

CONSENT 2023

Navigating PFD/BPS/IC



1 in 5 women





734,630

When your patient enters the room and you meet them for the first time, always go in with neutral language, calm demeanor, and with the mindset of TRUST.

Over the years of working with PF patients they speak to you little by little and over the course of treatments. I NEVER force any conversation or ask uncomfortable questions.

Once you establish TRUST, your patients progress will speed up.

There are many levels of consent here:

1. PRE-treatment consent: this consists of thoroughly going over your consent form and the PELVIC floor consent.

PRE TREATMENT CONSENT

- a. WHEN you are finished with your intake, this PRE-TREATMENT consent you begin to IMPLEMENT by providing a VISUAL road map of your thoughts around their treatment, and engaging them in the conversation. An example would be this:

continued

- i. CC: PERI-ANAL PAIN: provide acutal medical charts/visual aides of THAT PART of their body, using neutral language and explaining your reasoning for their pain and why you will be PALPATING (do not use the word touch/touching here).

Explain that the word palpate means to EXAM BY TOUCH FOR MEDICAL PURPOSES. When you have finished give them an opportunity to say “ That sounds good”, or “ I’m nervous, will it hurt etc.” YOUR PATIENT IS ALWAYS IN CONTROL .

- i. ALSO tell them that if they are uncomfortable in
ANYWAY, you will stop treatment IMMEDIATELY

Once you have WRITTEN consent, and intitial PRE-TREATMENT verbal consent

DEMONSTRATE how you would like to POSITION them on your exam table, and provide a drape for them.

I'll show you here.

Ask them if they have any questions, tell them: "I am going to step out of the room so you may get ready (please remove: pants, undergarments and lie face up to begin, with the drape covered like this" and demonstrate here)

"I will knock loudly before I come back in." this is important: NO SURPRISES

You would be surprised how many people have a hard time with this simple instruction because they are nervous.

You may chart these positions accordingly: lithotomy, lateral supine, prone, supine

DURING TREATMENT CONSENT:

Is it ok that we can begin? I am going to put my LEFT hand on your LEFT hip, is that ok? If the answer is YES, then proceed, if NO then ask “is it ok if I put my LEFT HAND on your lower LEFT BACK?” this is just an example. If the patient is very nervous, you can start off by saying “ I am here for you, and we are going to get you feeling better, how about we start off with a very gentle treatment “X” so we can ease into this deeply therapeutic work.

AND MOST IMPORTANTLY

Tell them that you are following their lead.

DRAPING DEMO