

This presentation: goo.gl/E6FqwE

Facial Gender Confirming Surgery

(FGCS A.K.A “FFS”)

The use of facial plastic surgery techniques to meet transgender needs

This presentation is publicly available for the benefit of the community.

Please share or quote only with credit. I can give a much more thorough presentation in person. Book me to come to your school, healthcare organization, social service provider, etc. I have equivalently detailed presentations on Vaginoplasty, Phalloplasty/Metoidioplasty, Top Surgery, and Hysterectomy.

www.healthytrans.com



Gaines he/him/his, Medical Case Manager

“a welcoming, non-judgmental, confidential program designed specifically to meet the medical and mental health needs of lesbian, gay, bisexual, transgender, and questioning adolescents and young adults ages 13-24.”

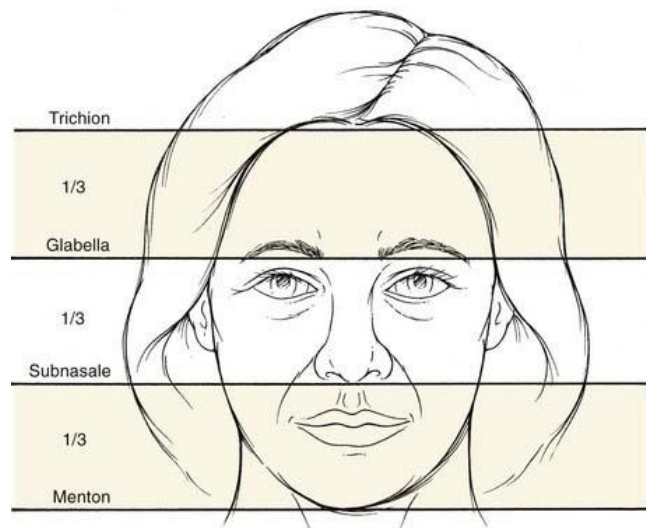
**CalLEN
-LORDE**



I am not a healthcare provider and this presentation can in no way substitute or override individual medical advice.

Agenda

- Ground Rules, history of “FFS,” and source material for this presentation
- What FGCS can do, what FGCS can't do
- Procedures performed during FGCS and pictures (nothing bloody, one pic from OR of closed incisions)
- What to expect from a consultation
- Healing, Revisions, Complications
- Other Resources



Ground Rules

- ❖ **There is no stupid question.**
Don't judge others for their questions, transition goals, or appearance. Respect privacy and confidentiality.
- ❖ **Every transgender woman has a woman's face.**
We will not name something about another person male or masculine without their permission.
- ❖ **There is no one way to be or look feminine.**
Male and female norms are different in different cultures and ethnicities. This is information about techniques to meet your goals, not the "ideal female face." We will try to use "I" statements instead of general statements about what is feminine.



FGCS: A History

Dr. Douglas Ousterhout (retired)

- ❖ “Dr. O” had a long career of reconstructing facial features in cases of trauma and birth abnormalities, and training other surgeons in the same specialty
- ❖ Dr. O does his first “facial feminization” in 1982
- ❖ For this procedure, Dr. O researched information on the differences between male and female skulls, and began applying this information to his surgery practice. He pioneered the group of procedures that are still the foundation of FGCS today.

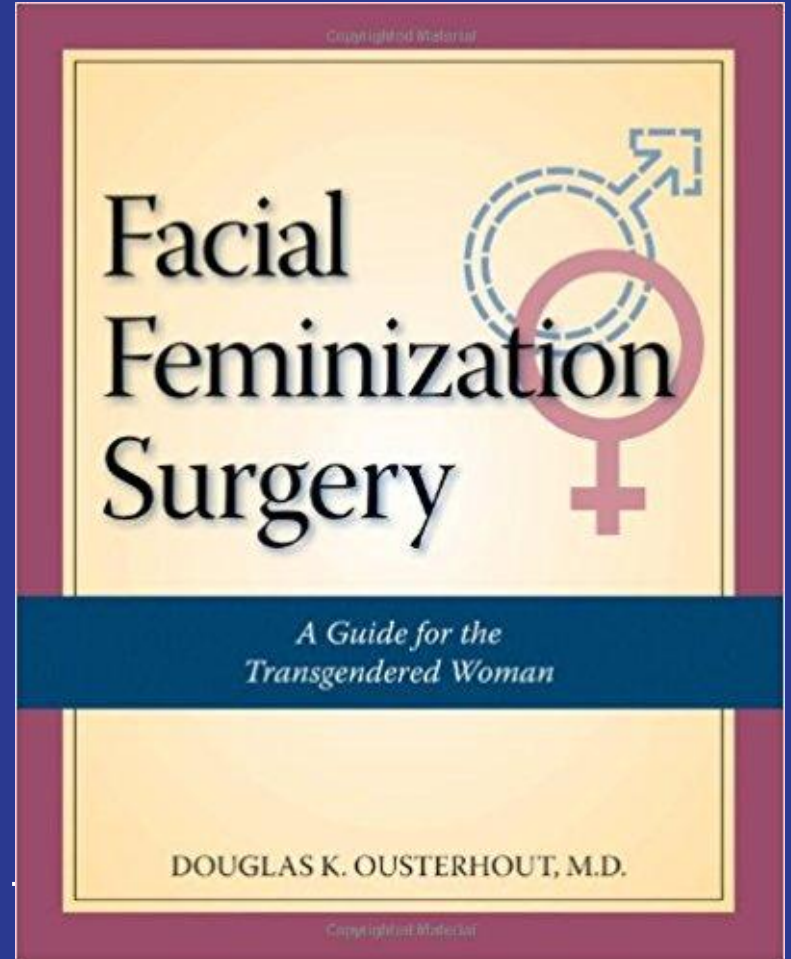


Fun fact: Dr. O lives in the house from the Ms. Doubtfire movie in San Francisco!

Most of the pictures in this presentation come from the book he published on this topic.

Techniques will continue to change from the publication of this book (2010)

This book, and this presentation, cannot replace individualized medical advice from a surgeon.



Why Dr. O's pictures? Because you can't go to him!


While Dr. O is the “father” of FGCS, **he no longer practices.**

We will see in this presentation that every FGCS is unique to the individual. Every surgeon will have slightly different information and advice for you.

THERE IS NO “BEST” SURGEON. ONLY THE BEST FOR YOUR NEEDS. Any surgeon who has done a large amount of procedures will have happy patients and unhappy patients. If a provider hasn't had any complications or generally disappointed patients, they either 1) haven't done many surgeries or 2) aren't hearing back from their patients after they fly home

I encourage you to talk to as many surgeons as possible, and use this information and other research to help guide your decisions.





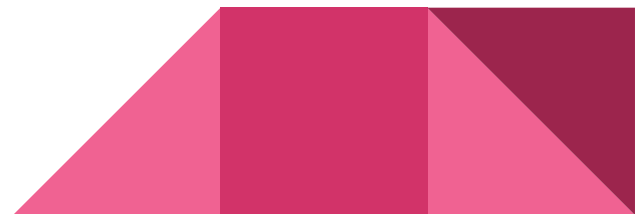
What does FGCS
Achieve?

FGCS Does:


- Work better and more reliably than silicone “pumping”
- Change the bones in and around the forehead, eyes, jaw, chin, and nose
- Change the “soft tissue” that sits over those bones
- Change specific features that you have dysphoria about
- Bring those features closer to what they would be like on a cisgender woman relative

FGCS Does Not:

- Make it impossible to “tell” you are transgender
- Change how you feel about being transgender
- Fix all dysphoria



On pictures

- ❖ Surgeons will put their best work on their websites, and there is a selection bias in people who choose to publicize their results in patient forums towards extreme good and extreme bad experiences.
 - ❖ Pay attention to camera tricks and makeup in before/after pictures, and consider how far post-op the person is. *Camera tricks in Dr. O's book will be pointed out throughout the presentation in red*
 - ❖ Every picture is a person. Respect that they are vulnerable for your benefit.
 - ❖ Individual preferences are in play here. They might have asked for a “plastic look” or been proud of their big nose and wanted to keep it. A picture says a lot, but it is not the full story.
- 

Procedures

The Menu

Facial gender confirming surgery is not one procedure, it's a menu. Every patient does not get every procedure.

Some procedures on the menu even move the features in “opposite” directions, for example, making the chin longer and making the chin shorter.

Depending on the face and the person's goals, either direction can be feminizing



		Procedure	Number Performed
Tables 1 and 2 list the number of facial feminization surgeries performed on 1,100 patients by Douglas K. Ousterhout, M.D.			
Hairline lowering Forehead	■	Scalp Advancement	734
	■	Forehead Contouring	
		Type I	85
		Type II	69
		Type III	750
		Type IV	9
		Total	913
Temple contouring Nose Job	■	Temporal Fossa Augmentation	20
	■	Rhinoplasty	
		Open	887
		Closed	22
		Total	909
Lip Lift	■	Lip Reshaping— 90% are upper lip reductions	561
Chin	■	Sliding Genioplasty	860
Jaw	■	Jaw Tapering/Angle Reductions	849
		25% with muscle reductions	198
Trachea Shave	■	Thyroid Cartilage Reduction	569
		Total primary FFS surgeries	5,415

**Total patients:
1,100**

**Average # of
procedures per
patient: 4.92**

Table 1 does not include the few patients who had facelifts and blepharoplasties as their only procedures.

Planning Procedures Using Imaging

Many surgeons say that they don't need X-Rays or CT scans (like this pink skull) in order to operate correctly.

Regardless of what they need, it is useful for you to have pre-op x-rays to increase **your own understanding** of the facial anatomy and operative plan

It can also be useful to have these pre-op images if you go on to have revisions to the first procedure



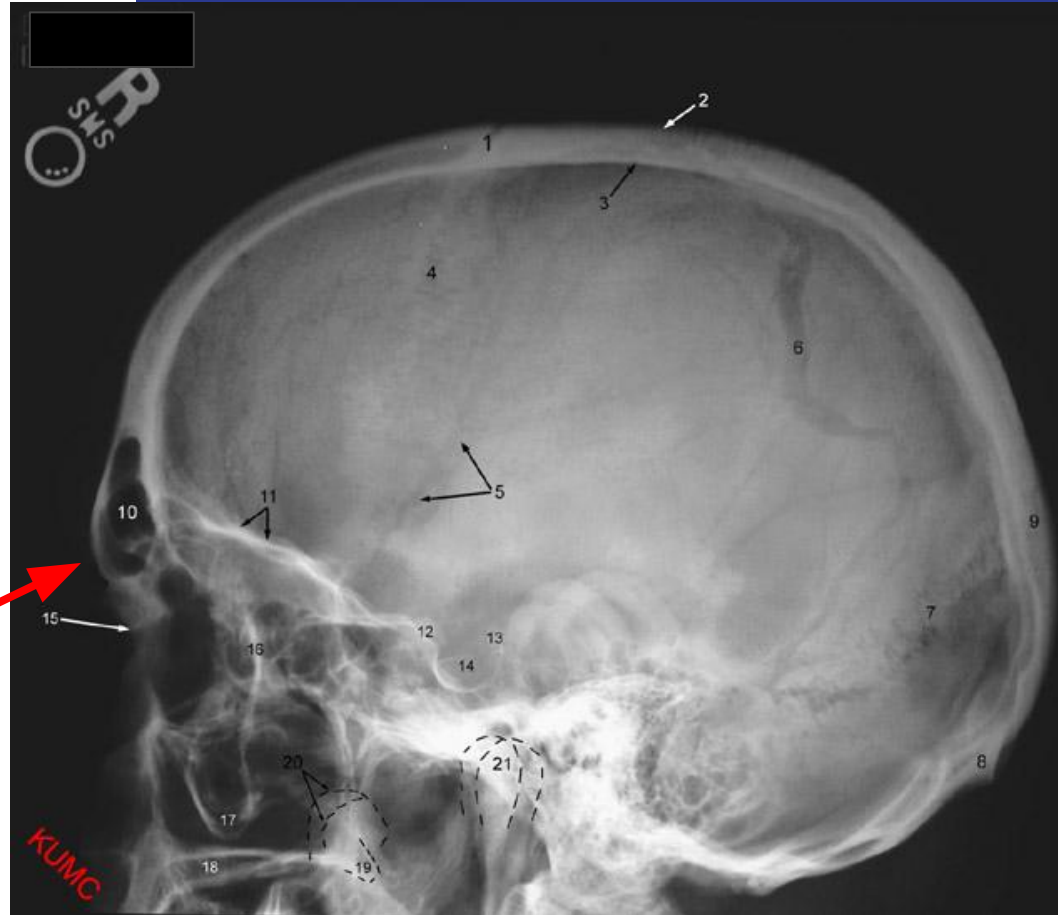


Forehead and upper
face

Bone

Addressing the forehead and orbital ridge using Dr. O's classifications

We're talking about the "bossing" or bulging of the sinus region (labeled as #10)



TYPE I

Brow burring aka “shaving” or “grinding” for those with little/no sinus and relatively thick sinus wall.

(9% of Dr. O's patients)

Dr. O warns against plastic surgeons who **only** offer Type I, he thinks it is best for a small percentage of patients

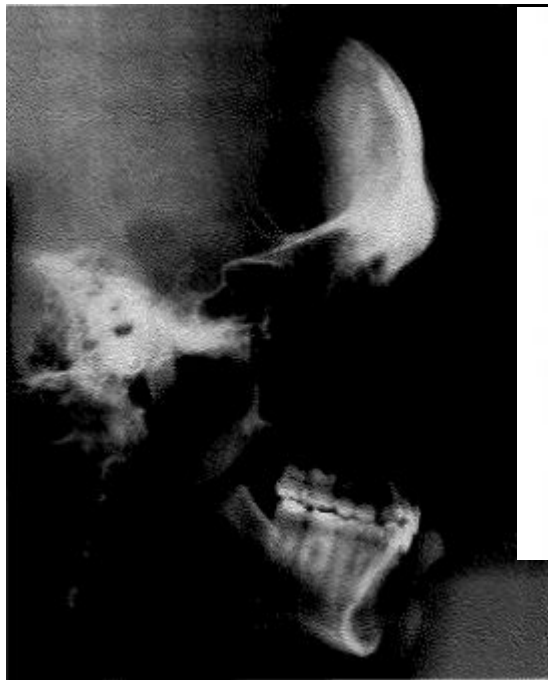


Figure 4-3b. Type I forehead procedure. This illustration represents how the procedure is performed on a Type I skull. The bone (white area) needs to be appropriately contoured on each side.

FacialTeam will use a more complex reconstruction for even these patients, stating that a safe amount of burring is not sufficient



Figure 4-4. Photo on left is prior to a Type I forehead feminization. Bossing is not severe. Other FFS procedures: scalp advancement, secondary rhinoplasty, chin feminization, sub-upper lip hydroxyapatite, thyroid cartilage reduction, laser peel of the face, and hair transplants.

TYPE II

A little brow burring, but mostly adding permanent filler* above the sinus to create flatter forehead
(8% of Dr. O's patients)

*Dr. O likes methyl methacrylate aka plexiglass

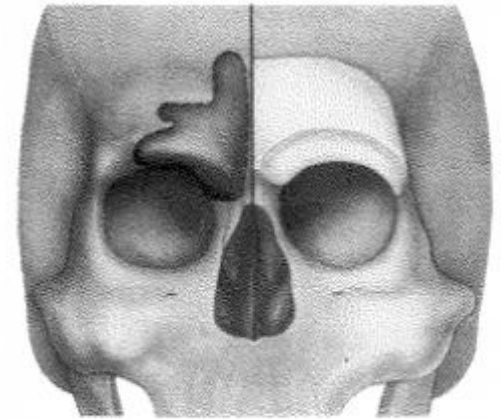


Figure 4-5b. Type II forehead procedure. The area in red represents the frontal sinus. To the left of the skull midline is the rim of the eye socket. The lower area (in gray) shows the area that may require slight reduction. The white area represents the resin used to fill in the depression of the forehead, above the area of bossing.



Figure 4-6. Photos on the left are prior to Type II forehead feminization. Photos on the right are postoperative views. No other FFS procedures have been completed at this time.

TYPE III

Complete recontouring of the front sinus using an *osteotomy*, where the bone is cut and repositioned

(82% of Dr. O's patients)

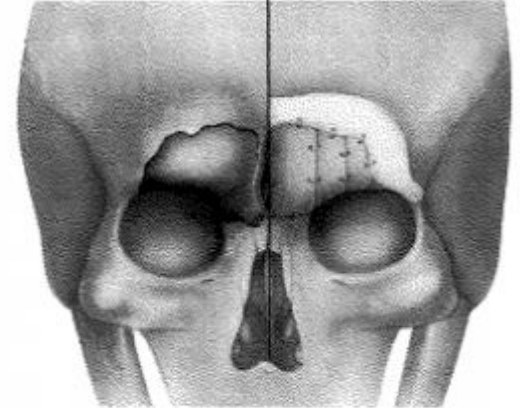
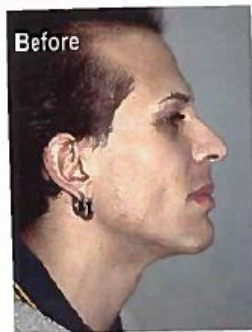
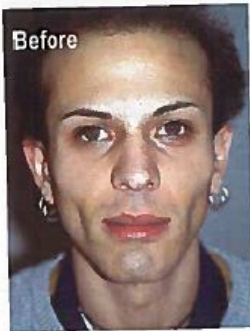


Figure 4-7b. Type III forehead procedure. The reddish area represents the frontal sinus. The area to the left of the midline shows the frontal sinus having been cut off. Contouring is performed (white area), and the wall of the frontal sinus is reconstructed with bone that was cut off, using fine wires for stabilization.



*Camera tricks!
See how there is more space
around her head in the middle
frame in this “after”? She is
further away from the camera,
making her look smaller
overall*

Figure 4–8. Photos on the left are prior to Type III forehead feminization. Note the improvement in the forehead contour. Other FFS procedures: scalp advancement, rhinoplasty, upper lip reduction, jaw tapering, chin feminization, and thyroid cartilage reduction. (Same patient as Figure 4–7a.)

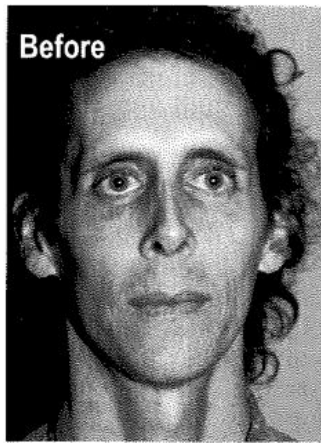
Soft tissue

Hairline lowering + Brow Lifting

Hair transplants

Temporal Fossa Augmentation

If there are depressions in the temple region, using fat grafting or other fillers to pad out that region



Again, she is slightly further away from the camera in the "after" pictures. In the bottom pictures, her chin is even but there is more space between the top of the frame and her head.....

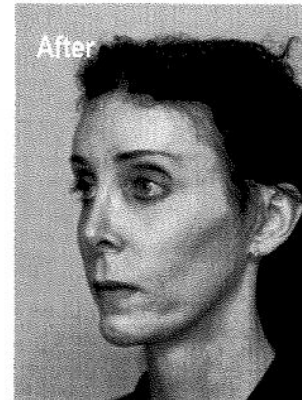
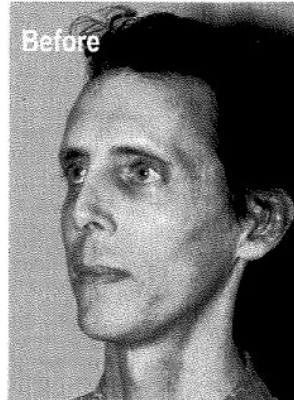


Figure 5-3. This patient underwent augmentation of the temporal fossa (temple) area. Other FFS procedures: scalp advancement, forehead lift, chin feminization, nose reshaping, upper lip reduction, and thyroid cartilage reduction.

Hairline lowering scar

In order to lower the hairline, the scar must be partially in front of the hairline

Possible to hide the scar for forehead work further back in hair, via the *coronal approach* if no hairline lowering is done



Figure 3-2. This postoperative photo shows my normal temporal and pre-hairline incision for scalp advancement and for approaching the forehead for contouring.

Recovery Tip: Ask your surgeon about braiding sections of your hair that definitely won't be parted for the incision pre-op. Will make your first shower a week or more after surgery a lot more pleasant...



Middle face

Nose

If addressing the forehead, the place where the nose and forehead meet needs to be addressed as well. For this reason, Dr. O prefers to do both procedures together.

I've seen debate about this on community forums. Patients complain about the quality of the “nose jobs” done by surgeons who focus on the bones in the forehead and jaw, and sometimes advise each other to go to nose specialists for work on the nose.

Rhinoplasty

Reshaping of the bone and cartilage, done either “closed” or “open.”

- ❑ Closed leaves no external scars, but limits what surgeon can do
- ❑ Open leaves scar on the place where the nose and upper lip meets (where a lip lift scar would also be, can be performed at the same time)

Also could include moving the nostrils closer together





Before



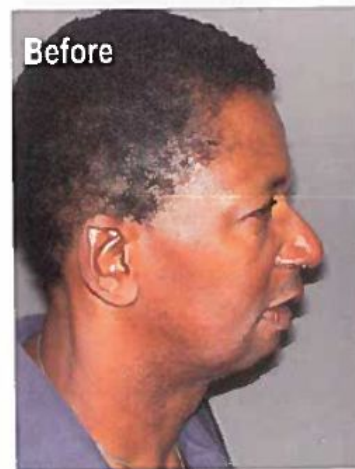
After



Before



After



Before



After

On left, under-chin view of patient above. On right, note the improvement in the shape of the tip of the nose. This patient had four previous rhinoplasties by other surgeons.

Figure 7-5. On left, before nose reshaping. On right, after nose reshaping. Other FFS procedures: scalp advancement, forehead III, chin feminization, upper lip reduction, jaw tapering, and thyroid cartilage reduction.

Cheeks

Dr. O preferred silicone implants anchored to the bones of the cheek by (very tiny) titanium screws

He also used high-density polyethylene (plastic) implants which allow tissue around the implant to grow onto/anchor the implant. Because of the surrounding tissue involvement, these are harder to remove.

Implants are inserted from within the mouth, by cutting through the cheek, or can be done at the same time as other work requiring other incisions.



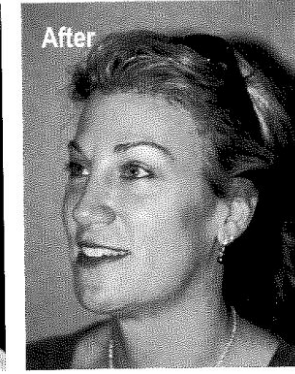
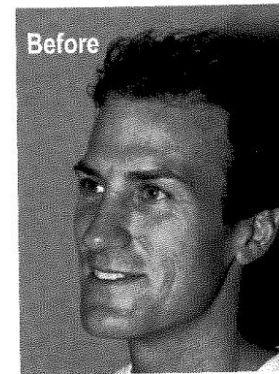
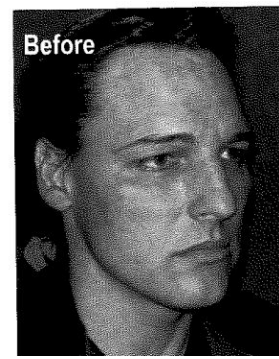


Figure 6-3. Left, before cheek augmentations with Medpore implants. Right, after cheek implants. Other FFS procedures: scalp advancement, forehead lift, thyroid cartilage reduction, rhinoplasty, upper and lower eyelid lifts, and facelift.

Not always necessary

Dr. O warns against going too big with cheek implants, and wants cheeks addressed last after other work is considered

He cautions against surgeons who want to increase size of cheeks to create harmonious proportions (and making the head and face bigger, overall) when they are not skilled at forehead reduction



Dr. O's patients w/o cheek implants



Jaw and lower face

Lips

Shortening the distance between the nose and the start of the red portion (vermillion) of the lip often happens as part of FGCS. Removing skin from just under the nose pulls up the lip, revealing more of the vermillion and making it appear more full.

A surgeon can also add to the bulk in the lip by using some of the material removed during hairline lowering. This is Dr. O's favorite because it is permanent

Can also use other methods like medical fillers (juvaderm, etc) and fat transfer. These are not permanent.



*Camera Tricks!
Chin is in the
same place but
there is a lot more
room between her
head and the top
of the frame in the
"After"*



Figure 8-3. On left, before upper lip reduction. On right, after upper lip reduction. The reduction has rotated the vermilion margin of the upper lip outward, making it look fuller and exposing more lipstick. Other FFS procedures: scalp advancement, forehead III, chin feminization, jaw tapering, thyroid cartilage reduction, facelift, and rhinoplasty.



Figure 8-2. On left, before lip rehaping. On right, after upper lip reshaping, which now shows more upper teeth. Other FFS procedures: scalp advancement, forehead III, rhinoplasty, chin feminization, jaw tapering, thyroid cartilage reduction, facelift, and eyelid lifts.



Chin

Chin reconstruction involves cutting and repositioning the bones in your chin (osteotomy).

As with forehead reconstruction and cheek work, he warns against going to surgeons who only offer burring* down the outside of the bone, or who only offer adding to the chin with implants to reshape the entire lower face. Again, this only makes the face bigger in the process of changing the proportions.

*Out of 860 patient Dr. O did chin procedures on, he did surface work (burring only) on 8 of them, or less than 1%

Camera tricks
in upper
photo set!

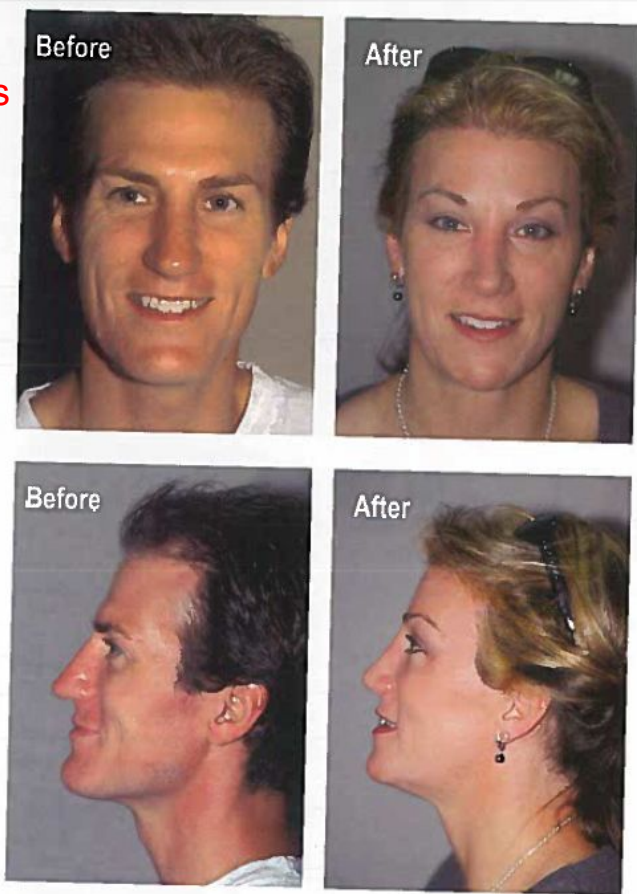


Figure 9-3. On left, prior to chin feminization surgery. On right, after chin feminization, which included horizontal setback, vertical reduction, narrowing, and later prominence contouring. Other FFS procedures: scalp advancement, forehead lift, chin feminization, nose reshaping, jaw tapering, and thyroid cartilage reduction.

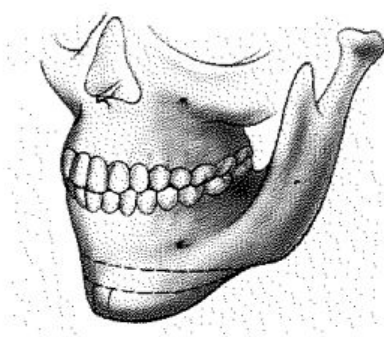


Figure 9-2a. Chin feminization. The dotted lines show where bone is sectioned.

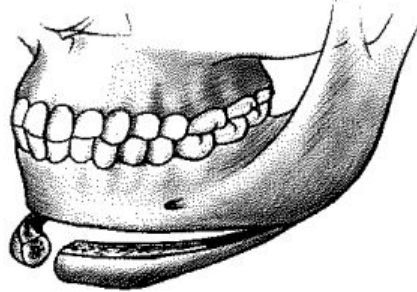


Figure 9-2b. Once the osteotomy (surgical sectioning of bone) is performed, the bone is removed.

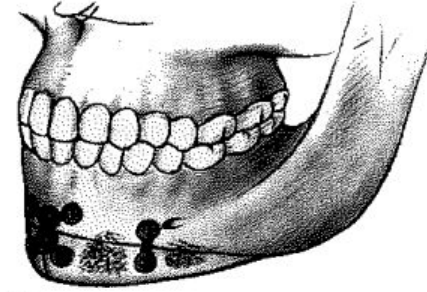


Figure 9-2c. After the bone is removed, the bones are stabilized by plates and screws.

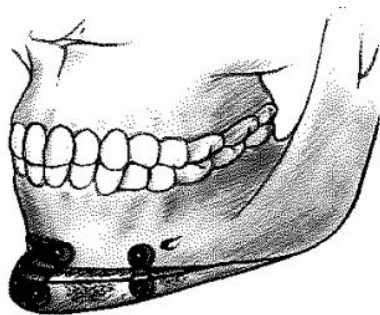


Figure 9-6. This illustration shows how the chin is advanced; once the bone is cut, the chin is stabilized with plates and screws.

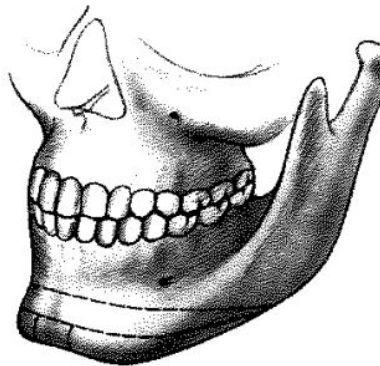


Figure 9-7a. Chin setback. Dotted lines show chin osteotomy.

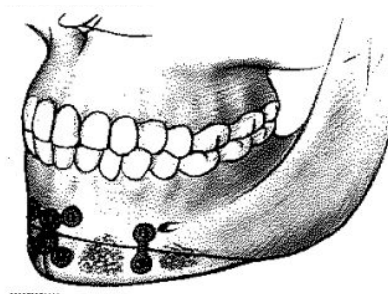


Figure 9-7b. Once bone is removed, the chin setback is stabilized with plates and screws.

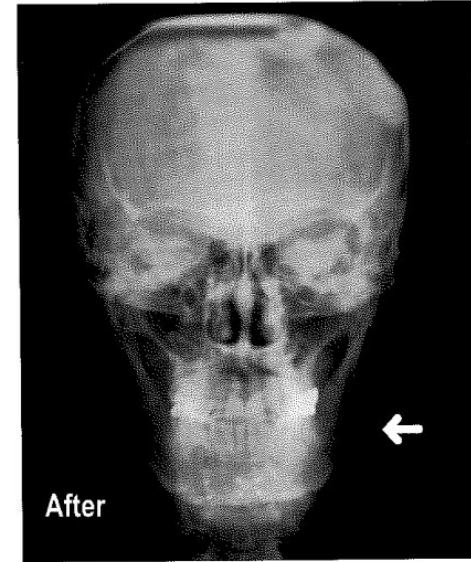
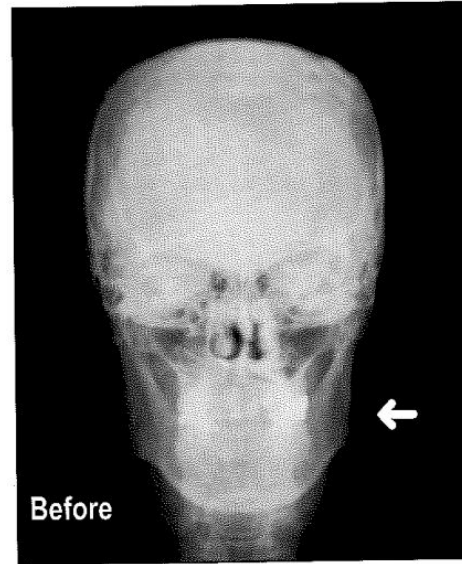


Figure 9–8. Preoperative views on left; postoperative views on right show chin feminization with vertical augmentation, setback, and narrowing of lateral prominence contouring. Other FFS procedures: scalp advancement, forehead III, rhinoplasty, jaw tapering, thyroid cartilage reduction, upper and lower eyelid lifts, facelift, liposuction under chin, and secondary temporal scar reduction.

Jaw reshaping

Changing the shape of the entire jaw involves working on three separate specific features besides the chin

Surgeons are limited in what they can do by your dental layout.



Oblique line of mandible

Reduced by burring down the bone.

Surgeon is limited in what they can do by the teeth and facial nerves that surround this area



Mandible angle and ramus

This part of the jaw is burred and trimmed with a saw.

As with forehead work, Dr. O uses skull x-rays to determine in advance how much is needed

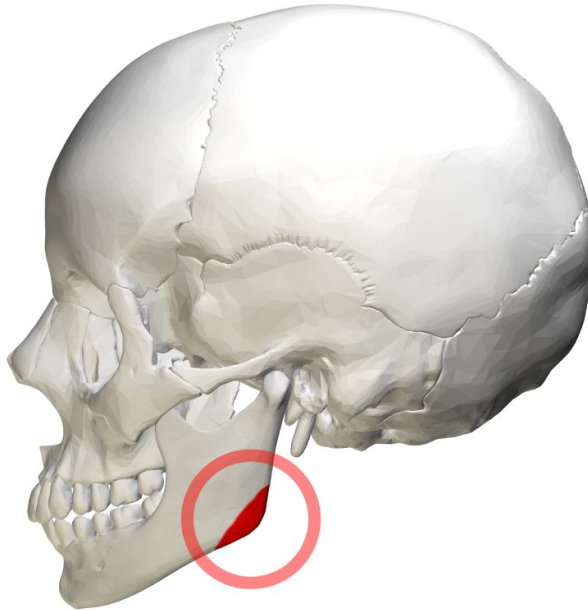




Figure 10-4. Preoperative photos on left and postoperative photos on right show lower jaw tapering. The asymmetry in her jawline was also corrected. Other FFS procedures: chin feminization, rhinoplasty and facelift.

Masseter Muscle

In 23% of patients, Dr. O also reduced some of the masseter muscle to help reduce the jaw.

This seems to be controversial amongst other surgeons.

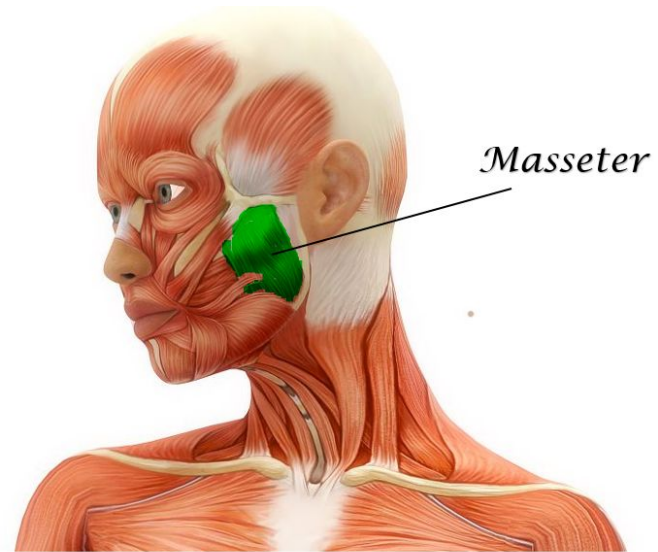




Figure 10-7. Before lower jaw tapering.

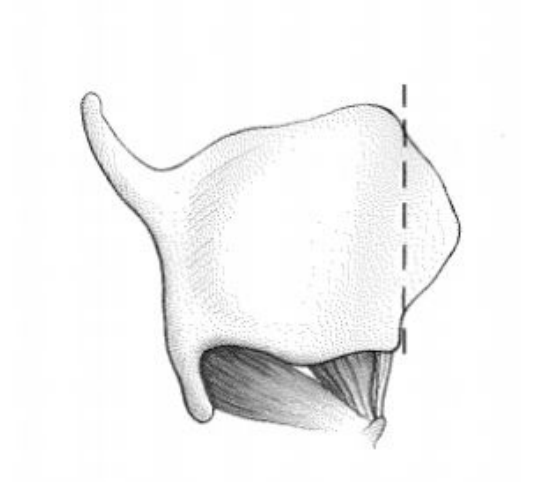


After lower jaw tapering. Other FFS procedures: scalp advancement, forehead lift, rhinoplasty, chin feminization, nose reshaping, upper lip reduction, and facelift.

Trachea Shave

The area being reduced is not actually the trachea, but the cartilage of the thyroid. The portion of this feature that sticks out is what is reduced. (to the right)

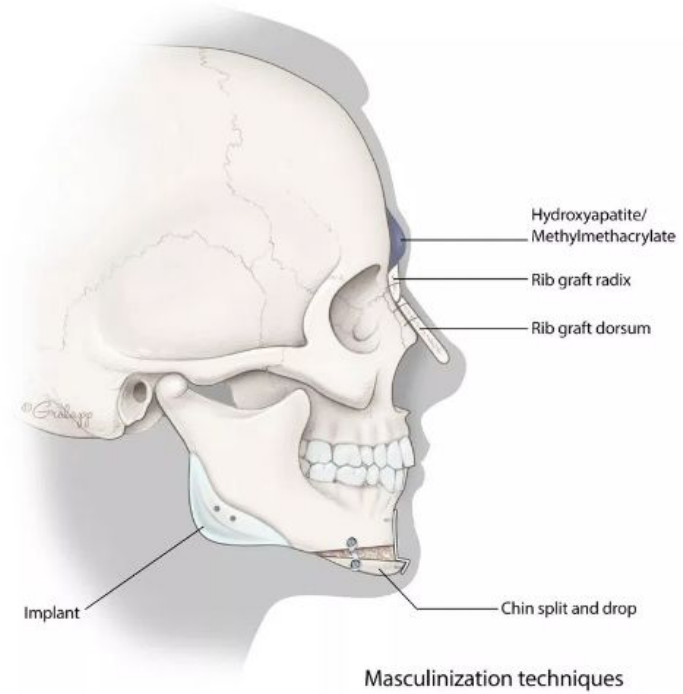
Can be done either with an incision in the front of the neck, or an incision hidden under the chin.





Facial Masculinization

Uses many of the same techniques in reverse,
adding instead of reducing



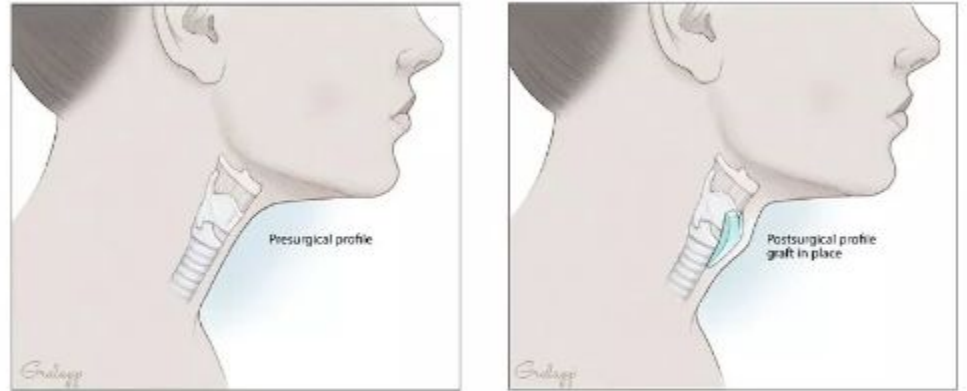
Masculinization techniques. Image credit: Chris Galapp

Image via
<https://deschamps-braly.com>

“Adam’s apple” addition for FMS

Uses graft of tissue from rib cartilage to create “Adam’s Apple” bump.

Very Biblical.




Comparison of t cart profiles. Image credit: Chris Gralapp


Image via
<https://deschamps-braly.com>

The Consultation

What happens in a consultation?

1. You might first have to do an intake into the surgical program, and/or submit letters from your doctor and from mental health providers
 2. A nurse or medical assistant will bring you into a room and might ask questions about your health history and medications you are on
 3. The surgeon will come in and might ask background questions about your transition history, your transition goals, and your knowledge about FGCS
 4. The surgeon will begin to make recommendations about what procedures they would recommend for you. **This is a conversation, not an ultimatum!**
 5. You will likely take measurements and pictures, both for the surgeons “before” pictures and possibly for insurance approvals
 6. You should be able to see before and after pictures
- 

Consultation Tips and Tricks

- ❖ Bring pictures of faces that you have as your goal so you and your surgeon have something concrete to reference when using words like “big” “feminine” etc that mean different things to different people
 - ❖ Bring a list of questions to make sure you get to everything
 - ❖ Ask a friend to come with you just to take notes and talk through information with later (a friend who doesn't interrupt)
 - ❖ ASK ABOUT COMPLICATIONS AND REVISIONS
- 

What Should I Ask About? Pay Attention To?

See “Surgery Consult Questions” Hand Out <https://www.healthytrans.com/surgery-consult-questions/>


Do your research, but **don't believe the hype**. Someone can be amazing, empathetic, kind, skilled, etc and still not the right surgeon for you, or not fit with your personality. Trust your gut in your consultation.

Is the surgeon listening to you? Willing to explain “no's” and adjust for your specific needs?

Do they claim to have never had a complication ever? (red flag)

Is the office a madhouse and you see post-op people waiting forever to get called back into a room?






Healing, Complications, and Revisions

Complications- EVERY SURGEON HAS 'EM

- ❖ Nerves can be damaged leading to permanent loss of sensation or function
Example: moving your mouth or eyebrows in particular ways, feeling on patches of your scalp
- ❖ Infections can occur, causing serious delayed healing, whole body health issues, and rejection of implants. Infection chances increase when implants are added to the body.
It is important to follow surgeon's instructions about antibiotics, electrolysis, etc
- ❖ Any foreign substances can be rejected or placed wrong
- ❖ You can lose hair, temporarily or permanently
- ❖ Scars can heal tight or thick (hypertrophic + keloid scarring)
- ❖ Asymmetries can occur (a little more taken off the left than the right)

Healing Timeline

- ❖ You will look bruised, puffy, and swollen for weeks, possibly months
 - ❖ Parts of your face will be numb, and sensation will slowly come back
 - ❖ After jaw or mouth work, you will often need a special (liquid) diet
 - ❖ The final result won't be visible for months, and scars change over the course of years
 - ❖ **Post-operative depression is very common after any surgery**
- 

Recovery quotes

“The mental battle is way worse than the physical”

“Eat nourishing foods”

“I felt socially like, unable to function ‘cause I didn’t know what people saw when they looked at me- i was super self-conscious about looking “surged out” and swollen and weird.”

“Try to get up and walking around afterwards if possible. Short walks each day help you feel better than staying in bed”



On revisions:

"If you spend your life trying to cut out every detail that could be male, it becomes an obsession... and as someone who used to have that same obsession, it takes over your life and doesn't bring you closer to what you are really wanting... a normal life, I assume." -Devon Rose Davis

You are the captain of the ship, and if you decide you need more surgery to accomplish your goals, we respect the inherent dignity of your decision making.

There will always, however, be surgeons willing to take your money despite knowing they might not be able to provide final resolution for you.

When surgeons and primary care providers start telling you to consider not having more surgery, it should be taken seriously.



The background is a solid pink color. In the top right corner, there is a decorative graphic consisting of several overlapping geometric shapes, including triangles and squares, in various shades of pink and magenta.

INSURANCE

Insurance coverage

YES! Insurance, including some state medicaid and private insurance has covered FGCS. In most cases, only after the person appeals a denial both internally to the insurance company and externally with legal support.

For examples: with NY Medicaid, to the “Managed Medicaid Plan,” and externally to the “Office Of Temporary and Disability Assistance,” or essentially to the NY State Government. You can see an archive of decisions by the NY State government forcing plans to cover FGCS procedures here: <https://otda.ny.gov/hearings/search/> (search facial feminization)

Even if your plan says it is fully covered, expect a denial! It's your job to stay on top of paperwork and appeal timelines.

More detailed info here:

<https://www.healthytrans.com/ffs-through-insurance/>



Resources to help with insurance appeals

<https://transcendlegal.org/>

<https://www.transchancehealth.org/>

<https://www.transfamilysos.org/>

There may be more local to you!



Surgeons who accept insurance for FFS

Possibly Including Medicaid

Dr. Jens Berli Oregon Health Sciences University

Dr. William Hoffman UCSF, CA

Dr. Justine Lee UCLA, CA

Dr. Jason Pomerantz SFGH, CA

Dr. Thomas Satterwhite San Francisco, CA

Dr. Rahul Seth UCSF, CA

Dr. Jess Ting Mount Sinai, NYC

Dr. Oren Tepper, MD Montefiore Medical Center, NY

Drs. Rachel Bluebond-Langner and Eduardo Rodriguez NYU, NY

Not Including Medicaid, might not submit a prior authorization for you:

Dr. Joel Beck San Mateo, CA

Dr. Jordan Deschamps-Braley SF, CA

Dr. Katherine Gast University of Wisconsin, MI

Dr. Kyle Keojampa Los Angeles, CA

Dr. Harrison Lee Los Angeles, CA and New York, NY

Drs. Toby Meltzer and Ellie Ley Scottsdale, AZ

Dr. Loren Schecter Chicago, IL

Dr. Jeffery Speigal Boston, MA

Inclusion of a provider on this list is not an endorsement of their surgical offerings

<https://www.healthytrans.com/ffs-through-insurance/>



More FFS resources

Stitches *all trans feminine spectrum surgeries support group 2nd and 4th Tuesdays
6pm-8pm @ GMHC*

Trans Media Network *featured surgeons are paying advertisers
Mtfurgery.net*

Facebook Groups: FFS Facial Feminization Surgery / Transgender TG TS

Susans.org *Facial feminization surgery forum*



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Questions?