



Informed consent of the patient / legal representative

UVULOPALATOPLASTY (LAUPP)

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:

Most commonly, this procedure is performed for snoring or sleep apnea (a condition in which breathing is blocked at sleep). The patient is at risk of circulation problems (heart stress, high blood pressure, insufficient oxygen flow during sleep). Snoring, on the other hand, may disturb your partner.

II. Information about the medical procedure:

The procedure performed under general or local anesthesia involves the removal of the tissue on the back of the mouth and upper throat (a muscle under the palate is clipped or cut off, the palatine arches are reduced). In some cases, it is necessary to remove the tonsils. After the procedure, your throat will feel scratchy for about 10 days and choking may occur exceptionally. The benefit of the procedure is that snoring will be reduced or will disappear altogether. Patients feel better and are less tired.

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

The procedure is associated with a number of risks: wound bleeding, palate swelling, swallowing difficulties, choking, infection. Other risks are generally associated with surgery and anesthesia.

IV. Alternatives of the procedure:

Rehabilitation – training of muscles in the neck and pharyngeal area, CPAP breathing using a special trunk – looking device attached to the nose at night, which may be disturbing to your partner.

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: _____