anxiety, and 62% had no mental health disorder prior to their procedure. Demographics and preoperative characteristics were similar between groups. The presence of preoperative mental health disorders was not associated with a significantly higher rate of postoperative anxiety and depression. Satisfaction with chest and nipples scores were similar among the four groups.

CONCLUSION: A preoperative mental health disorder diagnosis in patients undergoing chest wall masculinization surgery did not significantly affect postoperative PRO, including overall satisfaction with chest and nipples. After chest masculinization surgery, there was a similarly low incidence of postoperative depression and anxiety in all groups, even those with a preoperative diagnosis of a mental health disorder.

P102. IMPLEMENTATION OF AN ENHANCED RECOVERY AFTER SURGERY PROTOCOL FOR FACIAL FEMINIZATION SURGERY REDUCES PAIN, OPIOID USAGE, AND LENGTH OF HOSPITAL STAY

Meiwand Bedar, MD, MSc, Dillon Dejam, BS, Rachel M. Caprini, BS, Kelly X. Huang, Justine C. Lee, MD, PhD

University of California, Los Angeles (UCLA), Los Angeles, CA, USA.

PURPOSE: Patients undergoing gender-affirming surgeries represent a potentially vulnerable cohort for prolonged opioid use. In addition to gender dysphoria, transgender patients are frequently diagnosed with anxiety or depression, known risk factors for persistent opioid use after surgery. This study evaluates the implementation of an enhanced recovery after surgery (ERAS) protocol to reduce opioid use after facial feminization surgery (FFS).

METHODS: 59 patients (mean age 32.5±10.3 years) who underwent single-stage facial feminization surgery before and after ERAS implementation were reviewed retrospectively. Patient characteristics, length of surgery, complications, pain scores, opioid use in morphine equivalent dosing per kilogram (MED/kg), and length of hospital stay were compared between groups.

RESULTS: Of the entire cohort, 67.4% of patients had a mental health diagnosis in addition to gender dysphoria, of which anxiety and depression were the most common. Comparison of the pre-ERAS (n=38, 64.4%) versus the ERAS (n=21, 35.6%) groups demonstrated no differences in age, body mass index, mental health diagnoses, length of surgery, or complications. The ERAS group reported lower postoperative pain scores (2.56±1.66 versus 3.71±1.57, p=0.01) and total inpatient opioid usage (1.02±0.41 versus 1.83±1.48 MED/kg, p=0.02) compared to pre-ERAS patients. The length of hospital stay was also reduced by an average of 8 hours in the ERAS group compared to the pre-ERAS group (31.8±10.0 versus 40.9±15.6 hours, p=0.02).

CONCLUSION: We report the design of the FFS ERAS protocol and demonstrate that implementation reduced pain scores, opioid use, and length of hospital stay after facial feminization surgery.

P103. PHASE I STUDY PROTOCOL TO DEVELOP A SHORT-FORM PATIENT-REPORTED OUTCOMES MEASURE FOR GENDER-AFFIRMING SURGERY

Benjamin C. Park, BS1, Alan T. Makhoul, BA1, Kent Higdon, MD2, Shalyn Vanderbloemen, MBA, PA2, Julian Winocour, MD2, Salam A. Kassis, MD2, Galen Perdikis, MD2, Brian C. Drolet, MD2

1Vanderbilt University School of Medicine, Nashville, TN, USA, 2Vanderbilt University Medical Center, Nashville, TN, USA.

PURPOSE: A critical barrier to measuring outcomes in gender-affirming surgery (GAS) is the lack of a short-form patient-reported outcomes measure (PROM). This protocol characterizes the development of a novel GAS PROM, the Vanderbilt Mini Pro for Gender Affirming Surgery (VMP-G).

METHODS: Studies discussing GAS PROMs were searched using the National Library of Medicine’s PubMed database through September 1, 2021. Item generation began with focus groups of transgender health experts, plastic surgeons, and community members. Cognitive interviews were conducted with 32 GAS patients and feedback was used to refine the phase I field test questionnaire.

RESULTS: The characteristics of the 33 phase I participants were: pre-operative (37.5%), post-operative (62.5%), transfeminine (46.9%), transmasculine (50.0%), non-binary (3.1%), chest/breast surgery (43.8%), genital surgery (12.5%), and other surgery patients (9.4%). The conceptual framework