Surgery Planning Guide
For Gender Confirmation Surgery

This guide is meant to give information and things to think about during the surgery planning process. It is not intended as medical advice.

This guide covers many different surgeries. You will see some items that may not apply to your surgery, or to your life. Cross out these and replace them with items to make it your own! Always consult with your physician prior to surgery.

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Planning your next steps

My Timeline

Step

__________________________

Month

My goals during that time

1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________
5. ________________________________
6. ________________________________
7. ________________________________
8. ________________________________
9. ________________________________
10. ________________________________
Getting to appointments

☐ Date and time of the surgery: ____________________________

Making and going to appointments:

☐ I can make appointments on the phone.
☐ I can go to scheduled appointments on time.
☐ I can take time off work or school to go to my appointments.

Transportation to pre-op and post-op appointments:

☐ I have transportation to pre-operation (pre-op) appointments.

☐ I have transportation to post-operation (post-op) appointments. No bus or bicycling right after the surgery. I probably won’t be able to drive. I will get to these appointments by: ____________________________

Transportation on the day of the surgery:

☐ I know I CANNOT drive myself or take the bus.

☐ My support person will drive me.
  ☐ We have printed directions OR a fully charged smartphone for directions.  
  ☐ We will get there on time even if there is bad traffic. We will leave at this time: ______________

OR

☐ I will take medical transportation with Oregon Health Plan (OHP).  
  ☐ Phone number to schedule: ____________________________
  ☐ How far in advance do I have to schedule? ______________
  ☐ They will pick me up at this time: ______________

OR

☐ I will use another transportation service (Uber, Lyft, ZipCar, taxi, etc.).
  ☐ I have made a reservation. What time? ______________

OR

☐ I know how long it takes for this service to come. I will contact them at this time: ______________
Taking care of my body while I am healing

My physical limitations

☐ Ask your doctor: What are my “precautions” (physical activities I can’t do, or shouldn’t do) after surgery?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Checking my healing

Checking in with your body, including looking at the surgical site, will help prevent complications after surgery. This part of your body will be healing and might have blood on it.

☐ I understand it is very important to check in with my body (be able to feel pain or something “not right”) and look at my surgical site to check healing.

Do you know how to check in with your body? Yes ☐ No ☐

Can you feel the part of your body that will be operated on, or do you avoid thinking about it? ______________

Is it difficult for you to look at the part of your body where you are having surgery? Yes ☐ No ☐

Can you look at your stitches/surgical site in the mirror? Yes ☐ No ☐

OR

Can my support person check my stitches/surgical site for me, as often as I need? Yes ☐ No ☐

Talk to your counselor for help with any of these things.
Things to get from the store

☐ My doctor says I need to get these things before the surgery. Which ones? Write down any extra info about them.

☐ Bacitracin

☐ Gauze pads or rolls

What type/size?

☐ Tape – what kind?

☐ Electric toothbrush (chest/breast/top surgery – optional but recommended)

☐ Button down shirts (chest/breast/top surgery)

☐ Sweatpants / loose pants / muumuu (genital/bottom surgery)

Things to help you if your support person isn’t there (all optional)
You can buy these online. You might find some in a pharmacy.

☐ Bottom Buddy (for wiping your bottom after using the toilet)

☐ Dressing stick (for help getting dressed)

☐ Reacher (for help getting dressed, reaching things that are high)
“Aluminum Reacher with Magnetic Tip,” © Allegro Medical Supplies Inc., www.allegromedical.com

☐ Long-handled mirror to check surgical site
My support person

You will need a support person for the day of the surgery, and for a few days after. You will also need people to help you out with basic needs for about a month after the surgery.

Who are my support people?

☐ I have a support person for the day of the surgery (ALL DAY).

Name: ________________________________
Phone number: __________________________

☐ I have a back-up support person, in case my support person is late, sick, or has an emergency, and cannot take me to my surgery and help me afterwards.

Name: ________________________________
Phone number: __________________________

☐ I have a support person for a few days after the surgery. They will be at home with me most of the day to track my meds and help me move around. Or they will visit me at the hospital every day, and may bring food for me.

☐ I have people who can be with me to travel and help me with basic needs (grocery shopping, opening car doors, lifting heavy things, etc.) for about a month after the surgery.

Name: ______________________ Phone: ____________________
Name: ______________________ Phone: ____________________

Helping your support person know what to expect.

☐ My support person has gone to a planning session with me (pre-op appointment) to know what to expect.

OR

☐ My support person has talked on the phone to the doctor to know what to expect.

OR

☐ My support person has read my packet of information from the doctor, and I made sure they know what to expect.
Your support person will have to touch private parts of your body. They may help you with:

- Going to the bathroom
- Showering
- Getting dressed

☐ I understand this.
☐ My support person knows this.

☐ My surgery may have one or more of these procedures. My support person knows they may see and help with these after the surgery:

☐ Drains – Two drains that come out the sides of my chest (top surgery, breast augmentation)
☐ Dilating – Putting a smooth plastic rod/dildo inside my new vagina to keep it open (vaginoplasty)
☐ Catheter – A plastic tube that is in my bladder and urethra and drains urine into a bag (phalloplasty, sometimes vaginoplasty)
☐ Skin graft – Taking skin from the belly, inner thighs, or arms to create a penis. This will leave a big scar, where the doctor takes the skin from. (phalloplasty)

Some people are very independent and don’t like to ask for help. They may push themselves to do things on their own, going against the advice of their doctor and causing a lot of pain. This can lead to tearing the delicate surgical site, having other complications, and needing to go in for another surgery.

Does this sound like me?  ☐ Yes  ☐ No
If yes, how can I be humble and ask for help?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Health insurance

My insurance will continue through the time of the surgery and for 2-3 months after surgery.

Yes ☐
No ☐

Will my income change within 2-3 months before or after surgery?

Yes ☐
No ☐

If YES – your Oregon Health Plan (OHP) insurance might end if you make more money than the income limits for OHP. Call the phone number on your OHP card to find out more.

☐ How will I check my insurance benefits (copays, deductibles, what things they pay for)?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

☐ I understand that if my insurance denies a service, I can appeal (ask them to change their decision).

☐ How do I appeal if my insurance denies (won’t pay for) a service? Who can help me appeal?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
I know how much my copays/deductibles are.

Surgeries are not completely free, even if you have OHP.

What is my copay/deductible for:
- My pre-operation visit $ 
- My second counselor (for bottom surgery) $ 
- My surgery $ 
- My post-operation visit $ 

I know my prescription copay costs for medications after the surgery.

Prescriptions: ________________

Copay Cost: $ 
$ 

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My money

What is the total cost of my entire procedure (everything that my insurance doesn’t cover)?

Please include copays, deductibles and out of pocket costs for all counseling visits, pre and post surgical visits, prescriptions, and surgery costs.

$________

I have enough saved to pay this amount.
Yes ☐ No ☐

If no,
What is my plan to save for this?
________________________________________________________________________________________
________________________________________________________________________________________

If I take 4-6 weeks off of work, I will be able to pay my monthly bills.

Yes ☐
No ☐

If NO, how will I pay my monthly bills?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

I have Vacation Time or Sick Time to get paid while I take time off from work.

I have Family Medical Leave Act (FMLA) so I will not lose my job.*

Yes ☐
No ☐

*Talk to your company’s Human Resources (HR) person to find out more
My home, and the people and pets in it

If your mattress is on the floor, it will be hard to get in and out of. Consider getting a box spring or sleeping on the couch.

After surgery, where will I rest and sleep?

- bedroom □
- bed □
- couch □

If none of these, where will I rest and sleep? ________________________

Are you worried about having a place to stay after surgery? Yes □ No □

Could you be evicted or kicked out of your home within 6 weeks after surgery? Yes □ No □

- You will need to have stable housing for the first 4-6 weeks after surgery.

Is there anyone in your household that is unsafe, highly stressful, or triggering (someone who yells, is mean to you, is violent)?* Yes □ No □

Do you feel physically or emotionally unsafe in your house?* Yes □ No □

If you checked YES, can you go to a friend’s house for the first week after surgery? Yes □ No □

*Speak to your counselor about this.
The space I am staying after surgery is clean, to minimize the risk of infection.

Yes ☐ No ☐
  o Your space should be cleaned and without mold.
  o Pets (and maybe young children) should stay off of your bed while you are healing, so they don’t jump on or lay on your surgical site.
  o Bed should be free of debris, dirt, and pet hair.

If you have pets, what is your plan to keep them off of your bed?

☐ I have enough food and drink for several days after the surgery.
☐ I have put my food and drink in places I can reach.

Suggestions:
  • put water and food on the counter
  • put plates, bowls, cups on the counter
  • move favorite foods to the front of the fridge
  • have a stepstool to reach the freezer

☐ I have children or pets.

What things can I still do to take care of my children and pets? (For example – bedtime with kids, help kids with homework, supervise cooking, let dog outside)

What things will I need help with to take care of my children and pets?

Who will help take care of my children and pets while I am healing?
Possible Complications

Please read through this list of complications that could happen with surgery. These are things that could go wrong, not expected parts of healing like discomfort and medication side effects. It is meant to explain some medical terms you need to know.

Your surgeon will also give you a list of possible complications. It will include some extra things not listed here. Please read that through and ask about anything you don’t understand. Some of these risks are very unlikely.

For genital/bottom surgery, people often have a combination of different surgeries. Some of the listed complications do not apply to your unique surgery. Please talk to your doctor. Mark the ones that might happen, and cross off the ones that don’t apply.

☐ I understand that using tobacco (smoking, chewing, patches, etc.) makes many of these complications more likely to happen.

General Anesthesia
Drugs to keep you asleep with no pain during the surgery

Most of these risks are unlikely. General anesthesia is very safe for most people.

Nausea and vomiting are a very common side effect.

Important risks:
• Headache, backache
• Damage to teeth – from tube that goes down throat
• Sore throat, damage to throat (larynx) – from tube that goes down throat
• Allergic reaction to drugs used
• Heart problems (cardiovascular collapse)
• Breathing problems (respiratory depression)
• Brain damage (from not enough oxygen)
• Embolism – blood clot that can cause serious problems in different areas of your body
• Anesthesia awareness – partially awake during surgery, may feel pain, but not able to move or communicate
• Can bring up traumatic memories
• Death
Breast/chest surgery:
Breast implants or lipofilling (aka breast augmentation, augmentation mammoplasty, chest reconstruction)

Important Risks:
- **Infection** – requires additional healing time and medical treatment
- **Capsular contracture** – the body creates too much scar tissue around the implant, which is painful and makes the shape of the implant and the breast wrong
- **Implant rupture** – over time, the implant can break, and then deflate or leak
- **Repair/revision surgery** – you may need a second surgery to correct problems

Genital surgery:
Your surgery may include some or all of these procedures. You may need to do some different surgeries on different days.

Removal of testicles (orchiectomy)
Removal of penis (penectomy)
Creation of a vagina (vaginoplasty)
Creation of a clitoris (clitoroplasty)
Creation of labia (labiaplasty)

Important Risks:
* Please talk to your doctor. Mark the ones that might happen, and cross off the ones that don’t apply to your unique surgery.

- **Infection** – requires additional healing time and medical treatment
- **Fever**
- **Necrosis** – the new vagina and labia die and fall off (skin graft doesn’t “take”)
- **Fistula** – a hole from the bladder or the bowel into the vagina, where urine and feces leak into the vagina
- **Stenosis of the urethra** – the urethra gets too narrow and you can’t pee
- **Short/small vagina** – new vagina is too small or short to fit a penis inside
- **Anorgasmia** – not able to have an orgasm
- **Repair/revision surgery** – you may need one or more surgeries to fix problems or finish the surgery
Breast/chest surgery:
Removal of breasts (aka mastectomy)
Creating a male chest (aka male chest contouring)

Important Risks:
- **Infection** – requires additional healing time and medical treatment
- **Fever**
- **Scars** – may be large
- **Nipple necrosis** – the nipple dies and falls off
- **Contour irregularities** – the shape of the chest is wrong, or not the same on both sides

Hysterectomy:
Removal of uterus (hysterectomy)
Removal of ovaries (oviarectomy)
Removal of ovaries and Fallopian tubes (salpingooophorectomy)

Important Risks:
- **Infection** – requires additional healing time and medical treatment
- **Fever**
- **Heavy blood loss** – may need blood transfusion
- **Damage to organs** – damage to urinary tract, bladder, rectum, other organs in the pelvis, may need more surgery to fix them
- **Blood clots** – blood clots may travel to the lung and cause serious problems
- **Hematoma** – collection of blood at the surgery site, may need surgery to drain blood
- **Problems with urinating** – some people have trouble peeing right after the surgery. Others, over years, become incontinent – can’t hold in their pee.
- **Adhesions** – scar tissue forms on your internal organs that can cause a variety of problems
Genital surgery:
Your surgery may include some or all of these procedures. You may need to do some different surgeries on different days.

Removal of vaginal lining (vaginectomy)
Closing of vagina (colpocleisis)
Creation of a scrotum with testicle implants (scrotoplasty)
Making the urethra longer, rerouting it through the penis (urethroplasty)
Creation of a penis without an implant, clitoral release (metoidioplasty, “meta”)
Creation of a penis with an implant (phalloplasty)

Important Risks:
- **Infection** – requires additional healing time and medical treatment
- **Fever**
- **Stenosis of the urethra** – the urethra gets too narrow to pee
- **Fistula** – a hole from the urethra to outside of the penis, where urine leaks out when you pee
- **Rejection of prosthesis** – your body rejects the testicle implant and it has to be taken out
- **Penis not as long as expected**
- **Necrosis** – part or all of the new penis dies and falls off (skin graft doesn’t “take”)
- **Narrowing of vaginal opening** – This may be part of the surgery (vaginectomy, colpocleisis). Can also be an unplanned complication that makes vaginal penetration impossible.
- **Scarring of donor site (phalloplasty only)** – the doctor will take a lot of skin from your belly, arm, or thigh, to use in the surgery. This will create a scar where they take the skin from.
- **Loss of sensation** – can’t feel as much pleasure
- **Persistent hypersensitivity or tenderness** – pain from light touch, that lasts past the normal healing time
- **Repair/revision surgery** – you may need one or more surgeries to fix problems or finish the surgery.
My plan for the next steps

Understanding the process

☐ I understand that I will need all these visits:
  1. Visit to my doctor (primary care physician) – Needs to send a referral to have a consultation
  2. Visit to counselor (top and bottom surgery) – Need a letter from a mental health provider before the consultation
  3. Consultation – Get information, see if I can have the surgery
  4. Visit to a second counselor (genital/bottom surgery only) – Need a letter from a second mental health provider before you can schedule the pre-op.
  5. Electrolysis (for vaginoplasty) – Permanent hair removal
  6. Pre-op / pre-medical appointments – Get information, talk about risks and complications. Usually 2 appointments close to the surgery.
  7. Surgery visit
  8. Post-op appointments – Check how you are healing

Wait times

☐ How long do I have to wait for each of these? (The surgeon might have a waiting list):

  Getting a consultation
  Having the pre-op visit after the consultation
  Having the surgery after the pre-op visit
  Staying in the hospital after surgery
  Going back to work (typically 4-6 weeks)

Electrolysis

☐ My surgeon says I need electrolysis (for vaginoplasty)
  • How long do I need to have electrolysis before I am ready for the surgery (typically 6-9 months)?
  • If paying out of pocket: How much does it cost?
  • If using insurance: You will need to get a pre-authorization from your insurance before you can start the process. The surgeon needs to write the insurance company a letter first. How long will this whole process take?
Talking to the doctor and the doctor’s office

Feeling safe with the doctor

☐ I understand that my doctor will ask me to undress, and will touch parts of my body.

☐ If I have survived sexual assault or other trauma, I understand that I can talk to my surgeon about how to avoid feeling triggered or upset during an exam.

Options you can ask for include:
- The doctor has to ask permission before they touch me **every time**.
- I can use some tools myself (ultrasound, speculum, dilators).
- Hold up a sheet when the doctor touches me, so I don’t have to look.
- Schedule more time to do an exam (so I can go slowly and take breaks).

Do I want to ask my doctor for any of these? Which ones? When will I talk to my surgeon about this? Do I want to bring a support person when I talk about this?

____________________________________________________________________________
____________________________________________________________________________

Precautions and limitations

Please ask your doctor about what you can and can’t do physically while you are healing from the surgery.

☐ What are my “precautions” (things I can’t or shouldn’t do) after surgery?

____________________________________________________________________________
____________________________________________________________________________

☐ What daily activities will be hard for me when I am healing? (Examples: wiping after using the toilet, washing hair, reaching the freezer, reaching into cabinets, carrying groceries, going for long walks, picking up children or pets)

____________________________________________________________________________
____________________________________________________________________________
How and when to call the doctor after surgery

☐ Who do I call if I am having problems? Can I talk to my surgeon or will I talk to someone else?

Write the name and phone number to call.

- During the day ______________________________________
- Evening/night ______________________________________
- Weekends ______________________________________
- Other numbers ______________________________________

☐ This is a list of symptoms or problems that I should call my doctor about (or go to the ER for):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

☐ What is considered normal (as opposed to an unusual complication) after surgery?

______________________________________________________________________________
______________________________________________________________________________

☐ I understand I may need to go to the Emergency Room (ER) if I have certain complications, especially at night or in evenings. If you are not sure if something is a problem, and you can't reach your doctor, GO TO THE EMERGENCY ROOM.

Talking about tissue donation

☐ My surgery includes tissue donation (some bottom surgeries). This is when the doctor takes skin from one part of my body (donor site) and uses it for my surgery. It might be the inner arm, inner thigh, abdomen (belly), or intestine.

- My donor site will be:

- How will the donor site look long-term (scarring, etc.)?

- What complications can happen with my donor site?
Tobacco, marijuana, and prescription drugs

Prescription medications and supplements

☐ I understand that I have to STOP using all medications 1 week before surgery, unless I have special permission from my surgeon to continue. This includes prescriptions, vitamins, ibuprofen, supplements, medical marijuana.

Right now I take these medications: ________________________________

I will stop taking these medications on this date: __________

These are side effects that could happen from stopping these medications:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

☐ I will talk to my surgeon if I am concerned about the health risks from stopping my medications. I can ask if it is safe to make an exception. I can ask about using alternative medicine (acupuncture, etc.) to manage my symptoms.

Estrogen and Spironolactone

☐ I know I need to stop taking estrogen/spironolactone before surgery.
☐ I know I might need to wait a week after the surgery to start estrogen/spironolactone again.
☐ I understand the reason is because of the risk of a blood clot during surgery.

I think this may affect my ability to function. (This could mean changes to my physical health, regular sleep schedule, dysphoria, and/or increased anxiety.)
Yes ☐ No ☐

☐ I will stay in touch with my counselor in order to plan for these changes.
**Tobacco and marijuana**

You must stop using tobacco and marijuana (in all forms) 6 weeks prior to surgery. Tobacco makes your healing slower, and makes complications more likely.

Do you use tobacco or marijuana? Yes □ No □

Do you need help to stop smoking? Yes □ No □

If you checked YES, here are some ideas:

- Quit Now Smoke Free Oregon – covers medications to help you stop and offers support groups
- Equi Institute – helps individuals and offers support groups
  [http://www.equiistitute.org/integrative_tobacco_cessation/](http://www.equii institute.org/integrative_tobacco_cessation/)
- Acupuncture – covered by OHP to help quit smoking
- Talk to your counselor about making a plan to quit

What is my plan to quit tobacco/marijuana for at least 6 weeks?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Do you know what withdrawal from tobacco or marijuana use feels like so you can prepare? Yes □ No □

Sometimes people use tobacco, marijuana, or other drugs for self-medication – to cope with anxiety, depression, or other problems. If you do this, and you have to quit for 6 weeks, do you have other coping skills to use?*

Yes □ No □

*Talk to your counselor about coping skills

How will I cope with these problems if I can’t use tobacco or marijuana?

________________________________________________________________________

________________________________________________________________________
Pain medications and other medications after the surgery

☐ I will get my prescriptions for pain and nausea medications at this visit: _________________________

☐ I have my pain and nausea prescriptions filled and ready at home.

Taking medications on time

How will I remember to take my medications on time?

________________________________________________________
________________________________________________________

How will I remember how often I took my pain medications? (It can be hard to remember if you are in a lot of pain.)

________________________________________________________
________________________________________________________

These are some ideas:
  o Medication list and schedule
  o Alarms in my phone
  o Support person will remind me

Pain medications

☐ I know I will get narcotic (opioid) pain medications for after the surgery.
☐ I understand that these medications are very addictive.
☐ I understand that these medications can make me feel depressed, which can cause me to feel regret and dysphoria about my surgery.

☐ How often am I supposed to take my pain meds? How many should I take at a time?

☐ When should I stop taking my pain meds, or take less?
I understand the side effects of narcotic pain medications include:

- nausea (sick to your stomach), vomiting
- drowsiness (feel tired, clumsy, not safe to drive)
- constipation (not able to poop)
- depression, feelings of regret

Addiction risks

I have been addicted to drugs or alcohol. ☐ Yes ☐ No

If yes – What is my plan to avoid getting addicted to the painkillers?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Someone else in my home has been addicted to drugs or alcohol. ☐ Yes ☐ No

If yes – How will I keep the painkillers away from this person? (Hide them, get rid of them when I am done)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

_______________________
Mental health before and after surgery

Mental health before surgery

What are my expectations for how my surgery will help me?

☐ I understand that surgery is only one part of my process.
  • It is possible that I will not “pass” as the gender that I want to be seen as. Some people will still think that I am the wrong gender.
  • Surgery will help some things, but will not solve all of my problems.
  • I may need a revision surgery (a second surgery to fix problems with the first one). There is a 10-30% chance of complications and/or needing a revision surgery for bottom surgery. Top surgeries are safer.

☐ I understand that for many people, dysphoria (feeling uncomfortable with the difference between my body and my gender) gets worse as they get closer to the surgery date. It is harder to manage. How can I cope with this?

☐ My surgery might have to be postponed (moved to a later date). I could get sick. The surgeon could get sick or have a family emergency. How can I cope with this, if it happens?
Mental health after surgery

☐ I understand that after surgery:
  • Some people can feel euphoric (very happy, self-confident, on top of the world).
  • Some people can feel post-surgical depression – a deep dysphoria or disillusionment (sad, let down).
  • Some people have feelings of groundlessness (having no ground or foundation). They accomplished their goal they’ve been working towards for so long, and don’t know what to do next.
  • It’s normal to feel all of these. Some people might have a few months of euphoria, and then feel groundless and depressed.*

*Talk to your counselor if you experience any feelings of let-down or disillusionment.

☐ It is important to plan for other goals after surgery. Goals might include visiting a new place in town, going to school, doing something nice for a friend, trying a new sport, adopting a pet, practicing a hobby, painting a room, finding community, getting a new job, making art, strengthening relationships, volunteering, reading a book, learning a language, going on a trip, trying a new recipe.

Some of my goals after surgery are:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Frequently asked questions for your surgeon

1. How long is the surgery?

2. What are my precautions? How long do my precautions last?

3. What daily activities will I need help with after surgery?

4. When can I take a shower after surgery?

5. How long do I wear bandages/dressings after surgery?

6. What type of bandages/dressing/gauze should I buy?

7. How long do I take pain medications after surgery?

8. When can I drive?

9. When can I go back to work?

10. What are normal side effects to expect after surgery?

11. What are complications that I should call you about?
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