

## INFORMED-CONSENT- Labia-plasty

### INSTRUCTIONS

This is an informed consent document that has been prepared by Dr. Taylor to inform you about labiaplasty, the risks, and the alternative treatments. At your first visit we will educate you as completely as possible regarding the procedure. Then, we ask that you think the procedure over so that you feel comfortable with your decision. After your surgery has been scheduled, you will return to the office for a second visit called a “rediscussion”. At that time, you will meet with the Patient Co-ordinator and Dr. Taylor and you will be asked to sign these consent forms.

It is important that you read this information carefully and completely. Please bring these forms with you to your rediscussion visit. At that time you will initial each page, indicating that you have read the page and sign the last page, which is the consent for surgery as proposed by Dr. Taylor.

### INTRODUCTION

This operation is totally elective, therefore you must become as educated as you can. The decision to proceed must be based on your feelings only—not for or because of someone else.

### INDICATION

Excess labia minora tissue can hang down beyond the labia minora, in a flap like way. These flaps of labia can be bothersome to the patient for cosmetic or visual reasons alone, but can also cause discomfort wearing certain clothing and during sexual encounters.

### Surgical Technique

- can be done in office procedure room or in OR
- anesthesia: local with/without oral sedation (valium) or in OR with general
- time: 30 minutes
- sutures: dissolvable
- restrictions: 1-2 days—back to normal 3-4 weeks, sex- 4 -6 weeks
- post-op visits: next day, and 2 weeks

### TRADE OFFS

Temporary	Permanent
-pain,	-scars
-swelling	-change in appearance
-restricted activity	

### RISKS OF EXCISION OF LABIA:

You have had a consultation with Dr. Taylor concerning your labia excess. If you want to proceed with the removal of excess labia, you must first understand that, although they are rare, there are risks and complications involved with any procedure.

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual’s choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with Dr. Taylor and her staff to make sure you understand the risks, potential complications, and consequences of having the labiaplasty procedure done. The tissue removed is not sent to pathology, unless you request, and if so, there will be a fee from the pathologist.

**Bleeding-** It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-procedure bleeding occur, it may require emergency treatment or an unsightly bruise (hematoma) and cause delayed healing. Do not take any aspirin or anti-inflammatory medications for ten days before your procedure, as this may contribute to a greater risk of bleeding.

**Infection-** Infection is unusual after this type of surgery. Should an infection occur, additional treatment including antibiotics or additional procedures may be necessary. You will get peri-operative antibiotics to take.

**Scarring-** All surgery leaves scars, some more visible than others. Although good wound healing after a procedure is expected, abnormal scars may occur both within the skin and in the deeper tissues. Scars may be unattractive and of different color than the surrounding skin. There is the possibility of visible marks from sutures used to close the wound. Scars may also limit motion and function. Additional treatments including (injections, re-excision, gel sheeting, surgery etc.) may be needed to treat scars. The labia majora has some hair, and the labia minora does not. The hair bearing skin will be adjacent to the scar and help obscure it.

**Damage to deeper structures-** Deeper structures such as nerves, blood vessels and muscles may be damaged. The potential for this to occur varies according to where on the body excision is being performed. Injury to deeper structures may be temporary or permanent.

**Unsatisfactory result-** There is the possibility of an unsatisfactory result from the procedure. The procedure may result in unacceptable visible deformities, wound disruption, skin death and loss of sensation. You may be disappointed with the results of surgery. Your expectations of how the end result would be may be different than what your actual result is. Infrequently, it is necessary to perform additional surgery to improve your results. Any of the risks can occur to any patient. Dr. Taylor will work with you to improve your result if needed, within the parameters of the office policies. Every patient is different—in their anatomy and perception of the result. One person’s “fine” result may be another’s “major disfigurement”. It is the office policy to help you get the best result possible—for you. But you must work with us, and trust the judgment and expertise of Dr. Taylor.

### **Desire for Additional Labia Removal**

Occasionally after the first procedure, a patient may wish to have even more skin of the labia majora and/or minora removed. (Dr. Taylor will remove as much as safely possible in her judgment to provide good scar quality and safe wound healing.) After enough time has passed for the scar and tissues to heal, an additional resection (removal of tissue) can be done. This will be charged in the usual way for office touch-ups - \$500 to \$800 depending on the amount done. There is also a fee for surgical supplies ranging from \$50 to \$100. If too large to be done in the office, this would require additional costs, including Dr. Taylor’s fee, surgery center fee and anesthesiologist.

**Allergic reactions-** In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions, which are more serious, may result from drugs used during the procedure and prescription medicines. Allergic reactions may require additional treatment.

**Delayed Healing:** Although rare, it is possible to have slow healing which can cause longer discomfort and longer abstinence from sexual intercourse. Most are able to have unrestricted sex after 1 month, but each person is different and it can take longer.

### **ADDITIONAL SURGERY NECESSARY**

Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with surgical procedures. Other complications and risks can occur but are even more uncommon.

## **NO GUARANTEE**

The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.

## **HEALTH INSURANCE**

Most health insurance companies include coverage for non-cosmetic surgical labiaplasty procedures. If yours does, you are responsible for co-pays and deductibles. Please carefully review your health insurance subscriber-information booklet.

## **FINANCIAL RESPONSIBILITIES**

The cost of a surgical procedure involves several charges for the services provided. The total includes fees charged by Dr. Taylor, the cost of surgical supplies, and laboratory tests. Depending on whether the cost of the procedure is covered by an insurance plan, **you will be responsible for necessary co-payments, deductibles, and charges not covered.** Additional costs may occur should complications develop from the original treatment. Revisionary treatment would also be your responsibility.

EXTRA PAPERWORK FEES – We understand that extra documentation might be required by your employer for your surgery. As this is not considered usual and customary paperwork, there will be an additional fee of \$25 for this service.

## **REVISION POLICY**

On occasion, surgical revision for emergency reasons (bleeding, infection) may be indicated following the original procedure. If planned or performed within one (1) year Dr. Taylor will not charge you, however if you need to be operated on in the OR, there will be an OR fee and an anesthesia fee which will be your responsibility. If it can be done in the office, it will be done for a nominal fee (\$50-100) for the supplies.

## **BUDGET**

You must have a budget for time and money. Please do not cut it too close with either one. The time factor is unknown but it is always wiser to have more than enough time, than not enough. The same is true for the cost. It is our office policy to discourage financing for cosmetic surgery.

## **DISCLAIMER**

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Dr. Taylor may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

**A FINAL NOTE:** This form, although lengthy, is very important. It is crucial for you to understand that you are undergoing a surgical procedure – not buying a car or a dress. When you do not like the dress, you can get all or most of your money back and keep shopping. That is not the case with surgery –you can't take it back! Additionally, Dr. Taylor is not trying to sell you surgery—she will tell you if you shouldn't have it! If you are not comfortable with any aspect of this office, you are free to choose another surgeon. If you choose Dr. Taylor, you will be operated on by Dr. Taylor. This is a decision that requires trust and confidence - in each other. You must fully understand your personal responsibility in making the decision and trust that Dr. Taylor will do the best surgery possible. Dr. Taylor will trust that you, in turn, will be compliant with our post-op recommendations. When complications occur, as they inevitably do, through no fault of Dr. Taylor, or you, we rely on this special relationship--the doctor/patient relationship. It is this relationship that allows us to move forward, help improve the situation that has occurred, and allows everyone to be at peace about it. We will do our part to help you in every way possible.

By signing these forms, you acknowledge that we have done the following:

1. Explained the procedure in as much detail as requested for each patient.
2. Read through together, with verbal explanations as needed, the consent forms and allowed ample time for questions.
3. Showed pictures of the range of results obtained- emphasizing that these pictures are of different individuals and the result of every person is different- including the complications of bleeding, infection, asymmetry, and delayed healing.
4. Provided education on the post- op period as well as what to expect for the future.

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

# CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. Taylor and such assistants as may be selected to perform the following procedure or treatment:

**Labiaplasty/Labia reduction**

2. I recognize that during the course of the procedure and medical treatment, unforeseen conditions may necessitate different procedures than those above. I therefore authorize Dr. Taylor and assistants or designees to perform such other procedures that are in the exercise of her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to Dr. Taylor at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the procedure room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting ,lab processing and medical-device registration, if applicable.
9. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:  
a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN  
b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT  
c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED
10. I, \_\_\_\_\_, have reviewed this Informed Consent with Dr. Taylor and have had all my questions answered to my satisfaction.

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-10). I AM SATISFIED WITH THE EXPLANATION.

PATIENT'S SIGNATURE \_\_\_\_\_

Witness \_\_\_\_\_ DATE \_\_\_\_\_