

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 MALE TO FEMALE SEXUAL CONVERSION (penectomy, orchiectomy, feminizing genitoplasty)

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 "Male to Female Sexual Conversion (as above)". I am aware of the possible alternatives in the management of gender dysphoria including: a) behavioral therapy; b) cross dressing; c) incomplete conversion, and understand the advantages of each.

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

5) POTENTIAL COMPLICATIONS that might result include blood loss with need for transfusion, injury to pelvic organs including rectal bowel or bladder perforation, recto-vaginal and urethra-vaginal fistula, abscess and or infection, wound separation, less than optimal cosmetic or functional result, inadequate vault depth or girth, unaesthetic scars, neurological injury, clitoral atrophy, necrosis, prolonged incisional edema and pain.

6) 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.

7) Intended area of incision have been shown to me via medical illustrations and/or photographs of other patients and the technique to construct a vagina have been shown to me.

8) I realize a second stage will be necessary usually 3 months or so after this procedure and other touch-ups and revision may be subsequently required. If you request the services of an anesthetist, a fee of \$500 will be tendered by the patient.

9) I have been evaluated by at least 2 licensed therapists, one who has a doctoral degree and other at least with a master's degree and feel emotionally ready to accept penectomy, removal of testes, neo-vaginoplasty, voiding seated, and understand this procedure should be considered irreversible.

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10) 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.

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

12) I recognize a catheter will be left indwelling for 12 days, pull up sutures are usually removed in 7 days and subsequently a tutor will be required to maintain depth.

13) The use of dilating stents are directed several times a day is absolutely essential to maintain depth and girth and without their usage and/or subsequent routine penetrating sex, the vagina will close in for which the remedies may include, A. dilation under analgesia (pain medication) or anesthesia, B. secondary surgery which may include colonic vaginoplasty and skin grafts. If any problems are experienced with dilation, I will call Dr. Reed's office immediately.

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

15) I have abstained from smoking for 1 month prior to this procedure and will abstain for 2 months following this procedure.

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

17) 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, FAC, this surgical facility is not operating as an ambulatory surgical center (ASC) for the purposes of this consent.

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(PNECTOMY, ORCHIECTOMY, FEMINIZING GENITOPLASTY)

18) I have been given a choice of anesthesia and also anesthesia providers, i.e. anesthesiologist (medical doctor) versus a CRNA (certified registered nurse anesthetist). Should an anesthetist or anesthesiologist be employed, the administering of anesthesia is an independent function and any questions regarding anesthetic management should be addressed directly to the anesthesia provider. A remote complication of regional anesthesia is inadequate pain control and remote complications of general anesthesia are inadequate intubation and pulmonary and tracheal irritation.

19) 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 alternatives sites for evaluation and treatment.

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.

PATIENT DATE TIME

WITNESS DATE TIME

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

Harold M. Reed, MD

(rev. 6/1/2015)