

# Few Swedes regret sex reassignment surgery

[Health](#)[1]

[Health](#)[1][Gender](#) [2][Sweden](#) [3][Forskning.no](#) [4]

Yet many suffer from severe mental problems afterwards.

Few of the Swedes who have undergone surgery to make their bodies match the gender they feel they should have been born with regret the sex change, indicates a new study.

Cecilia Dhejne at Karolinska Institute has focused on this aspect of sex reassignment surgery in her doctoral thesis, making use of Swedish registers from 1960 to 2010. Swedish authorities have links between old identity numbers and prospective new ones. These personal numbers are gender coded so she could follow up years of medical records for persons who had such surgery.

In the course of these 50 years a total of 681 persons had sex reassignment surgery, thus changing their legal gender.

Fifteen had regrets afterwards. In other words, two percent applied to have the surgery reversed, to get the gender they had at birth.

Among the 15, several years usually passed between receiving a new gender and applying for a restoration of their original gender.

All of these were granted their wish, returning them as far as physically possible back to their original gender through new surgery and medical assistance.

## Get lonely

While still rare, gender changes are in an upswing. A rise has occurred in the number of Swedes applying for sex reassignment surgery in the past 40 years. There were just a couple of persons who applied in 1960, when the surgery was in its infancy, but in 2010 the number was 55. Numbers of applications took off after 2001.

There are about as many who regret the change of gender now as there were before. But as the numbers having such operations were so much higher in the 21st century, only 0.3 percent applied for reverse surgery.

Such wishes to reverse the procedure can stem from the outcome being less successful than expected, explains Dhejne in an email to ScienceNordic's Norwegian partner forskning.no.

Dhejne is a chief physician at Karolinska University Hospital and has personal experience with patients who have had such regrets.

In rare cases the diagnostics can have been wrong – the patient did not actually have gender dysphoria. This is the dominating feeling that one's emotional and psychological identity is the opposite of one's biological sex.

Another reason involves resistance from other persons, a lack of acceptance that they have changed gender.

“The diagnosis was correct, but they become very lonely,” writes Dhejne.

### **Norway too**

The numbers undergoing such surgery have risen in Norway too.

In 2016 there were 331 new patients treated at Oslo University Hospital, which is the only hospital in Norway that treats transsexualism. Treatment in this context can involve everything from surgery to administering hormones or providing psychiatric help.

Nearly half were children and youth under the age of 18, according to the annual report from Norway’s National Treatment Centre for Transsexualism.

The number treated was under half that in 2012, when 154 patients received treatment at the hospital. Of these, about 20 persons had sex reassignment surgery, writes the Norwegian Broadcast Corporation. No relevant statistics later than 2012 were found by forskning.no.

Last year the Norwegian authorities simplified the paperwork needed to register a change in gender. In the course of half a year, 490 persons were granted new gender status, according to the newspaper VG. Norwegians can now decide which legal gender they want to have in their personal identity numbers without undergoing medical treatment or sterilisation.

The Swedish Broadcasting Corporation, SVT, informs that many Swedes have also changed their legal gender after new legislation facilitated this in 2013.

### **Fewer suicides**

In another study, Dhejne and colleagues looked into the circumstances of 324 Swedes who had undergone sex change surgery, mostly in the years from 1973 to 2003.

They discovered that the suicide rate among them was much higher than for the general population. They also uncovered higher rates of attempted suicide and for treatment for mental disorders.

Many died prematurely from diseases or accidents. The risk of such problems and tragedies increased ten years after the sex reassignment surgery.

Fortunately, this trend changed after 1989. By then those who had undergone the surgery ran about the same risk as Swedes in general of dying from disease or suicide. More died prematurely than other Swedes but the disparity was not statistically significant.

Statistical comparisons between Swedes in general and those who have undergone sex reassignment surgery must be treated with a grain of salt, as the latter is such a small group. Also, the researchers have not followed up all the persons who have had the surgery since 1989 for a whole ten years. Some have had their new gender for less than a decade and the likelihood of mortalities is largest after ten years.

Attempted suicides also decreased from the 1990s and onwards.

### **Still large problems**

That said, there are still many who suffer mentally. In the 1990s persons who had received sex reassignment

surgery were more commonly admitted to psychiatric wards than other Swedes.

In fact, 20 percent had such admittances and nine percent received treatment for suicide attempts.

Even when the researchers took into account that this group of persons was more likely than other Swedes to have had mental disorders prior to their operations, the risk for ending up in hospital for psychiatric reasons was three times as high.

Much has changed for persons with transsexualism in recent decades, from more advanced hormone treatment and surgery to other types of follow-ups and more acceptance in society – something that can contribute to explaining why the most dramatic outcomes like suicides have declined.

Nevertheless, Dhejne found mental problems amongst those who had been operated in the period 2006-2010. In a smaller study she interviewed 65 persons who had changed their gender. The group was not picked out randomly and thus does not necessarily reveal anything about persons who have had sex reassignment surgery in general.

Most, however, described experiencing that their bodies were more in tune with the gender they felt was right for them. That said, quite a few suicide attempts were noted in this group, even though these were less prevalent after the surgical procedures than before them.

Depression was the most common diagnosis amongst those in this segment with mental problems.

Most of these persons had difficult experiences as children or adults. Half of them experienced that at least one person in their circle of acquaintances did not accept their new legal gender.

Dhejne writes to forskning.no that she is uncertain why so many still have mental problems after their operations. But she thinks discrimination, harassment, hate crimes and sexualised violence are factors, and some of the persons she interviewed had experienced these both before and after their operations.

This high share with mental problems is a wake-up call for the Swedish health system to take better care of sex reassignment surgery recipients, asserts Dhejne.

“The gender confirming treatment helps to change the body, but if a person has other problems he or she needs help with them, such as treatment for depression and anxiety.”

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[Cecilia Dhejne: On gender dysphoria. Doctoral dissertation at the Department of Neuroscience, Karolinska Institute, 2017.](#) [10] [Cecilia Dhejne et al.: An Analysis of All Applications for Sex Reassignment Surgery in Sweden, 1960?2010: Prevalence, Incidence, and Regrets. Archives of Sexual Behavior, November 2014, vol. 43, no. 8. Abstract.](#) [11] [Cecilia Dhejne et al.: Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden. Plus One, 22 February 2011. Doi: 10.1371/journal.pone.0016885.](#) [12]

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[1] <http://sciencenordic.com/category/section/health>

[2] <http://sciencenordic.com/gender>

[3] <http://sciencenordic.com/category/countries/sweden>

[4] <http://sciencenordic.com/category/publisher/forskningno>

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