Assessment of the Transgender Patient in Otolaryngology and Facial Plastic Surgery and Primer on Office-based Management.

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Abstract

It is well established that gender dysphoria can be a significant source for emotional, psychological, and social distress. With regards to the latter, patients often experience uncomfortable mis-gendering or discrimination related to the outward presentation and expression of gender. There are some obvious and some more subtle differences between the male and female facial structure and appearance that can contribute significantly to dysphoria and, ultimately, the experience of distress. Furthermore, there is substantial variation in deviation from the cis-norms; and similar variation in tolerance to or desire for invasive procedures. Intervention: We will discuss both facility related considerations and clinical practice guidelines for the appropriate evaluation and management of the transgender patient as it pertains to Otolaryngology and Facial Plastic Surgery. Normative data is presented regarding the sexual dimorphism of the facial structure, and implications for clinical practice. In addition, minimally invasive approaches are presented that may be applied in select patients.

Table 1: Review of systems examples and potential effect on clinical decision making in gender affirming Oto-HNS consultation.

System	Decision effect
• Hair loss/gain	• Forehead incision, hair treatments
• Dermatologic	• Skin regimen, acne management
• Musculoskeletal	• TMJ/Headache management
• Weight changes	• Fat transfer?
• Vision (dry eyes, visual fields)	• Brow/lid procedures
• Voice	• SLP referral
• Respiratory (sleep/allergies)	• Functional rhino?
• Cardiac/Renal/Liver	• Stage surgery?
• Endocrine (androgen control)	• Delay? Refer for orchiectomy?
• Psycho/social	• Surgical aftercare

Recent Publications

1. Sykes JM, Dilger AE, Sinclair A. Surgical Facial Esthetics for Gender Affirmation. Dermatologic clinics. 38(2):261-268.
2. Ostrom JY, Teixeira JC, Nuara MJ. Blepharoplasty Approach to the Orbital Rim: A Novel Approach for Select Patients Presenting for Gender Affirming Facial Plastic Surgery. J Craniofac Surg. 2021 Mar-Apr 01;32(2):705-707.
3. Plemons E. Formations of Femininity: Science and Aesthetics in Facial Feminization Surgery. Med Anthropol. 2017 Oct;36(7):629-641
4. Spiegel JH. Challenges in care of the transgender patient seeking facial feminization surgery. Facial Plast Surg Clin North Am. 2008 May;16(2):233-8, viii.
5. Hohman MH, Teixeira J. Transgender Surgery of the Head and Neck. 2021 Mar 11. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan
6. Chou DW, Tejani N, Kleinberger A, Shih C. Initial Facial Feminization Surgery Experience in a Multicenter Integrated Health Care System. Otolaryngol Head Neck Surg. 2020 Oct;163(4):737-742.



Dr. Nuara has expertise in all aspects of Facial Plastic and Reconstructive Surgery. His research is focused on the communication patterns and life experience of patients experiencing gender dysphoria as well as surgical approaches to gender affirmation facial surgery. He serves as the medical director for the transgender service line at Virginia Mason Franciscan Health Medical Center in Seattle (USA), in addition to his role in direct patient care. Findings from his research include characterization of the differences between male and female face, communication barriers in the transgender patient, and innovative techniques in facial surgery,

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Dr. Hohman, is a board-certified facial plastic surgeon, who completed his fellowship at the Massachusetts Eye & Ear Infirmary-Harvard Medical School program in 2013, and since then has focused his practice on facial gender affirmation surgery for transgender patients and smile rehabilitation for patients with facial paralysis. He has published over 60 scientific manuscripts and served as the otolaryngology-head and neck surgery residency program director at Madigan Army Medical Center. He is an associate professor in the department of surgery at the Uniformed Services University of the Health Sciences and serves on several national committees. In addition to his clinical interests, he dedicates time to mentorship of surgical trainees and increasing diversity and inclusion within graduate medical education.

Notes/Comments: