

THE REED CENTRE for Ambulatory Urological Surgery

1111 KANE CONCOURSE, BAY HARBOR ISLANDS, FLORIDA 33154

Phone (305) 865-2000/ Fax (305) 865-2002

INFORMED CONSENT FOR REDUCTION OF CLITOROMEGALY

1) I hereby request and authorize Dr. Harold M. Reed, who may be assisted by his designated urological associates, surgical technicians, to perform the urological operation entitled "Clitoroplasty Reduction(as above)".

2) I understand the technique Dr. Reed will employ will be eclectic in nature. That is, he will draw upon various recognized techniques described in urological literature depending upon anatomical variations and a desire to produce the optimal result.

3) Dr. Reed has discussed his case experience with me but has not made any promise of a specific performance, or guaranteed whether expressed or implied, a specific result.

4) I have abstained from smoking for 2 months prior to this procedure and will abstain for 2 months following this procedure.

5) I understand the maintenance of personal hygiene, especially genital cleanliness is extremely important in preventing post-operative infection.

6) Postoperative swelling of the perineum, pubis or clitoral surrounding is to be expected and may last up to four weeks. Some numbness surrounding the incisional area may occur lasting up to several months, but usually resolves with time.

7) **POTENTIAL COMPLICATIONS:** abscess and or infection, wound separation, less than optimal **cosmetic or** functional result, unaesthetic scars, neurological injury, clitoral atrophy, necrosis, prolonged incisional edema and pain.

8) In the remote a hospital transfer is required, you the patient will be responsible for the hospital bill and that of any physician called in to attend to you.

9) Intended area of incision have been shown to me via medical illustrations and/or photographs of other patients.

10) A near perfect result may or may not be obtainable during phase two.

11) Touch-ups and revision may be subsequently required which is customarily performed under local anesthesia at no charge. If a general anesthesia is requested an additional fee of \$650.00 will be tendered by the patient.

12) I understand that I am to be in a convalescent status with a generous amount of bed rest for the next 2 days after surgery. For 2 months after surgery I will not engage in any stressful physical exercise including bending, lifting or participation in sports. I will abstain from sexual relations for 2 months following surgery.

13) I give permission for genital photography before, during, and after the procedure, and agree that these photographs shall be property of Dr. Harold M. Reed, and may be utilized for, but not limited to: publication in scientific journals, or presented for scientific reasons or in a manner directly related to the practice of medicine. Permission granted Yes: _____ No: _____

14) I have been given a choice of anesthesia and also anesthesia providers, i.e. anesthesiologist versus CRNA (certified registered nurse anesthetist) certified P.A. Should either be employed, the administering of anesthesia is an independent function and any questions should be addressed directly to the anesthetist or anesthesiologist. A remote complication of regional anesthesia is inadequate pain control.

15) Dr. Reed has a proprietary interest in this Centre. You may wish to consider alternative sites for evaluation and treatment.

I am aware that Dr. Reed has elected under the provisions of Florida State Law not to carry professional liability insurance.

Pursuant to statute 64B8-9.0091, (FAC), this surgical facility is not operating as an ambulatory surgical centre (ASC) for the purposes of this consent.

16) I have read and signed the above consent in the presence of a witness whose signature appears below, after I have had an opportunity to question Dr. Reed regarding any unfamiliar medical terminology.

PATIENT: _____ DATE: _____

WITNESS: _____

I have personally discussed with the patient the above described proposed surgery, its risks and potential complications, as well as the alternatives available.

For emergencies: back line 1-305-865-2003, cell 1-828-606-4504, vacation home 1-828-891-1087.

HAROLD M. REED, M.D.