

Informed consent of the patient / legal representative:

SUTURING OF DILATED CANALS AFTER EARRING / COLOBOMA

(Ear piercing in acute otitis media in the outpatient clinic)

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:

Sometimes, after wearing earrings for a long time, dilation of the ear canal where the earring is fixed develops. Sometimes the canal shows inflammation and the matter needs to be resolved. The treatment is only surgical.

II. Information about the medical procedure:

We perform the procedure under general anaesthesia for children under 8 years of age, and local anaesthesia for adults. The skin is sutured with subcutaneous and dermal sutures. The procedure takes 20 minutes. After the procedure, the patient is released to home care.

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

There is a risk of early or late bleeding (5-8 days). The surgical wound may heal with inflammation. The risk of the procedure increases with the age and 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 local or general anaesthesia.

IV. Alternatives of the procedure:

This procedure has no conservative alternative

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 _____