

Informed consent of the patient / legal representative:

FRENULECTOMY

(Removal of lingual or labial frenulum with laser)

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:

Shorter lingual frenulum causes incorrect swallowing and logopaedic problems. Shorter labial frenulum causes poor suction of an infant or stomatological problems.

II. Information about the medical procedure:

The surgery is mostly performed on children in general or local anaesthesia. The patient is given anaesthetics by a sensitive injection or by inhalation of non-toxic inhalation anaesthetics. In case of local anaesthesia, the anaesthetics are applied directly on the frenulum. The frenulum is evaporated with a high-performance diode laser with 25 W output power. More attached frenula are removed classically with a scalpel, the mucous membrane must be subsequently sewn together. The procedure takes ca. 10 minutes. The child is then handed over to the parents and it's vital functions are subsequently monitored by a nurse in the recovery room for ca. 1-2 hours.

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

There is a risk of early post-surgery bleeding and painfulness. The surgery wound always heals with slight inflammation because the oral cavity is not sterile and contains physiological bacteria. A white fibrin coating is formed which must not be removed. The patient can drink or gargle chamomile tea, eventually he can smear the wound with gentian violet. In the event of severe swelling of the tongue or failure to absorb fluids, the patients should be examined by the ENT doctor on the following day. Extraction of baby teeth may also occur as a result of intubation. The risk of overall anaesthesia 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 anaesthesia. The result of the surgery depends on individual healing.

IV. Alternatives of the procedure:

There is no conservative alternative to this procedure..

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 _____