

Informed consent of the patient / legal representative:

MIDDLE EAR DRAINAGE SURGERY

LASER / PERMANENT DRAINAGE

(Laser piercing of the eardrum and insertion of a grommet/stipule)

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. The patient is put to sleep by injection of anaesthetics 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. For minor procedures, we perform the laser drainage. Where mucus is detected, we introduce grommets which fall out spontaneously. For complicated inflammation, we introduce non-falling out T-tubes. The patient is monitored in the postoperative room for about 1-2 hours after the procedure.

Possible types of ventilation tubes:

- 1) titanium spicules
- 2) fluoroplastic spicules
- 3) silicone spicules
- 4) gold spicules
- 5) Armstrong T-tubes
- 6) laser drainage hole (power 8-9 W)

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

There is a risk of mild bleeding of the ear, ear inflammation associated with discharge, there is also a risk of excretion of grommets by the patient's organism. 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 the administration of drugs 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)

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.

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 _____