INFORMED CONSENT

Name and surname:	**National ID No.:**
Patient's legally acceptable representative (name, surname):	
Designation of the medical procedure/treatment procedure (or several procedures): **ANALGOSEDATION**	

Purpose, nature, expected benefit, consequences and possible risks of the medical procedure:

The purpose of this procedure is to ensure the calm and painless course of the surgical procedure or examination and reduce the sensation of pain.

Analgosedation reduces the sensation of pain in the entire body, but the feeling of pressure and touch remain preserved. Under the influence of sedatives applied intravenously the patient may be half asleep and has no memory of the procedure.

Among the **adverse effects** arising from analgosedation are muscle pain and headaches, nausea, vomiting, temporary drowsiness, coordination disorder and urinary retention.

Among the **severe complications**, including life-threatening associated with the anaesthesia procedure or complicated diseases are allergic reactions, toxic reactions to local anaesthesia, respiratory or blood circulatory failure, kidney or liver failure. These occur in planned and acute procedures.

Unexpected prolongation of a surgical procedure or examination brings the risk of transfer of analgosedation to general anaesthesia.

Other alternatives, their suitability, benefits and risks:

Unlike analgosedation, general anaesthesia fully removes consciousness and sensation of pain in the entire body. As well as local anaesthesia it is used in a number of extensive procedures. It is applied in a mixture of sedatives, strong painkillers and muscle relaxants. These drugs are most often administered intravenously and through inhalation either separately or in combination.

Among the adverse effects arising from general anaesthesia are muscle pain and headaches, nausea, vomiting, temporary drowsiness and coordination disorder, throat aches and hoarseness.

The medical procedure will take place as follows:

A specialist doctor (anaesthesiologist, intensivist) will instruct the patient on the procedure and will perform an initial examination, evaluate the overall condition and type of surgical procedure or examination and recommend the type of anaesthesia suitable for the calm course of the procedure.

During preoperative preparation the intake of food, drinking and smoking must be reduced, dental prosthesis removed and all the doctor's recommendations followed. So-called

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premedication (sedative drugs) is administered in the evening before the surgical procedure and in the day just before the surgical procedure or examination.

Restrictions and recommendations in lifestyle with regard to the medical condition and possible changes in medical fitness after the stated medical procedure:

Problems with concentration, coordination or movement persist after the procedure for a certain time (up 24 hours).

In case of an outpatient procedure, the patient should have somebody accompanying him/her on the way home. The patient should not drive a motor vehicle or operate a machine requiring greater attention in the next 24 hours.

Further required treatment:

Depends on the type of surgical procedure or examination.

I declare that the doctor who instructed me personally explained the entire content of this written informed consent and I had the opportunity to ask him/her questions to which he/she gave a proper answer. I declare that I have fully understood the above instructions and information and give express consent to this medical procedure:

In case that the patient is **underage or has limited legal capacity** and is reasonably mentally and freely mature:
I declare that I have been instructed to the extent stated above.

If the patient was not provided with such data, he/she shall state the reason why: Enter the reason

In Prague on Enter the date

....

patient's/legally acceptable representative's signature *doctor's name, surname and signature*

.....

signature of the underage patient/patient with limited legal capacity

If the patient/legally acceptable representative cannot sign because of his/her medical condition:
Reason why the patient/legally acceptable representative is unable to sign: Enter the reason
Manner in which the patient/legally acceptable representative expressed his/her will: Enter the

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Name and surname:	**National ID No.:**
manner ..... *name, surname and signature of the witness*	