

PLEASE BRING THIS FORM WITH
YOU TO THE HOSPITAL.



Labiaplasty

Consent Form

Section 1: Surgery

You have requested Doctor Konrat to perform the following surgery:

This is a legal requirement, and Dr Konrat needs to have your consent to operate on you.

To give your consent, you need to be informed of the risks as well as the options & alternatives to surgery. Dr Konrat has explained these during your consultation.

If you are uncertain about anything in this form, please call Brisbane Cosmetic Clinic on 07 3391 5710 to ask a question or make an appointment for another consultation.

Third Party Consent

A training Doctor or Surgeon or other third party may be required to attend your surgery. You will be informed of this prior to your procedure.

Tick Yes, if you consent for a third-party person to be present.

Tick No if you do NOT wish to have a training Doctor or Surgeon to be present at your surgery.

Yes No

Patient Signature

Section 2: Risks and Complications

You should not undertake surgery unless you accept the possibility that you may wish to have, or need to have, further surgery at some time in the future. If further procedures or surgery were required due to complications, there would be out-of-pocket expenses.

These would include the hospital and specialist anaesthetist fees.

Further procedures may occasionally be requested to achieve the results desired. In this case, the out-of-pocket expenses will include surgical fees.

Dr Konrat has explained that there are specific risks associated with your surgery, and these include:

- **Bleeding:** Bleeding may rarely occur, and if so, may cause a blood clot or hematoma. This may require a return to the operating room to remove the blood clot and/or stop the bleeding.
- **Bruising:** There will be bruising after the surgery. This varies from mild to moderate, depending on your own clotting system's function. This usually settles after approximately 2 weeks.
- **Wound dehiscence:** This occurs when either a stitch dissolves too soon, or when the scar line has not healed as quickly as expected and widens slightly. This can occur in up to 1-3% of operations. If infection is involved, the infection is treated and once resolved, widened scars may be revised if needed or desired. This is rare.
- **Infection:** Mild wound infection may complicate the operation in approximately 2% of operations. The infection is usually treated with antibiotics if required. If persistent, swabs are taken and sent to pathology for testing. Patients with Herpes are susceptible to an outbreak prior to or following surgery due to surgical stress. An outbreak following surgery may cause complete wound breakdown. If this occurs, complete resolution of the infection must occur before revision surgery can take place. Revision surgery has been reported 100% successful. Advising your doctor that you have Herpes will allow your Doctor to prescribe medication to reduce the risk of an outbreak.
- **Scars:** Because female genital surgery involves incisions in an area that is very rich in nerve endings, a risk exists of painful scars. This is very rare and usually resolves completely over 6 weeks to 3 months following surgery. Healing is intrinsically unpredictable and different from person to person. Wide, lumpy or irregular scars may occur after surgery for many reasons. This area of the body is very glandular and contains hair follicles with glands which can become inflamed and lumpy for some months following surgery. Further revision surgery or Laser resurfacing may be requested to improve this.
- **Stitches:** All stitches are dissolvable. Some stitches will take longer in some people to completely dissolve and may be visible weeks to months after surgery. If required, extra visits to the clinic will be required to assist with this.

Risks related to Anaesthesia & Sedation

- Aspiration
- High temperature
- Incomplete anaesthesia
- Rash
- Anaphylaxis
- Unknown reaction to medications
- Allergy
- Difficulty breathing.
- Lung secretions causing chest infection post- operatively.
- **DVT:** Clot in leg veins. May cause leg swelling and pain in the calf muscles. Clots may travel to the lungs causing severe breathing difficulty and rarely, death. With adequate precautions, which are routinely taken, including medications, compression stockings and early mobilisation, these complications are extremely uncommon.

Section 3: Patient Consent

- **Disclosure:** Dr. Konrat and her staff have fully informed me regarding my surgery. I have also read, and I understand the Pre/ Post-Operation Instruction sheet.
- **Procedure:** I understand what procedure I am having and the extent of the surgery that has been planned.
- **Questions:** I have had a chance to ask all the questions I have and have been satisfied with the answers given. I am free to ask questions at any time. I have no further questions currently.
- **Benefits:** The benefits have been fully disclosed and I fully understand them. They include improved comfort, possible reduced chaffing, inflammation, and associated infection.
- **Risks:** The risks have been fully disclosed and I completely understand and accept these risks, including, but not limited to those in Section 2. Dr Konrat has explained to me that sometimes during surgery it is discovered that additional or other surgery is needed to achieve the desired results. Life-threatening incidents will be treated at my doctor's discretion.
- I understand that every individual heals differently.
- I understand that variable blood supply may hamper proper healing.
- I understand that activities I perform may damage the procedure performed and that strict adherence to my post-op instructions is critical.
- I understand that I am not allowed to have sexual relations until cleared by Dr Konrat (minimum 4-6 weeks).
- I understand that scarring from reaction to stitches, infections, and/or keloids may occur and that all scars may not be hidden from view, or may be more prominent, depending on the healing process.

Section 3: Patient Consent cont'd

- Wound revision(s) or resurfacing procedures may be needed to achieve the desired look and appearance and may incur further operating theatre or surgical fees.
- I understand that consultations and revisions performed by other surgeons are my financial responsibility.
- I understand that revision may not be able to accomplish the cosmetic goals I am seeking.
- I understand that Dr Konrat does not guarantee that she will be able to achieve the results I am seeking. No guarantees have been implied or given.
- I understand that I must be discharged into the care of a responsible adult.
- Since this is an elective procedure, I have had the chance to research other surgeons and surgical approaches.
- The options of care have been fully discussed, such as outside consultations and surgery, no surgery, expectant management (wait and see), medical management, or to proceed with the agreed-upon procedure. I have chosen to proceed with the elective procedure willingly and without hesitation at the time frame of my choosing.

Photography / Video Film Release

- I understand that Dr Konrat needs to take photographs of the treatment area from several angles as part of evaluating the outcome of the surgery. I consent to the taking of these pictures.

Initial here: _____

- In addition, I voluntarily consent to the publication and use of my pre and post-surgery pictures and/or video footage by Dr Konrat for the following purposes: educational, medical publications, medical journals, research papers and medical conferences. In the case of this surgery, photography will not include my face.

Initial here: _____ (Please put a line through any exclusions.)

In signing this consent for surgery, I acknowledge that I have been informed about its risks and complications and accept responsibility for the clinical decisions that were made, along with the financial costs of all future treatments.

Financial Consent

I understand that the cost of surgery involves several charges for the services provided, and these have been itemised in the formal quotation I received prior to booking this surgery. I am aware that the total includes fees charged by Dr Konrat as my surgeon, the Day Surgery fees, the specialist Anaesthetist fees, and in some instances, laboratory tests.

The fees charged for this procedure do not include any potential future costs for additional procedures that I might require or elect to have to revise, optimise or complete my outcome. Additional costs may occur, should complications develop from the surgery. Secondary surgery or hospital day surgery charges involved with revision surgery will be my responsibility.

Declaration by Patient/Parent/Advocate

I acknowledge that Dr Konrat has provided me with information concerning the procedure, the likely results, available alternative treatments, including the option of no treatment at all, and has answered all my specific queries and concerns about my procedure.

I understand that some of the above risks are more likely if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

I also understand that some of the above risks are more likely if I choose not to follow all post-operative instructions.

I understand that improvement, not perfection, is the aim of this procedure. Complications may develop and a further procedure may be required to improve the result.

In signing this consent for surgery, I acknowledge that I have been informed about the risks and complications of this surgery including the need for post operative appointments. Not attending my post operative appointments may result in my not receiving the correct treatment and care and therefore may adversely affect the result of my surgery.

Patient/Parent/Advocate Name

Patient Signature

Date

Section 4: Declaration by Dr Konrat

I declare that I have personally explained the nature of the patient's condition, the need for treatment, the procedure to be performed, and the risks and alternatives outlined above.

I have given the patient, or the person named above an opportunity to ask questions, which I have answered as comprehensively as possible to the best of my knowledge.

Dr Georgina Konrat
Bsc (Melb), Bsc Syd (Hons), MBBS (Syd) FACCSM

Date