

Informed consent for the injection of hyaluronic acid to the intimate areas

Gyn Krup Inc.



PATIENT INFORMATION

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

1. Indications:

- correction of asymmetry of the labia majora,
- enlargement of the labia majora,
- correction of the postpartum scars,
- treatment of urinary incontinence,
- hydration of the intimate parts,
- relief of itching,
- vaginal rejuvenation.

2. Information about the treatment:

The treatment consists in the injection of hyaluronic acid to the external genital area. The amount of the injected substance is determined individually according to the needs of each patient.

3. The duration of the effect:

The duration of the effect is individual. The effect of the treatment usually lasts between 6 to 12 months.

4. Contraindications:

Contraindications for the application of the hyaluronic acid are autoimmune diseases, established allergy to the applied substance or unhealed postpartum injuries.

5. Anesthesia:

The procedure is performed under local anaesthesia.

6. Post-procedure regimen and restrictions:

In case the hyaluronic acid is injected to the genital areas to enlarge the labia, it is recommended to massage the treated area according to the doctor's instructions the day following the treatment. Sexual abstinence is recommended for three days following the procedure. For two weeks after the procedure, the patient should avoid sporting, sauna sessions or sunbathing. It is also not advisable to wear tight clothes that may irritate the treated area.

7. Risks of the procedure:

Even if the procedure is performed correctly, risks and complications may occur, such as infection, haematoma or allergic reaction to the applied substance. These complications are very rare. It cannot be excluded, that the scars will not be completely corrected after the procedure.

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: