

Here Is What They Won't Tell Children About Trans Surgery: No Ejaculations, No Typical Climax, Excretions from Skene's Glands, Bizarre-Looking Penis, Very Atypical Orgasms

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Recent medical journals desperately attempt to normalize sterilizing and transitioning minor children. Major US corporations are doing everything they can to promote the sexual mutilation of children and adults. Promoting trans celebrities is the latest trend in the advertising world. Even US Army bases are promoting books that support transitioning as if this is essential for a functioning military.

Questioning the procedures can result in losing your social media, friends, or even career.

But why are the elites not telling the truth about these sterilizing procedures?

Why are they not telling children they WILL NEVER have a classic orgasm, one of the great joys of life? Why do they conveniently gloss over this fact?

The abnormal sex life of trans surgical victims.

If a woman transitions to a 'man' they will not have normal ejaculations or orgasms. Nothing about their sex life will be ordinary. The only ejaculation they can expect may come from the female Skene's glands.

Via Medical News Today:

A metoidioplasty involves cutting the ligaments around the erectile tissue or clitoris. This releases it from the pubis to make it longer. A person can expect an average length of 4–6 centimeters.

People with a metoidioplasty will not ejaculate during orgasm due to the absence of certain structures such as the seminal vesicles and prostate. The urethra may release a clear fluid from the Skene's glands, though.

For those undergoing a phalloplasty, the size of the penis will depend on their body. Those with less fat will have a penis with less girth compared with those with more fat. However, the typical size will be 5–6 inches after postoperative swelling decreases.

It will not be possible to ejaculate.

But you may see an excretion from the female **Skene's glands**.

Via the Cleveland Clinic: Your **Skene's glands** are two small ducts on either side of your urethra. They help lubricate your vagina during sex and protect it from certain infections.

The man-made penis will never function like a normal penis.

According to a 2019 article[Trusted Source](#), metoidioplasty does not typically create a penis large enough for penetrative sex. If penetrative sex is important to people, they may choose to have additional phalloplasty.

However, the article states that clitoral lengthening results in postoperative reports of excellent sensation and erection.

The vaginal cavity of a trans male-to-female is not as deep.

Six inches is a typical depth. A trans will have a 4-inch depth if the person is lucky.

Via MTF Surgery.

The ultimate goal of gender-affirming Vaginoplasty is a vagina that is secretory, flexible, hairless and pink, approximately 4" in depth and about 1-1.5" in diameter, with erogenous sensation and a urethra that enables urination while sitting. There are multiple MTF Vaginoplasty techniques used around the world to achieve this goal, but the two most common are Penile Inversion Vaginoplasty and Rectosigmoid Vaginoplasty. In recent years, Peritoneal Vaginoplasty / Peritoneal Pull Through has also gained popularity. Understanding the basics of each technique will help you make a more informed decision about which one is right for you.

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Because the Vaginoplasty procedure includes removal of the testes (Orchiectomy), it's possible to stop or reduce testosterone blockers or reduce estrogen dose after Vaginoplasty.

What about aesthetics?

Are we really supposed to believe a man-made penis will be as appealing as the real thing? A mass of skin tissue that cannot be used to penetrate a vagina during sex? Or a clumsy attempt at best?

Why are the experts not honest about these issues? Why are they hiding these facts from the public here in America and in most Western nations?

Here is a testimony of a transgender person who underwent sex reassignment surgery found on [Reddit](#).

"I will be 6 years post-op with dr Bowers in October. While I'm happy with my vagina for how it looks and because everything is flat to the point I can wear what I want, I still prefer anal sex over vaginal. Vaginal just doesn't do much for me. It feels weird. Anal is much tighter and my prostate gland is there. I like having my clitoris rubbed and stroked but PIV is boring and doesn't do much for me. The sensations are a less intense version of when I was masturbating pre-op. Anal on the other hand can make me orgasm multiple times and feels much better."