

Informed consent of the patient / legal representative:

## **PARACENTESIS WITH SUCTION**

**(Puncturing the eardrum with a laser or lance blade)**

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 impaired function of the Eustachian tube. Middle ear effusion in acute or chronic otitis media. Repeated otitis media resulting in the need for paracentesis. Latent mastoiditis.

### **II. Information about the medical procedure:**

The operation is performed under general anaesthesia or analgo-sedation. The patient is put to sleep by injection of anaesthetic drugs 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 20 minutes.

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

There is a risk of minor bleeding of the ear or ear inflammation associated with discharge. Extraction of anterior teeth during insertion of the intubation tube may occur. The risk of general anaesthesia increases with the age and severity of the patient's other conditions 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:**

Antibiotic treatment, allergological and immunological treatment. The advantage is the possibility of non-invasive treatment. Surgery is resorted to after exhausting the possibilities of conservative therapy on the recommendation of an ENT specialist or pediatrician. If surgery is refused, the patient is disadvantaged by the possibility of permanent hearing impairment or even inflammatory intracranial complications.

## V. Answers to additional questions from the patient/legal representative:

(or indicate that the patient did not ask any additional questions)

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### 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 \_\_\_\_\_