

Informed consent of the patient / legal representative:

ADENOIDECTOMY

(Endoscopic, laser-assisted removal of pharyngeal tonsil)

Head physician: Senior consultant MUDr. Tomáš Fořt

Head anaesthesiologist: MUDr. Roman Baláž

Name and surname of the patient: _____

Insurance number: _____

I. Information about the nature of ailment:

Enlarged lymphatic tissue in nasopharynx may cause breathing, sleeping and speech disorders, as well as malfunction of Eustachian tube which may cause frequent inflammation of the upper respiratory tract or middle ear. This may even lead to hearing impairment.

II. Information about the medical procedure:

The surgery is performed in general anesthesia. The patient is given anesthetics by injection into a vein or by inhalation of non-toxic inhalation anesthetics. After the onset of anesthetic effects and introduction of a breathing tube into the patient's windpipe a gag is placed into the patient's mouth and adenoid vegetation tissue is reduced with a curette under optical control and the surgery wound is compressed with a tampon. The remaining tissue is evaporated with a high-performance diode laser with the output up to 25 W. The time spent in the operating room is up to 30 minutes. Patient's vital functions are subsequently monitored in a recovery room for ca 2-6 hours. We recommend staying close to our workplace on the first day after the surgery so that you can get back within 30 minutes in case of early bleeding which statistically occurs in 1 % of the cases.

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:

Treatment with antibiotics and allergological and immunological treatment. The advantage of those methods is that they are not invasive. The surgery should be used after all conservative therapeutic options have been exhausted, as recommended by an ENT specialist or pediatrician. If the surgery is refused the child is at risk of poor nasal breathing, frequent inflammation of the upper respiratory tract, sleeping disorders and impairment of healthy development.

V. Answers to additional questions from 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 anaesthesia, 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 anaesthesia 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 anaesthesia 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 agree to pay the price of disposable materials in the amount of _____ Kč.

Date: _____ Patient's signature: _____

In the case of incapacity of the patient, the document must be signed by his/her legal representatives (usually both parents, unless another method of legal representation is determined by the court. Then the relevant court order must be provided).

Legal representative 1:

Name and surname _____ ID. _____ Signature _____

Legal representative 2:

Name and surname _____ ID. _____ Signature _____