

Informed consent of the patient / legal representative:

OTOPLASTY

(Plastic surgery of congenital abnormalities in ear shape)

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:

Protruding ears are a developmental deviation, they are mainly an aesthetic problem.

II. Information about the medical procedure:

The surgery is performed under local or general anaesthesia. Usually the procedure takes 1 hour. A skin incision is made behind the pinna. Ear cartilage modelling is performed by incisions, grinding or by pulling out a part of the cartilage. The cartilage and skin are then stitched together with absorbable sutures. After the operation, the wound is sterilely covered and the dressing is usually removed within a week after the operation. After surgery, a tightening headband should be used for at least 6 weeks.

One can hope for an improvement in the appearance of the auricles from the surgery, but the evaluation is a very subjective matter, because there is no model of a beautiful ear. Generally speaking, the smaller the anatomical deviation of the non-operated ear, the less effect the surgery produces. It should be pointed out that a scar remains behind the pinnae, which is visible on close examination. The patient should approach the operation after careful consideration of the fact that the operation will change their appearance, which may not always be perceived positively.

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

During and after the operation, complications may occur in the sense of bleeding, bruising, inflammation. In rare cases, inflammation can deform the ear cartilage and thus devalue the cosmetic effect. A scar behind the ear can heal by so-called keloid reconstruction, where a large scar is left behind the ear instead of an almost invisible scar. 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 procedure under general anaesthesia.

IV. Alternatives of the procedure:

The surgery has no alternatives - the protruding auricles cannot be sculpted in any other way without a surgical procedure, for example by exercise, and is indicated in agreement between the patient and the doctor.

Aesthetic surgery is performed primarily at the patient's request and in most cases it is not indicated for medical reasons and refusing it carries no risks. Psychotherapy is a certain option for patients dissatisfied with their appearance; it does not address the cause but rather the perception of the problem, but it is not burdened with the risk of surgery.

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 _____