

C

Facility:

eter / cultural needs	Cholesteatoma.			
	Date of birth:	Sex: M	F	
Child / Young Person	Address:			
Myringoplasty	Given name(s):			
	Family name:			
ernment	URN:			

A. Interpr An Interpreter Service is required? Yes No If Yes, is a qualified Interpreter present? Yes A Cultural Support Person is required? Yes If Yes, is a Cultural Support Person present? Yes No

B. Condition and treatment

The doctor has explained that you and/or my child has the following condition: (Doctor to document in patient's own words)

This condition requires the following procedure.
(Doctor to document - include site and/or side where relevant to the procedure)

The following will be performed:

A Myringoplasty is a procedure to repair the hole in the eardrum.

C. Risks of a myringoplasty procedure

There are risks and complications with this procedure. They include but are not limited to the following.

General risks:

- Infection can occur which may require treatment including antibiotics.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin or Asprin.
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Impaired circulation may occur to a limb or to an organ which may require further treatment
- Death or brain damage as a result of this procedure is possible.

Specific risks:

- Bleeding or infection in the ear or in the wound.
- Failure of the repair. Persistence of the tympanic membrane perforation may occur and may require further surgery.
- Recurrence of the tympanic membrane perforation may occur and may require further surgery.

Ringing (tinnitus) or imbalance/dizziness may occur and may be temporary or permanent.

(Affix identification label here)

- Failure to improve hearing. An improvement in hearing may not be apparent despite the surgery being successful in repairing the hole.
- Altered sensation of taste may occasionally occur on one side.
- Sensation to the ear (pinna) or the ear may stick
- Partial loss of hearing or total loss of hearing may rarely occur.
- Temporary or permanent paralysis of the muscles of the face may rarely occur.
- In some people, the wound can become thick and red and the scar may be painful.

 D. Significant risks and procedure op 	tion
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(Doctor to document in space provided. Continue in Medical Record if necessary.)	
	PROCEDURAL C
E. Risks of not having this procedure	2
(Doctor to document in space provided. Continue in Medical Record if necessary.)	ISENT FORM

F. Anaesthetic

This procedure may require an anaesthetic. (Doctor to document type of anaesthetic discussed)

Continues	over	page		▶



Facility:

Myringoplasty Child / Young Person

•	Address.	
	Date of birth:	Sex:

URN:

Family name:

Given name(s):

G. Parent / Patient/ Substitute Decision Maker consent

I acknowledge that the doctor has explained to me and/or my child:

- the medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me/my child.
- other relevant procedure / treatment options and their associated risks.
- my / my child's prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve the condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my / my child's condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, health care will be provided in accordance with good clinical practice and in the best interests of the patient.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Information Sheet/s:

- About Your Child's Anaesthetic
- Myringoplasty Child/ Young Person
- My child and/or I were able to ask questions and raise concerns with the doctor about the condition, the proposed procedure and its risks, and my treatment options. Any questions and concerns have been discussed and answered to my/our satisfaction.
- I understand that I have the right to change my/our mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during the procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements.

bir	irth: Sex	x:	F	
	I request that my child has Name of parent / Substitute Decision Maker/s:			
	Signature:			
	Relationship to patient:			
	Date: PH No:			
	If applicable: source of decision making ☐ Court order ☐ Legal guardian ☐ Other:	Court o	rder verif entation v	ied /erified
	AND / OR for the young per Based on Gillick vs West Norfolk Area I- 1AC 112 a minor (i.e a patient under 18 of giving informed consent when he or s understanding and intelligence to enable understand the nature, consequences a procedure/treatment and the consequence	Health Aut byears of a she achiev e him or h and risks o	age) is cores a sufter to full of the pro	apable ficient y posed
	I request to have this proce	edure		
	Name of patient:			
Signature:				
	Date:			
	H. Doctor/delegate Staten	nent		

(Affix identification label here)

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decisionmaker has understood the information.

Doctor/delegate:
Designation:
Signature:
Date:

Nama of

I have given a sight translation in

(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or quardian/substitute decision-maker by the doctor

guardian rougonate decicion maker by the decici.
Name of
Interpreter:
Signature:
Date:



Consent Information – Parent/Patient Copy Myringoplasty

Notes to talk to my doctor about:

Child / Young Person

1.	What do I need to know about this
	procedure?

A Myringoplasty is a procedure to repair the hole in the eardrum.

2. My anaesthetic

This procedure will require an anaesthetic.

See About Your Child's Anaesthetic for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

If you have not been given an information sheet, please ask for one.

3. What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

General risks:

- Infection can occur which may require treatment including antibiotics.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin or Asprin.
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Impaired circulation may occur to a limb or to an organ which may require further treatment
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- Failure of the repair. Persistence of the tympanic membrane perforation may occur and may require further surgery.
- Recurrence of the tympanic membrane perforation may occur and may require further surgery.
- Cholesteatoma.
- Ringing (tinnitus) or imbalance/dizziness may occur and may be temporary or permanent.
- Failure to improve hearing. An improvement in hearing may not be apparent despite the surgery being successful in repairing the hole.
- Altered sensation of taste may occasionally occur on one side.
- Sensation to the ear (pinna) or the ear may stick
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