

INFORMED CONSENT FOR PENILE GIRTH ENHANCEMENT USING  
AlloDerm/BellaDerm

1. I hereby request and authorize Dr. Harold M. Reed, assisted by his designated personnel to perform the urological operation entitled "Girth Enhancement using "AlloDerm or BellaDerm". AlloDerm is a cadaveric, acellular dermal graft processed at a tissue laboratory, and treated to remove any bacteria or viruses, and is not FDA approved for this specific purpose, although approved as a filler for skin contour deficiencies.

I am aware that progressive enlargement of the shaft will relatively speaking diminish size of glans (head) and the conformation will be atypical. I realize my operation is fraught with risks, especially revision procedures where this risk is enhanced. I understand Dr. Reed feels this procedure is not cosmetically absolutely necessary and especially AlloDerm placement at the penile scrotal angle where folding normally occurs can lead to failure of the AlloDerm to heal smoothly against the penile shaft and that I have been advised to obtain another opinion from a cosmetically oriented surgeon. AlloDerm that is angulated could heal in a palpable lump.

2. Dr. Reed has discussed his case experience with me but has not made any promise of a specific performance or guaranteed either expressly or by implication a result.

3. Post-operative swelling of the penis is to be expected and may last from six to eight weeks.

4. I agree to stay at a nearby motel on bed rest (laying on my back or on my side) for 4 additional days after surgery (surgery is the zero day), getting up only to use the restroom and sitting up to eat.

5. Patches of induration or firmness under the penile skin may be felt for a period of time up to a few months. This in itself should not interfere with sexual activity, once superficial wound healing is complete.

6. Some diminution of initial gain in penile circumference is to be expected as a result of resolution of surgical edema (swelling).

7. In this procedure the leading edge of the AlloDerm strips are introduced just under the rim of the head of the penis.

8. The penis is not to be used for penetrating sex for at least 6 weeks to permit optimal healing. Physical trauma to the penis and undue pressure and squeezing is to be avoided. Such events during the first few weeks can lead to unwanted bruising and displacement of the AlloDerm strips.
9. 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.
10. I have not been treated by a psychologist, psychiatrist, or physician for any emotional disorder, nor do I believe I have any significant emotional disorder presently.
11. I have abstained from smoking for 2 weeks prior to this procedure and will abstain for 2 months following this procedure.
12. Complications of this procedure include transient loss of sensitivity, pain or discomfort, a collection of blood under the skin (hematoma), a collection of serum under the skin (seroma), separation of incisional margins (dehiscence), transient black and blue bruising (ecchymosis), deviation of hanging or erect position of the penis post surgery, possible calcific deposits, and possible loss of penile shaft skin secondary to pressure effects from the grafting process. I can appreciate that with any surgical procedure there may be unforeseen complications as well and any complications may be serious and require extensive follow-up care.
13. I will call Dr. Reed immediately if there are any concerns and keep my follow-up appointments with him.
14. The patient consents to medical photography before, during and after treatment, and that these photographs become the property of Dr. Harold M. Reed, and may be utilized for but not limited to publications in scientific journals, or presentation in a manner related to medical practice.
15. I have been given a choice of anesthesia and also anesthesia providers, i.e. anesthesiologist versus CRNA versus certified P.A. The administration of anesthesia should an anesthesiologist or anesthesiologist be employed is an additional fee of \$600.00, the administering is an independent function and any questions regarding anesthetic management should be addressed directly to the anesthesiologist. A remote complication of general anesthesia is inadequate intubation, and a remote complication of spinal anesthesia is inadequate pain control.