



## **Voice Feminization Surgery**

### **a) Purpose, Indications, Contraindications**

Voice feminization surgery is designed to raise the pitch of the patient's voice by altering the tension or length of the vocal cords. It is important for the patient to understand that stereotypical gender perception of voice is based on much more than pitch, but that surgery only addresses this one facet of communication.

### **b) Pre-procedure considerations**

Most, if not all, patients benefit from voice therapy prior to making the decision to proceed with surgery. Therapy can address additional components of communication including resonance, intonation, and non-verbal communication cues. If, after therapy, the decision is made to proceed with surgery, the patient should have reasonable expectations set for surgical results, as well as post-operative recovery and rehabilitation.

### **c) Summary of Procedure**

Historically, voice feminization surgery was performed through incisions in the neck. However, most surgeons now perform surgery endoscopically through the mouth, therefore avoiding external incisions. Once the patient is asleep under anesthesia, the surgeon places a scope to expose the vocal folds. Under an operating microscope, the top layer of the front half of the vocal cords is removed either with a laser or sharply with knife and scissors. The front part of the vocal cords is then sutured together, resulting in shortening of the vocal cords.

### **d) Post- procedure guidelines**

After surgery, patients are often instructed to rest their voices completely. The exact length of voice rest depends on the individual surgeon's preferences. Post-operative voice rehabilitation or therapy typically starts after the period of voice rest. It may take 3 to 6 months for the voice to stabilize after surgery.