

Informed consent of the patient / legal representative:

EAR CANAL EXOSTOSIS SURGERY

(Removal of bony growths on the ear canal with micro miller)

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:

Exostoses (bony growths on the ear canal) cause inflammation of the external ear canal, poor evacuation of earwax and, in the most severe cases, conductive hearing loss.

II. Information about the medical procedure:

The operation is performed under general anaesthesia. The patient is put to sleep by injection of anaesthetics into a vein or by inhalation of non-toxic inhalation anaesthetics. An intubation tube is then inserted into the airway. The procedure is performed under a microscope and takes approximately 20-40 minutes depending on the size of the exostoses. The exostoses are removed by micro miller. Finally, the ear canal is swabbed with an antibiotic longette. The patient is then transferred to a recovery room where his vital signs are monitored under the supervision of a nurse. The patient spends 2-6 hours in the recovery room.

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

There is a risk of minor bleeding from the ear and ear inflammation associated with discharge. Extraction of baby teeth in children during insertion of the intubation tube or damage to the dentition in adults during insertion of the tube may occur. 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 risk of general anaesthesia.

IV. Alternatives of the procedure:

This procedure has no conservative alternative. If the procedure is refused, there is a risk of complicated inflammation of the ear canal and eardrum, and possibly worsening of hearing loss.

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 _____