



## Intersex Article 3: Medical Issues

**Jennie Kermode, Intersex Activist**

Intersex people are often born with medical complications. Some doctors consider intersex bodies themselves to be an unfortunate medical problem. It is common for intersex people to undergo surgery in early childhood, sometimes just a few days after birth. Frequently, parents of intersex children report that they have difficulty knowing whether the surgery suggested for their children is appropriate or necessary. Having a baby is always a stressful event, especially if that baby turns out to be unusual, and it's difficult for stressed parents to be sure they're making the right decisions.

Surgery carried out on intersex children can be divided into two categories: that which is necessary to treat important health issues, and that which is carried out for cosmetic reasons.

Several of the conditions which cause people to be intersex can also cause health problems which require urgent treatment. Children born with congenital adrenal hyperplasia, for example, often have problems with high blood pressure which must be treated immediately to avoid damage to the kidneys. The formation of intersex genitals can be accompanied by problems with the urinary system, which may not develop in such a way as to let the child pass urine healthily, leading to pain and a high risk of recurrent infections in the absence of early surgical intervention. For these reasons, it's important for parents of intersex children to listen to doctors and accept that some medical intervention may be necessary.

Cosmetic surgery carried out on intersex children is usually aimed at making them look more masculine or more feminine. Doctors who carry out this surgery believe that it will help the children involved to lead socially normal lives. In most cases, the particular intersex condition involved determines which sex is chosen for the child - for instance, children with androgen insensitivity syndrome look much more like girls than like boys. In some cases, however - especially with CAH - it's hard to decide whether the child looks more like a girl or more like a boy. In these cases, the sex chosen is usually female, because it's easier to surgically construct female genitals than male ones.

Genital surgery carried out on children is not simply the same as the genital surgery carried out on transsexual adults, though many of the procedures involved are similar. Because children are still growing, they often need a series of operations all the way through to adolescence. Some of these operations - particularly those which involve constructing male genitals - have a high rate of complications. Many children find them traumatic. In some cases, parents are required to assist with procedures on a daily basis, for instance by inserting an object into an artificially constructed vagina to keep it from closing up. Further surgery may be necessary in adulthood when the intersex person is ready to become involved in a regular sexual relationship.

Cosmetic surgery on intersex people can cause three major sets of problems. The first is trauma arising from invasive procedures and loss of privacy. The second is loss of sexual sensation, with about a third of adults who have undergone such treatment unable to experience sexual pleasure. The third is the distress which can arise when the sex chosen by surgeons contradicts an individual's own instinctive feelings on the matter. It is possible that some people are entirely happy with the results of surgery of this type, but it's difficult to assess this because historically such surgery has been shrouded in secrecy and happy people are less likely to come forward and identify themselves.

Most organisations of adult intersex people argue that intersex children should be raised without any surgery which is not essential for health reasons. They will then have the option of choosing surgery in later life, when they are able to express how they feel about their own gender. Many intersex children are prescribed hormone treatment to control the feminisation or masculinisation of their bodies when they reach puberty, but by that age most children should be capable of making their own medical decisions.

Social arguments in favour of cosmetic surgery often revolve around very traditionalist notions of what male and female bodies should be able to do. They fail to take into account the natural variety of human behaviours. A traditional aim of surgery to create a vagina is that the vagina should be capable of accommodating a 'normal sized' penis, but we now know that many heterosexual couples enjoy fulfilling sex lives which don't include this form of penetration. The experiences of transsexual people can also be important in assessing the options for an intersex child - for instance, by providing simple gadgets and techniques which can enable a boy with hypospadias to urinate standing up in such a way that other boys will never notice his difference.

Some intersex people feel that the emphasis on medical issues relating to their conditions is misleading. If they are generally happy with their bodies, they argue, then they don't have a problem - the problem is with a society which doesn't know how to cope with the reality of their existence. Rather than subjecting them to years of surgery so that they won't be bullied at school, schools should deal with the bullies.

It is generally agreed that more information is needed for parents facing difficult decisions about their intersex children. Patients' advocacy groups can help them to assert their views if they feel that doctors aren't listening to them. The increasing online presence of groups representing intersex adults means that, in most cases, they should be able to find and talk to people who have experienced the same proposed surgeries.

Although some intersex people require essential surgery and lifelong medication, most are able to enjoy relatively healthy lives. Intersex conditions may have medical implications, but these don't need to dominate a person's life.