

Labiaplasty Consent Form
(with or without a Clitoral hood Reduction)



I (Name) _____

of (address) _____

consent to the operation of _____

I have read and fully understand the following possible complications and details of the procedure.

Complications that are possible include:

- Sensory disturbances of the clitoris that are irreversible
- Diminish response to sexual stimulation and a reduced ability to orgasm
- Hypersensitivity
- Acute and chronic pain
- Asymmetry (sides not matching)
- Need for revision 6 to 12 months later
- Bleeding
- Wound splitting or dehiscence
- Post-operative bleeding that needs surgical revision
- Swelling long-term and short-term
- Clitoris becoming coming overly prominent (micro penis)
- Infection
- Scarring
- Adhesions
- Delayed wound healing
- Excessive removal of tissue or inadequate removal of tissue
- Bruising and haematoma
- Suture spitting
- Urinary retention
- Irregular borders
- Unexpected and rare complications
- Depression and anxiety
- Time off work and loss of income
- Cost for revision surgery

Name (print) _____

Signature _____

Date:

Witness name _____

Witness signature _____

Date: