



Facial Gender Confirmation Surgery

Facial Feminization Surgery and Facial Masculinization Surgery

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KEYWORDS

- Facial feminization surgery • Facial gender confirmation surgery • Forehead feminization
- Chin feminization • Transgender surgery • Male to female • Female to male • FFS
- Facial masculinization surgery

KEY POINTS

- Facial feminization surgery is a series of procedures established in aesthetic surgery to feminize the facial skeleton and the soft tissue of the face.
- The forehead, nose, chin, and jaw are key areas for feminizing the facial skeleton.
- Facial masculinization has recently been applied to transgender men for masculinization of the face and the thyroid cartilage.

BACKGROUND

With increasing interest in surgery for transgender individuals, it is worth some effort to remind the reader that surgery for transgender individuals has been around for quite some time. The history of plastic surgery for transgender people is reasonably long in the context of modern surgical procedures. For instance, genital surgery for transgender patients significantly predates cardiac bypass, microsurgery, and transplant surgery, among others. Interestingly, one of the first transgender patients to be operated died from sepsis after attempting to transplant a uterus. One could interpret this as one of the first reported attempts at organ transplantation. One of my mentors, Douglas Ousterhout, half-jokingly used to say, “If you ever think you have invented something, it’s because you don’t read German.” As history would have it, many advances in transgender surgery were performed in Germany at the turn of the century. This development occurred in the same

era that Theodore Billroth, in Zurich and Vienna, was pioneering new procedures of the alimentary tract. Before committing to describing some of the techniques and procedures we use to feminize or masculinize the face, it would be my pleasure to take you on a brief tour of these procedures.

The birth of modern transgender health care originates from Germany between the two great wars of the 20th century. The activities of a German Jewish physician, Magnus Hirschfeld, also called the “Einstein of Sex” by Hearst newspapers in 1931, served as the cornerstone of modern-day transgender care. Hirschfeld was born in 1868 in Kolberg, Poland. Hirschfeld immigrated to Germany in the 1880’s studying philosophy and medicine. He undertook a number of political actions in pre-World War I Germany to overturn laws against homosexuality. Two tactics were used, one was to study homosexuality as an anthropological and medical science, and the other more controversial practice was to “out” prominent closeted homosexuals. Early petitions

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to reform the laws were signed by notable people, including the physicist Albert Einstein, and the author Herman Hesse.

In 1919 prewar Berlin, Hirschfeld formed the Institut Fur Sexualwissenschaft. The existing laws against homosexuality were not enforced in this more enlightened period of Germany's history. The institute became a mecca for the study of sexology. Medical Procedures were also carried out in the newly formed institute. Many of the staff at the institute were transgender persons. At the time, the term transsexual was coined by Hirschfeld himself. The first patients who underwent surgical treatment for gender dysphoria were likely intersex individuals. Although the Dane, Lile Elbe, has been documented in popular culture as the first transgender person seeking gender confirmation surgery, she was in fact not the first patient by at least 2 decades. The first known male-to-female transgender person to undergo medical procedures for their gender dysphoria was Rudolph Richter in 1922. Rudolph at that time was a house-maid at the institute, and underwent an orchiectomy. She later underwent penectomy by Dr Levy-Lenz and vaginal reconstruction by Dr Gorbbrandt.¹ Dr Levy-Lenz initially practiced as a gynecologist at the institute. After the institute fell during the Nazi occupation, he relocated to Egypt, where he developed a reputation as a highly regarded "cosmetic" surgeon. Procedures performed on the more well-known Lile Elbe's were mostly carried out in Dresden by Kurt Warnerkros a decade later in 1933.

However, there is a case reported much earlier, a patient by the name of Karl Baer. It was discovered that Karl Baer's identification paperwork stated his name to be Martha. This was discovered upon being emergently treated for trauma after attempting suicide by stepping in front of a streetcar in Berlin after the discovery of his affair with a married woman. In 1907, Karl, who was an intersex person, underwent a rudimentary metoidioplasty and married the woman with whom he was having the affair.² Karl Baer published his memoirs in 1907 under the penname N.O. Body with an epilogue by Magnus Hirschfeld.³

The first facial procedures did not occur for some time after these events. Procedures for the face were pioneered and described by Douglas Ousterhout MD, DDS, FACS, in the late 1980s. Douglas Ousterhout was the first American fellow of world renowned craniofacial surgery pioneer Paul Tessier in Paris, France. Ousterhout spent 1 year in Paris with Dr Tessier and at that time was already trained as a maxillofacial surgeon and a plastic surgeon. Ousterhout recalled to me

in a personal conversation that Dr Tessier had said to him that someday "craniofacial surgery will become very useful for cosmetic surgery" (personal communication Douglas Ousterhout, San Francisco, 2015). Ousterhout began his practice in San Francisco in 1974 and joined the preexisting cleft surgery clinic, which had been founded by Dr John Owsley at University of California San Francisco. The clinic was then renamed the Craniofacial Anomalies Unit. Ousterhout also had a private practice based in downtown San Francisco and in 1982 "Lucy" came to his office. Lucy was a transgender woman who complained that her forehead was a source of some dissatisfaction and felt that she was gendered incorrectly because of it.

At the time, craniofacial surgery mostly focused on congenital anomalies, and it was sufficient that the face would look less dysmorphic. Little thought was given at that time to the differences that gender and sex gave to the facial skeleton. Ousterhout undertook some study by visiting the Atkinson Skull Library at the University of the Pacific Dental School. Spencer Atkinson, a contemporary of the more well-known Edward Angle, was a pioneer orthodontist who patented and developed much of what is considered standard modern-day orthodontic appliances. He put together a skull collection that is among the largest in the world at his home in Pasadena, California. This collection was bequeathed to the dental school upon his retirement. Armed with hundreds of skulls and anthropology texts, Ousterhout studied the differences between the facial morphologies and described a number of operations to alter the forehead and jaws to more approximate the intended gender. He published his techniques on these procedures in 1987.⁴ Additional academic work by Spiegel⁵ demonstrated some positive correlation between patients undergoing these procedures and an improvement in psychosocial health in the post-operative transgender patient. Facial masculinization was also described in 2011, again by Ousterhout who described a number of cis-gender male patients seeking modification of the craniofacial skeleton to masculinize their face. However, at this time, no transgender patients had undergone masculinization of the face. In 2017, Deschamps-Braly and associates⁶ published a report of the first transgender male to undergo facial masculinization surgery along with a new technique for augmenting the thyroid cartilage to enlarge the Adam's apple. These procedures have become adopted throughout the world for feminization and masculinization of the facial skeleton.

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