



Informed consent of the patient / legal representative

## MYRINGOTOMY

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:

Myringotomy is performed due to fluid in middle ear. Evacuation of fluid preserve hearing.

### II. Information about the medical procedure:

The surgery is performed under general anesthesia which is administered through a breathing mask or with injection. After anesthesia has been given, with laser device perforation of ear drum will be done. The procedure itself takes about 10 minutes. The child will be transferred to the recovery area for approximately 2 hours following the procedure. The parents are asked to observe the instructions provided by the staff. The child is checked by the physician before hospital discharge. The surgery should lead to improved hearing.

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

There is a risk of early or late postoperative bleeding and wound infection, especially if the child has used drugs containing salicylic acid. Also, milk front teeth may become loose. The risk of general anesthesia increases with age and seriousness of concomitant diseases and may include unforeseeable reactions of the organism to administered drugs and other procedures performed in connection with general anesthesia.

### IV. Alternatives of the procedure:

Alternatively, antibiotics, anti-allergic and immunomodulation treatments may be used which may be applied in an outpatient setting. Surgery is only recommended by otolaryngology specialist after conservative therapy has proven unsuccessful. Refusal of the surgery may lead to difficulty breathing through the nose, disturbed sleeping and interference with healthy development.

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

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

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### 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: \_\_\_\_\_