

Informed consent of the patient / legal representative:

MUCOTOMY

(Laser or radiofrequency volume reduction of the inferior turbinate)

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:

Swollen nasal shells in chronic rhinitis cause poor nasal patency, poorer filtration of inhaled air, recurrent sinusitis, snoring. Also, patients who overuse nasal drops such as Sanorin, Nasivin, Olynth, Vibrocil or Muconasal plus suffer from nasal congestion. This is because they have developed an addiction to these nasal drops. All these conditions are eliminated by gentle mucotomy.

II. Information about the medical procedure:

The surgery is performed under local or general anaesthesia. Under general anaesthesia, an intubation tube is inserted into the airway after the patient is put to sleep. Under endoscopic control, radiofrequency current or laser is used to reduce the subcutaneous connective tissue from the lower shell. Tamponade is not necessary for this procedure as it is bloodless. The stay in the operating room lasts up to 1 hour. This is followed by transfer to the recovery room, where the patient stays for a maximum of 1 hour. Here, vital signs are monitored.

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

There is a risk of postoperative early or late (day 5-8) bleeding, especially if the client is taking salicylic acid or heparin medications. In women, ongoing menstruation may cause bleeding. The surgical wound always heals with mild inflammation and scab formation, especially on the lower shells, as the nasal cavity is not sterile and also contains physiological bacteria. The risk of general anaesthesia increases with age and the 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:

Corticoid, antiallergic, immunological therapy. The advantage is the possibility of non-invasive treatment. Surgery is approached after exhausting the possibility of conservative therapy on the recommendation of an ENT specialist. In case of refusal of therapy, there is a risk of infectious complications, possibly the development of asthmatic problems.

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 _____