



Informed consent of the patient / legal representative

SEPTOPLASTY/ MUCOTOMY

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 :

Septal deviation is the result of the growth process of the face or trauma. It causes mainly difficulty breathing.

II. Information about the medical procedure:

The surgery is performed under general anesthesia. A small incision is made inside the nose when the mucosal lining of the septum is detached from the cartilage and the bones of the septum. The deviated portions of the septum are remodeled using additional cuts, straightened or removed in order to achieve the midline position of the septum. If needed, the mucosal overgrowth of the inferior turbinates is removed. Since it is an intranasal operation, there are no external scars in the face. After surgery, packs are placed in the nose for about 3 days. Hospitalization usually takes 3 days. You will fully recover within 10 days after the procedure. The benefit of the surgery is improved nasal breathing, reduced risk of inflammation and decreased mucous formation in the nasopharynx.

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

The following complications may occur : postoperative bleeding, sensitive teeth, swelling in the face, perforation of the nasal septum. 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 procedure performed in connection with general anesthesia.

IV. Alternatives of the procedure:

Conservative treatment – the application of local nasal drops or sprays, in some cases containing corticoids, can keep your nose clear. The administration of locally or generally active drugs may alleviate the symptoms associated with septal deviation. The anatomical

deviation itself may only be treated by surgery. Refusal of the surgery may lead to stuffed breathing, snoring and recurrent nasal infection. However, it will not pose a major risk to your health or life.

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: _____