

INFORMATION BOOKLET

**GENDER-AFFIRMING
FACIAL SURGERY**

PART C

TABLE OF CONTENT

| | | |
|--|-----------|--------|
| 1. GENERAL PRESENTATION | | PART A |
| 2. WHAT IS GENDER-AFFIRMING FACIAL SURGERY | | |
| 3. PREREQUISITES | | |
| 4. SURGICAL PROCEDURE | | |
| 5. RISKS AND COMPLICATIONS | | |
| 6. INFORMED CONSENT | | |
| 7. PRESENTATION PART B | | PART B |
| 8. THE MONTHS PRECEDING THE SURGICAL PROCEDURE | | |
| 9. PREPARING FOR YOUR RETURN HOME | | |
| 10. PACKING YOUR SUITCASE | | |
| 11. THE DAY BEFORE THE SURGICAL PROCEDURE | | |
| 12. THE MORNING OF THE SURGICAL PROCEDURE | | |
| 13. YOUR STAY AT THE CENTRE MÉTROPOLITAIN DE CHIRURGIE | | |
| 14. PRESENTATION PART C | 4 | |
| 15. HEALING PROCESS | 5 | |
| 16. MEDICATION | 6 | |
| 17. WOUND CARE | 7 | |
| 18. LIFE HABITS | 8 | |
| 19. MAIN POSSIBLE COMPLICATIONS | 9 | |
| 20. DRAINS | 11 | |
| 21. POSTOPERATIVE FOLLOW-UPS | 14 | |

14. PRESENTATION PART C

This section contains information and advice about your post-operative care. It explains what is normal after a procedure, how to relieve pain, treat your wounds and recognize a complication. These recommendations will help you have a faster and easier recovery.

15. THE HEALING PROCESS

Your healing will include two phases:

The inflammatory phase, lasting from four to six months, involves the following:

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| <p>SWELLING (ŒDEMA)</p> | <p>The surgical site will be swollen for two to three days after your surgery and will resolve after a few weeks. Applying ice for these two to three days is important to help reduce swelling and relieve pain.</p> <p>The swelling that follows a surgical procedure can take up to a year to disappear completely. Severe edema is abnormal and may be a sign of infection, hematoma, seroma or bleeding.</p> |
| <p>ECCHYMOSIS (BRUISING)</p> | <p>Bruising may appear within two to three days of your procedure and will disappear in the following weeks. Bruising is a common side effect of any surgical procedure.</p> <p>It is abnormal to have diffuse and severe bruises. This may indicate a complication such as bleeding, which needs to be treated by a doctor.</p> |
| <p>SCARRING</p> | <p>From three to six weeks after the procedure, your scars will become thicker and take on a darker red colour. The scars will not have a very pleasant appearance during this time. You will have to wait up to 18 months for your scars to flatten, soften and start to fade.</p> |
| <p>BLACKISH OR BLUISH SCABS</p> | <p>Scabs may form on the scars. These scabs will dry and then fall off on their own. It is important not to rub or scratch them.</p> |
| <p>ITCHING</p> | <p>Itching is a sign that wounds are healing. Ice, fragrance-free moisturizing cream, and massages can help alleviate these symptoms.</p> |
| <p>NUMBNESS OR HYPERSENSITIVITY</p> | <p>It is normal to feel numbness or hypersensitivity on the lower lip, chin, forehead and scalp for up to 18 months following the surgical procedure.</p> <p>Sensitivity will gradually return as the nerve endings heal. It can take a little over a year.</p> |
| <p>ASYMMETRY</p> | <p>Your scars will not heal at the same speed. It is therefore normal to have a slight asymmetry, variable every day, during the first weeks after your surgery.</p> |

Rehabilitation phase

After bone reshaping surgery, the soft tissues of the face must adapt to their new bases. This may take 12 to 15 months. If you would like a secondary cosmetic surgery, please contact our team.

16. MEDICATION

16.1 PAIN MANAGEMENT

You should know that the greater your pain, the harder it will be to relieve. Here are instructions to help you better control your pain.

The pain is often more intense during the two to three days following the surgery. It is often caused by edema at the surgical site. To reduce pain, it is necessary to reduce the swelling by applying ice as often as possible in the first 48 hours.

Also, be sure to take narcotic analgesics regularly (as prescribed by your surgeon) for the first 48 hours after your surgery. You can also combine acetaminophen (Tylenol®) or anti-inflammatory drugs (Advil®) with narcotic analgesics if the pain relief is not sufficient. Talk to your doctor if your pain does not subside.

After 48 hours, you may continue to take narcotic analgesics or acetaminophen (Tylenol®) as needed if the pain becomes bothersome.

Always follow the doctor's prescription and consult your pharmacist or doctor as needed to ensure safe use of acetaminophen.

Refer to the Narcotic Analgesics Guide that will be provided upon admission.

16.2 RESUMING YOUR USUAL MEDICATIONS

After surgery, you can resume taking your usual medications as prescribed by your surgeon.

Do not drink alcohol or drive a motorized vehicle while taking narcotic analgesics.

17. WOUND CARE

17.1 SURGICAL DRESSINGS, BLEEDING, SWELLING AND APPEARANCE OF THE SKIN

Remember to wash your hands before any contact with your wounds.

Check your wounds daily to ensure there is no infection until they are completely healed.

During the healing period, it is normal to have discharge from the wound area within three weeks of surgery. If discharge is purulent and has a foul odour, refer to Part A, Section 5: "Information on Risks and Complications."

For specific care, refer to the appendix for your surgery.

Your skin's sensitivity to heat or cold will be different for several weeks or months following your surgery. You might not feel temperature variations. Be careful not to get burned when exposing the area to heat or cold. Never apply ice directly to your skin.

17.2 SUTURES AND HYGIENIC CARE

For specific care, refer to the appendix for your surgery.

17.3 SWIMMING AND EXPOSURE TO THE SUN

Wait **six weeks** or until your wounds are completely healed to bathe in a pool, Jacuzzi or lake. Avoid exposing your wounds to the sun for the first year after your surgery. Wear a hat and sunscreen.

17.4 CLOSING YOUR WOUNDS AND MASSAGING SCARS

For specific care, refer to the appendix for your surgery.

18. LIFE HABITS

18.1 MOBILITY

Rest and resume your daily activities as soon as possible, according to your tolerance.

- Avoid lifting objects over 4.5 kg (10 lbs) until the 4th week after your operation. Get assistance for your return home (cleaning, groceries, washing, etc.).
- Wait at least 5 days before driving your vehicle.
- Gradually resume your activities after six to ten days, progressively increasing over two to three weeks until you resume your daily activities and light physical activities (walking, brisk walking).
- Wait eight weeks after your surgery to practice moderate to intense physical activity (running, cycling, strength training, etc.).
- Wait 3 months after your surgery to practice contact sports (combat sports, self-defence, football, rugby, etc.).

18.2 HYDRATION AND BOWEL ELIMINATION

Taking narcotic analgesics can cause constipation. Here are some tips:

- Drink two to three litres of water per day.
- Increase your daily intake of fibre (fresh, dried or juiced prunes, All-Bran cereals, fruits and vegetables, etc.).
- Reduce your consumption of caffeinated beverages such as coffee, tea and soft drinks and avoid alcohol consumption — these drinks contribute to dehydration.
- Establish a physical activity routine.

If the problem persists, please consult your pharmacist.

18.3 ALCOHOL AND TOBACCO

Avoid consuming any alcohol within two weeks of the surgical procedure.

Also, avoid smoking cigarettes, e-cigarettes or using nicotine substitutes (Nicorette® or others) for six to eight weeks after your surgery.

These products can tighten small blood vessels and, therefore, slow down the healing of your wounds.

19. MAIN POSSIBLE COMPLICATIONS

19.1 WOUND INFECTION

As soon as you return home, check the incisions every day to ensure there is no infection until your wounds are completely healed.

Signs of infection:

- Redness.
- Feeling of heat.
- Sensitivity.
- Swelling.
- Discharge of pus with a foul odour.
- Increased pain at the surgical site.
- Chills and fever exceeding 38.5 °C or 101 °F for more than 24 hours.

19.2 HEMATOMA AND SEROMA

A hematoma is an accumulation of blood under the skin and the seroma is caused by an accumulation of clear body fluid. A hematoma may be the result of a slight buildup or a more serious buildup.

Hematoma and seroma most often occur in patients who have lifted excessive weight or exerted physical effort too soon after surgery.

Symptoms of hematoma and seroma are:

- Localized increase in pain.
- Asymmetry or sudden deformation of the forehead, temples or neck.
- The area suddenly feels harder to the touch.
- Increased swelling.

These complications often require a new surgical procedure.

If you suspect a hematoma or seroma, please let us know by contacting us at 514-333-1572 ext. 200 or by emailing asclepiade@cmcmontreal.com

Our team may redirect you to the nearest hospital after analyzing the situation.

19.3 REOPENING (DEHISCENCE) OF WOUNDS

The healing process is influenced by a range of factors that can slow healing and cause wounds to reopen: inflammation, infection, strain on wounds, poor blood circulation, alcohol, smoking, poor diet, etc.

Wound re-opening can occur if you lift excessive weight, exercise too soon after your surgery, or if you rub or scratch your wounds.

If your wounds have reopened, keep them clean and dry; they will close on their own.

Please let us know by contacting us at 514-333-1572 ext. 200 or by email at asclepiade@cmcmontreal.com.

20. DRAINS

A drain is a tube with a continuous suction bulb inserted into a closed wound during the surgical procedure. Drains are usually installed after forehead surgery.

A drain can:

- prevent the accumulation of fluid in the wound and reduce the risk of infections.
- enable measurement of the amount of fluid exiting the wound.

Drains are usually removed prior to your discharge from our facility. If they must be kept because of the amount of fluid drained, they must be removed in accordance with your surgeon's prescription, which will be given to you before you return home.

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| HYGIENE | Wash your hands before and after handling your drains or dressings. |
| | Do not take any bath or shower until the drains have been removed. |

20.1 WHEN TO EMPTY THE SUCTION BULB

You must empty it three times a day, either when you get up, in the middle of the day and at bedtime, or as soon as it is half full.

The drained liquid can be red, orange or yellow. No need to worry if the liquid remains tinged with blood.

20.2 HOW TO EMPTY THE SUCTION BULB

- a) Prepare what you'll need:
 - i. A clean towel.
 - ii. The graduated measuring container that the nurse gave you.
- b) Wash your hands with soap and water for 40 to 60 seconds.
- c) Sit by a table or counter.
- d) Place the towel on your thighs, then detach the bulb from your clothes.
- e) Remove the bulb cap.
- f) Completely empty the contents of the bulb into the graduated measuring container—try not to touch the graduated measuring container with the top of the bulb or the cap to avoid contamination.
- g) Once the bulb has been emptied, restore the suction in the bulb like this:

- Squeeze the bulb until the sides are touching.
 - While still squeezing the bulb, close the bulb cap.
 - The bulb should remain compressed once the cap has been reinstalled to allow for the suction effect.
- h)** Attach the bulb to your clothes.
- i)** Measure the amount of liquid collected in the container, note the colour of the liquid and enter the results in the appropriate boxes in the table below. Repeat these steps for each drain. Be sure to measure the liquids in each of the drains separately.
- j)** Dispose of the liquid in the toilet.
- k)** Wash your hands.

RIGHT DRAIN

| DATE | MORNING (ML/COLOUR) | AFTERNOON (ML/COLOUR) | EVENING (ML/COLOUR) | TOTAL (ML) |
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LEFT DRAIN

| DATE | MORNING (ML/COLOUR) | AFTERNOON (ML/COLOUR) | EVENING (ML/COLOUR) | TOTAL (ML) |
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20.3 REMOVING CLOTS OR DEBRIS IN THE TUBE

- a) Hold the tube securely near the dressing with the thumb and forefinger of your non-dominant hand, pressing it to hold it in place and avoid pulling it out of the wound. If these actions cause you too much pain, seek help from a family member or friend.
- b) Place the thumb and index finger of the dominant hand very close to the fingers already in place on the tube.
- c) While holding the tube pressed with the fingers of the dominant hand, press these fingers at the bottom of the tube up to the reservoir, then release the fingers of the dominant hand.
- d) Repeat steps 2 and 3 until the clot has reached the reservoir.
- e) Refer to steps 1 to 11 of point 13.3 to empty the contents of the bulb.

20.4 CONTACT US

Contact us for the following:

- Swelling or redness at the contour of the drain.
- The dressing becomes soiled, and the bulb does not fill.
- The bulb quickly fills with blood.
- The drained liquid is cloudy and greenish in colour or has a foul odour.

The amount of liquid should decrease over time and become less red.

You must give your doctor or nurse the chart with the amounts of fluid drained during the appointment to remove your drains, if applicable.

20.5 REMOVING DRAINS

After removing your drains, it is normal for a small amount of clear or slightly yellowish fluid to continue to flow from your wounds. If this is the case, you can cover your wounds with a sterile compress. If there is no discharge from the wounds, leave them uncovered.

The two small drain insertion sites will close on their own.

21. POSTOPERATIVE FOLLOW-UPS


Our team will inform you of the follow-up appointments to be scheduled depending on the type of surgery. If you have any questions for which you cannot find any answers in this booklet or appendix, contact our team at asclepiade@cmcmontreal.com.

After your surgical intervention, we invite you to answer to our satisfaction survey to help us improve (please do not use the link before your surgical procedure).

Scan or click on the code below to access our satisfaction survey. You should complete the survey only after your surgery.



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