Informed Consent

Vaginoplasty and Perineoplasty

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INSTRUCTIONS

This is an informed consent document to help you learn about **vaginoplasty and perineoplasty surgery**. You will learn about the surgery, its risks, and other treatment(s) you may choose.

It is important that you read the 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

Vaginoplasty and perineoplasty are surgeries for women with vaginal and perineal looseness. If you feel that your vaginal opening has gotten bigger and is less tight, you may consider these operations.

The terms “vaginoplasty” and “perineoplasty” mean making the opening of the vagina smaller. Changes in your body caused by pregnancy, sex, childbirth, menopause, and age can make your vaginal opening larger. Many women are upset by these changes, which can be obvious to them and their sexual partners.

Vaginoplasty and perineoplasty are two of the most common surgeries done on the genitals (genital rejuvenation procedures). These operations involve cutting away extra tissue, tightening the perineal body and/or vagina, and closing the cuts. The surgery should leave you with a smaller vaginal opening.

ALTERNATIVE TREATMENTS

Surgery is not the only way to make your vaginal opening smaller or to get the results you want. You may want to opt for other treatments, like non-surgical tightening. Some options include using lasers or radiofrequency therapy. Some options can change how your labia looks but cannot change your actual vaginal opening or perineal area. Other types of treatment may have their own risks.

RISKS OF VAGINOPLASTY & PERINEOPLASTY SURGERY

All surgeries have some risks. It is important that you understand these risks. You must also understand other issues that might come up during or after your surgery. Every procedure has limits.
Choosing to have surgery means comparing the risks and benefits. Most people do not face problems, but you should discuss them with your plastic surgeon. Make sure you understand everything that might happen during and after your vaginoplasty and perineoplasty.

SPECIFIC RISKS OF VAGINOPLASTY & PERINEOPLASTY SURGERY

Scarring:

All surgeries leave scars. Some are seen more clearly than others. Some cause more problems than others. Although you can usually expect to heal well after surgery, your skin and deeper tissues might have unusual scars. How a scar looks can even change within the scar itself. Scars may appear different on your right or left sides (asymmetry). You may notice visible marks on your skin from stitches. Scarring from this surgery may result in painful sex or persistent arousal. In some cases, you may need to have more treatment, like surgery, to fix the problems.

Pain:

You will have pain after surgery. The pain you feel after surgery may vary in how strong it is and how long it lasts. Some people have continued pain. This may happen if some nerves are stuck in the scar tissue after surgery (neuromas) or to the tissue stretches.

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Skin Contour Irregularities:

After surgery, you may notice changes to the shape of your skin. You may see or feel wrinkles. The skin at the ends of any cuts or "dog ears" may change if there is extra skin. Such skin folds may get better with time, or it can be fixed with surgery.

Damage to Deeper Structures:

Surgery may injure parts of your body including nerves, blood vessels, muscles, the bladder, urethra, and colon/rectum. Your risk will be different depending on the kind of surgery you have. Injuries like this may heal or may be permanent.

Recurrence of Symptoms and Laxity:

After the surgery, you may notice ongoing or occasional looseness in your vaginal canal and/or perineum depending on how your body heals and how your tissues stretch with time.

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 **Vaginoplasty and Perineoplasty.**
2. I got the information sheet on Vaginoplasty and Perineoplasty.
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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