Gender re-assignment surgery!

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The role of gender reassignment surgery in the treatment of primary transsexualism remains controversial, but the tide of international opinion has been in its favour in recent years. Surgical reports are few and incomplete compared with the host of psychological and psychiatric publications on this topic. Many surgical reports gloss over postoperative complications and surgical shortcomings and make no mention of their prevention. Gender reassignment or re-alignment surgery is currently in vogue.
Where he wishes he was a she and she wishes she was a she.
What is the halachical law related to this?
Did Hashem make you the gender of His choice or should you have a say?
Technically or surgically, it is easier to do a male to female conversion than to do a female to male conversion. Salient features include the prevention of early and late vaginal contractures that commonly follow previously accepted methods of neo-vagina construction. The technique of dissecting a new vaginal canal has been improved, and an improved skin graft (double-layered) is added to the peno-scrotal-perineal flaps used to line the vaginal canal- theses split grafts, superimposed on a meshed thick dermal graft, do not contract nearly as much as solitary split-skin grafts. The vagina is suspended laterally by the testicular cords, threaded above the superior rami.
Repeated intermittent use of a vaginal vibrator is substituted for an indwelling vaginal mould resulting in better compliance and a more pliable vagina. It is technically easier to ablate the penis and create a vagina than to transform a clitoris into a penis.
Breasts can be reconstructed by means of silicone implants. Hormone manipulation can also be done and a psychological approach is also the order of the day But did Hashem make an individual in the shape and design (gender) of His preference?
Thailand probably leads the world in gender re-alignment surgery but South Africa also has general surgeons / gynaecologists and plastic surgeons who can transform a patient. But is this the will of the Divine Creator?
Frequently the patients themselves are responsible for the failure of the operation owing to not having worn a vaginal mould for the ideal 6 months. Furthermore, patients often fail to realise that regular dilatation of the vagina must be maintained thereafter to prevent disuse atrophy. A vagina is often created from a section of colon or large bowel removed and then re-anastomosis is done. Thus, one often has to work hand in hand with a general surgeon.
Intercourse may often only be achieved by means of an intercrural method as the size of the vagina may be inadequate if vaginal dilators are not used to adequate requirement. Hermaphrodites can be transformed and in intersexes a gender must be decided upon.
Men can bear children as uterine transplants can be done today.
Females can sire children by means of donor semen and cloning has come to the fore today (e.g. “Dolly “!)
We live in interesting times. Gender identity clinics proved their worth in many civilised countries; the experience of the clinician involved, accuracy of diagnosis, strict and unhurried selection, prolonged preoperative adjustment and continued postoperative support have largely been responsible for the good results. Combined with the use of a double-layered skin graft, it would appear to avoid the risk of late stenosis in the neo-vagina. Testes are usually created by artificial means e.g. ping-pong or table-tennis balls.