

Informed consent of the patient / legal representative:

REPOSITIONING OF NASAL BONES

(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:

The procedure is performed in case of a fracture of the nasal bones.

II. Information about the medical procedure:

The procedure is performed under general anaesthesia or analgosedation. Under general anaesthesia, an intubation tube is inserted into the airway after the patient is put to sleep. The bone fragments are then repositioned manually or with an elevator and fixed with a plaster tile. An anterior tamponade is sometimes placed in the nose in case of bleeding. The stay in the operating theatre lasts 15-30 minutes depending on the severity of the defect. This is followed by transfer to the recovery room where vital signs are monitored. The client remains here for 1-2 hours after surgery.

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

Possible complications include nosebleeds or bloody discharge around the nasal bones. In women, ongoing menstruation can cause bleeding. The surgical wound always heals with mild inflammation, as the nasal cavity is not sterile and contains physiological bacteria. The risk of general anaesthesia increases with age and the severity of the patient's other illnesses and includes possible unpredictable reactions of the body to the administration of drugs and other procedures associated with the procedure under general anaesthesia. The outcome of surgery depends on individual healing.

IV. Alternatives of the procedure:

When refusing the treatment, there is a risk of bone adhesions in the wrong position and possible breathing disorders.

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 _____