of the selected 403 patients over three months follow-up among 890 cases who underwent autologous rib cartilage rhinoplasties between March 2010 and December 2016, without deformity or procedures on the glabella and chin, in VIP international plastic surgery center, Seoul, South Korea.

Selected 403 cases were divided into three groups; Type 0 – extended columellar strut graft (ECSG) alone; Type I – ECSG + a pair of maxillary grafts; and Type II – ECSG + a premaxillary graft.

For the objective evaluation of the effect of combining grafts, the angle of facial convexity angle on the profile view of the standardized photographs was measured. Since the facial convexity angle which was connected between soft tissue glabella, subnasale and soft tissue pogonion is a useful tool for the evaluation of the general harmony of the forehead, midface and lower face.

RESULTS: Total number of cases is 403. Complication rate is 11.7% (45/403, 29 minor, 16 major). Mean follow-up period is 19.4 (maximum=72, minimum=3).

The pre and postoperative FCA changes were as follows; Type 0 (N=45) -1.62±1.42 from 170.38±3.36 to 168.76±2.91; in type I (N=305) -4.97±1.68 from 174.17±2.11 to 169.38±2.10; and in type II (N=53) -8.26±2.08 from 180.43±3.20 to 172.17±2.57 (p<0.05).

CONCLUSION: We recommend combining ECSG with a pair of maxillary grafts for moderate retruded midface patients and with a premaxillary graft for severe retruded patients in Asian rib cartilage rhinoplasty.

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Female to Male Mastectomy in 245 Transgender Patients: A Prospective Study of Demographics, Patient Satisfaction, and Outcomes Using a Novel, Validated “TRANS”-Questionnaire (TRANS-Q)

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BACKGROUND: Despite an increase in awareness and interest regarding transgender surgery, there is a dearth of research examining this patient population. We have developed a novel assessment tool, the TRANS-Q, a comprehensive, gender-specific questionnaire to assess patient demographics, sexual orientation, mental health concerns, self-reported physical attractiveness and barriers to healthcare. We have subsequently validated the study provide our results.

METHODS: Following IRB approval, a prospective assessment tool, TRANSQ, was distributed pre- and post-operatively from August 2015 to May 2016 to individuals who went on to have female to male mastectomy (FTMM). Statistical analysis was performed using SPSS (Chicago, IL, USA; IBM Corp).

RESULTS: 245 patients were surveyed pre- and post-operatively, with 146 having completed both for a response rate of 60%. The average age for all patients was 26.7 years (17.7 – 61.6) and the mean follow-up was 6.2 months. There were statistically significant improvements post-operatively in personal satisfaction with shape and symmetry of chest and appearance of chest, with and without clothes, as well as significant improvements in patient comfort and confidence during sexual activity. 98% of patients reported that they were either satisfied or very satisfied with the procedure, and 99% stated that surgery was the right decision for them. An overwhelming majority (95%) stated that they would encourage individuals in similar circumstances to undergo the procedure. Pre-operatively, 46.7% of patients were interested in having additional genital surgery and this decreased slightly to 42.3% post-operatively. The mean interest in additional genital surgeries was not statistically different post-operatively (3.2 vs 3.3; p > 0.5). 66% and 22.8% of individuals reported having contemplated or attempted suicide, respectively, pre-operatively. This improved to 38.5% and 8.1%, respectively, post-operatively (p < 0.001). 80.5% of patients reported depressive episodes pre-operatively vs 49.3% post-operatively (p < 0.001). Patients reporting anxiety attacks pre-operatively decreased
from 66.5% to 40.8% post-operatively (p < 0.001). However, depression and anxiety severity, on scale of 1-10, was not statistically different post-operatively. There was a significant reduction in the number of patients reporting chronic pain post-operatively, with a reduction from 27.3% to 9.4% (p = 0.009). Following, validation we achieved a Cronbach’s alpha of 0.81 and modified the survey accordingly to remove invalid items.

CONCLUSION: While awareness and interest in transgender surgery continue to grow, there are many unanswered questions regarding the impact on the individual of pursuing surgery. This study is the first of its kind to pre- and post-operatively survey genetic females who went on to pursue FTMM. We have demonstrated a diverse patient population in regards to age, sexual orientation and barriers to care. We hope that reports such as this will bring light to the growing field of transgender survey and the barriers that patients face when seeking gender confirmation surgery. We are in the process of continuing to enroll patients in this prospective study using the validated questionnaire while conducting a longitudinal analysis of patients already included to allow for more rigorous and long-term data analysis.

Drain-Free Technique for Female to Male Gender Confirmation Chest Surgery Decreases Morbidity- Outcomes from 214 Consecutive Mastectomies

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PURPOSE: The gold standard for treatment of gender dysphoria is a multimodal approach using medical and surgical techniques. We present 107 consecutive patients who underwent 214 mastectomies with free nipple grafts performed by a single surgeon with the use of progressive tension sutures to obviate the need for closed suction drainage. The aim of this paper is to compare morbidity in this group to previously published outcomes where drains were used.

METHODS: A retrospective chart review was undertaken of all patients presenting to a single surgeon for gender confirming chest surgery. Patients presenting for gender confirmation surgery who did qualify for minimal scar techniques were excluded from this study. After approval was obtained from the Indiana University Institutional Review Board, a retrospective chart review was undertaken as well as a literature review, compiling data from previously published studies of mastectomy with free nipple graft for the transgender patient. Outcomes of this drain-free group were compared to historical data, where drains were known to have been employed.

Chi-square and Fisher’s exact test were used for categorical data and statistical significance was set to the level of p < 0.05.

RESULTS: 119 patients presented for gender confirming chest surgery however 12 of these were excluded as they opted for minimal scar techniques.

107 patients underwent 214 mastectomies. The mean age of patients was 29 (17–66). 50 (47%) were obese. 48 (45%) had 1 or more chronic medical co-morbidities with 15 (14%) diabetic patients. The mean body mass index was 31 (18–57). 31 (29%) of patients had a history of smoking. Average weight resected was 810g on right 812g on left range (98–4650). Mean operative time was 141 minutes (77–266). 86 (80%) of patients were discharged home the day of surgery and all admissions were planned.

The median pain score on the visual analogue pain scale on discharge from the recovery room was 4/10. Hematoma occurred in 1 (0.5%) mastectomy requiring acute return to the operating room. Infections occurred in 4 mastectomies (4%) with wound dehiscence in 3 mastectomies (3%). 2 (2%) mastectomies had partial nipple necrosis. 1 patient developed a symptomatic pneumothorax. There were 0 seromas. 5(5%) mastectomies underwent secondary corrections including 4 “dog-ear” revisions and one Nipple revision. Median follow-up was 8 months.

Outcomes from this drain-free technique were compared to previously published reported outcomes of mastectomy with free nipple graft performed for gender confirmation. When compared to previously published series, (n=1334), the drain-free group had statistically significantly lower rates of hematoma (1/214 vs. 39/1334, p = 0.034) and acute reoperation (1/214 vs. 42/1334, p= 0.023). There was a shorter length of hospital stay in the drain-free group with a statistically significantly lower revision rate (6/214 vs.116/1334, p=0.0015).