

Gender-Affirming Facial Surgery

At UW Medicine we offer a range of techniques specific to gender-affirming Facial surgery. When planning FFS, we look at the face in thirds. The top third is from your hairline to your eyebrows, the middle third is from your eyes to the bottom of your nose, and the lower third is from your upper lip to your chin. The neck can also be addressed through surgery.

In the upper third of the face, surgical interventions include lowering the hairline, frontal sinus setback, orbital bone burr on the upper edges of the eyebrows, frontal bone burring, and brow lift. These interventions can achieve feminine changes such as a shorter forehead length, less prominent brow bone, and an elevated brow line.

In the middle third of the face, surgical interventions include nose reconstruction, and fat injections in the cheeks and side of face. These interventions attempt to achieve feminine changes such as narrowing of the nose, refining the nasal tip and a slight upward rotation of the nasal tip. The fat injections attempt to soften the facial contours and add volume to areas of the face which create a more feminine facial form. To harvest this fat, liposuction is performed in another area of your body, and the fat is then placed in specific regions of your face.

In the lower third of the face, surgical interventions include upper lip lift, jawbone reduction, and tracheal shave (chondrolaryngoplasty). The upper lip length can be shortened and the red portion of the lip volumized to achieve a more feminine appearance. Jawbone reconstruction involves narrowing the chin and angles of the jawline through repositioning or reducing the lower jaw bones to achieve a softer more feminine jawline. A Tracheal shave (chondrolaryngoplasty) reduces the “Adam's apple” and feminizes the neck contour.

Surgical Risk

There are several risks of surgery that your plastic surgeon will review with you in your surgical consultation and pre-operative appointment. These risks include but are not limited to:

- Infection
- Bleeding
- Seroma (a collection of fluid under the skin)
- Wound formation
- Nerve injury
- Changes in sensation to the skin
- Brow asymmetry
- Unfavorable scarring

Medical Requirements Prior to surgery

Cessation of smoking and nicotine

If you use **tobacco products**, we will have you **stop all tobacco products (including vape pens) for at least 8 weeks before the date of your surgery and 6 weeks after your surgery**. Tobacco products cause constriction (squeezing) of delicate blood vessels and can have a negative impact on healing around the time of major surgeries. We know that quitting is much easier said than done, but this is a critically important piece of your successful course. Please let your surgical team know if we can provide any resources to help support you in your efforts to quit. Nicotine gum and patches are safe and effective to use during this window. **We will have you complete a urine test to double check you are tobacco free 2 weeks before your surgery date**; this urine test is asked of all patients undergoing a major reconstructive surgery and is performed to ensure your safety and readiness to heal after this large surgery. Second-hand smoke exposure should also be avoided.

If you use **marijuana products**, we will have you stop any smoking of marijuana (including vape pens) for at least 6 weeks before the date of your surgery. This is to make sure your airway is in the best condition for a long procedure under anesthesia, so that we can minimize the risk that you have any lung issues when going to sleep or waking up. Edibles and other forms of marijuana administration can be used during this 6 week preoperative period (but not within 24 hours before surgery).

Please consult your primary care or medical provider for cessation support, or visit the [Washington Department of Health's Quit Tobacco Help](#) website or call **1-800-QUIT-NOW** (1-800-784-8669).

Estrogen hormone therapy

Surgery may require you to stop estrogen for **3 weeks before surgery and 2 weeks after**, your doctor will discuss this with you and let you know when you can resume taking estrogen post-operatively. Research indicates that estrogen hormone therapy increases the risk of complications related to blood clots, also called venous thrombo-embolism, or VTE. Because of the length of surgery, immobility concerns immediately after surgery, and other factors, the UNC THP follows a set of guidelines created in collaboration with current research and clinical recommendations from the UNC Departments of Endocrinology and Surgery. These guidelines are designed to both maximize patient safety and combat the real effects of minimizing, changing, or stopping hormone therapy in the lead up to surgery.

Controlled Medical and Mental Health

Any surgery is a challenge to your body, and you should be in the best physical condition you can be before surgery. This includes physical fitness, management of blood pressure and diabetes if those are concerns. We do not have a specific exclusionary BMI limitation (BMI

cutoff) – we will discuss surgical options, medical risk, and anticipated outcomes with each patient on a case-by-case basis. As healing and risk of infection can be impacted by diabetes, we recommend seeing your primary care provider within one year of surgery to monitor and manage any additional medical concerns. Mental health and wellness are essential to surgical planning and post-op recovery. All mental health conditions need to be reasonably controlled to meet surgical readiness requirements, we recommend seeing your mental health provider within one year of surgery to monitor and manage any additional mental health concerns.

Medical and Legal Prerequisites for Surgery

[Washington state law](#) prevents insurance discrimination based on gender identity and in 2021 Washington State passed [Senate Bill 5313](#), prohibiting health insurers from denying or limiting coverage for [gender-affirming treatment](#) when that care is prescribed to an individual on the basis of a protected gender expression or identity, is medically necessary, and is prescribed in accordance with *WPATH accepted standards of care*.

UW Medicine adheres to the standards of care determined by the [World Professional Association of Transgender Health \(WPATH\)](#) and required for coverage through Washington State based insurance plans. All gender-affirming surgeries must meet the below standards of care and have this documented by both a primary care provider and mental health provider(s), regardless of insurance coverage and payment. All gender-affirming health providers are required to follow WPATH standards of care that include provider letters, without exception.

All Gender-Affirming Surgeries require the following WPATH guidelines to be met, regardless of insurance coverage or payment. While insurance coverage for gender-affirming care generally mirrors the WPATH requirements, individual insurance companies may have their own requirements and they can vary across states and coverage plans.

Before beginning the process of [scheduling a consult appointment with a surgeon](#), UW Medicine will require:

1. You have a diagnosis of Gender Dysphoria, Gender Incongruence (ICD 10 code - F64.0) by a mental health or medical provider. Without the above diagnosis, gender-affirming surgical care cannot be provided by any medical provider.
2. A referral for gender-affirming surgery from your primary care provider or medical provider managing your hormone replacement therapy (HRT), if applicable. One referral is needed for each surgery requested and cannot be used for multiple surgeries. A gender-affirming surgery referral can be faxed to 206-520-3104.
 - A referral for surgery must include:
 - Confirmation of a Gender Dysphoria, Gender Incongruence (ICD 10 code - F64.0) diagnosis.

- Clear description of the surgery you need (e.g. “mastectomy” or “masculinizing top surgery”). Referral for “gender-affirming surgery” is not descriptive enough.
- Supporting medical documentation if appropriate
- A letter of surgical support from your **primary care provider or medical provider managing your hormone replacement therapy (HRT)** if applicable. [Primary care provider letter requirements and template](#)

Before your consult appointment we will need:

3. **One** Letter from a **licensed mental health provider** affirming readiness for surgery. This can be written by any licensed Psychiatrist, Psychologist, therapist (MFT), counselor (LPC, LMHCA, LMHC), social worker (LICSW, LCSW, LSWAIC), etc. Please fax signed letters to 206-520-3104.
 - Mental Health assessment letters are often only valid for 12 months. Establishing care with a MH provider early is recommended, so that a request for them to write and sign a letter closer to your consult won't delay your appointment or require you get the letters re-dated and signed further into the process.
 - Mental health letters **must specify the surgical procedure** being requested (one procedure per letter, cannot specify multiple surgeries), and **be dated and hand signed by the provider**. [Licensed mental health provider letter requirements and template](#)

Surgical Wait Times and Care Locations

Wait Times

We have received an overwhelming number of referrals for gender-affirming surgical care and are working to reduce these wait times, but like many other gender-affirming programs throughout the country, **most procedures have a minimum wait of 1 year before the first consult appointment.**

How To Best Stay Connected for Updates and Scheduling

The best way to contact and send us messages or questions is to sign up for UW Medicine's MyChart, which starts an electronic health record for you. After starting a MyChart account, you will be able to enter your personal and medical information, send questions to staff,

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approve medical records be sent from outside providers to UW Medicine, upload letters and medical documents, view referral updates, etc.

- Please [sign up for MyChart here](#) so we can share information and respond to your questions quickly.
- If your insurance changes during this process, please let us know as soon as possible to avoid any delays.

Surgical and Clinic Sites

Surgeries will be performed at [Harborview Medical Center](#).

New patient consultations and follow-up appointments will be scheduled at the [Burn and Plastic Surgery Clinic at Harborview](#)

Questions? Contact Us at

UW Medicine's Transgender and Gender Non-Binary Health Program

Phone: 206-597-0700

Fax: 206-520-3104

E-mail: tgnbhealthprogram@uw.edu

Office Hours: 8:00 am – 4:00 pm, Monday thru Friday (excluding Holidays)