training during residency. This study aims to review the current state of gender transition education in US plastic surgery residency programs.

**METHODS:** We performed a cross-sectional study on all accredited independent and integrated plastic surgery residency programs. Information on program curricula was collected from official program websites, and email to or telephone interview with the program coordinator. Programs were also categorized on whether they were affiliated with a “Leaders in LGBT Healthcare” center. Exposure to surgical transition was deemed to be either incidental or structured.

**RESULTS:** One hundred and thirty programs were included in this study. Most programs provided exposure to gender-affirming surgery ($n = 96, 74\%$), significantly fewer provided structured training ($n = 37, 28\%$ vs $74\%, p < 0.001$). Of those who provided formal training, all provided didactic training, $86\%$ provided clinical training ($n = 32$) and less than half ($n = 14, 43\%$) provided a dedicated rotation. Programs affiliated with “Leaders in LGBT Healthcare” centers were significantly more likely to provide dedicated rotations than their non-affiliated counterparts ($p = 0.028$).

**CONCLUSION:** Despite the growing demand for gender transition surgery, only one in four plastic surgery residency programs have structured training in their curriculum. To better serve the transgender population, a universal structured curriculum on gender transition surgery should be created.

**P110. FACIAL FEMINIZATION IN THE UNITED STATES FROM 2015-2017**

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**PURPOSE:** Facial feminization surgery (FFS) is an integral aspect of gender affirming surgery (GAS) for individuals seeking to align secondary sex characteristics with their expressed gender identity. Despite robust evidence for its role in helping treat gender dysphoria, trends, and prevalence of FFS remain unknown. We sought to examine trends in FFS and investigate the payer status of facial feminization procedures in the United States.

**METHODS:** Data from the 2015-2017 National Inpatient Sample collected using ICD-10 diagnosis codes for gender identity disorder were analyzed for FFS procedure codes.

**RESULTS:** 110 of 1,490 (9.1\%) GAS patients had FFS. 66.7\% were non-Hispanic White, 23.8\% Black, and 4.8\% Asian and Native American, respectively. 50\% of FFS occurred in the West, followed by the Northeast (31.8\%), South (13.6\%), and Midwest (4.8\%) ($p = 0.015$). 36.4\% of cases were self-pay, 31.8\% by Medicaid, and 27.3\% by private insurance ($p < 0.0001$). 36.4\% were in the bottom 25\% percentile of income, 13.6\% in the 25\%-50\% percentile, 18.2\% in the 51\%-75\% percentile, and 22.7\% in the top 25\% percentile ($p = 0.440$).

**CONCLUSION:** Roughly 18\% of transgender women in our sample received FFS despite its high costs. Unlike GAS, FFS is often considered cosmetic and remains uncovered by most insurance providers. Self-pay remains the most common payer status and rates of FFS are highest in the West. With continued expansion of anti-discrimination policies under the Affordable Care Act, it is critical to monitor trends in FFS to ensure equitable access for transgender patients across the nation.

**P111. A SINGLE SURGEON RETROSPECTIVE REVIEW OF CHEST MASCLINIZATION SURGERY IN TRANSGENDER AND NON-BINARY ADOLESCENTS AND YOUNG ADULTS**

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**PURPOSE:** Gender-affirming surgery improves the quality of life of transgender and non-binary (TGNB) individuals. Individuals designated female at birth (DFAB) may pursue chest-masculinization surgery to alleviate chest dysphoria. Top surgery is safe in adults, but outcomes and safety of top surgery among TGNB adolescents and young adults (AYA) remain unknown.

**METHODS:** A single-surgeon identified 88 consecutive TGNB AYA patients undergoing top surgery over 4.5 years...
for review. Demographic variables were collected. Outcomes of interest included hematoma/seroma incidence, infection, nipple graft loss and pigmentation, and operating room return. Descriptive statistics were calculated. For patients with nipple-areola complex (NAC) grafts, repigmentation quality was rated on a scale from 1 to 5.

RESULTS: Median (interquartile range) age was 18.3 (17.0-20.0) years. Most patients underwent double-incision free nipple graft technique (n=59, 67.0%) with drain placement (n=63, 71.6%). Seventeen patients (19.3%) experienced hematoma, 24 (27.3%) seroma, and two (2.3%) infection. Six patients (6.8%) underwent unplanned reoperation, all for hematoma evacuation. Nine patients (10.2%) underwent planned reoperation, for scar revision or excess tissue excision. Most scars healed appropriately (n=76, 86.4%). Median (IQR) NAC pigmentation score was 6 (4-8.3).

CONCLUSION: Top surgery among TGNB AYA is a safe procedure with comparable complication incidence to those in TGNB adult patients, (Berry et al., 2011; Frederick et al., 2017). Our findings provide healthcare practitioners, insurers, public health officials and legislators evidence of safety and efficacy in chest-masculinizing surgery in TGNB AYA patients.

P112. ADDRESSING THE GREY ZONE IN GENDER AFFIRMING MASTECTOMY: OUTCOMES AND TECHNIQUE CHOICE IN FISCHER GRADE 2 PATIENTS

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PURPOSE: Choice of surgical technique in gender-affirming mastectomy (GAM) can be challenging for Fischer grade 2 patients. In grade 1 the periareolar (PA), and in grade 3 the double incision with free nipple graft (DIFNG) are usually chosen. The decision is more challenging in grade 2 patients where the PA fails to address the skin and the DIFNG is rather extensive. To expand options for this sub-population we have developed two novel techniques, Batwing and Nipple Sparing Double Incision (NSDI). A decision algorithm is included in our work.

METHODS: Single-surgeon retrospective chart review of GAM outcomes (complications, aesthetic revisions) between 2014 and 2021 for Fischer grade 2 patients.

RESULTS: 444 patients underwent GAM, 51 (11%) of which were a Fischer grade 2. 21 patients (5%) were classified as 2A and 30 (6.8%) were classified 2B. The surgical techniques used were PA (20%), Batwing (39%), NSDI (24%) and DIFNG (10%). Four patients developed hematoma requiring take-back for a complication rate of 7.8%. Complication rates for Batwing, NSDI, and PA were 10%, 8% and 7.7% respectively. 12 patients (24%) opted for minor aesthetic revisions under local anesthesia; PA (31%), Batwing (10%), NSDI (17%). There were no complications or revisions recorded in the DIFNG group.

CONCLUSION: In Fischer grade 2 patients, the Batwing and NSDI techniques provide better exposure, allow for better control of NAC position and have a lower aesthetic revision rate than the PA technique with a comparable complication rate. Our algorithm accounts for Fischer grade, unique patient characteristics and desires.

P113. LEGISLATIONS MANDATING INSURANCE COVERAGE ARE HIGHLY EFFECTIVE IN DELIVERING SURGICAL CARE OF TRANSGENDER PATIENTS

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PURPOSE: While gender-affirming surgeries are becoming widely performed, few studies have examined any temporal correlation between legislations mandating transgender care and the actuation of such surgical care.

METHODS: We assembled a retrospective cohort utilizing the National Inpatient Sample (NIS) database from 2000 to 2018. We segregated all major payers in NIS into two groups: 1) those impacted by state-specific legislature, i.e., Medicaid and private insurance, and 2) those not impacted by state-specific legislature, i.e., Medicare and self-pay. All regions according to the latest NIS categorization were examined based on the nature of their member state’s legislations relating to gender-affirming care coverage. Diametrically opposite regions were selected for further comparisons. Interrupted time series analyses were used to demonstrate any significant uptrend since relevant legislations.