

Cosmetic Hymenoplasty Operative Report

Patient Name: _____

Birthdate: ____/____/____ MR #: _____

Date of Procedure: _____ Surgeon/Assistant: _____

Anesthesia/Anesthesiologist: _____

Height/Weight/Parity: ____ft__ in / ____ lbs / _____

Fluid Intake: _____ ml EBL: _____ ml Drains: None Foley Catheter

IV Antibiotics: None Yes _____

Pre-Operative Diagnosis: Chronic Torn Hymen
Elective Hymenoplasty for Nonmedical Reasons Requested

Primary Procedure Revisionary Procedure

Post-Operative Diagnosis: Same

Procedure: Hymenoplasty

Condition: _____

Clinical Findings:

This is a ____ year-old female with a preoperative diagnosis described above requesting elective hymenoplasty and presenting with normal gynecologic anatomy; she denied any vulvovaginal pelvic symptomatology. After a discussion of the risks, benefits and expected outcomes of the procedure described above and of all treatment alternatives, she signed a statement of written informed consent fully aware that the procedure cannot guarantee vaginal bleeding at the time of next sexual intercourse.

Description of Procedure:

- The patient was brought to the operating room and kept awake because she requested local anesthesia.
- The patient was brought to the operating room and placed under an adequate level of anesthesia.

She was then prepped and draped in the usual sterile fashion for vaginal surgery with anti-embolic stockings & sequential compression stockings applied.

The hymen ring was exposed, marked and injected with a dilute solution of lidocaine and epinephrine for anesthesia and hemostasis. The scarred epithelium of the hymenal ring was removed with a combination of sharp dissection, electrocautery dissection, radiofrequency dissection, CO₂ laser dissection. Hemostasis was achieved with absorbable sutures electrocautery radiofrequency.

Meticulously-placed, interrupted sutures of No. 5-0 Monocryl other: _____ were used to align and approximate the edges of the remaining tissue in a cosmetic and hemostatic fashion to create a neohymen. Hemostasis was confirmed at all surgical sites.

The area was irrigated with sterile saline and a light dressing was placed. The patient tolerated the procedure well and was brought to the recovery room in stable condition.

Surgeon Signature

Date