

# Electrolysis Center

## Surgical Area Electrolysis

### GRS (Gender Reaffirming Surgery)

Client needs a minimum of 18-24 months of aggressive treatments. This allows for a few hair growth cycles and a more successful outcome.

The number of treatments is variable depending on the clients' physical threshold and their financial ability. A typical "full" clearing would consist of the entire mapped area being treated and the electrologist making area free by the end of service. **This is not to be confused with 4 treatments (hair growth cycle).**

On average, the typical session will be a 2-4 hour sessions. This could go longer or shorter based on the quantity of hair, coarseness of hair in the area, pain threshold and our availability. Best results will yield from a client that can have the entire mapped (see surgeons picture graph) area treated fully in each session. This way we know that no hairs were left previous growth cycle. Each treatment time gradually is less than before. If this is not possible, the above time frame will be pushed out further. Clients that have a "full" clearing should return for another "full" clearing in no more than 3 weeks.

The hair being treated in the genital area is thicker and more persistent than other hairs on the body. This makes for a stronger treatment of each individual hair. Hair on the arm and thigh is typically not coarse but the quantity of hair is more. Prescription numbing cream is **highly recommended** as this allows for the area to be treated at higher settings and longer sessions. If you would like further information, please inquire with your electrologist.

\*Initial the following in acknowledgement

\_\_\_\_ I understand that a minimum of 18 months is required for hair removal prior to surgery.

\_\_\_\_ I understand that each individual will require a different treatment plan which can, but is not limited to: length of treatment sessions and number of sessions.

\_\_\_\_ I understand my treatment plan.

\_\_\_\_ I understand that if changes are made to my treatment plan, my time frame for completion will be altered.

\_\_\_\_ I understand that not completing the treatment plan given to me, may result in undesirable hair growth and that hair removal postoperatively is **near impossible** to address in certain areas.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_