**CONSENT FOR SURGERY**

**Patient:**

**Surgeon: Dr. Bruce Farringer**

**Date of surgery:**

**Reasons for surgery:** excessively large labia minora\*, resulting in severe symptoms and/or emotional distress

\**Large labia should not be thought of as “abnormal.” Just as every woman is unique, every woman has unique labia. Some are large, some are small, some are in-between, some are perfectly-symmetric, some are asymmetric, some are pink, some are darkly-pigmented*. *Dr. Farringer does not advocate labioplasty for anything other than relief of severe symptoms. Please do not ask for labioplasty because you think you are “abnormal.”*

**Planned surgery (technical name):** reduction labioplasty, curvilinear technique

**What this means in plain English:** Removing redundant labial tissue from both sides (with a scalpel and/or scissors) , and reapproximating the cut edges with reabsorbable sutures.

**Alternatives to this surgery:** Learn to live with symptoms, using mild soaps, avoiding irritants, using “natural” sanitary pads that do not contain chemicals. Cancel or postpone surgery. Seek second opinions from any other Gynecologists, Plastic Surgeons, or Psychologists. There are different surgical approaches---the most common alternative approach is removing a V-shaped wedge of labial tissue and reapproximating the edges. Some doctors may prefer to do this surgery using local anesthesia, with an awake (sedated) patient.

**Anticipated outcomes, risks/possible complications from surgery:** Reduction labioplasty is a relatively simple procedure that can result in a high degree of patient satisfaction.There are no large studies, but available studies indicate that 91-96% of women are satisfied with their genital appearance afterwards, and 26% report some adverse effect (such as appearance concerns, vulvar pain, or reduced sexual arousal).

Possible complications include: Infection. Wound infection, or wound breakdown. The labia may not end up perfectly symmetric. Heavy bleeding, transfusion. Hematoma (bruise, or collection of blood in tissue.) Painful scars, or painful sex. The size and/or shape of the labia minora can gradually change in the months, years, and decades after the surgery. They could grow large again. There is a possibility of re-operation (3-7% in some studies), most commonly for wound separation or dissatisfaction with appearance or symmetry.

**Preoperative instructions, postoperative care:**  Wear very loose clothing to and from the surgery center, such as baggy sweat pants or loose pajama bottoms. Make sure your schedule is arranged so that you can lounge around with a cold pack (frozen pea or frozen corn packages work well) in between your legs for 2 or 3 days after the surgery. Keep the areas clean and dry, avoid vigorous exercise, wear very loose clothing, and protect the vulvar area from friction for 7-14 days. Of course, avoid sex or any vaginal penetration for at least 6-8 weeks. The wounds may ooze a little blood---if that happens, use a very gently-applied pad to keep from bloodying your clothes. Masturbation or sexual activity that involves only the clitoris (nothing else!) would be OK, just make sure sexual activity does not evolve into touching the surgical wounds or going inside the vagina. If you have a period in the first 6 weeks postop, use only pads (no tampons).

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Dr. Farringer has given me ample opportunity to ask questions about the planned surgery, and has answered my questions to my satisfaction. He has offered me the opportunity to seek second opinions from other doctors. I give consent for Dr. Farringer to proceed with the surgery.

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Patient Signature Date