

MEDILASER

COSMETIC SURGERY AND VEIN CENTER

3110 W. Main Street, Suite 150, Frisco, Texas 75033

Ph: 469-362-8665 Fax: 469-362-8085

LABIA MINORA REDUCTION (LABIAPLASTY) CONSENT

I, _____ hereby request and authorize Dr. Mauricio Giraldo to perform such surgical procedure(s) he deems necessary to improve the appearance and/or function for:

Labia Minora Congenital Deformity / Labia Minora Acquired Deformity

Diagnosis (for the condition)

THE FOLLOWING OPERATION(S) AS WE HAVE AGREED UPON: Labia Minora Reduction (Labiaplasty)

Labiaplasty is offered to women with excessive, redundant labia who suffer from unsightly contour lines and physical discomfort. Such women report pinching or chafing when sitting or walking, hindrance during intromission, and difficulty maintaining hygiene during menses or after defecation.

I understand that in addition to the general complications for any surgery, which include death, heart attack, pulmonary embolism (clots in lung vessels), deep vein thrombosis (clots in leg or in pelvic veins), hemorrhage (bleeding), infection and stroke, complications from this/these procedure(s) may include but are not limited to:

- Dissatisfaction with symmetry, size, shape
- Unforeseen abnormal scarring that requires additional surgery
- Possibility of hematoma, infection, skin loss, wound disruption, poor healing, loss of sensation and reaction to medicines
- Skin discoloration

For **women of child bearing age**: To the best of my knowledge, I am not currently pregnant. **Anesthesia can be harmful to the fetus.** If there is a chance I might be pregnant at the time of surgery, it is **my responsibility** to inform Dr. Giraldo.

Smoking related problems: Because alteration in blood vessels and circulation (especially in smokers and even in non-smokers) can result in skin and tissue loss (death) with wide scars and prolonged healing, **I therefore agree not to smoke for two weeks before and two weeks after my surgery.**

It must be recognized that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me as to the results of the operation or procedure; nor are there any guarantees against unfavorable results.

Rewrite the following: "I will not drive while on narcotic pain medications or sedative drugs prescribed by my cosmetic surgeon."

I acknowledge and give consent to pre-operative and post-operative digital photography. This digital photography may be used for the purpose of patient chart documentation, scientific presentations, patient awareness and education, or digital photography on the website of Medilaser, Cosmetic Surgery and Vein Center.

I understand the regular charge applies to all subsequent treatments. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or court cost and reasonable legal fees, should this be required.

I have read the above request and fully understand it. I acknowledge that the indications, risks, benefits and alternative methods of treatment were explained to me, have been given an opportunity to ask all questions regarding the treatment to be administered and am satisfied that I have been fully informed and understand the procedure(s) to be performed. With my signature below I hereby consent to the above.

Patient Signature _____ Date _____ / _____ / _____

Witness _____ Date _____ / _____ / _____

I, Dr. Mauricio Giraldo, certify that I have answered all the patient's questions regarding the above-mentioned procedure. I believe the patient fully understands what I have explained and answered.

Surgeon Signature _____ Date _____ / _____ / _____

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You are expected to read these before your surgery.

PRE-OPERATIVE INSTRUCTIONS: LABIA MINORA REDUCTION (LABIAPLASTY)

- 1) **BRING YOUR MEDICATIONS TO SURGERY!** Take your **antibiotic** medication the evening before surgery. Take your **anti-nausea** medication right **before leaving** for surgery.
 - ANTIBIOTIC: **Cipro** or **Amoxicillin**
 - ANTI-NAUSEA: **Phenergan/Promethazine** [Take 30 minutes prior to Hydrocodone]
 - PAIN: **Hydrocodone-Acetaminophen 10/325**
 - ANTI-ANXIETY: **Ativan/Lorazepam**
- 2) **DO NOT SMOKE** for two weeks prior to and two weeks after surgery. Smoking decreases your circulation and slows down healing time.
- 3) **DO NOT TAKE ASPIRIN, PLAVIX, IBUPROFEN, MOTRIN, ALLEVE, ADVIL, BUFFERIN, ANACIN, ANACIN-FREE, EXCEDRIN** or products containing aspirin, other NSAIDS (non-steroidal anti-inflammatory medications), Vitamin E, diet pills, fish oil, herbal medication, herbal or green tea, ginkgo, ginseng or garlic pills, for two weeks prior to surgery. Aspirin and some NSAIDS can thin your blood, so you do not clot and could increase your tendency to bleed at the time of surgery and during the post-operative period. It is very important not to stop drugs that interfere with platelets, such as Plavix, which is used after a stent. It is important if you have had a stent and are taking Plavix that you inform the surgeon. Stopping Plavix may result in a heart attack, stroke and even death. Be sure to check with your physician about any drug interactions that may exist with medications which you are already taking. If you have an adverse reaction, stop the drugs immediately and call your surgeon for further instructions. You may take Tylenol (acetaminophen) for pain.
- 4) **DO NOT DRINK ALCOHOLIC BEVERAGES** 2 days prior to surgery. Alcohol may create complications and increase bruising.
- 5) **IF YOU DEVELOP A COLD, FACIAL SORE, FEVER, OR ANY OTHER ILLNESS OR INFECTION PRIOR TO SURGERY**, notify us as soon as possible.
- 6) **SHAVE GENITAL AREA TWO DAYS PRIOR TO SURGERY.**
- 7) **5 DAYS PRIOR TO, EVENING BEFORE AND ON SURGERY MORNING**, shower using only antibacterial soap or **Hibiclense**®.
- 8) **WEAR COMFORTABLE CLOTHING.** Loose clothing and underwear after surgery.
- 9) **LEAVE JEWELRY AND VALUABLES AT HOME.** Do not wear hair clips, jewelry, or piercings.
- 10) **REMOVE NAIL POLISH FROM FINGERS AND TOES.**
- 11) **DO NOT WEAR BODY MOISTURIZERS.**
- 12) **SURGERY TIMES ARE ESTIMATES ONLY** - you could be at the facility longer than indicated.
- 13) **ARRANGE FOR A DRIVER TO AND FROM SURGERY.** We cannot discharge you to a taxi. Put a pillow and blanket in the car for the trip home.
- 14) **ONLY CLEAR LIQUIDS** by mouth after midnight prior to surgery.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE ITEMS. I understand that if I have taken any of the medications listed under #3, the surgery might be cancelled, and I may lose one half (1/2) of the surgical fee.

I have read and understand the above information: Initials_____

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Read these BEFORE the surgery before you are medicated. Get your responsible caretaker to read them. They will be doing the care.

POST-OPERATIVE INSTRUCTIONS: LABIA MINORA REDUCTION (LABIAPLASTY)

IF YOU EXPERIENCE EXCESSIVE PAIN OR BLEEDING, FULLNESS OR REDNESS IN TREATMENT AREAS, OR FEVER, CALL OUR OFFICE IMMEDIATELY: (469) 362-8665

- 1) **DRIVING** A family member or friend 18 years or older must drive you home from your surgery (it is best to have them stay and assist you the first 24-48 hours). Do not drive for at least 2 days after surgery or while taking prescription pain medication that may affect you or make you drowsy.
- 2) **CLOTHING** Loose clothing and underwear.
- 3) **FEMININE HYGIENE** No tampons. Use pads and liners for six weeks.
- 4) **BATHING or SHOWERING** No showering to surgical site for 48 hours. Baths should be avoided for 1 month.
- 5) **TREATMENT SITES** Keep surgical site as clean and dry as possible. Itching, pulling, pinching, hardness, tightness and/or numbness sensations are also normal. All should subside within 24 hours to 1 week but sometimes can last for months following surgery. This is a part of the healing process and your patience is appreciated.
- 6) **ACTIVITY** Start walking as soon as possible, as this helps lower the chance of blood clots. Experiencing more than mild swelling or discomfort may indicate that you are over-doing it. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. No intercourse for 6 weeks. Gently resume sexual intercourse as your body allows it. Initially, intercourse may be painful. Avoid strenuous activities, heavy lifting over 20 lbs., or vigorous or aerobic exercise for 6 weeks. Return to work 2-4 days.
- 7) **DIET** If you experience any post-operative nausea, try carbonated sodas and dry crackers to help settle your stomach. Nausea may likely be caused by your post-operative medications, and we advise that you take them with food whenever possible. If your stomach feels normal, start slowly with liquids and bland foods, resuming a regular diet. Please drink plenty of clear fluids.
- 8) **ALCOHOL** Alcohol dilates your blood vessels, which could increase post-operative bleeding. As alcohol combined with medication can be dangerous, it is especially important that you do not consume alcohol as long as you are taking over-the-counter or prescription pain medication following your surgery.
- 9) **SMOKING** We continue to stress the importance of not smoking. Smoking reduces capillary flow in your skin and can slow down healing time. **Do not smoke at all** during the first 6 weeks after surgery.
- 10) **EXPECTATIONS** Pain is normal and mild. Take analgesics and anti-inflammatories as prescribed. Bruising and swelling are normal for a few weeks. Apply ice. Discomfort while urinating is normal for a few weeks. Use running warm water in the genital area to facilitate the process. You may initially experience a mild depression that should begin subsiding after the first few weeks, once you see the bruising and swelling fade.
- 11) **POST-OPERATIVE MEDICATION** Take your medications as directed. If you are unable to take the medications for any reason, please contact our office at (469) 362-8665, so we can arrange for other medications.
- 12) **POST-OPERATIVE APPOINTMENTS** For your maximum healing and optimal long-term results, it is very important that you follow the schedule of appointments we establish after surgery.

Your first post-operative appointment is:

Day _____

Date _____ / _____ / _____

Time _____

I have read and understand the above information: Initials _____