

Informed consent of the patient / legal representative with a surgical procedure:

EPISTAXIS SURGERY

(Laser, radiofrequency or bipolar therapy for nosebleeds)

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:

Bleeding vessels on the nasal mucosa. Morbus Rendu-Osler.

II. Information about the medical procedure:

The operation is performed under local anaesthesia, in children under general anaesthesia. The patient is put to sleep by injection of anaesthetics into a vein or by inhalation of non-toxic inhalation anaesthetics. After the patient is put to sleep, a breathing tube is eventually inserted into the trachea. The dilated blood vessels are then sealed with a laser or bipolar coagulation is used. Finally, an absorbable tamponade is placed in the nose. In the case of Morbus Rendu-Osler, skin flaps are created in the nasal passages and sutured together to completely close the nasal cavity (this operation is performed sporadically). After awakening, postoperative supervision is provided in the recovery room where vital signs are monitored. Here the patient remains for 2-3 hours after the procedure

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

There is a risk of postoperative early or late (day 5-8) bleeding, especially if the patient has been taking acetylsalicylic acid medication. The surgical wound always heals with mild inflammation. The risk of general anaesthesia increases with the age and severity of the patient's other conditions and includes possible unpredictable reactions of the body to the administration of drugs and other procedures associated with the procedure under general anaesthesia. In women, ongoing menstruation may cause bleeding.

IV. Surgery alternatives:

Hemocoagulation, decongestion, vitamin therapy. The advantage is the possibility of non-invasive treatment. Surgery is resorted to after exhausting the possibilities of conservative therapy on the recommendation of an ENT specialist or pediatrician. If surgery is refused, there is a risk of developing anemia.

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 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 _____ CZK.

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. In this case, the relevant court decision must be provided).

Legal representative 1: Name and surname _____

Insurance number _____ Signature _____

Legal representative 2: Name and surname _____

Insurance number _____ Signature _____