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surgery



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Surgical History/Healing Photos Complete Gallery

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Primary Surgery – July 2014 – Kathy Rumer, D.O.

What am I looking at?

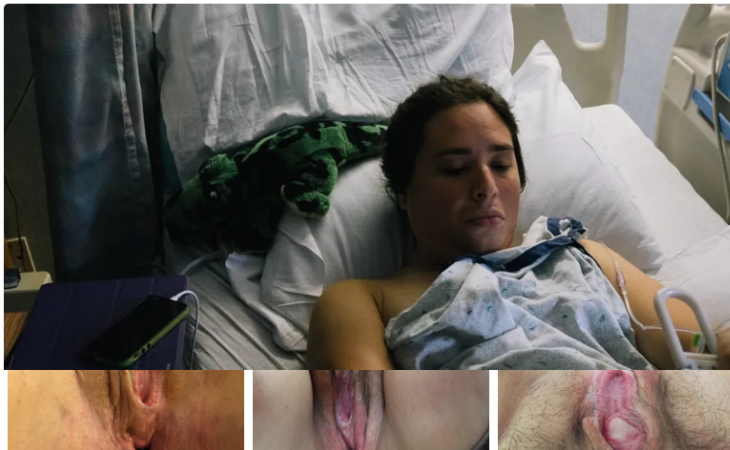
- > Malformation of my major and minor labia.
- > Necrosis of my right labia (note, some pictures are mirror images).
- > Resultant “angry inch” of remaining labia.
- > Left deviation of the clitoris.
- > Clitoris is way too high up.

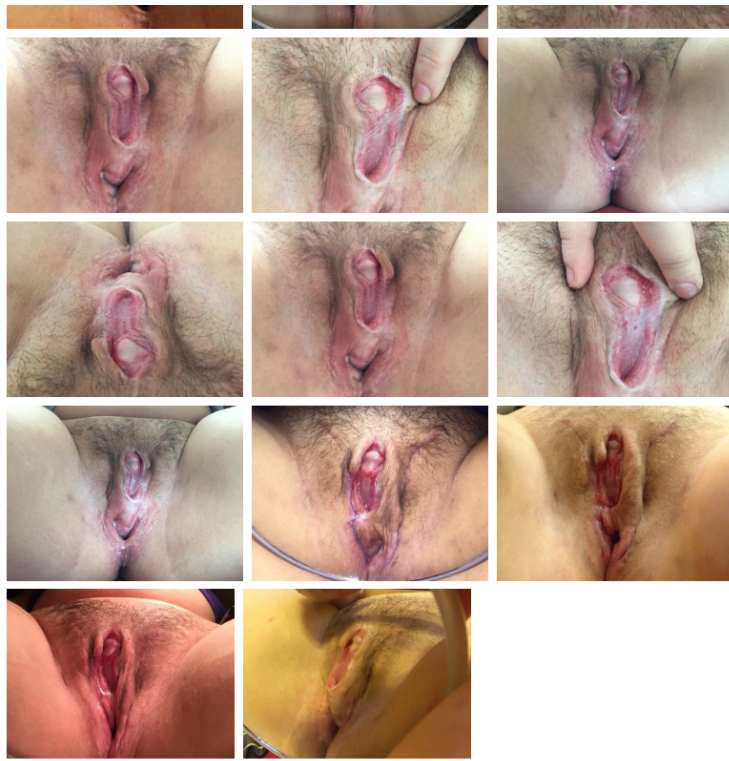
- > As it heals, zero labia.
- > Continued granulation tissue.



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Revision Surgery – March 2015 – Marci Bowers, M.D.

What am I looking at?

- > Complete clitoral necrosis. (This is devastating.)
- > Lack of a properly made clitoral hood, it remains sticking out. This is the new “angry inch.”
- > Still no labia reconstruction, marked asymmetry.
- > Too much remaining bulbous tissue on the anterior aspect of the vagina.
- > Scarring and divots internally (not easy to see from pictures, but upon palpation easy to notice).
- > Vaginal penetration remains impossible, other than fingers and small dilators.
- > Sensation is severely, likely permanently, destroyed without further intervention.







Selected Photos With Explanations

Note: Many of these photos were taken in a mirror, so they are reversed left-to-right, some were taken straight on. I'll try to note, but if malformations tend to switch left side to right side, that's why.

Stage 1: Original GRS Surgery by Kathy Rumer, DO 07.30.2014

Stage 2: "Revision" GRS Surgery by Marci Bowers, MD 03.12.2015

[embeddoc url="http://hannahsimpson.com/wp-content/uploads/2017/07/Hannah-Simpson-Marci-Bowers-Operative-Report-03.12.2015.pdf" height="200%" download="all" text="Download the Marci Bowers Surgical Report"]

Current Problems to be Addressed by Stage 3:

Complete lack of clitoris requiring nerve relocation and reconstruction, plus aesthetic reconstruction. Note: Aesthetic reconstruction alone to intentionally create a non-sensate "clitoris-looking" structure is not acceptable.

Reconstruction of labia and clitoral hooding on both sides.

Removing of tissue "wattle" of excess urethral tissue.

Removal of scar tissue inside vagina and introitus that prevents comfortable intercourse.

Removal of excess erectile tissue and bulbous muscle that prevents comfortable intercourse.

Increasing vaginal canal depth to make up for lost depth after first revision.

Consult Report From Dr. A. Lee Dellon

[embeddoc url="http://hannahsimpson.com/wp-content/uploads/2017/07/Hannah-Simpson-np-consult-February-28-2017-Dellon.pdf" width="100%" height="200%" download="all" text="Download the report here."]

Paper on Clitoral Repair Replacement

[embeddoc url="http://hannahsimpson.com/wp-content/uploads/2017/07/the-innervated-free-toe-web-flap-for-clitoris-reconstruction.pdf" height="200%" download="all" text="Download the paper here. (Only distributing it for educational purposes related to my case.)"]

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