

FACIAL FEMINISATION PROCEDURES

Forehead reduction, brow lift and hairline adjustment

Access for these procedures is via the forehead. If the scalp is to be advanced this is via a hairline incision. Otherwise, the incision is placed further back in the scalp.

Side effects of this part of the procedure include numbness of the forehead skin up to the crown of the head for all patients. Some permanent numbness is possible but quite rare. Weakness in raising the eyebrows is very rarely permanent. There will be pain over the forehead which often feels like a tight band for a few weeks. There is a risk of hair loss that may last 6 months or more. This may mean you find more hair on your hairbrush for this period of time. This is likely to be more apparent if you have thin hair. It often does not occur until a month or so after the operation and usually all grows back with time. Occasionally there can be some tightness of the skin of the eyebrows following the brow lift because they are pulled up quite tightly in the knowledge that they are not going to maintain their position over the fullness of time and will drop to a degree. There will be flexible plastic tubing drains under the scalp and a head bandage. The head bandage comes off the day after the operation and the drains are removed on the first or second day after surgery.

There is a small risk of sinus problems after forehead surgery like sinus infections or headaches. There is a small risk of poor healing of the bone plate from the forehead reduction which could lead to contour problems requiring further surgery. Very thin (0.4mm) metal plates may be used, and you might feel these through the skin. Very rarely they need to be removed in the future. Irritation or dryness in the eyes or vision disturbances like double vision may occur after forehead surgery. There is a very small risk of leakage from the nose of the fluid that surrounds the brain (CSF). This very rarely occurs and is due to exposure of the dura which is a layer over the brain. Most of these leaks stop spontaneously. There is a very small risk that if it does not stop then a further operation may be required. No nose blowing is permitted for 2 weeks post-operatively.

Rhinoplasty

Access to the inside of the nose is by an external skin incision. A splint will remain on the nose for 7 days. Nasal packs might occasionally be placed in the nose for 24 hours. You will experience some numbness and swelling of the tip of the nose for months after the procedure. Other complications include bridge collapse, infection, bleeding, perforation of the septum (midline cartilage plate), development of a hard swelling of the bridge of the nose due to callus formation in the healing process. Visible bumps, depressions, or asymmetry may occur. Narrowing of the nasal passages may lead to difficulty breathing through the nose. Some of these changes can only become apparent many months after surgery. In addition, a runny nose (rhinitis) is possible. This often can be managed with nasal sprays.

The objectives are to make the shape of the nose more feminine which will have been discussed at your consultations. There will be internal stitches in the nose which will dissolve away, and the external stitches will need removal after 1 week.

The bone and cartilage skeleton of the nose will be operated on. If you have an airway problem which I have assessed to be possibly problematic or a rhinoplasty that is not within my skillset, I will not perform the surgery. Long term healing can be unpredictable and there is a 10-15% risk of needing further revision surgery of the nose for aesthetic or breathing issues following rhinoplasty.

Lip lift

The lip lift aims to shorten the upper lip and to give more show of the upper teeth. This is done by removal of a certain amount of skin immediately beneath the nose and the resultant scar usually heals very well, but scarring that is abnormal is always a risk. The stitches are removed at one week. Natural aging will cause some return of the length of the lip with time.

Angle shave and chin reduction

The width of the angle of the jaw can be thinned down through incisions in the mouth. This can result in quite a degree of swelling, bruising and discomfort. If your chin is square or large, this can be reduced in width and prominence and again this is done from inside the mouth. The initial swelling will go down over a month but you may have resolving swelling and settling for at least six months following the procedure. All the stitches inside the mouth are dissolvable and take about two weeks to go fully.

There is a risk to the nerves that make you feel your lower lip and chin in terms of sensation and in almost all cases if there is any numbness this is temporary, and it often feels rather like a dental injection wearing off. Rarely is the sensory loss permanent. Very rarely there can be weakness of movement of the lower lip. Sometimes it feels like the lip is sitting differently afterwards because the bone it lies over is a different shape. In the same way, the soft tissues under the chin may feel more prominent because the chin is smaller. Usually this is not an issue in the long term for younger patients. A few patients go on to have cosmetic procedures such as face lifts or neck lifts in the future to address lax soft tissues. A further rare complication of the chin reduction is discolouration and loss of the nerves of the lower teeth necessitating root canal treatment. Notches or steps may be felt where the chin segments have been moved forwards into their new position. It is uncommon for these to be visible. Bone fragments may not heal together well and sometimes the small plates and screws used need to be removed if thought to be infected to help with healing. There is a very small risk of jaw weakening and fracture after jaw reduction surgery. Sometimes, 3D planning is recommended for jaw reduction.

Thyroid shave

The thyroid shave is done by a small incision above the area of the thyroid cartilage and its aim is to reduce the prominence of the notch of the thyroid cartilage which has a sharp angle in the male, as opposed to a

blunt angle in the female. Complications include unfavourable voice change due to nerve or vocal cord damage and swallowing problems. It is sometimes impossible to entirely reduce the prominence of the thyroid cartilage. If voice change occurs, this could require corrective surgery and speech therapy. The stitch for this procedure is removed 1 week after surgery.

Cheek Implants

Cheek implants are positioned through incisions inside the mouth. The implants are secured with two titanium screws on each side to stop them moving. The implants are made of a type of plastic which is porous (Medpor) and so tissue grows into the implants after some time.

The potential complications of cheek implants are incorrect positioning and the small risk of infection requiring removal. If the positioning is incorrect, they may need to be adjusted during a further operation. Cheek implant insertion can cause some numbness of the upper lip, side of the nose and cheeks and in a very small percentage of cases this could be permanent in these areas as the nerve that gives rise to this sensation is very close to where the implants are placed.

General

You are likely to be in hospital for 1-2 nights depending on your surgery and recovery. You will find eating and drinking difficult if you have had a procedure involving the mouth and you will need to brush your teeth and use mouthwash. If you have had a forehead procedure you will be able to wash your hair within 48 hours. You will need at least 3-4 weeks off work following the procedure. Pain is variable and managed with simple painkillers. Swelling and bruising are likely and can be quite dramatic. Infection is unlikely and is treated with antibiotics and rarely surgery.

The use of any nicotine-containing products including cigarettes and vapes will lead to an increased risk of complications. You must completely stop the use of all nicotine containing products 8 weeks before and after surgery. Please remember to discuss any supplements you take as these may affect healing.

Excessive scarring is uncommon. In rare cases, abnormal scars may result. Scars may be unattractive and of different colour or thickness than surrounding skin. There is the possibility of visible marks from sutures. Effective scar management practices, including the use of silicone-based products and avoidance of sun exposure, can significantly contribute to minimising the appearance of scars.

You will have a post-operative appointment at one week and be seen several months after surgery. You are welcome to contact the office for advice at any time before or after surgery.

Facial feminisation surgery is not reversible. The face is not symmetrical, and you will find that there will be asymmetries after surgery. It is very important to have good support from family, friends or carers around the time of surgery. Some patients experience depression after surgery, questioning why they chose to have the surgery, or wishing they had more or less done. This is difficult and if you experience these feelings, you must contact the gender affirmation nurse team at our hospital to talk through the issues and have some support.

The aim of your surgery is to feminise the appearance of your face. It is important to have realistic expectations, to understand the limitations of surgery and that the goal is improvement, and not perfection, which is not achievable.

I confirm that I have read and understood the above information and procedures appropriate to my specific facial feminisation surgery and hereby give my consent.

NAME :

SIGNATURE : DATE :

MR NIKHIL MAINI DATE :