



Facial Feminization Surgery, or FFS for short is a set of reconstructive surgical procedures to alter the male facial features so they closer resemble typical female facial features. The procedures can include various soft tissue and bone procedures including; lip augmentation, cheekbone implantation rhinoplasty and brow lift. Female faces tend to have less nasal prominence, a more pointed chin, a less angular nasal tip, as well as the forehead being quite a different shape from most males. Changing the shape of the skull can assist in changing one feature from distinctly male to female.

FFS can be medically necessary to treat gender dysphoria in many transgender women, in many instances it can be even more important than sex reassignment surgery in reducing dysphoria, helping transwomen integrate socially as women. Studies show that transwomen who have had FFS experience much higher mental health quality of life than those who have not.

SURGICAL PROCEDURES

Here is a list of the surgical procedures most frequently performed during FFS and the reasoning behind them:

HAIRLINE CORRECTION

The hairline is often higher in males and may receded above the temples, so that the hairline can either be moved forward or given a more rounded shape with a procedure called "a scalp advance" in which the scalp is lifted and repositioned, or with hair transplantation. Hair transplantation depends on how much hair has been lost which determines whether or not it will be possible to correct the hairline problems.

FOREHEAD RE-CONTOURING

The region of the face most important for sex identification is the forehead. Males usually have a horizontal ridge of bone that runs across the forehead above the eyebrow level which is called the brow bossing. Female foreheads usually have less bossing, are flatter and smoother than males. The "supraorbital rims" are the outer segments of the bossing that the eyebrows sit on.

The supraorbital rims are made of solid bone and can be ground down, however the bossing section between the eyebrows sits over the hollow area of the frontal sinus and it can prove difficult to remove bossing from this area. If the bone over the frontal sinus is thick enough the bossing can be ground down, but if it is too thin this may not be possible due to the risk of breaking through to the wall of the frontal sinus.

BROW LIFT

Females often have higher eyebrows than males and a brow lift can be used to place the eyebrows in a more feminine position.

RHINOPLASTY

Males often have wider and larger noses than females and the base of a female nose often visibly points slightly upwards when compared to that of a male. A standard rhinoplasty is used in feminizing a masculine nose and is quite effective in achieving female facial profiles.

CHEEK IMPLANTS

Often, females have a more forward projection in their cheekbones as well as fuller cheeks overall. Occasionally cheekbone implants are used to feminise cheeks, or bone cement may be used instead of silicone implants.



LIP LIFT

The distance between the opening of the mouth and the base of the nose tends to be longer in males than in females and when a female mouth is open and relaxed the upper incisors are often exposed by a few millimeters. To feminise a mouth an incision is usually made just under the base of the nose and a section of skin is removed. When the gap is closed it has the effect of lifting the top lip, placing it in a more feminine position and often exposing a little of the upper incisors. The surgeon can also use a lip lift to roll the top lip out a little making it appear fuller.

LIP FILLING

Females often have fuller lips than males so lip filling is often used in feminisation. There are many methods of lip filling from injecting fat from another part of the body into them to Gore-Tex implants.

CHIN CONTOURING

Males tend to have taller chins than females and while female chins tend to be rounded, male chins tend to be square with a flat base and two corners. The chin can be reduced in height either by bone shaving or with a procedure called a "sliding genioplasty" where a section of bone is removed. The square corners can usually be shaved down. Sometimes liposuction is also used to remove some of the fat that some people have underneath the chin.

JAW CONTOURING

Males' jaws tend to be wider and taller than female jaws and often have a sharp corner at the back. The back corner can be rounded off in a procedure called "mandibular angle reduction"; bone can also be shaved off along the lower edge of the jaw to reduce width and height and the chewing muscles (masseter muscles) can also be reduced to make the jaw appear narrower.

ADAM'S APPLE REDUCTION

Males tend to have a much more prominent Adam's apple than females although small Adam's apples are more common in males than many people realise. The Adam's apple can be reduced with a procedure called a "tracheal shave" or "Chondrolaryngoplasty". It is not always possible to make a large Adam's apple invisible with this procedure, rather the intent is to change it from the masculine 90 degree angle to the feminine 120 degree angle.

ASSOCIATED PROCEDURES

Beautification and rejuvenation procedures are often performed at the same time as facial feminisation. For example, it is common for eye bags and sagging eyelids to be corrected with a procedure called "blepharoplasty" and many feminisation patients undergo a face and neck lift (rhytidectomy). It is often necessary for older patients to have a lower face-lift after jaw and chin surgery because the reduction in bone and the effects of swelling can leave sagging skin.

LIMITATIONS

FFS is a very powerful set of procedures, but there are limits. For example, a wide jaw can be feminized by surgical narrowing but it may not be physically possible to narrow a very wide jaw enough to make it fully female. There are also some masculine facial features that can't be surgically feminized at all like the relative size of the eyes to the skull (females tend to have proportionately larger eyes).

Cost is dependent on which course of procedures the patient undergoes and which surgeon they go to. Although many patients do not spend much time hospitalised, specialised expertise by the surgeons' support staffs may be required during the immediate post-operative period. It may be several weeks before the patient can resume work.



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