Informed Consent

Labiaplasty

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INSTRUCTIONS

This document is about informed consent. It will tell you about labiaplasty surgery. It will outline the risks and other treatment options.

It is important that you read this whole document carefully. Please initial each page. Doing so means you have read the page. Signing the consent agreement means that you agree to the surgery that you have talked about with your plastic surgeon.

GENERAL INFORMATION

Labiaplasty is for women with too much extra tissue in their labia. They may not like the way it looks or feels. They may have physical discomfort. They may report pinching or chafing when they sit or walk. They may have trouble having sex. They may also have trouble keeping the area clean during their periods or after they defecate.

Labiaplasty reduces the size of the labia minora. The labia minora are the bands of tissue on either side of the vagina. They are inside the labia majora. These two flaps of skin extend down from the clitoris. Women have hormonal changes due to pregnancy, puberty, menopause, and age. These changes can enlarge and darken the color of these tissues. Many women do not like these changes. They may seem obvious to them and their sexual partners. Sometimes, the labia minora can get so large that they make it hard to have sex.

Labiaplasty is a very common form of genital rejuvenation. The surgeon cuts away the extra tissue and closes the incision. The surgery reduces the labia minora. It does not remove them.

OTHER TREATMENTS

Another option is not to get your labia reduced through surgery.

RISKS OF LABIAPLASTY SURGERY

All surgeries have some risk. It is important that you know these risks. You must also understand other issues that might come up during or after surgery. Every procedure has its limits. Choosing to have a surgery means comparing the risks and benefits. Most patients do not have face problems, but you should talk about them with your plastic surgeon. Make sure you know all possible risks of labiaplasty.

SPECIFIC RISKS OF LABIAPLASTY SURGERY

Scarring:

All surgeries leave scars. Some are easier to see than others. You can expect your wound to heal. Unusual scars may occur in the skin and deeper tissues. Scars may look bad and be a different color than your other skin. Parts of the same scar may look different. Scars may look different on the right and left side of your body. The stitches may leave a mark on your skin. Scars in this area may make sex painful or more difficult. Scars may change the urinary stream. Sometimes these scars need surgery to fix or treat them.

Pain:

You will have pain after your surgery. How long the pain lasts and how strong it is depends on each patient. Pain can last a long time after surgery. It is rare, but there may be ongoing pain. This comes from nerves getting trapped in scar tissue (neuroma) or from tissue stretching. Scars in this area may make sex painful. Sometimes, the scars can be fixed or treated with surgery. This may make it much harder to have sex, urinate, and defecate.

Skin Contour Irregularities:

The shape of the area may be irregular. You may see or feel wrinkles in the skin around that area. You may have leftover uneven spots in the skin at the end of the cuts (called “dog ears”). Skin folds happen where there is extra skin. This may get better with time. It can also be fixed with surgery.

 _____ **Patient Initials**

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Delayed Healing:

Wounds can open. Wounds may heal slowly. Some skin may die or come off. You may need to change your bandages often. You may need more surgery to remove the non-healed tissue. There may be more risk of poor wound healing or problems with the result of the surgery for people with less blood flow to the area due to a past surgery or radiation. Smokers have more risk of losing skin and problems with wound healing.

Skin Discoloration/Swelling:

It is normal to have bruises and swelling after surgery. The skin around the surgery area may be lighter or darker than your other skin. It is not common but swelling and skin discoloration can stay for a long time. It can be permanent in rare cases.

Change in Sensation:

It is common to have less or no feeling in the skin where you had surgery. It is rare, but you may have permanent changes in feeling.

DISCLAIMER

Informed consent documents give you information about a surgery you are considering. These documents explain the risks of that surgery. They also discuss other treatment options, including not having surgery. However, informed consent documents can't cover everything. Your plastic surgeon may give you more or different information. This may be based on the facts of your case.

Informed consent documents are not meant to define or serve as the standard of medical care. Standards of medical care are determined based on the facts involved in an individual case. They may change with advances in science and technology. They can also change with the way doctors practice medicine.

It is important that you read the above information carefully and get all your questions answered before signing the consent agreement on the next page.

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CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Thomas Jeneby and the doctor's assistants to do the procedure **Labiaplasty.**
2. I got the information sheet on Labiaplasty.
3. I understand that, during the surgery, an unexpected situation may require a different medical procedure than the surgery listed above. I permit the doctor listed above, the assistants and/or designees to provide any treatment that my doctor thinks is needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the surgery.
4. I understand what my surgeon can and cannot do. I understand that no warranties or guarantees have been hinted at or stated outright about the outcome of the surgery. I have explained my goals. I understand which outcomes are realistic and which are not. All my questions have been answered. I understand the surgery's risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the surgery.
5. I agree to the anesthetics that are needed or helpful. I understand that all types of anesthesia have risks and may result in complications, injury, and even death.
6. I am aware of the serious risks to my health when blood products are used. I agree to my doctor using them if my doctor, assistants, and/or designees think they are needed or helpful.
7. I agree to the disposal of any tissue, medical devices, or body parts taken out during or after surgery. I also agree to any additional surgeries or treatment that is needed or helpful.
8. I agree to have parts of my body photographed or televised appropriately before, during, and after the surgery for medical, scientific, or educational reasons, if the pictures do not reveal my identity.
9. For medical education, I agree that onlookers can be in the operating room.
10. I permit my Social Security Number to be given to the right agencies for legal reasons and medical device registration, when necessary.
11. I agree to the charges for this surgery. I understand that the doctor's charges are separate from the charges for the hospital and the anesthesia. I understand that there may be more charges if more procedures or treatments are needed or helpful. I agree to those charges, if any.
12. I understand that not having the surgery is an option and that I can opt-out of having the surgery.
13. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
    a. THE ABOVE SURGERY TO BE PERFORMED
    b. THERE MAY BE OTHER SURGERIES OR TREATMENT OPTIONS
    c. THERE ARE RISKS TO THE SURGERY

I CONSENT TO THE SURGERY AND THE ITEMS THAT ARE LISTED ABOVE (1-13).
I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS.

_____

Patient or Person Authorized to Sign for Patient Date/Time

_____

Witness Date/Time

_____ Patient Initials

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