

Informed consent of the patient / legal representative:

EXTRACTION OF THE VENTILATION TUBE

(Grommet/stipula removal)

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:

The ventilation tube is removed if it no longer fulfils its function (ventilation, drainage) or if it is in the wrong position or if the tube itself causes inflammation. Usually tubes are removed after 6 months to two years.

II. Information about the medical procedure:

The operation is performed under general anaesthesia or analgosedation. The patient is induced to sleep by injection of anaesthetics into a vein or by inhalation of non-toxic inhalation anaesthetics. Sometimes it is necessary to insert an intubation tube into the airway. The procedure is performed under a microscope and takes about 10-20 minutes.

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

There is a risk of mild bleeding of the ear, ear inflammation associated with discharge. Extraction of anterior teeth during insertion of the intubation tube may occur. The risk of general anaesthesia increases with age and the 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:

In cooperative patients, the ventilation tube can be removed without general anaesthesia in the outpatient clinic.

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 _____