Facial Feminization Surgery (FFS)

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Facial Feminization Surgery

Objectives

1. Identify the goals and procedures that are part of FFS.

2. Understand the preoperative evaluation process for FFS.

3. Discuss post-operative care after FFS.
What is Facial Feminization Surgery (FFS)?

• Set of reconstructive surgical procedures that involve modifications to the craniofacial skeleton and soft tissues of the face and neck.

• These surgeries may bring facial features closer in line with a person’s gender identity (typically moving towards a more “feminine” facial structure).

• Focuses on the shape of the forehead, hairline, eye orbits, nose, lips, chin/jawline, and neck (Adam’s apple).
What is Facial Feminization Surgery (FFS)?

• Can include various bony and soft tissue procedures:
  • Brow lift
  • Hairline advancement
  • Rhinoplasty
  • Upper lip lift/augmentation
  • Jaw/chin contouring
  • Tracheal shave (chondrolaryngoplasty)
  • Forehead contouring (frontal cranioplasty)
FFS Consultation at KP

• Consultation and referral by the MST Clinic

• Surgical Team (over 200 FFS surgeries performed):
  • Dr. Andrew Kleinberger (Walnut Creek)
  • Dr. Charles Shih (Oakland)
  • Justina Bell PA-C (Oakland)

• Surgical Consultation:
  • Involves gathering of social history, medications, smoking
  • Examination focuses on craniofacial and soft tissue anatomy of face/neck
  • Patient directed goals and expectations

• Surgery performed in Oakland, Richmond or San Leandro
FFS Procedures

- Nose area
- Lower jaw body
- Temporal ridges
- Cheeks
- Frontal bossing and supraorbital rims
- Frontal region

Kaiser Permanente®
Oakland Medical Center
Hairline Advancement

• Incision is made at the hairline. It is made in a naturally non-linear fashion to shape a more natural hairline (hairlines are naturally irregular)
• Incision extends behind the ears of the scalp
• Scalp is elevated and pulled to the forehead, advancing the hairline
Forehead Contouring

- Same incision as the hairline advancement - Skin/Soft tissue is elevated to expose the bone for forehead contouring
- In most cases the prominent brow (frontal sinus) is detached and set-back into the sinus to help flatten the brow (Frontal cranioplasty)
- Small titanium plates/screws used to secure the bone; Unable to palpate or feel plates/screws by touch and does not interfere with MRI or metal detectors
Forehead Contouring/Hairline Advancement
Mandible Contouring

• Narrow/taper the contour of the jaw/chin
• Incisions are made inside the mouth (by lower gums/teeth)
• Bone is contoured/narrowed to achieve a softer and more tapered appearance; muscles can also be removed
• Incisions closed with absorbable stitches
• No plates or screws
Rhinoplasty

- Typically the nose is made smaller, bump/hump at the bridge of the nose can be removed, tip of the nose can be elevated
- Sometimes nostril size can be adjusted
- Breathing problems can also be corrected during surgery
Hump reduction
Upper Lip Lift

• Shorten the distance between the nose and upper lip
• Upper lip becomes shorter and fuller appearing
• Incision "hidden" within the groove under the nose
• Performed along with FFS or in the office under local
• Relatively quick, safe, and impactful FFS procedure
Tracheal Shave

- An incision is made well above the Adam’s apple generally in a crease between the chin and neck
- The thyroid cartilage (Adam’s apple) is identified and vocal cords are visualized by camera in mouth/throat
- The cartilage above the vocal cords are removed safely to achieve the optimal aesthetic result
- No change to voice tone or pitch
- The neck incision is closed with absorbable suture, waterproof medical glue, and a strip of tape
Tracheal Shave
Facial Feminization Surgery
Summary

- FFS involves multiple procedures and is customized/individualized based on patient directed goals and anatomy
- Most procedures can be completed during a single surgery
- Patient satisfaction after FFS is high with few major postoperative complications
- FFS helps to reduce gender dysphoria and leads to improved quality of life
"Today, for the first time after decades of dysphoria, I can finally look in the mirror and see the person I’ve always expected to see. The confidence I’ve gained from these procedures has dramatically improved my life and I wouldn’t hesitate to go through them again if I had to do it over again. "
Setting yourself for a successful outcome.

Preparation for Surgery
Why Surgery?

- Gender Affirming
  - Feeling the body better reflects identity
  - Physical comfort and safety
  - Increased emotional well being
- Reduce dysphoria
  - Improving emotional connection with the body

“ I don’t avoid mirrors all the time any more.”

“ I can’t express how free I finally feel!”

“ It’s the best decision I’ve made.”

“ For the first time after decades of dysphoria, I can finally look in the mirror and see the person I’ve always expected to see.”
**NSAIDs (ibuprofen, Motrin, Advil, naproxen, aspirin). Also stop other drugs or supplements that can thin your blood (like vitamin E, St. John’s Wort, gingko). Consult with your surgeon and primary care provider before discontinuing any medications.
Research Your Options

- Clarify your personal goals related to surgery
- Weigh pros and cons of surgery options
- Talk out your goals and concerns with trusted friends, family members, partners, therapist
- Learn from others
  - Online forums and groups, in person support groups
- Interview surgeons and ask questions
- Be sure to know what is happening in your specific surgery, and what can & can’t be achieved
- Remember everyone’s healing is unique
# Envisioning a Successful Surgery

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<td><strong>Hopes and Expectations</strong></td>
<td>I hope that my face looks how I expect it to look after surgery</td>
<td>I hope I feel more at peace with myself</td>
<td>I hope I will feel more comfortable walking down the street after surgery</td>
</tr>
<tr>
<td><strong>Fears and Concerns</strong></td>
<td>I am afraid that my outcome won’t match my expectations.</td>
<td>I am worried that all the changes will be difficult to adjust to and I might not recognize myself at first.</td>
<td>I am worried about how other people in my life will react to my face changing.</td>
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<tr>
<td><strong>Questions</strong></td>
<td>How will I look after surgery?</td>
<td>How will I feel after surgery?</td>
<td>Will surgery make it easier for me to be comfortable in public spaces?</td>
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Prepare for consultation appointment

Self-Advocacy
- Surgeons perform this surgery every week but this is your first time
- What do you want out of FFS?

Questions
- Surgery consultation FAQs
- Bring list with your questions
Consultation Visit

- No make up / bring make up wipes
- Pull hair back if possible
- Sign consent for photos (required for chart for surgeon’s reference)
  - Optional to share with patients and other medical professionals
- Meeting with Surgeon, MA, and/or PA
- Goal is to review patient goals and create surgical plan
- No surgery dates given at consult visit, case request created by surgeon and surgery scheduler contacts patients approximately 6 months prior to surgery date with dates and availability
- CT Scan- Images taken to evaluate frontal sinus and facial anatomy (bony structures of the forehead and jaw), after consultation with surgeon
- 2-4 weeks prior to surgery, phone or in person visit with PA
Decide What Timing Is Right for You

- Will I have enough support after surgery?
- Am I in the best physical & emotional health?
- Can I take time off school or work?
- Is now the right time?
- Do I have enough people to support me during recovery?
- Do I have enough financial resources?
Surgery Preparation

- Researching surgery and surgeons
- Stabilizing Medical Conditions
- Optimizing Emotional Wellbeing
- Eliminating or Reducing Substance Use
- Securing housing with private space

- Planning for bills and financial needs
- Eating healthy balanced meals
- Exercising and moving the
- Setting up a Support System
Physical / Medical Preparation

- Being in your best physical health will support your recovery
  - KP Wellness Coaching
  - KP Classes – Exercise Classes and Nutrition Support

- Work with your doctor and other specialists to support your health goals and health requirements
Emotional Preparation

Optimize Emotional Wellbeing

- Take time to think about your coping style/mechanisms:
  - Which of these will be available to you while preparing for surgery?
  - What other resources might be needed (e.g., relaxation techniques)?
  - Best to build strategies before rather than right before surgery or during recovery

- Who in your life can be a sounding board and part of your emotional support network before and after surgery?
  - Friends, peers, community, others who have been through the same surgery
  - Therapist
    - Consider phone appointment after surgery
  - Emergency or crisis services if necessary
MST Oakland Support Groups

• Call MST to sign up (510) 752-7149
  • See MST lobby or MST website for fliers
• Partners Group
• Transfeminine Group
• Transmasculine Group
• Non-Binary Group
• High School Age Youth Group
• Reproductive Options Class
Mental Health Before and After Surgery

• Some common post-operative emotions
  • Elation and joy
  • Relief
  • Depression
  • Isolation or loneliness
  • Difficulty balancing expectations versus reality
  • Grief (e.g., family members not being present or supportive)
• Recovery from surgery may be vulnerable
  • Being a “patient”
  • Not being able to function as usual
• Even positive life events can come with stress or bring up challenging feelings.

• KP.org resources
  • Health & Wellness Podcast: “Preparing for Surgery” guided imagery audio file
  • Wellness Coach
  • Wellness Classes
• Tip: Cut down on the stress that is within your control.
Substance Use and Surgery Preparation

Eliminating or Reducing Substance Use

- **Substance use or abuse may affect:**
  - How your body responds to anesthesia
  - How well your body recovers from surgery
  - Your mood while preparing for or recovering from surgery

- **Nicotine is a significant risk factor (cigarettes, marijuana with tobacco):**
  - Surgeons require patients to be nicotine free for at least 3 months; nicotine testing may be required
  - KP smoking cessation resources (free patches now available through Kaiser)

- **You may want to moderate or abstain from other substances as well (e.g., caffeine, marijuana) – talk with surgeon about marijuana guidelines:**
  - Surgeons require patients to stop inhaling marijuana 3 months before surgery (edibles ok, up until 1 week before surgery)

- **For people with an addiction history:**
  - Create solid support plan in the case of stress-related cravings.
  - Plan alternative (safe) coping strategies
Financial Preparation

- Planning for bills and financial needs
  - 2-4 weeks off work / school
  - Consider time off for caregivers too
  - Apply for Short Term Disability Insurance, if applicable
  - Understand your benefits information: **KP Member Services 1-800-464-4000**
    - FFS: “Inpatient Transgender Surgery”
    - KP Resources
      - **Patient Financial Services: 1-800-498-2748**
      - **Medical Financial Assistance: 1-866-399-7696**
Setting Up Support for Surgery

Setting up a Support System

- Recovery from surgery can’t be done alone!
- You will need AT LEAST one person to help you after discharge
- Caregiving time estimates:

<table>
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<tr>
<th>24 hour care after hospital discharge</th>
<th>Ongoing Support (chores, errands, driving)</th>
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<tr>
<td>2-3 days</td>
<td>2-3 weeks</td>
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Aftercare Planning

Questions to reflect on:
- Who do I want to be part of my healing process?
- What are my boundaries?
- What conversations do I need to have with my caregivers before surgery?
- Who do I feel most comfortable asking to help me with personal care or emotional support?

It’s A LOT of work for one single caregiver:
- Primary caregiver needs breaks and emotional support as well
- Create back up plans
- Wait time before surgery can be a time to establish new connections and reach out for help
Prepare Your Care Team

Roles for caregivers
- Driver
- Emotional support by phone or in person
- Movie and low key activity partner
- Errand/Grocery runner
- Meal preparer/deliverer
- Walking partner
- Personal care provider including dressing and toileting
- Wound care assistant
- Laundry Doer
- Create backup Plans B and C and D!!!

Care calendars:
- http://www.caringbridge.org
- http://lotsahelpinghands.com/
Considerations specific to FFS

• Healing after FFS can be very visible to the world around you (facial bandages, facial swelling/bruising). Think about how you will handle this both socially (seeing friends) and logistically (getting groceries, walking your dog).

• Some people have a tendency to isolate more after FFS. It is important to pay attention to what you need in terms of comfort/boundaries, but stay engaged with your support system.
Questions?

❑ **Multi-Specialty Transitions Department (MST)**
  ❑ 3779 Piedmont Ave G41, Oakland, CA 94611  |  PHONE: 510-752-7149

❑ **Head and Neck Surgery**
  ❑ Contact Surgeon or PA via KP.org
  ❑ Surgery Scheduling – 510-307-2981

❑ **Gender-Affirming Care at Kaiser Permanente**
Surgery, Recovery & Aftercare

Facial feminization surgery
In the Hospital...

- Check in early and meet your surgical team, including the anesthesiologist
- Discuss any concerns about general anesthesia with your surgeon & anesthesiologist
- Depending on the kinds of procedures you will be having, surgery can take up to 8-10 hours
- After surgery, you will recover in the PACU for 2-3 hours.
- After surgery you may feel nauseated, elated, groggy, tearful, hungry, or thirsty
Overnight Hospital Stay

- Helpful to have a friend or family member present in the room to remember details provided by nurse and surgeon
- You may be asked to walk before you feel ready. Walking will help you recover more quickly and help decrease complications
- Main tasks for patients in the hospital are: rest, hydrate, control pain, ask questions
Pain Management in the Hospital

- It is normal to experience pain and discomfort after surgery
- Stress associated with untreated and excessive pain can prevent healing
- While you are in the hospital, communicate with your nursing team about your pain level
- Before you are discharged you will be tapered to oral pain medication
  - Discuss past negative experiences with pain medication or use history with your surgeon.
Pain Control at Home

• You will be prescribed opiate pain medication to take at home
• Most patients typically take these meds for 3-7 days after surgery
  • DO NOT take Tylenol in addition to prescribed pain medications
• Most patients then switch to over the counter after stopping opiate medication
• Constipation is a common side effect of opiate medication. Take stool softeners to avoid straining and pressure to the surgical sites.
• Hydrate by drinking lots of fluids
Hospital Discharge

- You will need someone to drive you home from surgery
- You will need someone to be present when you are given discharge instructions
  - Anesthesia impairs short term memory functioning
- You will be discharged 1 day after surgery
Recovery

- Recovery can be tough for the first few days
- Pain and swelling usually peak 2-3 days after surgery
- Most patients feel significantly better after 1 week
- Each person’s recovery can be different – based on their body and the procedures done
- Take prescribed medications to minimize pain and infection risk
General Aftercare Information

• Elevate head when sleeping for first 2 weeks (no sleeping flat or on your side)
  • Using a pillow is sufficient
• First 2-3 days, ice operative areas (forehead, nose, jaw) for 20 minutes per hour
• Generally, OK to return to light-moderate activities in 2-3 weeks
• Takes up to several months for optimal healing and recovery (ex: for swelling to go away completely)
• There will be some numbness to parts of your face after surgery. This can last several weeks/months.
• Nerves take time to regrow and heal
Bowel Movement

• Constipation is common after surgery
• Take stool softener as prescribed. If you’re still constipated, consider Senna or Bisacodyl (OTC medications)
• Things to consider:
  • When was the last time you had any bowel movement?
  • Are you passing gas?
  • Any abdominal pain?
  • Any nausea/vomiting?
Hairline Incision Care

- Scalp sutures and staples are non-absorbable and removed at your follow-up appointment
- OK to get incisions wet (when showering) but do not soak or submerge wounds in water for 2 weeks
- Apply Bacitracin 2x/day and redress with ace wrap
- Do not put anything hot (including hair dryer) on the scalp for 1 month after surgery
- Keep hairline dry, OK to shower after 48 hours
  - Wash, brush, and dry hair towards incisions (not backwards)
  - Important for healing to keep hair clean with daily washing
  - Do not soak incisions in water
Lip Lift Incision

- Upper lip sutures are non-absorbable
- They will be removed at your one week follow-up appointment
- OK to get incisions wet (when showering) but do not soak or submerge wounds in water for 2 weeks
- Apply Bacitracin 2x/day
Nose Care

- You will be discharged with a nasal splint that is removed at your next follow-up appointment
- Stuffy nose & discharge/drainage-common
  - Avoid blowing nose. Wipe only.
- Avoid coughing or sneezing
  - Cough or sneeze with mouth open for first 14 days
- Use saline (salt water) spray a few times daily to keep nose moist
- Apply ointment just inside nostril and under the nasal tip with q-tip 3x/day
- Ice pack to nose for 20 minutes at a time
Mandible / Jaw Post-Op Considerations

• Rinse mouth with Peridex (for 1 week)
• Brush teeth lightly starting the day after surgery (May want to purchase children's small soft toothbrush to use for a couple weeks)
• Jaw will be sore for 3-6 months
• Soft food diet and advance to a normal diet after 1-2 weeks
Eating after Jaw Surgery

• Soft diet for 2 weeks
• Foods that are soft and easy to chew:
  • Typically mashed or pureed
  • Apple sauce
  • Soup
  • Smoothies
  • Eggs
  • Yogurt
  • Pudding
Tracheal Shave Post-Op Care

- Incision is under the chin
- Incision is closed with absorbable sutures, glue and a steri-strip over the glue
- 1-2 days after surgery, you can remove the bandage and no need to cover again; okay to cover with band-aid but not necessary
- Okay to shower and get wet 48 hours after surgery
- No submerging in water for 2 weeks after surgery
Week 1 Recovery Overview

- Feeling of numbness & pins and needles in jaw, chin, forehead & scalp
  - can take 9-12 months to resolve

- Jaw pain/difficulty opening mouth
  - weight loss is common

- Swelling/redness and bruising around the eyes
Bleeding & Swelling

Swelling and bleeding improve after first week but can last up to months

Bleeding

• Some bleeding is expected
• If you experience bleeding, use gauze to apply pressure directly to the wound for 20 mins
• If bleeding continues or there is a lot of bleeding, call your surgeon or the Head & Neck clinic

Swelling

• Swelling after surgery is also expected
• Surgeries to the jaw, cheeks, and facelifts tend to swell more
• If sudden swelling occurs, contact your surgeon or the Head & Neck clinic
Infection

• Common & normal to have thin rim of redness at incision sites
• Swelling is also expected and will gradually subside
• Common signs and symptoms of infection:
  • Worsening redness
  • Increased swelling
  • Worsening pain
  • Pus
  • Fever/chills
• Contact surgeon or Head & Neck clinic if these symptoms develop
What to do if you have a medical concern?

- For non-urgent issues:
  - Contact surgeon through KP.org secure messaging or call clinic
  - Send pictures (if you can)

- If surgeon tells you to go to the emergency room:
  - Go to your nearest Kaiser Permanente ER
  - Tell the ER doctor that you’ve had surgery and what surgery you’ve had
  - Ask them to contact your surgeon

- For emergencies, go to your closest ER
Post-Op Check In

• 2-3 day **telephone check-in** with Physician Assistant
• 7-day post-op in-person visit in Oakland to have all incisions evaluated and all sutures/staples removed
• 1 month follow up with surgeon
• Usually 3, 6, 9 and 12 month follow ups in office with surgeon
Restarting Hormones

- Generally, ok to restart estrogen 2-3 days after surgery as long as you’re mobile and moving around

- Surgeons recommend discontinuing estrogen before surgery because there is an increased risk of blood clots during surgery
Restarting Facial Hair Removal

• OK to resume facial hair removal 6 weeks after surgery
• Unless you experience any complications from surgery, no need to get clearance from surgeon to restart facial hair removal
• No restrictions on genital hair removal
Activity Limitations

• Important to rest after surgery (don’t push yourself too much!)
• Short walks (5-10 minutes) encouraged first week after surgery
• No bending over, straining, or sexual activity (vaginal, anal, oral, heavy kissing) for 14 days
  • Ok to resume light activity after 14 days
• No strenuous activities (heavy lifting, running) for at least 1 month after surgery.
  • Some activities may have longer restrictions, please check with your surgeon
• Minimize sun exposure over the next 9-12 months after surgery.
  • Wear sunscreen and/or a hat when outdoors
Returning to Work

- 2 weeks off work
- 2 weeks on modified duty
- All of this depends on your job duties; can be modified
Additional Surgery Planning

• If you are planning other surgeries it is important to talk with both of your surgical teams about timing and wait times between surgeries

• After FFS you will be advised to wait between 4-6 months before undergoing another surgery

• If you have any surgeries scheduled before FFS you will also want to make sure your surgical team advises you on when you’re cleared to complete FFS