Transgender participants spent more time evaluating the nipples in the masculinized photos (p = 0.004) yet there was no significant difference in fixation duration on the nipples for the feminized photos (p = 0.205). Cisgender participants were more likely to notice scars in both the masculinized (0.607 vs 0.462 sec, p = 0.026) and feminized (0.113 vs 0.056 sec, p = 0.012) photos, spending more time fixated on this feature. Notably, transgender participants on average perceived post-operative chests as more similar in appearance to the control chests for both masculinized (p=0.002) and feminized (p = 0.014) photos.

Conclusion: Our results illustrate how gender identity can affect assessment and perception of the gender appearance of chests following gender-affirming top surgery. These demonstrated differences in areas of attention and ratings of chest gender appearance by gender identity indicate that observer characteristics should be considered in the assessment of gender-affirming chest surgery aesthetic outcome. Comparison of total fixation duration (milliseconds) on nipples and scars for cisgender and transgender participants, for female/feminized (A) and male/masculinized (B) chests, demonstrating increased attention on the scars in both feminized and masculinized photos by cisgender participants. *Statistically significant (p<0.05).

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Gender Affirming Female To Male Top Surgery: An Effective Treatment For Gender Dysphoria?

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Purpose: Hormonal therapy followed by gender affirming surgery (GAS) are seen as definitive treatments for gender dysphoria. Although there is a paucity of long-term follow-up data on GAS patients, recent literature suggests that transgender (TG) individuals may not experience anticipated improvement in quality of life (QoL) measures with dysphoria resolution. This study aims to determine GAS’s impact on resolution of gender dysphoria as measured by QoL metrics and validated measures of suicidal ideation (SI)/ suicide attempts (SA) in female-to-male (FTM) TG individuals undergoing chest surgery as part of multidisciplinary team (NOLA Transgender) care for TG patients.

Methods: Thirty-one FTM patients presenting for GAS masculinizing top surgery completed a preoperative (n=14) and postoperative (n=17) survey related to phase of gender transition, demographics, sexual orientation, gender identity, QoL and SI/SA. The survey included validated questions from multiple sources. All surgeries were performed according to World Professional Association for Transgender Health (WPATH) standards. IRB approval at LSUHSC is currently pending.

Results: 25 patients identified as sexually oriented to men and four as non-binary. Ages ranged from 19-50 years (mean 29). Patients reported onset of gender dysphoria at 3-36 years (mean 10). There was no significant difference between pre-operative and post-operative patients with regard to chest dysphoria, Body Uneasiness Test-A, UCLA loneliness scale, SI/SA, daily pain or emotional distress (WPATH), or BREAST-Q forms. However, significant difference existed in the UGDS-F gender dysphoria scale with mean score of 56.1 and 52.3 in pre-operative and post-operative patients respectively (p-value =0.03).

Conclusion: For patients, goals of GAS FTM top surgery are highly individualized, both physically and psychologically. Consistent with prior research, QoL measures looking at pain, emotional distress, SI and loneliness in our study showed no difference between pre-operative and post-operative patients with regard to chest dysphoria, Body Uneasiness Test-A, UCLA loneliness scale, SI/SA, daily pain or emotional distress (WPATH), or BREAST-Q forms. However, significant difference existed in the UGDS-F gender dysphoria scale with mean score of 56.1 and 52.3 in pre-operative and post-operative patients respectively (p-value =0.03).