	QUALITY MANAGEMENT DOCUMENTS	Doc. Number: HD-FR-782 Issue Date: 10.05.2024
	LABIOPLASTY (REDUCTION OF SMALL LIPS) SURGERY INFORMED CONSENT FORM	Revision No:00 Revision Date:... Page No: 1 / 4

Patient Name-Surname :

Date : Protocol No :

GENERAL INFORMATION

It is your natural right to be informed about your medical condition and all recommended medical/surgical treatment and diagnostic procedures for the treatment of your disease. After learning the benefits and possible risks of medical treatment and surgical interventions, it is up to you to decide whether or not to consent to the procedure. The purpose of this statement is not to scare or worry you, but to make you a more conscious partner in decisions regarding your health. If you require, all information and documents regarding your health can be given to you or a relative you deem appropriate. This form has been prepared to help the physician who follows you inform you about the risks of the treatment / intervention planned to be applied to you and alternative treatment methods. Please read this form completely and carefully and sign this consent form after reading the form and after all your hesitations about the relevant procedure have been resolved by the physician.

ISSUES YOU NEED TO KNOW ABOUT YOUR DISEASE

Labioplasty is a genital-sexual aesthetic surgery performed on the small lips at the entrance of the vagina, the genital organ of the woman, called the labium minus. Nowadays, many women consult doctors with complaints of sagging or asymmetry in the labia minora (one labia being larger and sagging than the other). These sagging lips cause women to lose sexual and personal self-confidence due to poor genital appearance, as well as ongoing genital discharge because they increase the possibility of infection. The operation in which sagging or excessively large labia minora in the genital area is reduced and corrected is called labiaplasty, and is also popularly referred to as reducing the small lips or reducing the size of the labia minora. Through labiaplasty surgery, the labia minora are generally reduced by removing their excess. When performing labiaplasty surgery, it is very important how much tissue will be removed from the labia minora and how much of it will be left in order to achieve successful results. The desired form of the labia minora after surgery is decided by examining the patient's vaginal structure and external genitalia and discussing it with her.


ANESTHESIA

In the anesthesia information form, you will see information about anesthesia and possible risks. If you have any concerns, consult your anesthesiologist. If an information form is not provided, please request it. General Information:

RISKS OF SURGERY

General risks and complications:

Complications that may be encountered with this procedure can be summarized as follows; Early Period:

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- **Bleeding:** Generally, bleeding foci are controlled with the help of cautery during the procedure. However, early trauma may cause new bleeding in the area and may rarely require intervention.
- **Infection:** This region is very rich in microorganisms. Likewise, when the area is rich in blood circulation, infection is not common. Keeping it clean and using recommended antiseptics reduces the possibility of infection.
- **Wound dehiscence:** Excessive tension, infection or trauma in the early period may cause wound dehiscence in this area. They are usually of a size that can be covered with dressings. Rarely, a wound dehiscence requiring re-stitching may also occur. This is more the case in the presence of factors that negatively affect wound healing, such as diabetes and cancer.


Late Period:

- **Difficulty in sexual intercourse due to pain.** It is an extremely rare condition. Sometimes it may occur for psychological reasons. In the first months, sexual intercourse may be difficult due to the tension and pain caused by the scar. But after a few months, such a problem is usually not expected.
- **Another problem that may be experienced in the late period** is the situation where the labia minora remain too long or short due to the adjustment of their length. Anatomical success and the patient's wishes may not be the same. It is based on general standards.
- **Color change that may occur in the late period** is not predictable. It is related to a person's skin health

WHAT KIND OF TREATMENT/INTERVENTION WILL BE APPLIED (MUST CONTAIN INFORMATION ABOUT ALTERNATIVE TREATMENTS):

Labioplasty surgery is needed due to sagging or asymmetry (one labium being larger and sagging than the other) problems in the labia minora of the female genital organ. Since these sagging lips cause women to lose sexual and personal self-confidence due to poor genital appearance, as well as ongoing genital discharge due to increasing the possibility of infection, labiaplasty surgery is preferred by women who want to get rid of these complaints. Other reasons include preventing sports and exercise and getting stuck in underwear.

Labioplasty surgery is performed under local or general anesthesia, using self-dissolving stitches to avoid any problems with stitch removal afterwards. The problem of deformity, sagging or asymmetry in the labia minora is determined by the doctor by examining the vaginal structure and external genitalia, and in consultation with the patient, it is decided what form this area will take after the surgery. After this stage, incisions are made and the excess on the labia minora is removed, and after the desired shape is given, stitches are made. Our doctors prefer to perform the incisions in labiaplasty surgery with gynecological Er-yag laser so that there is less bleeding, the patient feels less pain and discomfort after the surgery, and especially the shortening of the healing process. This surgery does not damage the hymen and does not cause any harm or obstacle to sexual intercourse, orgasm, pregnancy and giving birth. Post-operative wound healing is completed within a week. When viewed from the outside, the surgery scar is not noticeable. You can take a shower 2 days after labiaplasty surgery. Please remember that you must follow your doctor's recommendations to ensure the success of your labiaplasty surgery and to avoid any health problems.

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EXPECTED BENEFITS OF THE PROCESS

Making the necessary incisions during labiaplasty surgery with a laser device causes less bleeding during the operation and minimal post-operative pain and discomfort. In addition, since the incisions made with laser are of better quality, the patient's post-operative recovery period is shortened and the success rate expected from the operation is significantly increased. For these reasons, recently both our doctors and our patients have started to prefer the use of laser devices in labiaplasty surgery.

What are its effects on pregnancy?

The inner lip operation does not pose any obstacle to getting pregnant or giving birth naturally.

What are the effects of surgery on sexual life?

The inner lip operation, that is, labiaplasty, does not constitute an obstacle for a woman to have sexual intercourse, on the contrary, if she has a thick and large labium, that is, her lips, after this operation, it will be easier and painless for her to have sexual intercourse. Our patients state that they have a more enjoyable sexual life because the inner lip operation does not cause any problems in orgasm during sexual intercourse and makes sexual intercourse more comfortable and peaceful.

What are the effects of surgery on the urinary tract?

There is no problem with urination after the inner lip operation, even those with large and thick lips state that they wet their legs due to the sensation of urinating after this operation, and these complaints disappeared after the operation.

When Can I Have Active Intercourse After Surgery?

Following the inner lip operation, the healing of the relevant area takes around 8 to 10 days, depending on the person. Active sexual intercourse can be had approximately 20-25 days after the end of the operation.

ISSUES TO BE CONSIDERED BEFORE THE PROCESS

If the patient has any significant illnesses in his/her past or any medications he/she uses regularly, the doctor should be informed. Additionally, aspirin and similar blood thinners should be avoided for 10 days before surgery. Before the surgery, the hair in the surgery area should be cleaned.


PERSONAL INFORMATION

.....
 Patient Name and Surname :..... Signature:..... Date:.....

Physician Name Surname:..... Signature:..... Date:.....

I consent to the review of clinical information from my medical records for the purpose of furthering medical study, medical research and physician education, provided that the patient confidentiality rules in the patient rights regulation are adhered to. I consent to the research results being published in the medical literature as long as patient confidentiality is protected. I am aware that I may refuse to participate in such a study and that this refusal will not adversely affect my treatment in any way.

Photo / Viewers: I consent to the procedure being photographed or videotaped, including appropriate parts of my body, for scientific, medical or educational purposes, provided that the images do not reveal my identity.

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I also approve the introduction of qualified observers into the operating room during surgery in the interest of improving medical education. I have read and understood the content of the informed consent form. All fields on this form were filled in before I signed and received a copy.

Patient Consent:

I understand that medical practice is not an exact science and that no guarantees can be made regarding results or treatment. In the approval document and in my meeting with the physicians, I was given detailed information about my condition, the procedure to be performed and its risks, and treatment options. We declare that we are aware that we are responsible for this matter and that we accept and approve the surgery without being under any violence, suggestion, material or moral pressure.

I know that medical devices such as x-ray, scopy, ultrasonography, scintigraphy, computed tomography, magnetic resonance etc. may need to be used during interventions; I know that I may be exposed to rays that may have negative effects on my health in some of these devices / applications, and I approve the use of these medical devices if deemed necessary.

I know that, very rarely, a unique situation may develop during the procedure, and in this case, I give permission and approval to the team that will perform the procedure to take any action they deem appropriate. I am signing this form consciously and without any requirement for additional explanation.

Patient Name and Surname : Date/Time :

Signature :

or

Patient's Guardian/Relative Date/Time :

Name and Surname : Signature :

(Relativity)

Translator's Name and Surname:

Signature :

Adequate and satisfactory explanations have been made to the patient/patient's relative whose name is written above about the disease, the intervention to be performed, the reason and benefits of this intervention, the care required after the intervention, the expected risks, the type of anesthesia to be applied if necessary for the intervention, and the risks and complications of anesthesia. The patient/patient's relative has read and signed this form with his/her own consent, indicating that he/she has been adequately informed regarding his/her entry.

Physician Name Surname : Date/Time:

Signature :