

Informed consent of the patient / legal representative:

MYRINGOPLASTY

(Plastic surgery covering of the eardrum perforation)

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:

Hearing impairment due to perforation of the eardrum. The middle ear is exposed to environmental infections by perforation. Myringoplasty closes the perforation and thus the middle ear cavity. The result is improved hearing.

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 eardrum perforation. The perforation is covered with a graft from the fascia of the temporalis muscle or from the perichondrium cartilage in front of the eardrum. Finally, the skin is sutured and the ear canal is swabbed. The patient is then transferred to a recovery room where their 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 mild bleeding from the ear, ear inflammation associated with discharge, there is a risk of graft failure depending on the immune response of the patient. 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 diseases and includes possible unpredictable reactions of the body to medication and other procedures associated with the risk of general anaesthesia.

IV. Alternatives of the procedure:

Surgery is approached after exhaustion of conservative therapy options, in case of failure of spontaneous healing of the perforation, on the recommendation of an ENT specialist. If surgery is refused, the patient is disadvantaged by the possibility of permanent hearing impairment or inflammatory intracranial complications.

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 _____