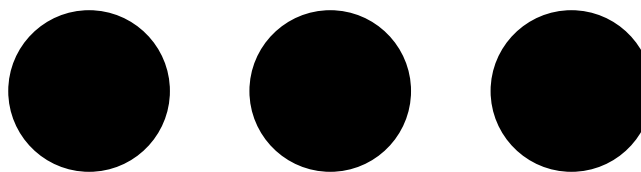




Surgeon Reports of “Sex Change Regret,” Lack of Coverage on the Subject

Much to the chagrin of LGBTQ activists, top genital reconstruction surgeons are reporting that “sex change regret” is increasing and that more patients are requesting that their surgeries be reversed. Unfortunately, while this information is valuable to the transgender community as it speaks to the physical and emotional impacts that these surgeries have on that population, the PC culture is preventing it from being exposed.



In an interview with Canada’s [National Post](#), Professor Miroslav Djordjevic from Belgrade, Serbia, states that for the first time in his lengthy surgical career, he is encountering patients that are asking him to reverse their “gender confirmation” surgeries. Djordjevic observes that such surgeries are not only painful, but also expensive, and yet this does not deter the patients.

This is not the first we have heard of “sex change regret.” In 2016, PJ Media did a [piece](#) on some of the real-life victims of what it dubbed the transgender “cult.” These “victims” were encouraged to embrace their gender confusion in their youth and are now living with the repercussions of those decisions. “I am a real, live 22-year-old woman, with a scarred chest and a broken voice, and five o’clock shadow because I couldn’t face the idea of growing up to be a woman. That’s my reality,” Cari Stella confessed in a YouTube video. “Gender was done to me, gender was traumatizing to me, I don’t want anything to do with it anymore,” she declared. She admitted, “When I was transitioning, I felt a strong desire — what I would have called a ‘need’ at the time — to transition.”

Stella now contends that her transition only made things worse. “It can be damn hard to figure out that the treatment you’re being told is to help you is actually making your mental health worse. Testosterone made me even more dissociated than I already was,” she said.

Likewise, in a [study](#) published in *The New Atlantis* in 2016, the researchers — former Chief of Psychiatry at Johns Hopkins Hospital, Distinguished Service Professor of Psychiatry at Johns Hopkins University Dr. Paul McHugh, and Arizona State University Professor of Statistics and Biostatistics Lawrence Mayer — warned of the psychological and physical risks associated with sex-reassignment surgeries. The authors observed that adults who choose to have sex-reassignment surgeries have “a higher risk of experiencing poor mental health outcomes.” They cite a study that found that “reassigned individuals were about 5 times more likely to attempt suicide and about 19 times more likely to die by



Written by [Raven Clabough](#) on October 24, 2018

suicide.”

They determined, “The potential that patients undergoing medical and surgical sex reassignment may want to return to a gender identity consistent with their biological sex suggests that reassignment carries considerable psychological and physical risk.”

In Djordjevic’s experience, the authors of that study were correct. He states that his patients are reporting debilitating depression and suicidal thoughts following their surgeries.

Unfortunately, Djordjevic opines that these stories are not being shared because they do not fit in with the PC agenda.

There appears to be truth to Djordjevic’s contention. Psychotherapist James Caspian, who specializes in transgender issues, hoped to shine some light on the topic of de-transitioning after meeting with Djordjevic and hearing about his patients’ experiences. However, when he contacted Bath Spa University with his research plan and preliminary research, the school rejected his proposal, citing “ethical concerns.”

The *Post* reports, “After submitting the more detailed proposal to Bath Spa, [Caspian] discovered he had been referred to the university ethics committee, which rejected it over fears of criticism that might be directed towards the university.”

The *Post* reports that the university feared backlash from the “powerful transgender lobby” on social media.

McHugh and Mayer reached similar conclusions. Their study determined that politics and culture have been far too influential in the understanding of transgenderism and LGBT-related mental-health problems, and encouraged individuals to take a more scientific approach to these issues for the safety of the affected community.

But Djordjevic contends that all research in the field of transgenderism should be considered, regardless of the potential political impact.

“Definitely reversal surgery and regret in transgender persons is one of the very hot topics,” he says. “Generally, we have to support all research in this field.”

Djordjevic is particularly concerned because the average age of his patients has reduced dramatically from 45 to 21, and that while the World Professional Association for Transgender Health guidelines prohibit surgery on patients under the age of 18, he fears this age limit will eventually be eliminated. After all, the *Post* reports that referrals to adult and child gender-identity clinics in the U.K., for example, have increased dramatically over the last decade.

Given his first-hand experience with the type of regret associated with sex-reassignment surgeries, Djordjevic fears that transgender youth are in particular danger.

“I’m afraid what will happen five to 10 years later with this person,” he says. “It is more than about surgery; it’s an issue of human rights. I could not accept them as a patient as I’d be afraid what would happen to their mind.”



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