



### **MonaLisa Touch Informed Consent**

I request and authorize Dr. \_\_\_\_\_ to perform a procedure on me using the MonaLisa Touch laser.

Therapy using the MonaLisa Touch laser is an appropriate treatment for vaginal/vulvar symptoms due to menopause.

The laser produces small columns of damage in the soft tissue of the vaginal walls/vulva. These columns help stimulate new collagen production which helps promote mucosal revitalization, improved vaginal and vulvar vascular health.

The nature and effects of the procedure, the result, as well as alternative methods treatment have been fully explained to me by the physician and designated person and I understand them.

I have been thoroughly and completely advised regarding the end point of the procedure. I understand that the practice of medicine and surgery is not an exact science and no results have been guaranteed. I acknowledge that the operative result may not meet my expectations. I certify that no guarantees have been made by anyone regarding the procedure(s) that I have requested and authorized.

All persons in the treatment room, including myself, will wear protective eyewear to prevent eye damage.

I understand the procedure is comfortably tolerated without sedation or anesthesia, although a topical numbing cream may be offered to me to aid in the comfort of treatment. The known associated side effects following this procedure may include: vaginal spotting, pink, brown, or watery vaginal discharge, irritation, burning upon urination, discomfort, redness, swelling, inflammation, and itching.

I should refrain from strenuous exercise and sexual activity for 2 days after internal treatment and 7 days after external treatment.

I have read and understand all information presented to me before signing this consent. I have also been given the opportunity to ask questions and understand the information provided.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Patient or person authorized to consent for the patient)

Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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## **MONALISA TOUCH PRE AND POST TREATMENT INSTRUCTIONS**

### **PRE-TREATMENT**

- Please refrain from vaginal sexual activity for 3 days prior to the treatment.
- Please do not use any vaginal products (creams, ointments, suppositories, lubricants, tablets, or douche)

### **Patient Supplies Needed**

- Moisturizing occlusive ointment, such as Aquaphor Healing Ointment or Vaseline Ointment.
- Gentle, hypoallergenic skin cleanser such as Cetaphil.
- Cold gel packs

### **DAY OF TREATMENT**

- Shower or bathe the morning of treatment, so that the area to be treated is clean.
- Area must be clean and dry without any traces of creams, lotions, or other substances that may interact with the laser.
- Remove any intra-vaginal appliance, estrogen ring, diaphragm, medical cup or piercings prior to presenting to the office for treatment.
- Anesthetic gel/cream (if used, but not necessary of internal treatment) must be removed before treatment.
- Understand and sign a Consent to Treat Form.

### **POST-TREATMENT**

- Ask questions, be sure to have all your concerns addressed before you leave.
- Schedule follow-up visits as recommended by your treating physician.
- Refrain from vaginal sexual activity for 48 hours after treatment.
- Keep area moist by applying Aquaphor or Vaseline ointment to the treated area.
- Gently cleanse with mild, hypoallergenic soap (Cetaphil) as needed starting the day after the procedure.
- Use cold compresses or cold gel packs (20 minutes on; then 20 minutes off) as needed for swelling and discomfort.
- Wear loose, cotton underwear.
- Avoid wearing panty hose and tight-fitting pants.
- Most patients resume normal activity as tolerated immediately after the procedure.
- Contact your health care provider should you experience discomfort, pain, or any other symptoms, or if you have other concerns. 760.637.2500