

## 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:	<b>Release of the median nerve in the carpal tunnel</b> <i>(Uvolnění středového nervu v karpálním tunelu)</i>
The purpose of the operation /indication/:	The purpose of this medical intervention is releasing nerve in the carpal tunnel, which innervates the palm of the hand and fingers, and the oppression leads to neurological symptoms (tingling, numbness, etc.)
Performance of the operation:	Under the local anesthesia an incision 3-4 cm long above the wrist will be performed, then it will be followed by incising of the subcutaneous tissue and ligament, which forms the ceiling of carpal tunnel and is causing repression of the median nerve. Thus the nerve will be released to the necessary extent and finally wound closed with a few stitches.
Possible complications /restrictions/ :	<ul style="list-style-type: none"> <li>- damage of the atypically ongoing branch of the median nerve, which innervates thumb</li> <li>- damage to the surface of blood vessels of hands with the necessity of stopping bleeding</li> <li>- failure of wound healing</li> <li>- postoperative wound infection</li> <li>- postoperative subcutaneous hematoma</li> <li>- long-term postoperative pain and increased sensitivity scars</li> <li>- healing of the wound by excessive scar with pressure on a relaxed nerve and so the come back of the problems</li> </ul> <p>After the execution recommended:</p> <ul style="list-style-type: none"> <li>- sleep mode for 14 days until removing of stitches</li> <li>- subsequent ambulatory rehabilitation</li> <li>- possibility of full load after 6 weeks since the surgery</li> </ul>

<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><b>I agree with the implementation of release of the median nerve in the carpal tunnel.</b></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>	