

# Informed consent for the injection of PRP/PRP + hyaluronic acid (Matrix) to the external / internal genital area

Gyn Krup Inc.



## PATIENT INFORMATION

First name	
Last name	
Date of birth	
Address of permanent residence	
Insurance number	
Health insurance company code	

### 1. Indication for therapy:

The aim and expected benefit of the therapy is rejuvenation of the external genital area, anti-inflammatory action of PRP (platelet-rich plasma) or PRP combined with hyaluronic acid in the intimate area and treatment of dermatoses (skin disorders) in the genital area such as lichen sclerosus and lichen simplex.

### 2. Information on the procedure, the course of treatment and the expected outcome:

The therapy consists of the injection of one's own blood plasma or a combination of plasma and hyaluronic acid (Matrix) into the external/internal genital area based on the above indication. The patient first gets a blood draw. Then, the plasma derived from the patient's blood is applied into the genital area. The plasma contains growth factors that improve healing and appearance of the treated area. To achieve optimal results, the procedure must be repeated at least three times, with a 3-6 week interval between applications. It cannot be completely ruled out that after the therapy the difficulties might return. Further repetition of the procedure is possible.

### 3. Duration of the effect:

The effect of the treatment lasts at least 6-12 months. It is possible to repeat the therapy. The number of applications depends on the extent of the lesion.

### 4. Contraindications:

A contraindication to the procedure is an ongoing inflammation of the vagina.

### 5. Anesthesia:

The procedure is performed under local anesthesia.

### 6. Post-procedure restrictions:

Sexual abstinence is recommended for three days following the procedure. For the same period, the patient should avoid sporting, sauna sessions or sunbathing.

### 7. Risks of the procedure:

Even if the procedure is performed correctly, risks and complications might occur, especially infection and haematoma.

### 8. Patient's consent to the procedure:

I, the undersigned, declare that I have been instructed by the attending physician on the treatment procedure and the benefits and the risks of the proposed procedure. I consent to the proposed procedure. I further declare that I have been informed of the regimen and the restrictions following the procedure.

Date: .....

Patient's signature: .....

### 9. Physician's statement:

I hereby certify that I have informed the above-mentioned patient in a comprehensible manner about all the above-mentioned facts and have informed her about the nature of the procedure, its risks and complications. The patient has also been informed of the planned method of anaesthesia and advised of the risks and possible complications of the procedure in view of her medical condition. She understood these instructions and had opportunity to ask the instructing physician all the relevant questions, which were answered in an understandable manner.

Date: .....

Physician's signature: .....