

Informed consent of the patient / legal representative:

DIRECT MICROLARYNGOSCOPY WITH REMOVAL OF THE LESION

(Removal of pathologies on the vocal cords)

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:

Pathologies of the vocal cords can be benign or malignant in nature. To determine this, we need to perform excision of the lesion under general anaesthesia. These lesions cause hoarseness, scratching in the throat, possibly airway bleeding or swallowing disorders.

II. Information about the medical procedure:

The operation is performed under general anaesthesia. The procedure begins with the administration of drugs by injection into a vein or inhalation of non-toxic inhalation anaesthetics. After the patient is put to sleep and a breathing tube is inserted into the trachea, a special tube is inserted into the oral cavity and larynx, which is used under microscope control to remove formations on or around the vocal cords or to inject medication into the vocal cords. The procedure takes up to 1 hour, the patient stays in the postoperative room for 2-6 hours. After the procedure, vocal rest is required for 1 week.

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

There is a risk of postoperative early or late (day 5-8) bleeding, especially if salicylic acid drugs are used. The surgical wound always heals with mild inflammation. Extraction of the anterior teeth during tube insertion or intubation may occur. Expect throat hoarseness for about 3 weeks after the procedure. The risk of general anaesthesia increases with the age and severity of the patient's other diseases and includes possible unpredictable reactions of the body to the administration of drugs and other procedures associated with the procedure under general anaesthesia.

IV. Alternatives of the procedure:

Histological excision in this procedure has no alternative. It is always necessary to determine the nature of the tissue. If the procedure is refused, there is a risk of impaired breathing, possibly suffocation, or even bleeding complications. After the procedure, it is necessary to take into account the change in the color and tone of the voice, so it is important to consider this procedure with voice professionals.

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 _____