

# MonaLisa Touch Laser Treatment Consent Form

# **Purpose of Procedure:**

MonaLisa Touch® is a fractional CO<sub>2</sub> laser treatment designed to improve symptoms related to vaginal atrophy, such as dryness, burning, itching, and discomfort during intercourse. The treatment works by stimulating collagen production and restoring vaginal tissue health.

## **Description of Procedure:**

- The procedure involves the use of a medical-grade CO<sub>2</sub> laser device applied to the vaginal tissue. The laser delivers controlled energy pulses to the vaginal walls.
- The laser produces micro-ablative columns in the soft tissue of the targeted area. This is followed by the body's natural healing response.
- Most patients require a series of 3 initial treatments spaced 4–6 weeks apart, followed by annual maintenance treatments.
- ❖ The treatment typically takes 5–10 minutes.
- I understand the procedure is comfortably tolerated without sedation or anesthesia.
- ❖ A topical numbing cream will be applied to the external vaginal area to aid in the comfort of the probe insertion.
- I may be instructed by my clinician to refrain from strenuous exercise and sexual activity for 2 days after the procedure.



## **Laser Safety Precautions:**

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

## **Potential Benefits:**

- Improved vaginal moisture and elasticity
- Reduction in dryness, burning or itching
- Decreased discomfort or pain during intercourse
- Improvement in Stress Urinary Incontinence

#### **Potential Risks and Side Effects:**

- Common
  - Mild discomfort or burning after treatment
  - > Temporary redness, swelling or spotting
- Rare
  - Vaginal discharge
  - > Infection
- Very Rare
  - Scar formation or pigment changes
  - Pain during intercourse or urination
  - > Vaginal burns



#### **Contraindications:**

- Currently pregnant or breastfeeding
- Have an active vaginal infection or pelvic infection
- Have undiagnosed vaginal bleeding
- Have been diagnosed with a cancer of the reproductive organs
  - Uterine
  - Ovarian
  - o Cervical
- ❖ Have a condition your provider determines makes the treatment unsafe

#### **Alternative Treatments:**

- Vaginal estrogen or other hormonal therapies
- Non-hormonal lubricants or moisturizers
- Pelvic Floor Dysfunction therapy
- Not pursuing treatment

#### Patient Acknowledgement:

- The nature and effects of the procedure, the results, as well as alternative methods have been fully explained to me by the physician or 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 results 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.
- MonaLisa Touch SmartXide CO2 laser is not FDA-approved for vaginal rejuvenation or treatment of menopause-related symptoms like dryness, laxity, or urinary incontinence. These procedures are considered off-label uses.

#### Consent:

- ❖ I have read and understand all the information presented to me before signing this consent. I have also been given the opportunity to ask questions and understand the information provided.
- ❖ I request and authorize the physicians at the Pacific Clinic to perform the SmartXide Touch laser procedure on me.

PATIENT NAME:		
PATIENT SIGNATURE:		



DATE OF SIGNATURE:		