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## Gender reassignment surgery

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**Objective:** To promote greater integration in knowledge about the surgical techniques currently used in the male / female sex reassignment surgery in Brazil and worldwide. Another secondary aim is to facilitate access to information about the transgender transformation and help in demystifying the subject.

**Methods:** Three main databases: PUBMED, LILACS and BVS were used; from which were selected 19 articles published in the last 15 years. Articles with experimental character regarding surgical experience on sex reassignment surgery in specialized services in the world were included.

**Conclusion:** It is not up to the medical doctor to judge the sexual identity or option, and yes, impartially, offer the patients the best care, the best treatment taking into account the individual needs and respect the right of choice of the patient to decide who to be.

**Discussion:** The gold standard considered by most bibliographies is the technique that uses the genital retail for the creation of the neovagina. After the usual bilateral orchiectomy, the penis is dissected in its anatomical components: Corpora cavernosa, the glans, urethra, neurovascular bundle and vascularized penile skin. Many modifications of this technique have been described, but in general, there are three main groups of such modifications: (a) Use of inverted penile skin in the form of an inverted tube skin as the only retail on a abdominal pedicle flap; (B) Dividing the penis skin pedicle cylinder to create a rectangular flap, which is then increased by a rectangular scrotal skin with a posterior pedicle flap to increase the size of neovagina; (C) The penile skin flap can also be extended with a long and vascularized urethral flap, which is harvested and then incorporated into the penile skin flap. This work is going to review the literature of these and other alternatives and current techniques.

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