

Vulvar Laceration Repair Consent

Vulva: external female genitalia (e.g. labia majora, labia minora, clitoris, vestibular bulbs, vulval vestibule, urinary meatus, the vaginal opening, hymen, and Bartholin's and Skene's vestibular glands).

Procedure: The procedure is performed in the office. You will be on your back. Your legs will be in stirrups. A portion of the vulva may need to be cut and then reapproximated with suture. Silver nitrate may be used to ensure bleeding is under control.

Risks: Are inclusive of but not limited to pain, bleeding, infection, possible need for further surgery.

Benefits: 1) rule out malignancy 2) other: _____.

Alternatives: Do nothing.

Indications: 1) rule out malignancy; 2) other: _____.

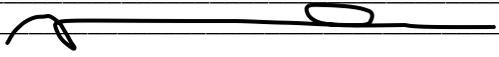
Acknowledgement

I acknowledge that I have read and understand this written material. I understand the risks, benefits, alternatives and indications of this procedure. I am aware that there may be other risks and complications not discussed that may occur. I also understand that during the course of the procedure, unforeseen conditions may be revealed requiring the performance of additional procedures. I also understand that technical problems with the instrumentation may prevent the completion of the procedure. I acknowledge that no guarantees or promises have been made to me concerning the results of this procedure or any treatment that may be required as a result of this procedure. This procedure has been explained to me in language that I understand. I have been given the opportunity to ask questions which have been answered to my satisfaction. I have also considered other options and alternatives. I consent to the performance of the procedure described above.

Patients Name (print) _____

Patients Signature _____

Physician Name (print) Honey Milestone _____

Physician Signature  _____

Witness Name (print) _____

Date: ____/____/____