



Informed consent of the patient / legal representative

OTOPLASTY

(Ear pinback surgery)

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:

Protruding earlobes represent a developmental deviation and often cause esthetic problems and embarrassment.

II. Information about the medical procedure:

The surgery is performed under general anesthesia and usually takes one hour. The most common technique is based on a cut behind the ear, resculpting of the ear cartilage by a number of incisions and otobrasion (ear abrasion) and resuturing to hold the required shape. After the surgery, earlobes are padded using a sterile dressing which is usually removed within a week after the procedure. The stitches are usually removed within 10 days. After the surgery, it is necessary to wear a turban-like headaddress for at least 6 weeks. The surgery should lead to a cosmetic improvement of earlobes, however the evaluation is very subjective, as there are no models of perfection. Generally, the smaller the anatomic defect of an unoperated ear, the smaller effect may be expected. It has to be pointed out, that a scar will be left behind the ear, which is visible upon closer inspection. You should only have the surgery after due consideration of the fact it will change your appearance (which might not always be perceived positively).

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

During and after the surgery, complications may occur such as bleeding, bruising, inflammation. Exceptionally, inflammation may lead to ear deformations and thus reduce or even remove the obtained cosmetic effect. The wound behind the ear may heal by means of keloid scarring- which means that instead of an invisible scar you will be left with a large thick scar behind the ear. The risk of general anesthesia increases with age and the 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:

There are no alternatives to this operation – it is not possible to resculpt protruding using any other technique than surgery (e.g. by training) which is indicated after a consensus has been reached with the physician. Esthetic surgical procedures are most performed at a patients wish and usually have no medical indication. Therefore, a refusal will not pose any risk to your health. Psychotherapy is a certain possibility how to deal with the problems of the patients who are unhappy with their looks. This approach does not treat the cause, rather, it deals with the perception of the problem. It is not associated any surgical risks.

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: _____