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Review Article

Informed Consent and Medicolegal Aspects of Cosmetic Genital Surgery

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Abstract

This paper investigates the paramount importance of informed consent in cosmetic genital surgery, delving into its legal and ethical dimensions. It defines 'free and informed consent', outlines the requisite procedures for valid consent acquisition, and addresses special considerations for minors and individuals under guardianship. The study underscores the necessity for explicit and comprehensive communication between surgeons and patients regarding realistic expectations, potential complications, and financial obligations. It emphasizes the role of visual tools, such as preoperative photography, and the critical need to meticulously document the consent process to minimize medicolegal liabilities. Acknowledging the difficulties in ensuring full patient understanding, with evidence suggesting patients may retain only approximately 35% of consultation details, this work contends that informed consent, while indispensable, is not the exclusive factor influencing legal judgments. Consequently, it advocates for a patient-centric, educational approach to consent, tailored to each individual's specific needs and decision-making style. Ultimately, the paper asserts that rigorous, well-documented consent protocols are vital to safeguard both patients and practitioners in the context of aesthetic gynecological procedures.

Keywords: *Informed Consent; Medical Expectations; Medical Lawsuits; Medical Photography; Medical Data; Noncompliance; Surgical Risk; Aesthetic Gynecology; Cosmetic Surgery; Medical Ethics; Patient Rights; Surgical Complications; Medical Liability*

Definitions

The free and consent of the person examined or treated must be sought in all told cases.

The characters of consent

Consent must be "free and informed" [1]. This suggests that it shouldn't be obtained under duress.

The patient must give his consent after having previously received clear, complete, understandable and appropriate information from the doctor.

Medical deontology [2] defines precisely the methods of obtaining the patient's consent. "The medical acts justifying this consent must be understood within the broad sense: starting with the standard clinical examination, a number of which can be unpleasant, including possible additional investigations, various treatments, monitoring of the treatment and its consequences; the patient's consent also relates to their possible participation within the training of scholars or health professionals.

The act of intervening on a patient against his consent is for a doctor a fault which engages his civil liability and exposes him to a disciplinary sanction.

There are two situations during which the gathering of consent obeys specific rules.

The minor

It is the holders of parental authority who make decisions regarding the health of the minor. But if he's ready to express his will, his consent must be systematically sought and also the holders of parental authority must coordinate their will upon the minor.

The adult under guardianship

If he's ready to express his will, his consent should be sought. If he's unable to consent to treatment because of an alteration in his mental faculties, the tutor then takes over, but during a supervised manner.

The form of consent

The patient's consent must be expressed. It must therefore run clearly and orally. there's no formality when it involves obtaining consent: the patient's expression of consent isn't subject to the establishment of a writing.

However, the legislator intervened to recall the requirement for written consent from the patient for sure medical acts and to line the terms and conditions specifically areas (abortion, sterilization for contraceptive purposes, research involving the creature, removal of organs, tissues, cells and products of the anatomy, etc.).

Refusal of care on the part of the patient

The patient can, even putting his life at risk, refuse treatment or withdraw his consent at any time. This right to refuse is usually provided for by law.

The Chaperone

Surgeons should have a chaperone present during an examination, even female surgeons with female patients. A patient's friend, female or otherwise, isn't a suitable chaperone.

The informed consent in cosmetic gynecology

The consent is one important part of every practice. Furthermore, in cosmetic indications where there's no life-threatening pathology.

Then most female patients seeking aesthetic surgery of their genitalia suffer from issues and are anticipating a medical correction. Each and each patient has her own history, emotional status, family links, medical situation. and he or she is complaining of functional disorders with a spread of symptoms.

Figure 1 the key point here is that in functional gynaecology, the surgeon would treat only anatomy, i.e. he would correct anatomical disorders chargeable for these symptoms, but he won't be able to correct directly the symptoms.

The difference between anatomical correction and symptoms relief is different from one patient to another. Difference without necessary equivalence. This can be important to know.

And this where the data before any signed consent is so crucial to avoid medicolegal issues.

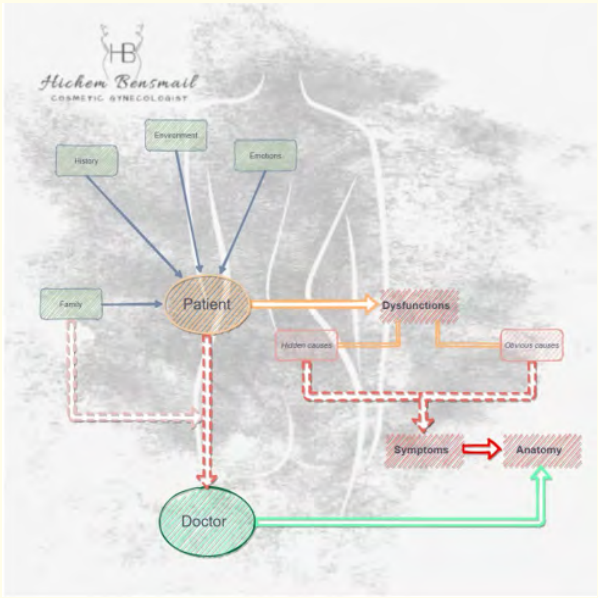

Figure 1: *Doctor/patient relationship in cosmetic gynecology.*

Realistic expectations

Understanding expectations and a patient's desire is critical [3]. Operation involves a significant emotional component. A discussion with patients about their reasons for seeking such a surgery helps to determine their possible reaction if areas of nonhealing or additional scarring occurs. Surgeons should be very careful with patients who demand procedures or results that are either unrealistic or outside of an appropriate range and take a glance at to answer these questions all the time: Does any request from a patient necessarily end in an exceedingly proposal for an invasive procedure?

Analyze the patient's request: What are the motives? What are the underlying issues? What are the contraindications?

Determine if there is a sign for surgery or not: is there a match between the patient's request and thus the symptomatology described?

Find and propose therapeutic alternatives, and eventually help the selection but not replace the choice of the patient.

Realistic expectations and appropriate timing for surgery are essential. A customary of care is defined with difficulty and suggests the appropriate level of care that a reasonable physician would use to treat a patient. A daily of care comprises many methods, all of which are acceptable, although different physicians might select different methods.

Choosing procedures and a treatment plan involves the proper history of the physician, his background, his education, his experience and eventually his empathy.

If a replacement procedure or method is contemplated, it should be fully discussed with the possible patient so it is not perceived as experimenting during a very new area.

The more elective the surgery, the more careful the practice should be in accepting patients whose expectations and goals are reasonable and achievable (Figure 2).

Reasons and goals

Expressed and implied warranty

The patient's reasons and goals should be discussed. Failed expectations, a standard reason for lawsuits, may arise when the treatment doesn't adjust or correct marital or relationship problems. These goals should be discussed through open discussions during the consent. An implied warranty may inadvertently be created. If an expectation that will not be achieved, the surgeon features a responsibility to state "that it should not happen," and there aren't any warranties concerning the comment. Failing to dispel the stated expectation may create an implied warranty.

Two kinds of warranties are also established: express and implied.

An express warranty is an exhibit, like a photograph, drawing, or something demonstrative included within the record. It establishes what a patient thinks is going to be her expected result. When this result is not achieved, this express portion of the medical history possibly creates a breach of warranty. Therefore, care is required in using visual aids to explain incisions, scars, and handling of issues to avoid implying that it's the expected result. When discussing photographs and schematics of results, surgeons mustn't imply that they show how all patients heal and results all patients achieve. Schematics showing a spread of results and scarring should be discussed with patients to assist them understand possible results, as hostile implying results.

An implied warranty could also be established if a patient discloses a particular goal or desire, and also the surgeon knows that it's going to be difficult to realize. Hearing this goal and not documenting a discussion with the patient the problem of achieving it and also the must reschedule the surgery may establish an implied warranty that the patient is going to be ready to get what she wants.

Financial considerations

Additional issues regarding consent include financial considerations. A clearly written, explicit financial agreement is mandatory to stipulate costs, surgeon's fees, facility fees, anesthesia fees, and other expected or unexpected costs. A revision policy covering a finite period of your time that the patient acknowledges before is advisable. Patients who don't follow instructions, miss appointments wouldn't get pleasure from such a revision policy.

Privacy and communication tools in consent

Preoperative review

A review of preoperative pictures (taken with the patient in an exceedingly position and standing position) is a vital step with all cosmetic genital patients. The potential location of scars should be gotten wind to patients before the surgery.

Photography in aesthetic medicine and dermatology remains the simplest thanks to surely assessing clinical practice. It must be systematic, comparative and answer basic protocols of ordinary photography.

To do this, many recent tools like applications on Smartphones or digital tablets are available freed from charge or are inexpensive.

The objectives of taking pictures in cosmetic gynecology is improving the clinical analysis of the vulva: Enlargement, shape, texture, scars, color are characteristics of the vulva which will be significantly improved and redefined with the employment of easy digital cameras.

Use of photos for trials and clinical studies

It allows the disclosure of visual information for the aim of learning, comparative studies between colleagues so as to boost the understanding of the therapeutic ends up in all the practices of current cosmetic gynecology: surgery, fillers, lasers.

It allows the practitioner a comparative study, from session to session, within the same person with different products but also, it allows to match the results of the identical product or the identical technique, in several people, thus improving the gesture. and therefore the choices of the practitioner.

It will then be possible to define the practices in terms of quantity to be injected, power delivered with the aim of reproducibility and improvement of the technique.

Towards a standardization of the photographic taking protocol

For photographic quality that may be further processed, the photographic camera, smartphone should use a sensor of a minimum of 10 megapixels. Some devices could also be equipped with adapted optical zoom.

Vulva photography requires taking a minimum of one lying position and one standing position photo. The background behind the patient should be distraction-free, solid, ideally blue or light green.

Photography enables image processing

It makes it possible to boost the standard of the image and to perform backups, which allows the storage of images in HIPAA compliant patient files and good forensic compliance with the preservation of images. This may allow the practitioner to depend upon tangible documents within the event of a dispute [4].

This consent for communication should be updated frequently and patient requests followed.

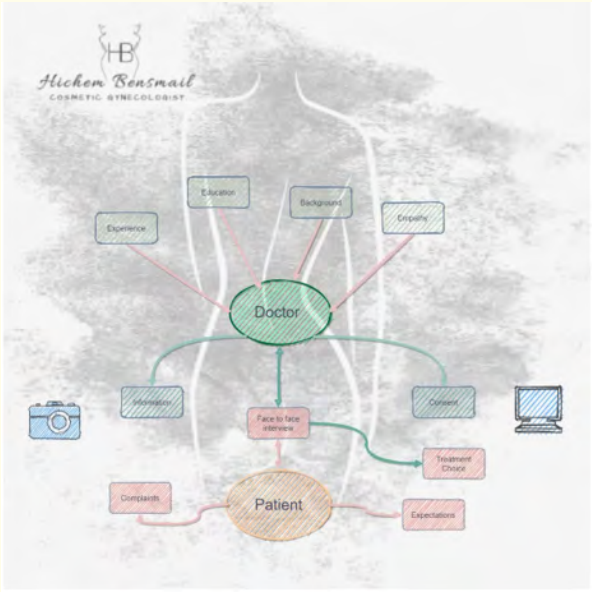

Figure 2: *Correlation between expectations and treatment choice.*

Medicolegal issues inherent in surgery of the female genitalia

Failure to fulfill expectations and financial considerations are the most reasons lawsuits are filed. It behooves a practice to spend an appropriate amount of your time explaining, demonstrating, and providing visual aids to assist patients make an informed decision about proceeding.

Prospective patients should be accepted only after they're seen a minimum of twice, and surgical decisions are made.

Surgery during this anatomic area has many inherent risks and possible complications, which can occur even after the simplest care is provided. The overall consent basically should include scarring, infection, bleeding, dyspareunia, nonhealing, the possible need for added surgery and revisions, and fewer than desirable results.

One trend of plaintiffs is to initiate a lawsuit due to an inherent risk like a scar or a known complication.

Evaluating and understanding additional patient risks which will interfere with care are essential. These include smoking, nutritional changes from dieting and weight-loss procedures, the consequences from supplemental over-the-counter medications, and noncompliance with postoperative instructions and activity restrictions.

Patients should be told about the risks of noncompliance.

The consent should clearly state the necessity to accommodate preoperative and postoperative instructions and explain that noncompliant patients are going to be answerable for the price of any additional surgery.

For instance, labiaplasty patients who smoke before or after surgery are at a really high risk for wound complications. These patients should sign a revision policy stating that they'll be required to get hold of any revision surgery.

Surgeons have to discuss the balance between benefits and risks of a procedure and complications which will occur, while ensuring the patient's goals are realistic.

Informed consent may be a critical component of a lawsuit and essential for patient happiness but it is never the only real basis of a successful lawsuit [5].

Studies suggested that patients understand and retain approximately 35% of what's discussed in a very consultation. The more collaborative and understandable examples are included within the consent process, the higher a surgeon's understanding of the patient's expectations and also the ability to attain them, and also the better the patient's understanding of acceptable risks and complications [6].

The consent process should be documented in an academic style explained partly by the surgeon who will perform the surgery and not in an exceedingly strict style, with time for questions and answers and to acknowledge that the patient understands what may be done or not, which the results can't be guaranteed. Some patients don't understand the consent process and that they will be helped by more "non selling" information, whereas others do so after a second visit.

Because of the numerous anatomy of the genital area, new procedures, or more commonly variations of normal techniques, are necessary to realize the most effective cosmetic results. Patients have to learn of asymmetrical incisions like those made for a unilateral double fold of the labia [7-11].

Conclusion

Most physicians spend time to clarify the procedures, detail risks and alternatives, but at the same time most patients don't remember receiving explanations about risks or alternatives for procedures, and physicians resist attempts to enhance consent.

The consent is then crucial, oral or written. Tools should be developed to live the standard of consent. Since patients significantly differ in their preferred mode of decision-making, the consent should be adapted to every specific patient.

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