Gender Affirming Facial Surgery–Anatomy and Procedures for Facial Masculinization

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KEYWORDS

• Facial masculinization • Facial gender affirmation • Gender affirmation surgery

KEY POINTS

- The upper facial third can be masculinized via forehead and brow augmentation, and eyebrow augmentation and recontouring.
- The middle facial third can be masculinized via inferiolateral cheek augmentation, nasal masculinization/augmentation techniques, and orthognathic surgery.
- The lower facial third can be masculinized through numerous nonsurgical and surgical interventions, including orthognathic surgery of the chin and mandible, various fillers and implants, and thyroid cartilage augmentation.
- Patients may have different desired end-goals and testosterone exposure can variably masculinize different facial features, so each patient's surgical approach should be individualized.
- There are very few studies that specifically examine masculinizing procedures of the face specific to transgender men.

BACKGROUND

Gender affirmation surgery is a set of procedures that align a patient's physical characteristics with their identified gender. The human perception and social cognition literature has robustly shown that when humans view each other, the face is the first target of gaze, is a core feature of perception of gender, and can be the basis of many subconscious biases.[1] As a result, for some transgender men and nonbinary patients assigned female at birth, lack of masculine facial features may lead to misgendering by others, triggering dysphoria.[2] These patients may seek out facial masculinization surgery (FMS) to modify sexually-dimorphic facial structures, to produce a more masculine appearance.

The masculine and feminine faces are anatomically distinct (**Fig. 1**A–C). Broadly, the masculine face has an angular or M-shaped hairline, a wider forehead with prominent supraorbital ridge, a larger nose and mouth, and a square-shaped jaw with facial hair.[3–6] These features develop in response to testosterone exposure, as early as the prenatal period and potentially well into adulthood.[7] Patients seeking FMS may or may not have various components of these masculine facial characteristics, dependent on their personal hormonal exposure. Therefore, no single approach to FMS exists.

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