



Informed consent of the patient / legal representative

RHINOSEPTOPLASTY

(Plastic surgery of nose and nasal septum)

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:

Deviated nasal septum, either innate or after an injury, blocks nasal passability, impairs filtration of inspired air, causes recurrent inflammation of sinuses and snoring. Deviated nasal septum is often associated with innate or post-injury deviation of the whole nasal skeleton or formation of nasal humps. Also conditions after previous surgeries in the area of septum and nasal pyramid may be the cause of poor nasal breathing or cosmetic defects.

II. Information about the medical procedure:

The surgery is performed in general anesthesia. After the onset of anesthetic effects a breathing tube is introduced into the patient's windpipe. Subsequently, endoscopic instruments are used to shape the nasal septum and an osteotome is used to incise the nasal skeleton. Sometimes the procedure is complemented with laser mucotomy. There are two techniques to perform the procedure. The closed technique uses an incision at the nasal entry, while the open technique requires a small incision of the nasal columella, which, however, is not cosmetically visible. In conclusion a gentle tamponade with antibiotic ointment is placed inside the nasal passages and from the outside the nose is covered with a brace which remains in place for 14 days. The procedure takes 1-3 hours depending on severity of the defect. Patient's vital functions are subsequently monitored in a recovery room for ca 2-4 hours. In case of long anesthesia 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: _____