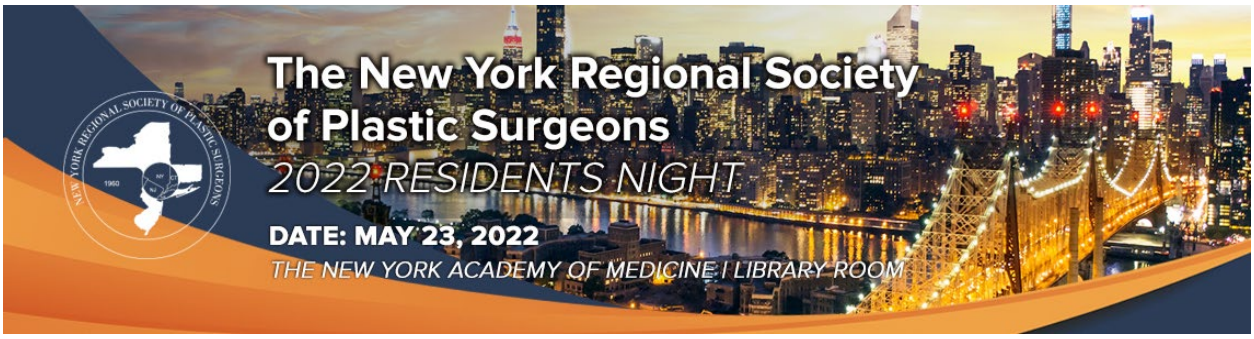

52287-Chaya

52287: Technical Pearls and Pitfalls in Facial Feminization Surgery

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Background: Facial feminization surgery (FFS), typically sought out by transfeminine individuals or those desiring a more feminine facial appearance, is a growing field that falls under the broader umbrella of gender affirming surgery. Notably, studies have demonstrated that FFS may enhance quality of life from both a physical and psychosocial standpoint. Various approaches exist to feminize the face, yet few published articles describe in detail the techniques of each component procedure. This comprehensive report highlights technical pearls and pitfalls to avoid when performing the component procedures.

Methods: We reviewed the medical records of all patients with gender dysphoria who underwent any combination of scalp advancement, cranioplasty, brow lift, rhinoplasty, upper lip lift, mandibuloplasty, chondrolaryngoplasty, malar augmentation and/or additional cosmetic procedures by the senior author (E.D.R.) from October 2017 to 2021. Medical records were reviewed for FFS procedures undergone, and postoperative complications. Operative notes were examined procedure characteristics were extracted. The alterations to known methods of FFS were then discussed.

Results: Out of 161 patients who underwent FFS, the facial units addressed, in descending order of frequency, were: forehead/brow 150 (93.1%), nose 121 (75.2%), chin 120 (74.5%), cheeks 120 (74.5%), mandible 91 (56.5%), and trachea 59 (36.6%). Nine patients (5.6%) experienced wound related complications, 2 (1.2%) had suboptimal aesthetic results and 2 (1.2%) had systemic complications. We found that avoiding any visible/stigmatizing scars, achieving a feminized profile through softening the lateral most extents of the frontal bandeau, communication and management of expectations, as well as addressing skeletal tissues at the

index operation with minor soft tissue modifications followed by further major manipulation of soft tissues in subsequent procedures resulted in better aesthetic outcomes.

Conclusion: There remains little consensus among plastic surgeons performing FFS regarding best practices and technical considerations. The techniques described herein may be safely performed in appropriately selected patients, yielding consistent surgical outcomes when combined with patient counseling and expectation management. Technical nuance in the execution of FFS can have profound effects on its safety and aesthetic outcomes.