

Genital Hair Removal (from Dr. Bowers's website)

Hair removal is suggested but not mandatory. 5 cycles of electrolysis or 3 sessions of laser hair removal is recommended, completed at least 3 weeks prior to GRS. Intraoperative electrolysis is further performed in surgery. Hair — with this combination — in the vagina is highly unlikely although possible.

The Scrotal Sac (most important): Follicles will be scraped and zapped during surgery, but hair growth cycles prevent us from getting all of the dormant hair.

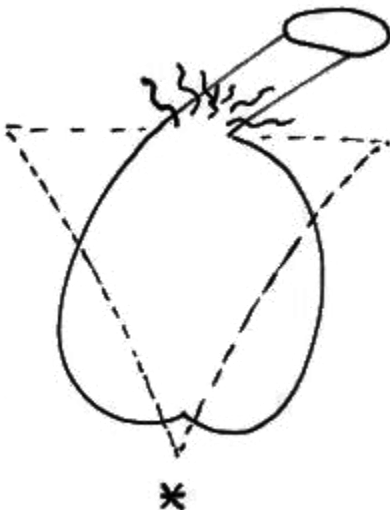
The central two thirds of the scrotum is most important. Leave some along the sides for scar cover-up. You may wish to taper the bottom portion down to a point 1" above the anus.

The Penile Shaft (important): Skin from the penile shaft and mid-scrotum will be utilized in creation for the new vagina.

Thus, these areas are most important to clear prior to surgery. Remember to plan ahead, you will need multiple treatments over a 5 – 6 month period (usually 3 – 5 clearings for laser, 5 – 8 for electrolysis) to ensure effective and permanent hair removal. Please stop hair removal treatments at least three weeks prior to your SRS to permit the area to heal and recover.

Also remember that no matter how well the surgery goes, there will be two scars running along each large labia. These are nicely covered by hair – so the hair on the outer scrotum and higher than the shaft should be left intact.

We've come up with a sketch of the recommended areas to remove hair from:



1. The Penile Shaft
2. Central 2/3 of the Scrotal Sac, tapering to a point 1 inch above the anus. Leave the outer portion for cover.

In general, we recommend laser hair removal. It's less painful and time-consuming than electrolysis, and our experience is that with the proper laser it is permanent for dark hair with 3 – 4 treatments.