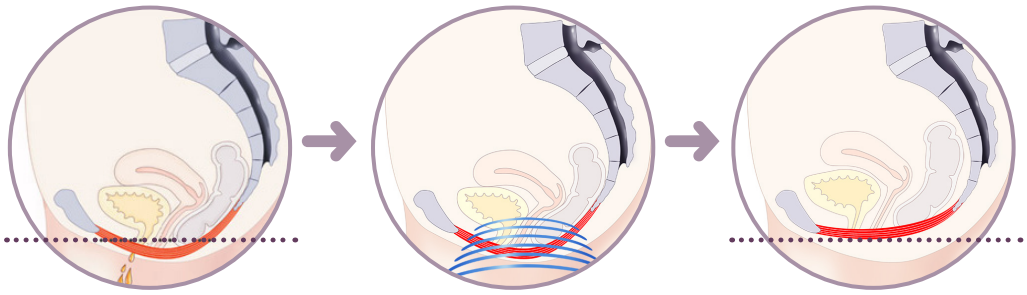
Informed Consent Protocol
Strengthen the pelvic floor with EMSELLA®

Operations in the pelvic area, neurological disorders, pregnancies, and/or biological aging alone can lead to pelvic floor dysfunction. Urinary incontinence, leakage, decreased sensation during sexual activity, or bladder emptying problems are all different manifestations of pelvic floor dysfunction.

Effective, non-invasive, and scientifically proven treatment method

The treatment with EMSELLA® offers a safe, non-invasive alternative to surgical procedures and is suitable for both women and men. This therapy uses High-Frequency, Focused Electromagnetic field (HIFEM) to support postpartum recovery, completely minimize or eliminate stress urinary incontinence, and promote neuro-muscular coordination of the pelvic floor.



How does the treatment work?
EMSELLA® uses electromagnetic energy to stimulate muscles. The muscle contractions are stronger and occur more rapidly than those you could achieve through conventional physiotherapy. EMSELLA® treatment is painless, highly effective, and supported by scientific studies.

During the treatment, you sit fully clothed on the EMSELLA® treatment chair. The interchanging electromagnetic fields generated within the Emsella chair in a specially programmed rhythm and adjustable intensity cause contractions of the pelvic floor muscles. Most patients quickly get used to this feeling and gradually find the therapy pleasant and relaxing – also due to the resulting improvement in quality of life.

Thanks to this new technology, you will not experience muscle soreness after the treatment but only a feeling of a strengthened pelvic floor.

A session lasts 30 minutes. Immediately after the treatment, you can resume your usual activities. Improvements may already be noticeable after the first session. The results typically increase over the following weeks.

We recommend six sessions spaced at least 3 days apart and no more than 2 weeks apart. Longer intervals between sessions do not produce optimal effects.

Although six sessions are recommended as a training unit, additional sessions can be easily added if needed.

How long does the effect of the treatment last?
The duration of the positive effect depends on the individual health condition. Usually, a treatment effect lasts over 6 months.

The treatment is considered low-risk and usually painless. However, in some cases, muscle discomfort, temporary muscle cramps, transient joint or tendon pain, or local skin redness may occur. These usually resolve quickly.

Treatment during menstruation is permitted but may be less comfortable since the muscular contractions can worsen menstrual pain and increase bleeding. Pregnant women cannot be treated. Treatment is possible only two months after childbirth.

On the day of treatment, it is recommended to wear comfortable clothing.

Prices EMSELLA® treatments in CHF:

Single treatment	☐	120
Package of 6 treatments	☐	680

PRAXIS Dr. Zodan
Weingartenstrasse 9
8803 Rüschlikon
Tel.: +41 44 500 90 95
praxis.zodan@hin.ch
Fax: +41 44 500 90 96
praxis-zodan.ch

Stand 04.05.2025

Please answer the following questions about your current health status:

Are you pregnant?	☐ NO	☐ YES
Do you have a pacemaker?	☐ NO	☐ YES
Do you have other electronic implants?	☐ NO	☐ YES
Do you have implanted devices (e.g. defibrillator, neurostimulator, medication pump)?	☐ NO	☐ YES
Do you have orthopedic implants (e.g. hip or knee protheses)?	☐ NO	☐ YES
Do you have metallic implants?	☐ NO	☐ YES
Do you have metal fragments in your body?	☐ NO	☐ YES
Do you have clips from tissue biopsies (breast or lymph nodes)?	☐ NO	☐ YES
Do you have lung or heart conditions?	☐ NO	☐ YES
Are you taking blood-thinning medications?	☐ NO	☐ YES
Do you have injured or otherwise impaired muscles?	☐ NO	☐ YES
Do you have a copper or gold IUD?	☐ NO	☐ YES
Do you have psoriasis, dermatitis, or eczema at the planned treatment site?	☐ NO	☐ YES
Do you have epilepsy?	☐ NO	☐ YES
Have you recently undergone surgery (muscle contractions caused by EMSELLA® may impair healing)	☐ NO	☐ YES
Have you ever given birth?	☐ NO	☐ YES

If YES: ☐ birth via C-section? ☐ vaginal delivery? ☐ both?

The cost of treatment is not covered by health insurance.

By signing below, I confirm that I have been informed about the upcoming treatment by my treating physician. This form is part of the informed consent; further information was provided during a personal consultation.

I have no further questions, feel sufficiently informed, and wish to proceed with the treatment.

The costs must be paid immediately after treatment in cash or by credit card. If a package has been selected, payment for the entire package is due after the first session.

.....

Place, Date

.....

Patient's name

.....

Patient's signature