

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

## EXCISION OF A SKIN OR MUCOSAL LESION

**(Removal of a fibroid, papilloma, atheroma, lipoma, nodule, verruca, fistula or other benign or suspicious formation)**

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:

Pathological skin or mucosal tissue may cause haemorrhagic disturbances at the site of the lesion, may increase in volume, and, if not excised, the histological nature cannot be determined with certainty.

### II. Information about the medical procedure:

The procedure is performed under local or general anaesthesia. In case of GA, the patient is put under general anaesthesia by inhalation or intravenous injection. Then, surgically or by laser, the lesion is removed under sterile conditions and the skin is adapted back with subcutaneous and dermal sutures. Bleeding is stopped by coagulation or laser. The procedure takes 1 hour. After the procedure, the patient is transferred to a recovery bed where they remain under the supervision of medical staff until they are fully awake.

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

There is a risk of early or late bleeding (5-8 days). The surgical wound may heal with inflammation. Extraction of teeth during intubation may occur, the risk of general anaesthesia increases with age and severity of other diseases of the patient and includes possible unpredictable reactions of the body to the administration of drugs and other procedures associated with the operation under local or general anaesthesia.

### IV. Alternatives of the procedure:

Surgical removal has no alternatives, as the nature of the tissue cannot be determined without histological examination, which requires tissue removal.

## **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 \_\_\_\_\_