

## TCN INTERVIEW

## Dr. Marci Bowers

By Rachel Holly Miller



TCN: Thanks for taking the time out to talk with our readers, Dr. Bowers. Could you explain a little about yourself to help our readers get to know you a bit better?

Dr. Bowers: Well, Rachel, I am an obstetrician and gynecologic surgeon who has worked in Seattle for the past 17 years, including residency. I remain 'married' to a woman [a biochemistry PhD as well as my medical practice manager and best friend] but partnered to a man. I transitioned from male-to-female 6 years ago while working in a large multi-specialty clinic in downtown Seattle. My partner and I currently live in Trinidad, Colorado with my 7-year old son, Thomas. I also have 2 girls, ages 11 and 12 who live with my spouse back in Seattle.

TCN: What influenced you to begin performing gender reassignment surgery?

M.B.: Several factors influenced my decision to leave my 'stealth' existence and perform GRS. I have worked with the Trans community for years, having performed Hysto's for FM's, labiaplasties for MF post-ops, etc. However, with the aging of Doctors Biber and Schrang, there soon will remain very few choices for women choosing to have quality GRS surgery here in the US. Secondly, the surgery that is available elsewhere worldwide falls short [not to coin a pun], especially in the areas of depth, sensitivity and cosmetic appearance. And finally, there has really never been a person performing GRS who has combined the skills of qualified surgeon, the perspective of a gynecologist, and the sensitivity of someone who has gone through the Trans process themselves. It is, it seems to me, a perfect fit [okay no more puns].

TCN: Will you be performing the surgery in Trinidad, Colorado?

M.B.: Although Dr. Biber remains with me for support and mentoring, I am the ONLY surgeon in Trinidad, Colorado performing GRS as of July 1, 2003.

TCN: Do you perform any other related procedures in addition to vaginoplasty?

M.B.: Yes, I perform labiaplasties, breast augmentation, and tracheal shaving [Dr. Biber was actually the very first surgeon in the world to report tracheal shaving for MF's]—which can be combined with the GRS procedure or with the labiaplasty.

TCN: Do you perform any FM procedures?

M.B.: In addition to the hysterectomies for FM's, I also perform chest surgery [mastectomy] and methiodoplasty [clitoral release]. Dr. Biber has performed many, many phalloplasties although I currently do not include that in my repertoire and doubt that that will be added—at least for now.

TCN: Which vaginoplasty technique do you use, penile inversion or other?

M.B.: I/we use the penile inversion technique. Although this is a '2-stage' procedure, only 40% of patients go on to have labiaplasties and many of the so-called 'one-stage' procedures could [and should] have secondary labiaplasties anyway.

TCN: Is this a single stage or multiple stage procedure?

M.B.: I think the 2-stage procedure allows a better cosmetic result, no question.

TCN: Which surgeon[s] have you studied under to learn this technique?

## BOWERS...

from page 5

M.B.: I have been working with Dr. Stanley Biber since January 2003, learning his technique and admiring this amazing man.

TCN: Is there any one surgeon whose work you most try to emulate? If so, why?

M.B.: As a gynecologist, I come from a different perspective than many who evaluate and provide recommendations for GRS surgeons [on the Internet, for example]. In examining these patients, it is obvious to me that Dr. Biber and his protégés [Drs. Schrang and Meltzer both studied here in Trinidad with Dr. Biber] provide the best results in terms of depth and cosmesis. In addition, with follow-up from more than 6000 cases behind him, Dr. Biber's patients experience orgasm at a 90% frequency. That is better than my natal gynecology patients!

TCN: What fees do you typically charge for a vaginoplasty procedure?

M.B.: Thanks to the low cost of living here in Trinidad, our fees for GRS *Please Call* including all related charges,

hospital stay, anesthesia, etc.

TCN: Please briefly describe the patient experience in Trinidad (number of days in hospital, number days in bed, number of days before leaving for home, etc).

M.B.: Patients are seen in the office the day prior to GRS. They are admitted the night before and remain for 8 days after surgery. Bed rest is normally recommended for the first 5 days after surgery. Most patients leave for home on the day of discharge or one day later.

TCN: How do you see the future of gender reassignment surgery [i.e. technological improvements]?

M.B.: I think that there are a number of improvements that can be made in the technical aspects of the surgery. For one, as a gynecologist, I see all surgeons positioning the uretra and clitoris in slightly non-physiological locations—that can be [done] better. I would also like to see some improvements in lubrication—for which I have some ideas, and—I'd like to see a better one-stage operation. Really though, I give credit to the many surgeons who have had the courage to take this surgery on. It has come a long way and is, if nothing else, available to those with time and money.



## SEEKING SEXUAL REASSIGNMENT SURGERY?

Since February 1, 2003 Dr. Marci L. Bowers has been studying SRS techniques with Dr. Stanley Biber in Trinidad, Colorado. Dr. Bowers is a gynecologist and a member of the TG community. She will use her own experience along with the tutelage of Dr. Biber, and mentoring from other SRS surgeons, to make SRS a routine surgical procedure.

For more information on Dr. Bowers and SRS visit her website:

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Continued on next page 28.