VANDERVEER CENTER®

# V-Spot®: Patient Consent for Treatment

A. **Purpose and Background**

- The V Spot is a procedure that has been developed to improve sexual responsiveness for some women for several months. The procedure will start with the patient identifying their sensitive "Grafenberg" spot on the anterior/inner/upper side of vagina. This area of sensitive tissue, up behind pubic bone can be temporarily numbed with local and/or injectable anesthesia. Filler is carefully injected to enlarge, thicken and firm up this tissue to improve the pelvic floor orgasm. The procedure is temporary, but may be repeated periodically as desired.

B. **Procedure**

- Dermal Filler (Hyaluronic Acid) is injected directly into the "Grafenberg" tissue. The procedure involves an injection of a non-permanent filler material into the sub-mucosal (skin lining) membrane of the vagina, near the urethra, in order to attempt to enhance sexual stimulation. The procedure is comfortable and typically has no to little side effects. The effects can last up to 12 months but it is recommended for treatment every 6 months to maintain the results.

C. **Risks/Discomfort**

- A topical anesthetic is required to perform the procedure more comfortably. The topical anesthetic will be administered by the physician, which is applied directly onto "Grafenberg" tissue. The risks of any anesthesia include: Local discomfort, numbing, swelling, bruising, and allergic reaction. The risks associated with the V-Spot shot procedure include, but are not limited to: bleeding, infection, urinary retention, accelerated filler re-absorption, no effect, allergic reaction, awareness of the injection site, alteration of vaginal sensation, ulceration, urinary tract infection, change in urinary function, painful intercourse, post-operative pain, anesthesia reaction, nerve damage, migration of material, nodule formation and hyper-arousal syndrome. There may be other risks or complication or serious injury from both known and unknown causes. I acknowledge that no guarantees are made concerning the risks, procedure, or outcome.

D. **Benefits**

- Dermal Filler (Hyaluronic Acid) has been shown to improve pelvic floor orgasm and increase sexual sensation.

E. **Alternatives**

- Dermal Filler is strictly a voluntary cosmetic procedure. The alternative is to not do the procedure at all, or consider other potential treatments such as laser, pelvic floor therapies, etc.

**F. Consent to Procedure**

- This document is NOT intended to promise, guarantee or warranty that any patient who undergoes a "V-Shot" will achieve a particular result. Individual results do vary and no responsibility is assumed for failure to achieve a desired result. The use of various filler materials (Hyaluronic gels) in this procedure is an "off label" use. There is no representation that the use of these products and this procedure has been approved by the FDA or any other agency of the federal or state government.

- I have provided my complete medical history and current medications, including any changes and will continue to do so at each visit.

- I am not currently pregnant, breastfeeding or on menstrual cycle.

- I have no known allergy to lidocaine or epinephrine.

- I understand that dermal filler may be accidentally injected into the bladder (extremely rare), which may lead to extreme irritation, unable to urinate and or blood found in urine.

- I understand that it is important to follow post-care instructions to maximize treatment results and to minimize the chance of an adverse reaction.

- I understand that I should minimize exposure of the treated area to external stimuli for approximately 24-48 hours after treatment or until initial swelling, redness, and any residual bleeding goes away.

- I release all VanderVeer Center staff from liability associated with this procedure, except for any liability that may be imposed by the laws of the state of Oregon.

- I have read and understand this consent to be treated, and all my questions have been addressed and answered to my satisfaction. I consent to the terms of this agreement.

- I agree that if I have any concerns regarding my "V-Spot" treatment, I will contact VanderVeer Center promptly to make arrangements to be evaluated by a medical provider.

**I elect to proceed with "V-Spot" treatment.**

**Patient Name:**_____**Date:** _____

***Patient Signature:***_____

Provider Signature:_____