



PROTON  
THERAPY  
CENTER

## Proton Therapy Center Czech

Budínova 1a, 180 00 Praha 8

<http://www.ptc.cz>

### INFORMED CONSENT TO ANESTHESIA

PTC\_IS\_ANEST  
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Workplace (clinic, department):

Informing physician:

Patient: \_\_\_\_\_  
Name, surname, date of birth

Today, the physician informed me about my health condition; then, I was informed by the physician about proposed health services based on medical intervention/interventions to be performed. The intervention includes:

### **ANESTHESIA (DESENSITIZING), WHICH IS NECESSARY FOR THE PERFORMANCE OF THE THERAPEUTICAL INTERVENTION, DIAGNOSTIC EXAMINATION**

**The purpose of this medical intervention is to eliminate perception of all percepts related to the intervention.**

**The medical intervention will be performed as follows:**

Anesthesia will be done by a specialist physician – anesthesiologist, who will offer you such a method of desensitizing, which is the most suitable for the given intervention, and which is the least burden for you.

You will undergo the total anesthesia, which disables consciousness and perception of pain in the whole body for the necessary time period. Temporarily, you will find yourself in a condition similar to a sleep.

You will undergo sedation with analgesics, which, in addition to the perception attenuation, will disable perception of all sensations in examined areas or in the intervention site directly.

**I was informed that the following can be done as an alternative to the above mentioned intervention, recommended by the physician:**

Total desensitizing with disabled consciousness  
Sedation with analgesics with total attenuation of perception.  
There is no reasonable alternative.

I take notice that the intervention recommended by the physician has the following advantages compared to the mentioned alternative:

Total desensitizing – good control of vital signs during bigger interventions.  
Sedation with analgesics – minimum burden for the patient's organism.

Though, at the same time, it has the following disadvantages:

Every type of desensitizing has its advantages and disadvantages. Based on thy physician's recommendation, I agree with the desensitizing method, which is the most suitably for me and the given type of intervention.

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Additionally, I was informed that the intervention recommended by the physician has **the following risks**:

No intervention is without a risk; though, desensitizing administered by an experienced anesthesiologist has minimum risk. Very severe and live-threatening complication and extremely rare, even in patients with health load.

I take notice that **I will be limited in the usual way of life and working ability in the following way** in the relationship with the performance of the medical intervention:

With regard to the risk of inhaling vomits, I will not, in my own sake, eat, drink, and smoke minimum **6 hours before and 2-4 hours after** the scheduled intervention. Before surgery, I shall remove removable denture, contact lenses and other aids supporting sense perception. From my body, I shall remove make-up, nail varnish, and decorative items.  
 In the relationship with temporary insertion of some aids into respiratory tract during total anesthesia, I may feel short-time pain in the throat exceptionally. Rarely, nausea or vomiting may occur.  
 Following outpatient's anesthesia, the patient must be transported home by a designated vehicle in the presence of an accompaniment, after the elapse of the time interval of the stay in the hospital facility, specified by the physician.

I was informed I can revoke my consent with the provision of health services. This revocation is not effective in case the performance of the medical intervention has already started, and its discontinuation might cause health damage or be life-threatening.

I was informed about my right to waive information about my health condition.

I declare and confirm by signature in my own hand hereunder, that the physician that has provided me with the instructions, explained to me in person all what creates the contents of the written informed consent. I had enough time to study it and I had a possibility to ask questions, which the physician duly answered.

I declare I was instructed about my right to decide freely about subsequent proposed procedures in the provision of the health care, unless special legal regulations exclude such right.

I had following additional questions:

.....

I declare I have fully understood the above-mentioned information, and I agree explicitly and freely with the performance of the medical intervention:

**ANESTHESIA (DESENSITIZING),  
 WHICH IS NECESSARY FOR THE PERFORMANCE OF THE  
 THERAPEUTICAL INTERVENTION, DIAGNOSTIC EXAMINATION**

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As the legal representatives (\* tick on option):

- of the minor patient,
- of the patient deprived from capacity to enter into legal transaction, or
- of the patient with limited capacity to enter into legal transaction,

We confirmed with our signature that we have obtained appropriate information and that this information was also given to the patient in adequate extent and form.

The opinion of the minor patient, who is able to understand the situation and express his/her opinion with regard do his/her age, and the opinion of the patient deprived from capacity to enter into legal transactions, or the reason why the patient’s opinion could be determined:

.....  
 .....

Personal signature of the patient/legal representatives\*: .....  
 (\* cross out which is not applicable)

In Prague, on .....

Name and signature of the informing physician: .....

Signatures of witnesses to the information and patient’s consent, if the patient is unable to sign in his/her own hand:

.....  
 Name and surname of the1st witness, signature

.....  
 Name and surname of the2nd witness, signature