

Gender-Affirming Facial Surgeries



Gender-Affirming Surgery

Gender-affirming surgery refers to any surgical procedure used to make someone feel more comfortable with their body in a way that affirms their gender identity. Gender-affirming surgeries are not limited to the trans community, nor are they a requirement of transition. Many trans people do not seek surgery while others may undergo several gender-affirming procedures throughout their life. There is no one right way to use surgery in your gender transition.

When it comes to gender-affirming surgery, there are few limitations to what you can do and how you can do it. We will cover a few of the most common surgeries here, but please remember that there are so many more techniques that exist and even more that are currently in development or haven't even been invented yet! You may consider meeting with multiple experts and surgeons to find the right surgical plan for you.

Here are some important factors to consider before undergoing gender-affirming surgery:

- Consultation with a gender-affirming surgeon: It is essential to schedule a consultation with a qualified gender-affirming surgeon to discuss the surgical options available, the risks and benefits of each procedure, and the potential outcomes. You may have to meet with multiple surgeons before finding the right fit for you. While this process may be frustrating, it is important to find a surgeon you trust and feel comfortable around. You should also feel confident that they understand and are capable of meeting your surgical goals.
- 2. Precertification and mental soundness: Most surgeons and insurance companies in California follow <u>WPATH guidelines</u> which require one to two letters from a certified mental health professional confirming that a potential candidate for gender-affirming surgery meets the diagnostic criteria for gender dysphoria and can consent to surgery. This measure may feel restricting and unnecessary, but it remains a required step and is used by insurance companies and surgeons to confirm the medical necessity of gender-affirming surgeries. Proving "medical necessity" is what separates these surgeries from purely cosmetic procedures and makes it possible for insurance to cover them.
- 3. **Insurance coverage and payment:** Gender-affirming surgery can be costly, so it's important to understand your insurance coverage and what procedures are covered. Please check out your insurance's website or call the number on the

back of your insurance card to explore your plan benefits. If insurance doesn't cover the surgery, you may need to explore other payment options.

- 4. Time off work or school: Depending on the type of surgery, you may need to take time off work/school to recover. It's important to inform the necessary parties and make a plan in advance so you can focus on recovery after your surgery. You may need to save additional money to make up for lost work hours. If you can, plan your surgery during a school break or holiday. If you can't, consider asking for remote work/school options or giving a time frame for when you can return. You may need a doctor's note to prove medical need which your primary care physician or surgeon's office should be able to provide.
- 5. **Transportation:** Most hospitals and surgery centers require you to have a designated driver before going through with surgery. This person will need to check you in, pick you up, and drive you home from surgery. Hospitals will refuse your operation if you do not have a designated care person and won't let you leave the hospital (post-surgery) without that person present. Public transportation or rideshare services will not fill this requirement.
- 6. Aftercare: The recovery process after surgery can be challenging and you may need assistance with basic activities such as cooking, cleaning, medication management, dressing, and transportation. It's important to have an aftercare person or system in place before surgery. You might want to consider if you have a safe place to recover, who can take care of you, what you will need to access the most, what you will eat, what you will wear, etc. Do you have family or friends who can sign up for care shifts or drop off meals? If you do not have anyone to take care of you after surgery, consider reaching out to local community care networks or hiring a temporary caregiver. Hiring care can be a significant cost and may not be feasible for the entire extent of your recovery, but it is an option if your budget allows.
- 7. **Hormone therapy:** Because hormone replacement therapy causes body fat redistribution, it often comes up when planning to undergo gender-affirming surgery. While most gender-affirming surgeries can be performed without hormone therapy, some surgeons will ask about any past or planned usage of hormones to inform their surgical approaches and achieve your desired results.
- 8. **Emotional support:** Gender-affirming surgery can be emotionally challenging, and you may need emotional support from friends, family, community, and/or a licensed therapist. Consider who might be there for you before and after surgery and how you will be able to access them. You can also call a crisis line, such as the <u>Trans Lifeline Hotline</u> or <u>The Trevor Project</u>.
- 9. **Physical health:** Any pre-existing health conditions should be discussed with your surgeon prior to scheduling any surgery. Many surgeons will require no smoking or drug usage for weeks to months before surgery to ensure ideal healing conditions.

10. **Realistic expectations:** The results of gender-affirming surgery can vary, and it's important to understand what is achievable and have realistic expectations. Make sure you talk to your surgeon about goals, options, methods, and possible complications before booking. You may ask your surgeon for pictures of results from similar surgeries they have performed. It is also normal that your feelings about results may fluctuate over time. Often, it can take months or years to see the full results of one's surgery.

Gender-Affirming Facial Surgery

Gender-affirming facial surgery involves a series of procedures that allow a person's facial appearance to align more closely with their gender identity. While these surgeries and their results are extremely customizable, the procedural language surrounding gender-affirming facial surgery is still largely based on binary conceptions of gender and masculinity/femininity.

While everyone's transition is different, many people begin with hormone therapy before choosing to move forward with gender-affirming facial surgery. Gender-affirming facial surgery is generally performed by plastic surgeons (surgeons skilled in cosmetic surgery), craniomaxillofacial surgeons (specialists in head, neck, mouth, and face surgery), or otolaryngologists (ear, nose, and throat specialists). Some providers have extra training in gender-affirming surgery. It is important to find a surgeon who you trust and who has the necessary experience to achieve the kind of result you are looking for. Your healthcare team should be able to help determine the best way to achieve your goals while keeping your facial harmony and balance in mind.

Some factors may impact your eligibility for face/neck surgery. If you have prior health conditions such as sleep apnea or certain chronic conditions, a body mass index greater than 35, a history of smoking, or have bones in the head and face that are still developing, please discuss with your surgeon so they can build a surgical plan that prioritizes your health and safety.

To prepare for surgery, you may be advised to follow eating or drinking guidelines, stop or start taking certain medications, stop smoking/vaping, and stop taking aspirin or other anti-inflammatory drugs or supplements.

Before surgery, your healthcare team will assess your health and ask about your goals, as well as set expectations for recovery and results. This pre-surgical appointment may include an assessment of your lifestyle, such as smoking and drinking habits, a physical exam including lab tests, identifying risk factors or potential complications for surgery, and a review of current medications and allergies. Your surgeon will examine your face, including your skin and facial features, and may take measurements on your face and

neck. Pre-surgery photos may also be taken at this appointment. Depending on the surgery and your specific goals and provider, pre-surgery scans, such as X-rays or CT scans, may be ordered to assess and individualize your surgical plan. These images can help inform the surgical plan and act as a baseline for evaluating results post-surgery. Everyone's surgical plan will look a little different depending on their facial structure, goals, and past medical history. Make sure to talk through your expectations and goals for surgery thoroughly with your surgical team so they can develop a plan that best fits your needs. Your surgeon should also give you a good idea of what your recovery and follow-up care will look like.

Finding a provider you trust who is qualified to perform your procedure is essential to the process. It is perfectly reasonable to have some anxiety about the surgery or parts of the procedure, so don't be shy about asking your providers questions! Consider bringing a support person to your appointments who can provide emotional comfort or help you ask questions and clarify goals. The American Board of Plastic Surgery has a <u>checklist</u> of questions to ask before surgery that may be helpful to start. You can also bring photos of what you want your face to look like.

The surgery length will depend on the complexity and type of procedures being performed. For most procedures (except for fillers), you will be put under general anesthesia. Most facial surgery is performed in a hospital or outpatient center, and some procedures will require an overnight stay for observation. However, it is more likely that you will go home on the day of surgery. Depending on the complexity of your surgery, your procedures may be completed in one day or spread out over a period of time. This is a decision you and your surgeon will make together. After you decide on a surgical plan and have discussed your specific procedure in depth, you may be asked to sign consent forms. If there are concerns that your current mental health state could impact your ability to provide informed consent, your procedure may be delayed or you may be asked to provide further documentation from a mental health professional.

Talking to others who have undergone gender-affirming facial surgery may provide helpful insight into achievable goals and expectations of your surgical experience. If you don't know someone personally who you can have that conversation with, you can ask your care team if they recommend any online resources or support networks. Online forums such as <u>r/trans</u>, <u>r/PlasticSurgery</u>, or <u>transbucket.com</u> are also good places to find community-sourced information.



Implants vs Fillers

• Fillers are injectable materials used to add shape or volume to a particular part of the face. A provider injects these substances into areas of your face to add either bulk or definition. The results are temporary and injections need to be done

regularly to maintain the changes. In addition, there is a limit to how much filler can be injected safely into the face. Due to this, the results may not be enough to achieve your desired goal. They also may not be covered by insurance. Fillers are very safe, but there is a risk of infection, bruising, bleeding, lumps or asymmetry, acne-like skin eruption, or potential skin damage with or without scarring.

- Fat/tissue grafts will last about 5 years and are injected in a similar procedure to other artificial fillers. They also naturally wear down and are absorbed into the body over time.
- Implants are pieces of cartilage or synthetic material (like silicone or plastic) inserted under the skin to alter the appearance of the face. The surgery to insert them is more invasive than fillers and requires anesthesia. Implants are a more permanent option to achieve a similar or more extreme result. This may be more costly if the procedure isn't covered by insurance. Implants are very safe, but in rare cases, they can rotate, extrude (work out of the skin), scar, or cause numbness and/or infection.

Facial Feminization Surgery (FFS)

Facial feminization surgery (FFS) involves a series of procedures that adjust a person's facial features to more closely align with their gender identity. The procedural language surrounding FFS is largely based on binary conceptions of gender and femininity that characterize female faces as "softer and rounder". Individuals of any identity may undergo feminizing facial procedures, though they are most commonly sought by cis women, trans women, and nonbinary individuals. Estrogen therapy can cause changes to the face on its own, including decreased facial oil, softer facial skin, and facial fat redistribution. Surgeries commonly done as a part of FFS include (but are not limited to): rhinoplasty (nose job), jaw angle reduction, forehead contouring, chin recontouring, hair transplantation, cheek/lip augmentation, brow lifts, tracheal shave, and eye/eyelid changes. Some procedures can be performed at the same time, while others will require multiple visits. Surgery, recovery, and results vary greatly from person to person, depending heavily on the individual's goals, combination of procedures, and surgeon's expertise. The most important thing is that your surgical plan is discussed and agreed upon beforehand by both you and your surgeon.

Procedure Components/Types

- Nose surgery or a "nose job" (rhinoplasty)
 - Rhinoplasty is done during FFS to achieve a thinner and slightly upturned nose. During rhinoplasty, the shape of the nose is changed by altering the structure of the bones and cartilage. Small incisions are typically made inside one's nostrils and under the nose to conceal scarring. Excess

cartilage may be removed, and bones may either be reshaped or reset using a tool called an osteotome. Small, controlled, breaks may be made in the bones in the nose. Incisions are closed with sutures, and packing or splinting may be placed inside the nostrils to help with healing. Rhinoplasty is often done at the same time as forehead contouring (see below).

- Candidacy for rhinoplasty may be affected by a history of nasal surgery.
- Recovery: With rhinoplasty, look out for nasal obstruction, which can narrow airways and make it more difficult to breathe through the nose. Expect some bloody fluid excretions from the nose after rhinoplasty as well.

• Forehead contouring

- Forehead contouring is done to achieve a more smooth, rounded forehead. During forehead contouring, an incision is made along the hairline from ear to ear and the skin is turned down so the bones of the forehead can be altered. The orbital rims (the bones surrounding the eyes) may be shaved down. In some cases, the bones over the sinuses are removed, reshaped, and reaffixed. Forehead contouring is often performed at the same time as rhinoplasty and hairline lowering.
- Recovery: Forehead contouring may lead to fluid buildup underneath the scalp. There is also potential for hair loss on the scalp or along the incision site.

• Jaw Angle Reduction (Mandible Angle Correction)

- Jaw angle reduction is done to make the jaw angle less sharp. During jaw angle reduction, incisions are made under the chin, behind the jaw angles (a few inches under the ears where the jaw meets the neck), and/or inside the mouth. The angle of the jaw may be cut or filed down. Permanent titanium implants may also be attached. The incisions are closed with sutures and temporary drains may be placed to stop blood from collecting.
- Candidacy for jaw angle reduction may be affected by a significant history of facial trauma or dental misalignment.

• Chin recontouring/chin width reduction (genioplasty)

- Chin width reduction is done to reshape the chin to give it a smaller appearance. During chin width reduction, an incision is made under the chin. A small piece of bone is removed or repositioned to create a narrower appearance. An implant may be inserted to give the chin a forward projection.
- Lowering hairline/forehead reduction surgery
 - Forehead reduction is done to reduce the space between the hairline and the eyebrows on the face. During this procedure, an incision is made along the hairline from ear to ear, and a section of skin is removed from the forehead. The hairline is then pulled forward and reattached using staples

or sutures. Drains may be placed to stop blood from accumulating under the forehead tissue. This procedure is often done alongside rhinoplasty and forehead recontouring. A brow lift may also be performed during this procedure if elected.

- Similar results may be achieved using hair grafting/hair transplantation (see below).
- Candidacy for this procedure may be limited for those who have significant patterned hair loss (androgenetic alopecia).
- Brow Lift
 - A brow lift is a surgery in which the eyebrows are repositioned higher on the face. It is often performed at the same time as forehead recontouring and hairline lowering because all three procedures use the same incision. It is commonly known as a subtle procedure that provides a substantial change in facial appearance.
- Hair transplantation (follicular unit transplantation or follicular unit extraction)
 - Hair transplantation is a procedure that aims to promote hair growth in areas where there is very little to no hair. This can help lower the hairline. A surgeon removes hair follicles from places where hair grows more densely (generally the back and sides of the head) to put them in places where hair growth is minimal or non-existent.
 - Recovery: Patients may experience some of the hair falling out within the first six weeks but can expect it to begin growing back at a normal rate (about ½ inch per month) within another five to six weeks.
- Cheek recontouring (malarplasty)
 - Malarplasty aims to give the cheeks a fuller, rounder appearance. During this procedure, implants or fat from elsewhere in the body may be placed in the cheeks and the cheekbones may be moved or reoriented. Incision sites vary depending on the specific goals of the procedure.

Upper lip shortening

 Upper lip shortening is done to reduce the space between the nose and the upper lip. During this procedure, an incision is made under the nose and some skin is removed. Then, the skin above the top lip is sutured just below the nose, lifting and potentially (slightly) curving the top lip. This is a permanent, but more invasive procedure as compared to other types of lip augmentation, such as lip filler, implants, or fat/tissue grafting. This can also be done alongside other augmentation procedures.

• Lip augmentation

 Fuller lips can be accomplished using lip filler, implants, or fat/tissue grafting. Fillers and implants may not be covered under insurance, even if it is for FFS. Check with your insurance provider about what lip augmentation procedures are covered.

- See above for a comparison of fillers and implants.
- Eyelid reduction (blepharoplasty)
 - Eyelid reduction is done to remove excess skin from the eyelids to make the eyes more prominent. In a blepharoplasty procedure, a small amount of eyelid tissue is removed. This surgery involves minimal pain, but swelling or bruising is likely to occur in the eye/eyelid area.
 - Recovery: Most individuals feel comfortable resuming their activities in public after about 10-14 days, but it may take a few months to fully heal.
 - What to look out for: After surgery, you may experience dry eyes, abnormal discoloration of your eyelids, abnormal folding of your eyelid skin, an inability to fully close your eyes, a pulled-down lower lid lash line, or possible loss of vision.

• Tracheal Shave (Adam's Apple Reduction)

- A tracheal shave is done to reduce the prominence of the Adam's apple. During this procedure, a minor incision is made on the neck or underneath the jaw. Then, the surgeon will scrape or shave the thyroid cartilage, while avoiding any damage to the vocal cords.
- Recovery: For this procedure, you can likely go home on the day of surgery, however, there is a slightly higher chance of needing to remain overnight for observation given the proximity of the incision to the airway. The incision will be covered for a week, and during this time, you may also experience soreness in the throat.

Facial Masculinization Surgery (FMS)

Facial Masculinization Surgery (FMS) is a series of procedures that adjust a person's facial features to more closely align with their gender identity. The procedural language surrounding FMS is largely based on binary conceptions of gender and masculinity that characterize male faces as "angular". Individuals of any identity may undergo masculinizing facial procedures, though they are most commonly sought by cis men, trans men, and nonbinary individuals. Testosterone therapy can cause changes to the face on its own, including increased facial oil, increased thickness of facial skin, growth of facial hair, and enlarged facial muscles. Surgeries commonly done as part of FMS include (but are not limited to): cheek augmentation, chin alterations, forehead/eyebrow surgery, hair transplantation, rhinoplasty, and adam's apple surgery. Some procedures can be performed at the same time, while others will require multiple visits. Surgery, recovery, and results vary greatly from person to person, depending heavily on the individual's goals, combination of procedures, and surgeon's expertise. The most

important thing is that your surgical plan is discussed and agreed upon beforehand by both you and your surgeon.

Procedure Components/Types

• Cheek Augmentation

 During this procedure, implants are inserted to make the cheeks more angular. Incisions are made on the inside of the mouth to limit visible scarring. Existing bones may also be contoured and altered as necessary using the same incision.

• Chin Alterations

 This procedure may use bones, implants, or fat grafting to achieve a broader chin and/or sharper jawline. If implants are used, they will be inserted through an incision in the mouth to prevent scarring. They may sit by the jawline to enhance the angularity of the edges of the jaw or be placed into the front of the chin to make it appear more broad. Some implants are specific to the chin while others may also extend to the edge of the jaw.

• Forehead/eyebrow surgery

 Forehead surgery can create a wider forehead and/or flatten the ridge where the eyebrows sit. Similar effects can be achieved using hair removal along the existing hairline. The brow ridge, which is the horizontal ledge of bone directly above the eyebrows, can be augmented using an implant.

Hair transplantation

 During hair transplantation, hair is taken from one area of the body and implanted on the face to create fuller sideburns, a goatee, or a mustache. Many patients have hair fall out within six weeks after the procedure, but this is normal, and the hair will begin growing back at a normal rate (about ½ inch per month) within another five to six weeks.

Nose surgery or "nose job" (rhinoplasty)

- During this procedure, a cartilage or bone graft is used to make changes to the nose, usually to make it larger and broader. At the same time, the surgeon can correct any unwanted bumps or unevenness in the nose. This surgery uses incisions either inside the nose or near the base of the nose, where the nose meets your upper lip. This ensures little to no visible scarring. Altering the nose may be recommended if your surgical plan involves changes to other areas of the face to ensure facial harmony.
- Candidacy for rhinoplasty may be affected by a history of nasal surgery.
- Recovery: With rhinoplasty, look out for nasal obstruction, which can narrow airways and make it more difficult to breathe through the nose. Expect some bloody fluid excretions from the nose after rhinoplasty as well.

• Throat or "adam's apple" surgery

During this procedure, cartilage from another part of the body (generally the rib cage) or a Y-shaped implant is inserted into the throat area to create the appearance of an Adam's apple. An incision is made in the throat, under the chin. Once this is done, the muscles of the throat are gently separated, the implant is positioned and secured with sutures. The muscles are put back into place and the incision is closed. The implant will be able to move naturally up and down during speaking and swallowing.

Post Surgery Considerations

Activity

Your surgeon should give you clear, comprehensive instructions on when it is safe to return to work and normal activities. It is imperative to follow the guidelines laid out by your surgeon for a safe and smooth recovery. Initial rest and recovery will vary from person to person but the following is an estimated post-surgery timeline. For the first 10-14 days after surgery, activity should be relatively limited aside from brief walks (as tolerated). Other light activities like long walks, working at a desk, and driving can be resumed once cleared by your care team (typically after the 10-14 day period). Strenuous activities such as exercising, lifting heavy objects, or having sex may typically be resumed after a month or when approved by your surgeon. You may also be advised to take on reduced work duties for the first few weeks after your return to work/school. Ask your care team about what kind of recovery period to expect for the procedures you are interested in.

Healing and Post-Surgical Care

Ask your surgeon beforehand about what your recovery will look like. The American Board of Plastic Surgery has a <u>list</u> of questions to ask your provider about what to expect during your recovery, but make sure to add specific questions you have.

After surgery, you will likely go home with bandages, wound dressings, support garments (intended to reduce swelling), surgical drains to help remove fluids from the surgical area, and a splint on your nose (if rhinoplasty was done). You should not remove any dressings, bandages, or splints yourself unless your surgeon instructs you to do so.

Bruising and swelling in the area, including potential black eyes, is expected post-surgery. This should clear up in approximately four to six weeks. It is important to remain upright as much as possible to reduce swelling and bruising. Ice therapy may be recommended, and if a rhinoplasty is involved, you may be asked to refrain from blowing your nose for a period of time. Special compressions may be used around the jaw, which can be uncomfortable. Pain should start to lessen after four to five days. Antibiotics and pain medicines might be prescribed to you. Discuss with your doctor the expectations around when and how long to continue taking these medications.

Until your first follow-up, you will likely not be able to shower. Instead, take sponge baths using unscented soap. When bathing or showering post-surgery, you should not let the water spray directly on the surgical area. You will not be able to shave or use other hair removal practices on your face and neck until cleared by your surgeon. You should not subject the surgical sites to any kind of force, excessive motion, or abrasion of any kind. If incisions were made in the mouth, you may be asked to avoid hot drinks for one to two weeks after surgery.

Things to Watch Out For Post-Operation

Your provider should give you a more specific idea of what to watch out for. If you experience shortness of breath, difficulty breathing, blood-soaked dressings, a fever, yellowish discharge from incision sites, pain that doesn't respond to medication, chest pain, unusual heartbeats, or vomiting preventing fluids from being kept down, contact your provider immediately. After surgery, it may become more difficult to chew and swallow due to swelling. You may be advised to eat soft foods or nutritional shakes while healing. Unexpected scarring can also occur. You may experience some changes in skin sensation after surgery, though the majority of your sensation should return within a few months.

You could also experience hair loss along incision sites, numbness, or inconsistent healing. It is important to rest and take medications as prescribed for pain. Follow-up appointments will be essential to track your recovery. Usually, your first follow-up will be about a week after surgery.

Final Results

Like with any cosmetic surgery, it is difficult to accurately predict final results before healing is complete. Make sure to talk with your surgeon about your expectations and goals. Some surgeons may be able to provide a digital simulation at your pre-op appointment to give you a general idea of what results will look like post-surgery. You may also bring reference pictures to your initial consultation so your expectations are clear. The final results of FFS may not fully develop/settle for up to a year post-surgery. If you are not fully satisfied with your results after healing, you can ask your surgeon about revision possibilities.



Sources

General Info FFS

- Mayo Clinic
- <u>Cleveland Clinic</u>
- UCSF
- Hopkins Medical
- MTF Surgery
- Stanford University

General Info FMS

- Cleveland Clinic
- Hopkins Medicine
- American Board of Plastic Surgery
- Gender Confirmation Center
- <u>Healthline</u>

Specific Procedure Info FFS

- OSU Rhinoplasty
- Hopkins Rhinoplasty
- <u>OSU Jaw</u> Augmentation/Reduction
- OSU Hairline Advancement
- <u>Medical News Today Hair</u> <u>Transplant</u>
- <u>Hair Transplantation American</u> <u>Society of Plastic Surgeons</u>
- Forehead recontouring
- Lip Surgery
 - Filler vs. Lift
 - <u>Cleveland Clinic Lip</u> Augmentation
 - <u>Lip Filler + Augmentation</u> Concurrently
- <u>Cheek recontouring Info</u>
- <u>Tracheal Shave</u>
- <u>Hachear Shav</u> Blenharonlast
- Blepharoplasty

Specific Procedure Info FMS

- Hair Transplantation Info
- Cheek Augmentation Info
- "Adam's Apple" Augmentation

Scientific procedure name sources

- University of Michigan
- <u>NIH</u>
- NIH (hair transplantation)
- NIH (facial contouring)

Post-Op/Recovery Info

- Post Op Info
- <u>Kaiser Permanente Recovery</u> <u>Specifics</u>
- <u>Hair Transplantation Recovery</u> <u>Specifics</u>