



Informed consent of the patient / legal representative

FESS, FEELS SURGERY

**(Functional endoscopic surgery of paranasal sinuses,
laser- or plasma-assisted endoscopic nasal polypectomy)**

Head physician: Senior consultant MUDr. Tomáš Fořt

Senior consultant deputy: MUDr. Vladimír Prokop

Head anesthesiologist: MUDr. Roman Baláž

Patient:

Name and surname: _____ ID: _____

Patient's legal representative:

Name and surname: _____ ID: _____

I. Information about the nature of ailment:

Nasal polyps and swollen nasal mucosa impair nasal breathing, limit the filtrating function of the nose and they may cause breathing disorders in sleep. They also create infection nidi in the upper respiratory tract. Polyps limit the ventilation function of paranasal sinuses and cause chronic inflammation.

II. Information about the medical procedure:

The surgery is performed in local or general anesthesia. Less serious procedures may use analgosedation. After the onset of anesthetic effects a breathing tube is introduced onto into the patient's windpipe (in case of general anesthesia). Subsequently, endoscopic instruments and a shaver are used to remove nasal polyps and the paranasal sinuses are opened up. Laser is used only to trim the surgery wound. In conclusion a gentle tamponade with antibiotic ointment is placed inside the paranasal sinuses. The procedure takes ca 1 hour. Patient's vital functions are subsequently monitored in a recovery room for ca 1-2 hours. In case of more complicated operations the patient may stay overnight.

III. Risks of the procedure (general, individual):

There is a risk of post-operative early or late (after 5-8 days) bleeding, particularly if the client takes medication containing salicylic acid or heparin. In women the bleeding may be caused by ongoing menstruation. The surgery wound always heals with slight inflammation because a nasal cavity is not sterile and contains physiological bacteria. Extraction of front teeth may also occur as a result of intubation. The risk of overall anesthesia increases with age and seriousness of other diseases of the patient and it also includes potential unpredictable reactions of the organism to administration of medicaments and other procedures associated with a surgery in general anesthesia. The result of the surgery depends on individual healing.

IV. Alternatives of the procedure:

Corticoid, anti-allergic and immunological therapy. The advantage of those methods is that they are not invasive but they have low efficiency. The surgery should be used after all conservative therapeutic options have been exhausted as recommended by an ENT specialist. If the therapy is refused the patient is at risk of complications caused by infections or development of asthmatic symptoms.

V. Answers to additional questions asked by the patient/legal

representative: (or indicate that the patient did not ask any additional questions)

Physician's representation:

I hereby represent that I have informed the patient/legal representative identified above in an understandable manner about the planned surgery, including information about potential complications. The patient/legal representative has been also informed about the planned method of anesthesia, including information about potential complications associated with the procedure.

Date: _____

MUDr.: _____ Physician's signature: _____

Patient's / legal representative's consent:

I, the undersigned, hereby represent that I have been informed by the physician in an understandable manner about the planned surgery, including anesthesia and including warning about potential complications. My additional questions (if any) have been answered. Having considered the provided information I agree with the performance of the surgery procedure, including the described anesthesia and including other procedures and measures, as long as the lack of such procedures and measures might immediately threaten the my/ the patient's health condition and life.

I have been informed by the physician about the treatment options, i.e. basic and more expensive option as the treatment makes it possible to select between two variants.

I have selected the more expensive variant of treatment and I agree to pay the charge of _____ CZK which I hereby confirm with my signature.

I have not selected the more expensive treatment variant.

Date: _____

Patient's / legal representative's signature: _____

Father: _____ Mother: _____