

INFORMED CONSENT WITH THE PERFORMANCE

(Informovaný souhlas pacienta s výkonem)

(becomes a part of the documentation)

Patient's name and surname:		Date of Birth:
The doctor responsible for patient's edification :		
Position / Department :		

Patient's edification about the operation:	<h3>Knee arthroscopy</h3> <p><i>(Artroskopie kolene)</i></p>
The purpose of the operation /indication/:	<p>The purpose of this medical intervention is the introduction of optics in the knee joint to detect damage of the intraarticular structures and their subsequent treatment using special tools designed for this operation.</p>
Performance of the operation:	<p>A brief cut about 1 cm long on outer and inner side of the knee will be performed under the epidural or other anesthesia. The optics will be introduced into the knee, it will be inspected and according to the finding an operational performance shall be made.</p> <p>After the operation, both inputs will be closed by stitches and redon drain to suck possible bloody fluid which may be formed depending on the type of exercise, will be introduced. The operation will be completed by placing sterile cover and elastic bandage. The entire surgical procedure unless there are any contraindications will be realized in bloodlessness, that is a pressure wristband will be applied on the thigh, thereby reducing blood flow of the operated leg under the wristband for certain necessary time.</p>
Possible complications /restrictions/ :	<ul style="list-style-type: none"> - failure of wound healing ; - postoperative wound infection ; - postoperative joint infection ; - deep vein thrombosis and pulmonary embolism ; - postoperative haemorrhage in the knee ; - effusion of the knee ; - skin affection or damage of the skin cover after the tourniquet (pressure wristband) - reflex sympathetic dystrophy ; - injury to the nerve and vascular structures; - healing of the wound by excessive scar (keloid). <p>Limitations in the usual way of life and ability to work will depend on the type of operation and eventual occurrence of the postoperation complications.</p>

<i>Patient's consent with the performing of the medical operation:</i>	<p>I patient (legal guardian) hereby declare that I was informed in a clear and comprehensible form about the treatment. I declare that I have clearly understood all the information, I am familiar with the procedure and complications of the operation. Also, I declare that I have had the opportunity to ask questions and discuss with the doctor about this issue.</p> <p>I agree with the realization of the knee arthroscopy.</p> <p>At the same time I declare that in the event of unexpected complications requiring immediate implementation of additional procedures necessary for rescuing my life or health, I agree to carry out all other necessary and immediate treatment which is necessary to save my life or health.</p>
<i>Date:</i>	
<i>Patient's (legal guardian's) signature:</i>	
<i>Signature of physician:</i>	

I agree that during the realization of the health care the medical staff who are not directly involved in the providing of the health services will be present and also specialists of the producers and distributors of the medical devices.

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signature of the patient