

Transgender Lawsuits Reveal Horrors of Procedures

By [Robyn Dolgin](#) [Story source: American Thinker](#)

Kayla Lovdahl is the perfect test case as a 13-year-old who was approved for “transgender surgery.” She could not conceive, at the time, of the possibility of suffering a lifetime of disfigurement and chronic pain.

Ms. Lovdahl, now 18, has retained an attorney, Charles Limandri, who has employed such emotionally charged words as [“barbaric and cruel”](#) to describe the medical team’s actions in causing his client deep physical and emotional wounds.

Essential to his case is the claim that Lovdahl was hopelessly ignorant of the statistical reality that nearly half of trans surgeries result in serious and life-threatening complications. How can a 13-year-old grasp what it means to remove perfectly healthy breasts (in female-to-male transition)?

Sanitizing the language, Lovdahl was informed she could opt for “top” and/or “bottom surgery.” She had never heard of the term “double mastectomy” as she was wheeled into surgery for what the medical team had described as “top surgery.” Her harrowing surgical experience was spared “bottom” mutilation.

The four doctors named in the lawsuit, associated with Oakland-based hospital Kaiser Permanente, aren’t just being accused of medical malpractice. Attorney LiMandri will assert the physicians are subjecting children to an “indoctrination” process in which they apply undue influence as part of today’s wave of transgender activism.

A crucial element to the case is the perfunctory evaluation his client was administered before authorizing the “injurious” protocols. “Off label puberty blockers and powerful male hormone drugs” were prescribed after a one-time 75-minute evaluation, along with approving surgical options, according to the attorney. The evaluation took place when Lovdahl was age 12, having decided at age 11 she was a boy.

This is becoming a commonplace complaint lodged by many of the children (now young adults) who claim they never understood the consequences of their actions.

The romanticized notion of the procedures to achieve a “different gender” typically fails to inform the patient of possibly confronting years of chronic pain, requiring additional surgeries to address the previous procedures, and in cases (female-to-male) implanting an inflatable prosthetic penis that (oftentimes) malfunctions.

Many of the same medical complaints are frequently voiced by adolescents attempting the opposite crossover. In the case of [male-to-female](#), the patients are left with a stump where the penis was formerly located, having endured an incision from the rectum to the urethra and prostate to create a tunnel that reconfigures the body into a “new vagina.”

Surgeons spend little to no time explaining the possibility of complicated infections, enduring difficulty in urinating or destroying hopes of physical intimacy. And most patients are blind-

sided by the pain having not fully understood the consequences of multiple incisions altering a complex network of tissues, nerves, and muscles.

Such graphic details are left out of the warm-fuzzy discussions adolescents have with their therapists about leading a happier life. Lovdahl has already transitioned back to her birth sex.

Many of the retransitioning advocates are coming forward to offer a different and more realistic view of the “horrors” involved with “gender reassignment.” As part of the advocacy work, some are allowing themselves to be photographed revealing post-surgical body parts with the implied message of “don’t let this happen to you.” Such horrific photographs expose extensive scarring from skin grafts (mostly skin removed from forearms to create a penis) and extreme disfigurement from pockets of fat left behind in “top surgeries.”

Fortunately, sex-change surgery represents approximately 16 percent of the young population claiming gender dysphoria. But that number is growing, along with thousands of children being indoctrinated into the belief they have gender options to choose from.

This is all part of the “premeditated” “indoctrination” process children are now being subjected to, Limandri reports. “If a child is 7, 8 or 9 and they want to imitate their favorite superhero’s gender... they can receive puberty blockers and life-altering surgery,” Limandri says. This is the first time we’re witnessing adults in authoritative positions advising children “You’re in the wrong body... If you do this you’re courageous (and) you’ll be happier than ever before,” Limandri alleges in the lawsuit.

In this case, the finality of Lovdahl’s procedure still fails to address the complex psychological issues she experienced as a pre-teen. Her attorney alleges she was part of the “conveyor belt” of dangerous procedures now part of standardized care at a growing number of gender clinics:

“There is not another area of medicine where doctors will surgically remove a perfectly healthy body part... based simply on the young patient’s wishes.”

In a tragic twist, Susanne Watkins, clinical psychologist, encouraged Lovdahl to attend (LGBTQ) pride events, but the 12-year-old claimed she didn’t wish to attend the events. And she “didn’t feel pride,” according to the lawsuit. Watkins is clinical director of Kaiser Foundation Hospitals’ Transgender Clinic, in one of the most liberal regions of the country.

This may explain the extreme pressure parents claim they are subject to at the time of authorizing such potentially harmful procedures. Many are told they have a choice between a “dead daughter” or a “live son” (or the reverse) clearly suggesting the child is at a high risk of suicide, according to the lawsuit.

Many parents -- in different parts of the country -- have reported the same level of manipulation to sway them into signing off on procedures that have left them feeling deeply conflicted.