

INFORMED CONSENT FOR CLOSURE OF VAGINA (COLPOCLEISIS)

1. I hereby request and authorize Dr. Harold M. Reed, M.D. who may be assisted by his designated urological associates and surgical technicians, to perform the urological operation entitled "Colpocleisis" closure of vagina.

Colpocleisis involves the removal of vaginal epithelium by cauterization and subsequent imbrications (sewing together) of the vaginal muscularis (wall). The vagina is not removed, but the intent of this procedure is to close the cavity, which is helpful to reduce complications from urethral extension following metoidioplasty, namely fistula formation.

The lining of the vagina or mucosa is cauterized ultimately leaving a raw granular surface which is closed internally with a suture placed in a purse string like manner. A drain is placed within for several days to avoid fluid collections. Complications can include bleeding or infection and conceivably injury to adjacent structures although in my experience this has not happened.

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

3. Post-operative swelling of the labia, bruising, and some spotting may be noted and may last up to six weeks. Minimal areas of numbness may occur lasting for a few weeks.

4. I have already had a bilateral salpingo-oophorectomy (removal of ovaries and tubes) and laparoscopically assisted total hysterectomy with removal of cuff of vagina.

5. 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 therefrom including but not limited to hematoma which is a localized collection of blood or blood clot, infections, neurological numbness stemming from possible neurological injury although I know Dr. Reed will take every precaution.

6. 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.

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

8. 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 "permanent" sexual abstinence, and can appreciate the emotional consequences of this hiatus, as well as any unanticipated complications stemming from this procedure. Presently, I do not have any significant emotional disorder.

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

I have abstained from smoking for 6 weeks prior to this procedure and will abstain for 2 months following this procedure.

I understand that I am to be in a convalescent status with a generous amount of bed rest for 2 days after surgery. 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 five weeks following surgery.

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

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.

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

---

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.

Harold M. Reed, M.D.