

Informed consent of the patient / legal representative:

## **CORRECTION OF NASAL SEPTAL PERFORATION**

### **(Surgical coverage of perforated nasal septum)**

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:**

Perforation of the nasal septum occurs as a complication of plastic surgery of the nasal septum, after trauma, after increased use of drugs applied to the nasal mucosa (cocaine) or for unknown reasons.

#### **II. Information about the medical procedure:**

The operation is performed under general anaesthesia. After putting the patient to sleep, an intubation tube is inserted into the airway. A mucosal nasal flap is then created to cover the perforation of the nasal septum and then the defect is sutured. Finally, a gentle nasal tamponade with antibiotic ointment is inserted into the nasal passages. The stay in the operating room lasts up to 2 hours. This is followed by transfer to the recovery room. Here, vital signs are monitored. The patient remains here for 2-6 hours after surgery.

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

There is a risk of postoperative early or late (day 5-8) bleeding, especially if the patient was taking salicylic acid or heparin drugs. In women, ongoing menstruation may cause bleeding. The surgical wound always heals with mild inflammation, as the nasal cavity is not sterile and also contains physiological bacteria. There is a risk of non-healing of the graft at the perforation. The risk of general anaesthesia increases with the age and severity of the patient's other diseases and includes possible unpredictable reactions of the body to the administration of drugs and other procedures associated with the procedure under general anaesthesia.

#### **IV. Alternatives of the procedure:**

An alternative to surgery is the insertion of a septal button, which has a risk of poor tolerability and the formation of collateral inflammation. There are no known conservative alternatives to the procedure. If surgery is refused, there is a risk of developing chronic atrophic rhinitis with crusting.

## V. Answers to additional questions from 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 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 \_\_\_\_\_