

INFORMATION BOOKLET

GENDER-AFFIRMING FACIAL SURGERY

PART A

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PART C

1. GENERAL PRESENTATION

Thank you for choosing the Complexe chirurgical CMC for your surgical experience.

This booklet was designed to support you from beginning to end of the surgical process. It is divided into three parts:

PART A: This section will provide you with information about the surgical procedure and its risks and complications.

PART B: This section will be sent to you when you schedule for your surgical procedure. It contains information about the surgical procedure and how to prepare for it.

PART C: This part contains many tips on hygiene, mobility and pain relief. These recommendations will help you have a faster and easier recovery.

This booklet contains essential information for the smooth running of your preoperative care, surgical procedure, and postoperative care.

The GrS Montréal team is available to answer all your questions and any requests for additional information from you or health professionals involved in your surgical process. You will find all the contact details needed to get in touch with below.

1.1 THE COMPLEXE CHIRURGICAL CMC

The Complexe chirurgical CMC comprises three entities:

- GrS Montréal
- Centre Métropolitain de Chirurgie
- Maison de convalescence Asclépiade

1.1.1 GrS Montréal

GrS Montréal offers services exclusively to trans and non-binary patients and provides administrative services whose staff help patients complete their medical files and organize their stay in Montréal. Its services also include a team of nurses specialized in pre-operative and postoperative care, who evaluate medical record documentation to ensure that it complies with WPATH standards of care and CC-CMC standards. The pre-operative and postoperative teams work in close collaboration with the organization's surgeons, anaesthesiologists and social workers. They carry out postoperative

follow-ups, liaise with health professionals, and work with the management members of the operating room, care unit, and Maison de convalescence Asclépiade.

1.1.2 Centre Métropolitain de Chirurgie

The Centre Métropolitain de Chirurgie (CMC), accredited with honourable mention by Accreditation Canada, is the only private hospital centre in Quebec. All surgeries offered are performed at the CMC. The complex includes four operating rooms, a day surgery unit and an inpatient unit. Its priority is to ensure high-quality care and services related to surgery while meeting the highest standards regarding the continuity and safety of health services.

1.1.3 Maison de convalescence Asclépiade

The Maison de convalescence Asclépiade, adjacent to the hospital, is a place designed to provide postoperative hospitalization for patients who have had genital surgical procedure. This warm and nurturing environment helps our patients to focus on their care and healing. They are accompanied by competent staff with whom they learn how to carry out their postoperative care. They are also taught self-care procedures to prepare for returning home.

1.2 FOOD SERVICES

Depending on the nature of your stay at the Complexe chirurgical CMC, meals will be provided. They are prepared onsite using fresh, quality ingredients. You will have access to a variety of beverages (juice, tea, coffee, etc.) as well as fresh fruit at all times. Food allergies, intolerances, and vegetarian or vegan diets must be mentioned in your pre-operative questionnaire.

1.3 WHAT IS ACCREDITATION?

Accreditation is an ongoing process of assessing health care and social services organizations against standards of excellence to identify what is being done well and what needs to be improved.

Accreditation is important because it helps create better health care and social services for you, your family, and your community. It allows organizations to understand how to make better use of their resources, increase efficiency, enhance quality and safety, and reduce risk.

More than 15,000 locations in over 38 countries are experiencing the rewards of being accredited by Accreditation Canada.

Source : <https://accreditation.ca/info-for-public/?acref=self>



1.4 RESOURCES

Before and during your visit to the Complexe chirurgical CMC:

GrS Montréal – General information	514 288-2097
Holiday Inn Laval	1 888 333-3140 (toll-free)
GrS Montréal – The day before your surgery (admission or change in your state of health)	514 332-7091, ext. 232

While recovering at home:

You can contact the Maison de convalescence Asclépiade for any questions regarding your postoperative care or if your family doctor has questions about your surgical procedure.

<i>Maison de convalescence Asclépiade</i>	514 333-1572 asclepiade@cmcmontreal.com
Health information service in your region	In Quebec:
Emergency service in your area	In Canada:
Your family doctor	
Your pharmacist	
Local community service centre (CLSC) in your region	

Community Resources

Action santé travesti·e·s et transsexuel·le·s du Québec (ASTT(e)Q)	www.astteq.org
Help for trans people in Quebec	www.atq1980.org
24-hour crisis and intervention line	ecoute@atq1980.org
Emergence Foundation	www.fondationemergence.org
Coalition of LGBT Families	www.famillelgbt.org
Interligne in English or French	www.interligne.co
Professional 24-hour helpline, toll-free	1 888 505-1010

1.5 DISCLAIMER OF LIABILITY

The information in the booklet (comprising Parts A, B and C) should not be considered medical advice. This information is provided for educational purposes. It does not replace a consultation with a doctor, nurse or other healthcare professional. If you have any questions about your personal medical situation, please consult your healthcare professional.

2. WHAT IS GENDER-AFFIRMING FACIAL SURGERY?

Gender-affirming facial surgery is a set of surgical procedures to achieve more typically feminine facial features.

Some surgeries may be combined, i.e. performed during the same surgical procedure. Your surgeon can give you information about this during the preoperative consultation.

2.1 THE DIFFERENT SURGERIES OFFERED

2.1.1 FOREHEAD SURGERIES

The main differences between masculine and feminine foreheads generally concern size, shape and protrusion (protruding part). Male foreheads are usually more prominent, with a flatter, horizontal curvature, often characterized by a brow line (supraorbital ridges) and a frontal bone (pronounced forehead protrusion). In addition, they may have prominent temporal ridges (bony bumps on the sides of the forehead), giving a more angular appearance. On the other hand, feminine foreheads tend to be smaller and have a softer, vertical curvature. Eyebrow arches are generally less pronounced, creating a softer aesthetic.

Forehead reduction surgery is a critical component of gender-affirming facial surgery. This procedure aims to correct the masculine characteristics of the forehead and create a softer, more feminine contour.

Forehead surgery may involve procedures on different areas, depending on the evaluation performed by your surgeon.

Forehead reshaping

Reshaping the forehead consists of giving it a slight curve to achieve a more natural, feminine appearance. This involves reshaping the frontal bone. This procedure aims to correct the masculine characteristics of the forehead and create a softer, more feminine contour.

Receding Frontal sinuses

Frontal sinuses are air-filled cavities in the forehead.

In some cases, during forehead reshaping, the frontal sinuses may be retracted. This technique involves repositioning or reducing them to improve the smooth, feminine contour of the middle of the forehead.

Reduction of the brow line

The brow line or supraorbital ridge is the bump at the level of the eyebrows. The procedure involves reshaping or reducing the protrusion of the brow ridge, often by carefully trimming the frontal bone.

Orbital widening:

Orbits are the bone cavities in which the eyes are located.

The surgeon can enlarge the orbits, especially above and on the side (superolateral region). This modification can create a wider, more open appearance around the eyes.

Incision location:

In most cases, the ideal location for incisions is in the hair. This approach allows the surgeon to make discreet incisions concealed by the hair. This technique reduces the risk of visible scars and usually has little impact on the location of the hairline (where hair starts on the forehead).

A hairline advancement incision may be required for patients with a very high natural hairline. This involves creating an incision on the forehead, where the hairline will subsequently be located, thus bringing the hairline forward to a more feminine position on the forehead. While this technique can effectively lower the hairline, it carries the risk of additional and more apparent scars at the top of the forehead. Your surgeon will discuss the potential scars and benefits of hairline advancement during your consultation.

2.1.2 MANDIBULAR SURGERIES

The main differences between male and female lower jaws (mandibles) include size, shape and certain specific structural characteristics. The male mandible tends to be larger and more angular, with a pronounced square shape. The gonial angle, which is

the angle formed between the lower jaw line and the vertical section leading up to the ear, is typically more pronounced in men, giving a more robust appearance. In addition, men often have a protruding chin and a wider jaw. On the other hand, female mandibles are generally smaller and have softer, rounded contours. The gonial angle is less acute, creating a gentler slope from the jawline to the chin, which is usually less prominent.

There are several types of mandibular surgeries for gender-affirming facial surgery. These can be combined and adapted to suit the objectives and unique facial anatomy of each patient.

Mandibular angle resection

This procedure involves reshaping the mandibular angle. The surgeon accesses the mandible through small incisions made inside the mouth to ensure no visible scars. During surgery, a portion of the angular bone is removed or reshaped, softening the contour of the jaw and reducing angularity. The result is a more rounded and feminine appearance in the lower part of the face.

Genioplasty

Genioplasty, also known as chin surgery, is performed to modify the size and shape of the chin. The surgeon makes incisions inside the mouth to access the chin so there are no external scars. Depending on the patient's needs, genioplasty may involve reducing the size of a protruding chin or reshaping it to achieve a more delicate contour. This procedure aims to balance the characteristics of the lower face to affirm female gender.

Reduction of the V-line

Reducing the V-line focuses on refining the lower part of the face by reshaping the mandible. This procedure is similar to other mandibular procedures; the incisions are strategically placed inside the mouth to conceal any visible scars. The surgeon can treat both the front and back of the jaw to achieve the desired tapered effect.

2.1.3 LIP LIFT

The upper lips have specific characteristics in typically female and male individuals. In many men, the upper lip tends to be flatter and less pronounced, and male lips are often longer than female lips. The V-line of the upper lip (Cupid's bow) is generally less defined. In addition, male lips may be thinner, and the vertical lines under the nose are sometimes less pronounced in men.

Feminine upper lips are typically characterized by a fuller and more colourful appearance. They are often plumper and shorter than typically masculine lips. The V-line of the upper lip (Cupid's bow) is generally more accentuated in people with a more feminine appearance. Overall, more feminine upper lips contribute to a more delicate facial aesthetic.

This surgery involves making a small incision at the base of the nose to remove a portion of the skin and lift the upper lip to make it more pronounced.

2.1.4 MALAR IMPLANTS

Male cheekbones are generally higher and flatter, creating an angular, defined appearance in the middle of the face, while female cheekbones are often fuller, positioned lower, and have a softer, rounded contour. In addition, female cheekbones often have a more subtle transition from the cheeks to the lower eyelids, reinforcing the overall softness of the face.

Malar implants, also known as cheek implants, are used to enhance the appearance of the cheeks to add volume and projection, creating fuller and higher cheekbones. The result is a softer, rounder mid-face. Generally made from materials such as silicone or porous polyethylene, these implants come in a variety of shapes and sizes. As the incision is inside the mouth, there are no visible scars. The size and positioning of these implants are tailored to each individual's unique facial structure and goals.

2.1.5 RHINOPLASTY

The main difference between the typical male nose and the typical female nose lies in the size, shape and overall protrusion. Male noses tend to be larger, with a more prominent nasal bridge (the part between the eyes) and a straighter profile. They may have wider nasal bones and a larger nasal tip. Female noses are usually smaller and have a more delicate appearance. They often have a slightly raised, thinner nasal tip and a narrower nasal bridge.

The main objectives of rhinoplasty in gender-affirming facial surgery are to create a nose in harmony with typical female facial aesthetics and to adapt it to overall facial features to contribute to a harmonious facial profile. This usually involves reducing the size and protrusion of the nose, refining the nasal tip to make it more delicate and slightly raised, and correcting more typically masculine features such as a prominent dorsal hump or wide nostrils.

2.1.6 TRACHEAL SHAVE

The main difference between the male and female Adam's apple is its size and protrusion. In men, the Adam's apple is usually larger and more visible because of puberty, which results in a visible protrusion in the neck. In women, the Adam's apple is mostly smaller and less pronounced, contributing to a more uniform neck contour.

The tracheal shave, also known as chondrolaryngoplasty, aims to reduce the size and protrusion of the Adam's apple (thyroid cartilage). During the procedure, a small horizontal incision is usually made in a discreet location, such as the natural skin fold hidden by the chin. The surgeon trims or reduces the cartilage through this incision to create a more discreet Adam's apple.

3. PREREQUISITES

3.1 BODY MASS INDEX

Your BMI must be under 40 to be eligible for gender-affirming facial surgery.

A high body mass index (BMI) can have significant consequences on your health and quality of life. If you are severely obese (BMI ≥ 35), this will require increased monitoring at all phases of your surgery. Patients with a high BMI show a decrease in healing potential and satisfaction with surgical results. A BMI of more than 35 also increases the risk of surgical complications. It is therefore recommended to be as close as possible to your healthy weight before your surgery.

Please note that if your BMI is above 40 on the morning of surgery, your surgeon may postpone the procedure.

3.2 TOBACCO

At least 6 weeks before and 8 weeks after your surgery, stop smoking cigarettes, electronic cigarettes containing nicotine and nicotine products.

Nicotine and toxic substances contained in tobacco can constrict small blood vessels (this is called vasoconstriction) and therefore:

- slow down the healing of your wounds,
- increase the risk of infection,
- increase the risk of respiratory problems and pneumonia after the procedure,
- cause coughing fits when getting up, increasing the risk of postoperative bleeding.

3.3 CANNABIS

Please note that the use of non-prescription cannabis in any form is prohibited on the entire property of the Complexe chirurgical CMC. In addition, municipal laws prohibit the consumption of cannabis in any public place, indoor or outdoor. It is important to know that smoking cannabis, like smoking cigarettes, contributes to the deterioration of your respiratory system and can impair your postoperative recovery and cause complications during the anaesthesia required for your surgical procedure. No study confirms a safe threshold for cannabis consumption in the pre- and postoperative periods; the safest approach is therefore to avoid all consumption if possible.

If your cannabis is not prescribed by a healthcare professional:

- Please inform us during your first communications with our team to plan your surgery.
- It is recommended that you gradually reduce cannabis consumption in the months preceding the surgical procedure to be able to stop completely at least two weeks before it.
- This recommendation applies to the use of non-prescribed cannabis in any form.
- If you are not eligible to obtain a medical cannabis prescription, talk to your healthcare professionals as far in advance of your surgery date as possible to give yourself time to find an alternative treatment that will meet your needs during your stay; Our team is not authorized to write these prescriptions or process your orders.

If you have a medical prescription for cannabis consumption:

- Please let us know from your first communications with our team to plan your surgical procedure and give us a copy of the prescription confirming the therapeutic indication, dosage and form used.
- Inhaled cannabis should be replaced with another form in the weeks before the surgical procedure due to this form's impact on the airway during anaesthesia. Inhalation should be stopped at least 2 weeks before surgery.

We recommend that you discuss your consumption with our team as soon as possible so that we can prepare your surgical stay and ensure that it runs as smoothly as possible.

4. SURGICAL PROCEDURE

4.1 PROCEDURE

PROCEDURE	AVERAGE DURATION OF THE PROCEDURE	HOSPITALIZATION AT THE CMC	ANAESTHESIA	CONVALESCENCE AND SICK LEAVE
Mandibular angle resection	2 hrs	Day surgery	General	4 to 6 weeks
Reduction of V-line	3 hrs 30 min	Day surgery	General	4 to 6 weeks
Genioplasty	1 hr 30 min	Day surgery	General	4 to 6 weeks
Forehead surgery	2 hrs 30 min to 3 hrs 30 min	1 night	General	4 to 6 weeks
Lip lift	45 min	Day surgery	Sedation	10 days
Malar implants	2 hrs 15 min	Day surgery	Sedation or general	4 to 6 weeks
Rhinoplasty	1 hr 30 min to 2 hrs 30 min	Day surgery	General	10 days
Chondrolaryngoplasty	1 hr	Day surgery	General	10 days

You must be accompanied when leaving our facility for day surgery stays.

For combined surgeries, the total operating time will not necessarily be the combination of the times detailed above. Our team will be able to give you this information after your consultation.

4.2 ANAESTHESIA

During the procedure, in addition to the surgical team, you will be under the care of an anaesthesiologist and a respiratory therapist. Various anaesthetic (to numb and put you to sleep) and analgesic (to relieve pain) techniques may be used during the surgical procedure. The type of anaesthesia used is detailed in the table above.

4.3 DRAINS

Drains may be installed during the surgical procedure. These are tubes that prevent fluid from building up under the skin. They will typically be removed before you leave our centre. Otherwise, you will receive a prescription to have them removed.

For more information, refer to booklet C.

4.4 ELASTIC BAND

If you have mandibular surgery, you will need to wear an elastic band for two weeks after your surgery. It should only be removed when showering. To prevent the formation of a hematoma or seroma (see section 5.6), you must wear it throughout the recommended period.

4.5 PAIN RELIEF

It is normal to feel pain after surgery. You will receive a prescription for pain medication before you leave the CMC. Furthermore, you will find tips to help you relieve your pain in Booklet C.

4.6 HEALING

Following bone reshaping surgery, the soft tissues of the face must readapt to their new bases. This may take 12 to 15 months.

Due to a number of factors specific to each individual, results may differ from one person to another. Our surgical team works with each patient to achieve the best possible results.

5. RISKS AND COMPLICATIONS

5.1 INFORMED CONSENT

The decision to undergo a surgical procedure must be made in an informed manner, that is, after having obtained all the information you need to understand, asked your questions and obtained answers to your satisfaction and had sufficient time to reflect before expressing your consent.

5.2 GENERAL INFORMATION ON RISKS AND COMPLICATIONS

While all surgical procedures entail risks, our team is continuously working to prevent them by maintaining and developing safe surgical practices. Furthermore, a pre- and postoperative treatment and follow-up plan ensures early detection and management of potential complications.

The following list is non-exhaustive, and most complications are minor. Some may require a longer period of hospitalization or convalescence without necessarily compromising the outcome of the procedure.

It is important to note that certain lifestyle habits, such as an unbalanced diet, smoking, alcohol or drug use, physical inactivity and health history may increase the risk of complications.

You must inform your surgeon and anaesthesiologist of any medical problems and health history you may have prior to your surgery. Certain problems could significantly change the parameters surrounding the procedure and could also increase the risk of complications. Make sure your medical problems and health history are included in your pre-operative questionnaire, and please notify us of any changes that may affect your health.

5.3 SMOKING

Smoking increases the risks of complications. Smokers have increased risks of infectious, pulmonary, respiratory, and cardiovascular complications. Smoking can cause delayed healing of surgical wounds and cause complications such as those mentioned in this document.

5.4 INFECTION

Infection is a common risk associated with many surgical procedures. Infection occurs when tissues are affected by microorganisms such as bacteria or other pathogens. An infection is treated with oral or intravenous antibiotics.

Local infection with pus buildup (abscess) often requires drainage. Untreated infection could lead to necrosis (cell death) of the surrounding tissues.

Infection on implants or surgical equipment (plate, screws) generally occurs within three months of the surgical procedure. In the event of an infection of the implant or equipment, it may be necessary to remove it during a second surgical procedure if the infection does not resolve with antibiotic therapy. Furthermore, infection of the implant can lead to thinning of the skin and extrusion of the implant.

5.5 BLEEDING

Risks of bleeding are associated with all surgical procedures. Bleeding requiring transfusion of blood products is rare but can occur. To minimize the risk of bleeding, avoid Aspirin® (ASA), anti-inflammatory drugs, natural products, and alcohol 10 days prior to surgery.

5.6 HEMATOMA AND SEROMA

A hematoma is an accumulation of blood under the skin, while a seroma is an accumulation of clear body fluid. In both cases, it may be a mild accumulation, but these complications may also result from a more serious build-up requiring drainage to remove excess blood or fluid from under the skin.

5.7 SCARS

Despite efforts to minimize scars and place incisions in discreet locations, there is a risk of visible scars, especially if the surgical technique does not allow for a completely concealed incision. Individual risk factors also play a key role in the healing process. It is essential to discuss scar concerns with the surgeon during the consultation to understand individual risk factors and potential outcomes. The healing process differs from one person to another, and scars may become hypertrophic or keloid (the difference is explained in the following paragraphs). Your healing history should give you a good indication of what the outcome is likely to be for you.

5.7.1 Hypertrophic scars

Some people may be more prone to hypertrophic (large and thickened) scars. Although efforts are made to minimize scarring, there is a risk of scars becoming hypertrophic in some cases. Surgeons can provide guidance on scar management techniques to help reduce this risk.

5.7.2 Keloid scars

Keloids are excess scar tissue caused by an exaggerated response of the connective tissue. Unlike hypertrophic scars, keloid scars extend beyond the operated area.

5.8 REOPENING OF WOUNDS

The healing process is influenced by numerous factors: edema, infection, strain on wounds, poor blood circulation, alcohol, smoking, diet, etc. These factors can cause wounds to reopen (called dehiscence), requiring a longer healing period. Usually, this will not affect the final appearance of the operated area.

5.9 ASYMMETRY AND SKIN LAXITY

Achieving perfect symmetry can be difficult, and some asymmetry can occur, although it is often subtle.

After mandibular surgery, there is a risk of sagging skin (laxity) in the lower part of the face. Some people may mention the need for subsequent cosmetic surgery to correct this sagging.

5.10 HAIR LOSS

Hair loss may occur along the incision lines in some cases of forehead surgery, especially with hairline advancement procedures.

5.11 IMPLANT MALPOSITION

Malar implants can move, resulting in an asymmetrical or unnatural appearance. Revision surgery may be necessary to correct this problem.

5.12 BLOOD CLOTS AND PULMONARY EMBOLISM

Immobilization during surgery, especially in people taking hormone supplements, can increase the risk of blood stagnation in the veins of the lower limbs and pelvis, potentially leading to the formation of a blood clot that can cause a pulmonary embolism.

These problems require treatment in hospital and monitoring by a specialized doctor. Early mobilization after the procedure helps prevent complications related to blood circulation.

5.13 RISK OF INTRACRANIAL INJURY

Although extremely rare, there is a remote risk of intracranial injury during forehead surgery due to the proximity to the skull. Surgeons take great care to avoid this serious complication.

5.14 INJURIES TO OTHER PARTS OF THE BODY

In rare cases, blood vessels, nerves and muscles may be damaged during any surgery.

5.15 LOSS OF SENSATION AND PAINFUL HYPERSENSITIVITY

There may be temporary or, in rare cases, permanent nerve damage, resulting in impaired sensation on the forehead or scalp.

With facial surgery, there is a proximity with nerves that control feeling in the middle, lower, and chin areas. Temporary or, in rare cases, permanent nerve damage may result in altered or tingling sensations.

5.16 ALLERGIES OR SENSITIVITY TO PRODUCTS AND MATERIALS USED

In rare cases, an allergic reaction or sensitivity to soaps, ointments, adhesive tapes, or stitches may develop during or after surgery. This complication is usually treated quite easily. Severe allergic reactions are extremely rare but may sometimes require hospitalization.

5.17 SINUS PROBLEMS

Forehead surgery can potentially affect the frontal sinuses, leading to sinus problems such as congestion or discomfort. Your surgeon will discuss any sinus risks during your consultation.

5.18 BREATHING PROBLEMS

Rhinoplasty can potentially affect nasal airflow, leading to temporary or, in rare cases, persistent breathing problems, which may require further intervention.

5.19 VOICE CHANGES

Although uncommon, there is a risk of voice changes following Adam's apple shaving, including hoarseness or altered vocal quality. Surgeons take precautions to avoid the vocal cords, but it is a potential concern due to the procedure's proximity to the larynx.

5.20 UNSATISFACTORY RESULTS AND CORRECTIONS

The surgeon may suggest secondary corrective surgery to restore physical integrity by correcting acquired malformations if they deem it medically necessary.

Corrective surgeries for aesthetic purposes are at the patients' expense.

For surgeries funded by a third-party payer (province or insurance), the decision of whether to fund corrective surgery rests with the third-party payer.

You may need surgery in the future to remove or change your malar implants.

5.21 PSYCHOSOCIAL SUPPORT

Gender affirmation surgeries lead to multiple changes in patients' lives. To successfully adapt to all these changes, it may be essential to receive help from health professionals and from those around you.

You may sometimes experience feelings such as:

- discouragement with postoperative care.
- boredom or isolation during your recovery period.
- sadness over the reaction of certain people close to you.
- exhaustion due to pain and the urge to cease important care for your recovery.
- regrets or doubts about your decision to seek surgery, etc.

If this is the case, do not hesitate to seek help from local resources for psychosocial or psychological support, or contact a professional you trust.

6. INFORMED CONSENT

6.1 TYPE OF SURGICAL PROCEDURE

I have expressed to the Complexe chirurgical CMC and the doctors who practise there as well as their agents and delegates (collectively the “CC-CMC”) my decision to have gender-affirming facial surgery, namely:

- Forehead surgery
- Mandibular surgery
- Lip lift
- Malar implants
- Rhinoplasty
- Tracheal shave

Dr. _____ agreed to proceed with this procedure.

6.2 NATURE, PURPOSE AND EXPECTED RESULTS OF THE PROPOSED SURGICAL PROCEDURE

The surgery I consent to is gender-affirming facial surgery and is intended to improve my gender dysphoria. I understand that the procedure chosen above will include changing the physical appearance of my face and/or neck using the different techniques detailed in section 2, in Part A of this booklet.

I understand that surgical results and cosmetic appearance following this surgery may vary from one person to another.

6.3 ALTERNATIVES

The decision to have gender-affirming facial surgery is a personal choice. Choosing not to have this surgery is also possible. The selected technique was chosen in an informed manner in collaboration with my surgeon at the Complexe chirurgical CMC.

6.4 POSSIBLE RISKS AND COMPLICATIONS

I acknowledge that all surgical procedures involve risks and may lead to complications. By giving my informed consent to the surgery, I consent to the risks and complications that may result.

Before signing this consent, I have read section 5 “Risks and complications”, in Part A of this booklet.

I have been informed that unforeseeable circumstances may arise during the surgical procedure, requiring a change in the surgical approach. I consent to any changes that may be necessary during surgery and for which I would not be able to express specific consent because of the anaesthesia.

In addition to the above, I fully understand the meaning and scope of the following statement, which is fundamentally related to the procedure to which I consent:

- This is a permanent change to my face or neck.
- I freely assume, and without any external constraint, the choice I make to consent to the surgical procedure, and I confirm that neither the Complexe chirurgical CMC and its staff, nor the physicians practicing therein can guarantee the aesthetic and functional results of this procedure and that they have made no representation to me of any such guarantee.

6.5 INFORMED CONSENT TO SURGICAL PROCEDURE

I certify that I have read Parts A, B and C of the booklet *Gender-Affirming Facial Surgery*, I have received all the information necessary for my understanding, I have asked my questions, obtained answers to my satisfaction, and had enough time to think before expressing my consent, and I have no more questions. With my signature, I certify that I voluntarily consent to the surgical procedure.

I confirm that I am of legal age and able to consent hereto.

6.6 RIGHT OF REVOCATION

I understand that I may revoke this consent, unless the CC-CMC has already performed the surgical procedure based on this consent.

PATIENT

Full name: _____

Full address: _____

Date: _____

Signature: _____

PARENT/GUARDIAN/LEGAL REPRESENTATIVE (FOR MINOR PATIENT)

Full name: _____

Date: _____

Signature: _____


WITNESS


Full name: _____

Date: _____

Signature: _____

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