



Informed consent of the patient / legal representative

PLASMA ADENOIDECTOMY

(Endoscopic removal of pharyngeal tonsil with plasma coblation)

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:

Enlarged lymphatic tissue in nasopharynx may cause breathing, sleeping and speech disorders, as well as malfunction of Eustachian tube which may cause frequent inflammation of the upper respiratory tract or middle ear. This may even lead to hearing impairment.

II. Information about the medical procedure:

The surgery is performed in general anesthesia. The patient is given anesthetics by a sensitive injection or by inhalation of non-toxic inhalation anesthetics. Unlike regular scalpel adenoidectomy or laser-assisted adenoidectomy, which use a curette in the first stage of the surgery, this procedure does not use any sharp surgical tools.

After the onset of anesthetic effects the overgrown tissue in nasopharynx is under endoscopic control sensitively removed with a plasma field developed at the end of a probe which immediately stops the bleeding and the disintegrated tissue is removed by suction. The advantage of the method consists in the fact that the tissue in nasopharynx is only exposed to temperatures of 40-70° Celsius. The method accelerates healing and minimizes post-surgery pain. The hypertrophic tissue of pharyngeal tonsil is more thoroughly removed in those places that cannot be reached by a curette or laser in case of regular methods. The base of the pharyngeal tonsil is not traumatized with sharp tools – the pharynx tissue makes no pressure on the child's cervical spine.

The procedure takes ca 20 minutes. Patient's vital functions are subsequently monitored in a recovery room for ca 2-3 hours. The patient is checked before being discharged. Benefits of the surgery include improved nasal breathing, protection against frequent infections (common cold, inflammation of middle ear).

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

There is a very low risk of early or late post-surgery bleeding and wound infection. Smell from the nose after this type of surgery is a normal symptom of healing, as well as temporarily increased temperature. 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:

Treatment with antibiotics and allergological and immunological treatment. The advantage of those methods is that they are not invasive. The surgery should be used after all conservative therapeutic options have been exhausted, as recommended by an ENT specialist or pediatrician. If the surgery is refused the child is at risk of poor nasal breathing, frequent inflammation of the upper respiratory tract, sleeping disorders and impairment of healthy development.

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: _____