



CONSENT FOR TREATMENT

V-Shot for Her Procedure

PURPOSE AND BACKGROUND

As a patient of Nourished MedSpa and Wellness Center, I have requested a V-Shot for Her Treatment. I understand that Platelet Rich Plasma, (also known as "PRP") is an injection treatment whereby a person's own blood is used. A fraction of blood will be drawn up from me into a sterile vacutainer. The blood is spun in a special centrifuge to separate its components (Red and White Blood Cells, Platelet Rich Plasma, Platelet Poor Plasma and Buffy Coat). I understand that platelets are very small cells in my blood that are involved in the clotting and healing process. The injected platelets release a number of enzymes and growth factors to promote healing and tissue responses including attracting stem cells to repair the damaged area. This application of regenerative medicine stimulates new cell growth and differentiation in the clitoral and anterior vaginal tissue. It has been shown to be an effective treatment for urinary incontinence, as well as improving sexual sensitivity and sexual relations in many patients.

PROCEDURE

I understand that my blood will be drawn. My blood will then be spun down in a centrifuge and the different components will be separated and only the plasma and platelets will be used. In the procedure, first a powerful anesthetic agent (a combination of bupivacaine, tetracaine, and lidocaine) is applied topically to the clitoral area, and less than one inch into the anterior vaginal wall. The PRP will then be injected into the area around the clitoris and less than one inch into the anterior vaginal wall. I agree to advise Nourished MedSpa and Wellness Center staff during the procedure as to the degree of discomfort I experience and to allow them to make adjustments as needed in our effort to achieve a safe and effective treatment without undesirable side effects.

RISKS AND COMPLICATIONS

Some of the potential side effects include (this list is exhaustive, the likelihood of any of these happening is remote):

Pain at the injection site, Bleeding, Burning or pain sensation when injecting, Bruising and/or Infection (as with any type of injection), Short lasting pinkness/redness (flushing) of the skin, Allergic reaction to the solution, Injury to a nerve and/or muscle (as with any type of injection), Itching at the injection site(s), Nausea /vomiting, Dizziness or fainting, Swelling, Minimal effect from the treatment, Urinary retention, Constant awareness of the G-Spot, A sensation of always being sexually aroused, Constant vaginal wetness, Mental preoccupation of the G-Spot, Alteration of the function of the G-Spot, Sexual function alteration, Urethral injury (tube you urinate through), Hematuria (blood in urine), UTI (Urinary Tract Infection), Urinary Urgency (feel like you always have to urinate), Urinary Frequency, Increased/worsening nocturia (waking up several times at night to urinate), Change in urinary stream, Urethral vaginal fistula (hole between urethra and vagina), Vesico-vaginal fistula (hole between bladder and vagina), Dyspareunia (Painful intercourse), Need for subsequent surgery, Alteration of vaginal sensations, Scar formation (vaginal), Urethral stricture (abnormal narrowing of the urethra), Local tissue infarction and necrosis, Yeast infection, Vaginal Discharges, Spotting between periods, Bladder Pains, Overactive Bladder (OAB), Bladder Fullness, Pelvic Pains, Pelvic Heaviness, Erosions, Damage to nearby organs including bladder, urethra and ureters, Alteration of bladder dynamics, Post-operative pain, Prolonged pain, Intractable pain, Alteration of the female sexual response cycle, Failed procedure, Varied results, Psychological alterations, Relationship problems, Sex life alteration, Decreased sexual function, Possible hospitalization for treatment of complications, Nerve damage, Permanent numbness, Slow healing.

There are very few contraindications, however, patients with the following conditions are not candidates:

1. Acute and Chronic Infections
2. Skin diseases (i.e. SLE, porphyria, allergies)
3. Cancer
4. Chemotherapy treatments
5. Severe metabolic and systemic disorders
6. Abnormal platelet function (*blood disorders, i.e. Haemodynamic Instability, Hypofibrinogenemia, Critical Thrombocytopenia*)
7. Chronic Liver Pathology
8. Anti-coagulation therapy
9. Underlying Sepsis
10. Systemic use of corticosteroids within two weeks of the procedure

BENEFITS

Along with the benefit of using your own tissue therefore virtually eliminating allergies, there is the added intrigue of mobilizing your own stem cells for your benefit. PRP has been shown to have overall improvement in sexual function and urinary stress incontinence.

ALTERNATIVES

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Alternatives to PRP are:

1. Do Nothing
2. Surgical intervention may be a possibility
3. Prescription medications

QUESTIONS

This procedure has been explained to me by the staff of Nourished MedSpa and Wellness Center. I have had an opportunity to ask any questions and research the procedure to my satisfaction.

CONSENT

I understand that my consent and authorization for this procedure is strictly voluntary. I have already read and signed the Clinic’s general consent and understand that it is still in effect. By signing this informed consent form, I hereby grant authority to Nourished MedSpa and Wellness Center and Dr. Jason Carter, MD (or other delegated medical providers for Nourished MedSpa and Wellness Center) to perform PRP treatments and/or administer any related treatment as may be deemed necessary or advisable in the diagnosis and treatment of my condition. For purposes of advancing medical education, I consent to the admittance of observers to the treatment room.

The nature and purpose of this procedure and the complications and side effects have been fully explained to me. Alternative treatments and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment. I agree to adhere to all safety precautions and instructions after the treatment. I have been instructed in and understand post treatment instructions and have been given a written copy of them. I understand that no refunds will be given for treatments received. No guarantee has been given or implied by anyone as to the results that may be obtained from this treatment.

I have read this informed consent and certify that I understand its contents in full. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I have had enough time to consider the information given me by my physician/practitioner and feel that I am sufficiently advised to consent to this procedure. I accept the risks and complications of the procedure. I certify that if I have any changes occur in my medical history I will notify Nourished MedSpa and Wellness Center immediately.

I hereby voluntarily consent to this procedure and release Nourished MedSpa and Wellness Center, medical staff, and all associated professionals from liability associated with the procedure. I certify that I am a competent adult of at least 18 years of age and am not under the influence of alcohol or drugs. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

Patient Name (please print)	Patient Signature	Date
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Performed by (please print name and title)	Practitioner Signature	Date
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PRE-TREATMENT INSTRUCTIONS

“V-Shot for Her” Procedure

BEFORE: The week before having the treatment (for best results):

1. AVOID the use of NSAIDS (ibuprofen, Motrin, Aleve, Naproxen, Aspirin, etc.) 5 days before procedure (Tylenol is OK for pain relief right up to and including the day of procedure – do not exceed 4000mg in a 24-hour period).
2. AVOID the following nutritional supplements for 5 days before procedure -- Ginko Biloba, Garlic, Vitamin E, Vitamin A, Flax Oil, Curcumin and other anti--inflammatory nutrients.
3. AVOID the Systemic use of corticosteroids for 1 week before the procedure.
4. AVOID Alcohol and Cigarettes for 5 days before the procedure.
5. HYDRATE very well the day before and the day of the procedure for ease of blood draw.

DURING: The day of the procedure:

1. All paperwork will be completed
 - Personal Medical History and Symptom Questionnaires
 - Informed Consent
2. Blood is drawn and PRP is processed
3. Topical numbing cream is applied to injection site(s)
4. PRP is processed, activated and injected
5. Schedule a 4--week follow up appointment.

Please contact our office at 903-357-5108 with any questions or concerns.



POST-TREATMENT INSTRUCTIONS

“V-Shot for Her” Procedure

- Mild bruising and irritation may occur
- For 3 days after the procedure, perform light massage to all areas treated for at least 10 minutes
- Perform kegel exercises 10 minutes daily
- AVOID the use of NSAIDS (ibuprofen, Motrin, Aleve, Naproxen, Aspirin, etc.) 5 days after procedure (Tylenol is OK for pain relief – do not exceed 4000mg in a 24-hour period).
- AVOID the following nutritional supplements for 5 days after the procedure -- Ginko Biloba, Garlic, Vitamin E, Vitamin A, Flax Oil, Curcumin and other anti-inflammatory nutrients.
- AVOID the Systemic use of corticosteroids for 2 weeks after the procedure.
- AVOID Alcohol and Cigarettes for 5 days after the procedure.
- EAT a healthy diet and HYDRATE very well – at least 64 ounces of clean fresh water.

Please contact our office at 903-357-5108 with any questions or concerns. If you have an emergency or urgent pressing clinical issue, call Dr. Carter at 903-818-3467. Texting is the best way to reach Dr. Carter.

Please make an appointment for follow-up and reassessment in 4 weeks.

Patient Name (please print)

Patient Signature

Date