THE REED CENTRE
for Ambulatory Urological Surgery
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INFORMED CONSENT FOR AUGMENTATION PHALLOPLASTY

1) I hereby request and authorize Dr. Harold M. Reed, who may be assisted by his designated urological associates and surgical technicians, to perform the urological operation entitled "Augmentation Phalloplasty" in an effort to provide additional length to the penile shaft. I am aware of the possible alternatives in the management of diminished penile length including: a) behavioral therapy; b) weight reduction; c) augmentation phalloplasty, d) use of traction alone (without surgery) and understand the advantages of each. Circumcision by itself is not a valid alternative because it will not augment penile length, although it may "unmask" the glans (head) of the penis.

2) The length of my penile shaft when erect is now _____ inches. These measurements have been made in a well lit room using a standard ruler with the edge of the ruler (0.0") set gently against the pubic area.

3) 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. Distinguished Urologists whose articles may be referenced include Dr. Max Maizels (Children's Memorial Hospital of Chicago, Illinois), Dr. Stephen R. Shapiro (Pediatric Urological Medical Group of Sacramento, California), Dr. John N. Kabalin (Palo Alto Veterans Administration and Stanford University), Dr. L. Subrini (Department of Urology, Clinique of Saint-Roch, Montpellier, France) and Dr. J.H. Johnston (Alder Hey Children's Hospital of Liverpool, England).

4) 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.

5) Postoperative swelling of the penis and pubis is to be expected and may last up to six weeks. Some numbness in the top side of the penile shaft distal to the incision may occur lasting up to several months, but should resolve completely in time.

6) Intended area of incision just above the base of penis as well as scrotal flap incisions (seldom employed) which may be employed to cover the base of the denuded penile shaft have been shown to me via medical illustrations and/or photographs of other patients.

7) Suction lipectomy (fat suction) of the suprapubic fat pad and/or direct contoured suprapubic lipectomy may be employed as necessary to remove an accumulation of overhanging "privileged" fat. However, this cannot be done at the same time unless pre-discussed on an individual basis as pubic liposuction tends to produce marked genital swelling which will lead the patient to procrastinate on use of penile traction, an important adjunct for the success of surgery.

8) The technique essential to the operation will be transection of the fundiform ligament (superficial suspensory ligament of the penis) and deep suspensory ligament of the penis as necessary. Release of these ligaments will allow for corporal length (in the root of the penis to peel away from the pubic bone which will ultimately give additional length to the pendulous penile shaft. An incision made in the lower aspect of the pubis may be devised to cover the top side of the newly enlarged penile base.

The ultimate additional length is a function of how much transferable "root" is in reserve and how close on a lateral view the pubic pad with covering skin can be drawn inward to the pubic bone.

9) As a corollary to the above described technique (item 8) the penis when erect in a standing patient following surgery may not be as elevated, as before. This is not expected to interfere with coitus, and is part of the "trade-off" which occurs when the suspensory ligament is severed. Also by virtue of peeling the erectile bodies off the pubis, the base of the shaft may take-off from the pubis somewhat lower than before although this is seldom noticeable to the patient. Some deviation to the left or right may occur, although few penises hang or protrude perfectly straight.

10) The vascular and nerve supply to the penis which produce erection are deep to the area of surgical dissection. However, although exceedingly remote, it is conceivable that in a very large series of cases a few patients may report some degree of sensory and erectile impairment or even outright impotency following this procedure.

11) I recognize that there are inherent risks in all surgical procedures and can appreciate the possibility of side effects and complications stemming both from the procedure and recovery there from including but not limited to hematoma which is a localized collection of blood or blood clot, infection, neurological numbness stemming from possible neurological injury although I know Dr. Reed will take every precaution.

12) 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.

13) I will call Dr. Reed immediately if there are any concerns and keep my appointments with him.

14) I have discussed this procedure with my sexual partner or "significant other" and have gained their approval, or after careful consideration of my situation and relationship have decided to proceed. I and my partner are aware that there will be a period of sexual abstinence, and can appreciate the emotional consequences of this hiatus, as well as any unanticipated complications stemming from this procedure. I have any significant emotional disorder presently.

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

16) I have abstained from smoking for 2 weeks prior to this procedure and will abstain for 2

months following this procedure.

17) I understand that I am to be in a convalescent status with a generous amount of bed rest for the first week after surgery and for one month after surgery I will not engage in any stressful physical activity including excessive bending, lifting or participation in any sports. I will abstain from sexual relations for 6 weeks following surgery.

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

19) I understand that Dr. Reed, during the operative procedure, will be occupied totally with surgery and that the administration of anesthesia is an independent function.

20) The results of penile lengthening are "65%" attributable to the patient's use of traction for a minimum of 8 hours every 24 hours in divided sessions. I am able to devote this amount of time each day for this purpose. I have familiarized myself with various traction systems and know beforehand which one I will use.

21) From surgery Dr. Reed has estimated but not guaranteed my length result will be about 3/8" and with dedicated traction usage, I may expect approximately a 1/8" gain every month. Individual variations in length gain is to be expected. 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. The blank space (article 2) has been filled in and initialed prior to my signing.

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

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

_____ _____ _____

PATIENT DATE TIME

_____

WITNESS

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

_____

HAROLD M. REED, M.D.

(conaugphall 10/30/95)