



Consent for Vaginal Submucosal/Sub-urethral, Clitoral, and/or Labial Injection of Platelet Rich Plasma [O-Shot®] and Administration of Anesthesia

A. CONSENT FOR PROCEDURE [O-Shot®]

I have received information about my condition, the proposed treatment, alternatives, and related risks. This form contains a brief summary of this information. I have received an explanation of any unfamiliar terms and have been offered the opportunity to ask questions. I understand I may refuse consent and I GIVE MY INFORMED AND VOLUNTARY CONSENT to the proposed procedures and the other matters shown below. I also consent to the performance of any additional procedures determined in the course of a procedure to be in my best interests and where delay might impair my health.

1. I authorize Dr. Sprock or associates to treat my condition, including performing further diagnosis and the procedures described below, and taking any needed photographs.

2. I understand the proposed procedure(s) to be: vaginal submucosal/sub-urethral, clitoral, and labial, PRP (platelet rich plasma) injection [The Orgasm Shot® The O Shot®].

3. I understand the risks associated with the proposed procedure(s) to be:

- | | |
|--|--|
| Bleeding | Hematoma |
| Infections | Urethral injury (tube you urinate through) |
| Urinary retention | Urinary retention |
| No effect at all | Hematuria (blood in urine) |
| Allergic reactions | UTI (Urinary Tract Infection) |
| Constant awareness of the G-Spot | Urinary Urgency (feel like you always have to urinate) |
| A sensation of always being sexually aroused | Urinary Frequency |
| Constant vaginal wetness | Increased/worsening nocturia (waking up several times at night to urinate) |
| Mental preoccupation of the G-Spot | Change in urinary stream |
| Alteration of the function of the G-Spot | |
| Sexual function alteration | |

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 infections
 Vaginal Discharges
 Spotting between periods
 Bladder Pains
 Overactive Bladder (OAB)
 Bladder Fullness
 Exposed Material
 Pelvic Pains
 Pelvic Heaviness
 Erosions
 Fatigue
 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
 Lidocaine toxicity
 Anesthesia reaction
 Embolism
 Depression
 Reactions to medications including anaphylaxis
 Nerve damage
 Permanent numbness
 Slow healing
 Swelling
 Sexual dysfunction
 Allergy
 Nodule formation

4. I also understand that there may be other RISKS OR COMPLICATIONS, OR SERIOUS INJURY from both known and unknown causes. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the risks of the procedure.

5. I understand that the use of PRP in this procedure is an 'off label' use, and no promise or representation, guarantee or warranty regarding its use, benefit or other quality is made. No representations that the use of this product and this procedure is approved by the FDA or any other agency of the federal or state government is made. I understand the alternatives to the proposed procedures and the related risks to be: do nothing.



A. CONSENT FOR ANESTHESIA

When local anesthesia and/or sedation is used by the physician:
I consent to the administration of such local anesthetics as may be considered necessary by the physician in charge of my care. I understand that the risks of local anesthesia include: local discomfort, swelling, bruising, allergic reactions to medications, and seizures from lidocaine.

B. PATIENT CERTIFICATION:

By signing below I state that I am 18 years of age or older, or otherwise authorized to consent. I have read or have had explained to me the contents of this form. I understand the information on this form and give my consent to what is described above and to what has been explained to me.

_____/_____
SIGNATURE OF PATIENT / DATE

C. PHYSICIAN ATTESTATION

I have explained the procedure(s), alternative(s) and risks to the person or persons whose signature is affixed above. The patient has verbally communicated to me that they understand the contents of this form.

_____/_____
SIGNATURE OF PHYSICIAN / DATE
OR DESIGNEE OBTAINING CONSENT

D. INTERPRETER ATTESTATION (when applicable)

I have provided translation to the person(s) whose signature(s) is affixed above.

_____/_____
SIGNATURE OF INTERPRETER / DATE



FEMALE SEXUAL DISTRESS SCALE - REVISED

Name _____ Date _____

Below is a list of feelings and problems that men and women sometimes have concerning their sexuality. Please read each item carefully, and check the box that best describes how often that problem has bothered you or caused distress over the last 4 weeks including today. Please check only one box for each item, and take care not to skip ANY items. If you change your mind, erase your markings carefully.

Please check one box per question.

1. How often did you feel **distressed about your sex life?**

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

2. How often did you feel **unhappy about your sexual relationship?**

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

3. How often did you feel **guilty about your sexual difficulties?**

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

4. How often did you feel **frustrated by your sexual problems?**

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

5. How often did you feel **stressed about sex?**

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

6. How often did you feel **inferior because of sexual problems?**

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

7. How often did you feel worried about sex?

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

8. How often did you feel **sexually inadequate**?

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

9. How often did you feel **regrets about your sexuality**?

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

10. How often did you feel **embarrassed about sexual problems**?

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

11. How often did you feel **dissatisfied with your sex life**?

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

12. How often did you feel **angry about your sex**?

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

13. How often did you feel **bothered by low desire**?

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

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From DeRogatis L, Clayton A, Lewis-D'Agostino D, Wunderlich G, Fu Y. Validation of the female sexual distress scale-revised for assessing distress in women with hypoactive sexual desire disorder. J Sex Med. 2008 Feb;5(2):357-64.

Female Sexual Function Index (FSFI) ©

Name: _____

Date _____

INSTRUCTIONS: These questions ask about your sexual feelings and responses during the past 4 weeks. Please answer the following questions as honestly and clearly as possible. Your responses will be kept completely confidential. In answering these questions the following definitions apply:

Sexual activity can include caressing, foreplay, masturbation and vaginal intercourse.

Sexual intercourse is defined as penile penetration (entry) of the vagina.

Sexual stimulation includes situations like foreplay with a partner, self-stimulation (masturbation), or sexual fantasy.

CHECK ONLY ONE BOX PER QUESTION.

Sexual desire or interest is a feeling that includes wanting to have a sexual experience, feeling receptive to a partner's sexual initiation, and thinking or fantasizing about having sex.

1. Over the past 4 weeks, how **often** did you feel sexual desire or interest?

- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never

2. Over the past 4 weeks, how would you rate your **level** (degree) of sexual desire or interest?

- Very high
- High
- Moderate
- Low
- Very low or none at all

Sexual arousal is a feeling that includes both physical and mental aspects of sexual excitement. It may include feelings of warmth or tingling in the genitals, lubrication (wetness), or muscle contractions.

3. Over the past 4 weeks, how **often** did you feel sexually aroused ("turned on") during sexual activity or intercourse?

- No sexual activity
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never

4. Over the past 4 weeks, how would you rate your **level** of sexual arousal ("turn on") during sexual activity or intercourse?

- No sexual activity
- Very high
- High
- Moderate
- Low
- Very low or none at all

5. Over the past 4 weeks, how **confident** were you about becoming sexually aroused during sexual activity or intercourse?

- No sexual activity
- Very high confidence
- High confidence
- Moderate confidence
- Low confidence
- Very low or no confidence

6. Over the past 4 weeks, how **often** have you been satisfied with your arousal (excitement) during sexual activity or intercourse?

- No sexual activity
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never

7. Over the past 4 weeks, how **often** did you become lubricated ("wet") during sexual activity or intercourse?

- No sexual activity
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never

8. Over the past 4 weeks, how **difficult** was it to become lubricated ("wet") during sexual activity or intercourse?

- No sexual activity
- Extremely difficult or impossible
- Very difficult
- Difficult
- Slightly difficult
- Not difficult

9. Over the past 4 weeks, how often did you **maintain** your lubrication ("wetness") until completion of sexual activity or intercourse?

- No sexual activity
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never

10. Over the past 4 weeks, how **difficult** was it to maintain your lubrication ("wetness") until completion of sexual activity or intercourse?

- No sexual activity
- Extremely difficult or impossible
- Very difficult
- Difficult
- Slightly difficult
- Not difficult

11. Over the past 4 weeks, when you had sexual stimulation or intercourse, how **often** did you reach orgasm (climax)?

- No sexual activity
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never

12. Over the past 4 weeks, when you had sexual stimulation or intercourse, how **difficult** was it for you to reach orgasm (climax)?

- No sexual activity
- Extremely difficult or impossible
- Very difficult
- Difficult
- Slightly difficult
- Not difficult

13. Over the past 4 weeks, how **satisfied** were you with your ability to reach orgasm (climax) during sexual activity or intercourse?

- No sexual activity
- Very satisfied
- Moderately satisfied
- About equally satisfied and dissatisfied
- Moderately dissatisfied
- Very dissatisfied

14. Over the past 4 weeks, how **satisfied** have you been with the amount of emotional closeness during sexual activity between you and your partner?

- No sexual activity
- Very satisfied
- Moderately satisfied
- About equally satisfied and dissatisfied
- Moderately dissatisfied
- Very dissatisfied

15. Over the past 4 weeks, how **satisfied** have you been with your sexual relationship with your partner?

- Very satisfied
- Moderately satisfied
- About equally satisfied and dissatisfied
- Moderately dissatisfied
- Very dissatisfied

16. Over the past 4 weeks, how **satisfied** have you been with your overall sexual life?

- Very satisfied
- Moderately satisfied
- About equally satisfied and dissatisfied
- Moderately dissatisfied
- Very dissatisfied

17. Over the past 4 weeks, how **often** did you experience discomfort or pain during vaginal penetration?

- Did not attempt intercourse
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never

18. Over the past 4 weeks, how **often** did you experience discomfort or pain following vaginal penetration?

- Did not attempt intercourse
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never

19. Over the past 4 weeks, how would you rate your **level** (degree) of discomfort or pain during or following vaginal penetration?

- Did not attempt intercourse
- Very high
- High
- Moderate
- Low
- Very low or none at all

Thank you for completing this questionnaire