



VULVAPLASTY INFORMED CONCENT FORM

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Date...../...../20....

Dear Patient, Dear Parent / Guardian

This form has been prepared to inform patients and their relatives about the surgery. The form should be read and then approved as a legal requirement. The information forms are provided to explain the foreseen risks and adverse conditions (complications) of surgical treatments, and to disclose information about other treatment options. Most of the identified risks are defined to meet the needs of patients in many circumstances. However, this form should not be considered as a document containing the risks of all forms of therapy. Depending on your own personal health condition or medical knowledge, your plastic surgeon can provide you different or additional information.

Please read carefully all the information listed below and do not sign the form on the last page before finding the answers to all your questions.

GENERAL INFORMATION:

The fact that the small lips of the female genital organ are too far ahead of the large lips can create problems both in terms of appearance and hygienic aspects. The procedure is a small group of procedures that can be performed under general anesthesia or sedation under local anesthesia if it is of a size that requires surgical intervention. The aim is to remove the long portion of the small lips and close the remaining tissue properly. The reduction of small lips is an operation to remove excess skin in the vaginal opening of the female genital organ. Sometimes the large labia minor may cause pain during sexual intercourse or may adversely affect clothing. Some may think that this image is disturbing. At the end of the recovery process, it is aimed that people are more comfortable in terms of clothing and not have any problems during sexual intercourse.

If there are any significant illnesses in the patient's past and the medications used continuously, the doctor should be informed. In addition, aspirin and similar blood thinners should be avoided for 10 days before surgery.

The amount of reduction before surgery is planned and drawn. The procedure is performed by injecting a local anesthetic or general anesthesia and vasoconstrictor medication to prevent bleeding and relieve pain. The stitch material used during the procedure are usually not required to be removed. Edema, tension and tenderness occur in the first 48 hours after the operation. To prevent this, it may be necessary to apply cold, wash the area with warm water and use antiseptic solutions. Antibiotics and pain medications are used after the procedure. Generally from the 3rd day, the tension in the surgical area starts to decrease and the movements become easier. After the 1st week, the activities of daily living are returned to a great extent. Sexual intercourse is not recommended before 3 weeks. Again in this period, it is beneficial to wash the area frequently and moisten it. 5-6 months after the procedure, from time to time stinging, burning sensation; Itching on the sewing line, redness is natural.

Complications related to this procedure can be summarized as follows;

Early Period: Bleeding: Bleeding foci are usually controlled with cautery during the procedure. However, early trauma may lead to new bleeding in the area and rarely require intervention.

Infection: This region is a very rich region from microorganisms. In the same way, when the region is rich in blood circulation, infection is not very common. Keeping it clean and using the recommended antiseptics reduce the chance of infection.

Wound disintegration: Early excessive tension, infection or trauma can lead to wound disintegration in this area. They are usually sized to be covered with dressings. Rarely, a wound dehiscence may also be encountered, requiring re-suturing. This is mostly the case in the presence of factors that adversely affect wound healing such as diabetes and cancer.

Late Period: Difficulty in sexual intercourse due to painfulness: It is extremely rare. It can sometimes occur for psychological reasons. In the first months, sexual intercourse may be difficult due to tension and pain caused by scarring. But after a few months, such a problem is usually not expected.

Another problem that may be experienced in the late period is that the small lips remain long or short about adjusting the neck. This can be avoided with good planning.

Informing Consent of Patient, Attorney or Guardian

- My doctor gave me the necessary explanations about my health.
- I have detailed information about the planned treatment / intervention, its necessity, the course of the intervention and other treatment options, their risks, the consequences that may occur if not treated, the likelihood of success of the treatment and the side effects.



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- I understand what I need to consider before and after treatment / intervention
- He explained that during the diagnosis / treatment / intervention all the documents and samples taken about me can be used for educational purposes.
- My doctor answered all my questions in a way that I could understand.
- I have learned about the people who will apply treatment / intervention.
- I'm on my mind and I see myself as being competent to decide.
- I know that I do not have to give consent to the treatment / intervention if I do not want to, and / or may stop the process at any time.

Estimated Time of Operation: 40-50 minutes

Important Features of Medicines to be Used: During my stay in the hospital, I received information about the important features (what they are used for, their benefits, side effects, how to use them) about the drugs to be used for diagnosis and treatment.

Critical Lifestyle Recommendations for the Patient's Health: I received information about my lifestyle (Diet, bath, medication, movement and / or restraint status) after my treatment / surgery.

How to Reach Medical Help on the Same Subject: I received information on how to get medical help (My own physician, a different physician, the clinic under treatment and 112 in case of emergency).

Contact Us Phone Numbers: Hospital Phone: +90 212 274 69 25 - 444 25 93

You can ask your doctor for more detailed information about the procedures.

I hereby confirm that I am satisfied with the verbal and written explanations. I consent consciously and with my own will to all treatments applied in the intervention or surgery, also to treatments which may be needed after the operation, as well as to all above stated issues and verbal statements declared.

Date:...../...../..... Time:.....

IF THE PATIENT'S CONSCIOUS	IF THE PATIENT'S UNCONSCIOUS AND ACCOMPANIED BY HIS/HER LEGAL REPRESENTATIVE
Patient's Name Surname :..... Address :..... Phone :..... Signature :	legal representatives* or guardians Name Surname :..... Address :..... Phone :..... Signature :
Doctor Name Surname: Signature:	Doctor Name Surname: Signature:
Witness **: Name Surname: Signature:	Witness **: Name Surname: Signature: