



MonaLisa Touch

Pre-Treatment Recommendations

- Refrain from vaginal sexual activity for 48 hours *prior* to treatment.
- Avoid use of any vaginal creams, ointments, or lubricants for 48 hours *prior* to treatment.
- Shower or bathe the morning of treatment, so that the area to be treated is clean.
- Closely clip or trim the vulvar area before treatment.
- Dress in loose fitting pants and cotton underwear on the day of treatment.
- Understand and sign a **Consent to Treat** form.



MonaLisa Touch

Post-External Treatment Instructions

It is important to follow your physician's post-treatment instructions.

Schedule follow up visits as recommended by your physician.

Please feel free to call as needed (919) 571-1040

2 Hours Post Treatment

Use cold compresses or gel packs (20 minutes on; 20 minutes off) as needed for any swelling or discomfort.

Use lidocaine, Aquaphor, or hydrocortisone ointment as needed in sensitive or itchy areas.

Wear loose cotton underwear.

Avoid wearing panty hose or tight fitting pants.

Additional Instructions

Refrain from vaginal sexual activity for 7 days after treatment.

Wait 1 day before taking a shower or bath (avoid using hot water on the treated area until healing is complete)

Gently cleanse the treated area 2-3 times a day with sterile saline or a mild, hypoallergenic cleanser.

Reapply ointment after each wash and continue to use until skin is healed.

Avoid lifting heavy weights or doing intense physical exercise for 3-4 days following the treatment.

Continue to wear loose, comfortable clothing.

What you may experience:

Your skin may feel sensitive and be red and swollen for a couple of days following treatment. Use ice packs and lidocaine cream.

Itchiness may be intense at times as area heals. Try 1% over the counter hydrocortisone cream.

MonaLisa Touch® Internal Treatment Informed Consent to Treat

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

Therapy using the Mona Lisa Touch laser is an appropriate treatment for patients experiencing gynecologic changes due to estrogen decline.

The laser produces small columns of damage in the soft tissue of the vaginal walls. These columns help stimulate new collagen production which helps promote improved gynecologic health.

The nature and effects of the procedure, the results, as well as alternative methods of treatment 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.

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 the probe insertion. The treatment takes about 5 minutes to complete. The possible associated side effects following this procedure may include vaginal spotting, mild vaginal bleeding, pink or brown vaginal discharge, mild to profuse watery vaginal discharge, irritation, burning upon urination, and discomfort.

I may be instructed by my clinician to refrain from strenuous exercise and sexual activity for 2 days after the procedure.

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: _____