NEAR EAST UNIVERSITY HOSPITAL

INFORMED CONSENT FORM FOR TONSILLECTOMY, ADENOTONSILLECTOMY, PERYTONSILLARY ABCESS

Patient Name-Surname:	**Sex: □ F □ M**
Patient No:	**Date of Birth:**
Father's Name:	**ID Card No:**

Dear Patient / Guardian

It is your incontestable right to be informed about all medical/surgical procedures suggested for your diagnosis regarding your medical condition/disease. You have the right to/ not to consent the intervention after being informed about all the benefits and risks of the medical treatments/surgical operations.

The purpose of this form is not to scare you or make you worry, but to help you giving more conscious decisions regarding your own health. In case you desire, all the documents and information regarding your health can be handed to you or a relative you approve. This form is prepared to inform you about procedures, risks and alternatives of the planned treatment/intervention(s) your doctor suggesting. Please sign this informed consent form after reading it fully and carefully and after all your hesitations are resolved by your doctor.

1. PRE-DIAGNOSIS / DIAGNOSIS: CHRONIC TONSILLITIS, TONSILL HYPERTHROFIA, PERYTONSILLARY ABCESS

GENERAL INFORMATION ABOUT YOUR DISEASE: Tonsils are the collectors of the foreign bodies which enter through our mouth in early childhood. They help the production of the defence substances. This function of tonsils diminishes quickly as the patient grows old. Rather than tonsils there are several similar tissues situated in upper part of the throat. So there is no side effect of tonsillectomy on immune defence system.

Tonsillectomy is indicated in conditions listed below:

- Recurrent tonsil infections (3-5 times a year in children, more than one in adults),
- Sleep apneas,
- Extensive tonsil hyperthrofias which causes breathing and swallowing problems,
- Halitosis, swelling of the neck lymph nodes due to chronic tonsil infections
- Acute rheumatismal fever, cardiac valve or kidney inflammation due to chronic tonsil infections,
- Tonsil abscess,
- Malignant tonsil tumour suspicion,
- If a child suffers both breathing problem and snoring we prefer to perform adenotonsillectomy.

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2. SUGGESTED OPERATION(S): Adenotonsillectom/ perytonsillery abscess drainage

3. IN CASE OF SIDE APPLICATION;

☐ Right ☐ Left ☐ Both Sides At Level: Nasopharynx

4. ANAESTHESIA WILL BE: ☐Used ☐Not Used

Patient has been informed that anaesthesia is going to be applied for the required intervention and he/she has to consent this application.

5. BLOOD AND BLOOD PRODUCTS WILL BE: ☐Used ☐Not Used

Patient has been informed that blood and blood products may be used where necessary for the required intervention and he/she has to consent this application.

6. RISKS OF THE SUGGESTED TREATMENT:

Frequently seen side effects:

- Discomfort, sleepiness is possible during the valetudinary period of general anaesthesia.
- Sore throat and swallowing problems starting just after the surgery and continues 1 week-10 days.
- Slightly voice change and nasal speech (In case of severe pain feeling or huge adenoid vegetation removals temporarily nasal speech could be experienced.)
- Slightly change on taste feeling,
- Pressure feeling on the jaw,
- Slightly mouth odour.

Rarely seen side effects:

- Damage, even loss of teeth; especially previously damaged teeth could be lost due to the pressure of the automatic mouth opener.
- Late onset bleeding; very rarely reoperation can be needed to rinse the blood which probably escaped to respiratory tract.

Very rarely seen side effects:

- Infections; lymphadenitis in the neck, abscess or infection spreads to blood(blood poisoning, sepsis).
- Permanent nasal speech (especially if the patient has an occult cleft palate)
- Permanent jaw joint problems,

- Abundant bleeding; can be seen due to aberrant vessel formation or unknown aggregation defect. We might perform a reoperation through the exterior part of the neck to legate a vessel to stop the bleeding.
- Blood transfusion, can be needed only in very rare situations like late onset bleedings.
- A scar formation around the Eustachian tube and due to this scar fluid collection in the middle ear.
- Due to neuronal damage permanent taste impairment, swallowing disability or lingual movement problems (pressure of the mouth opener, extensive scar formation or due to pull of the sutures). General threats like clothing of the blood which can be seen after all surgical procedures, wound infection or cardiac circulation system reactions are extremely rare after adenotonsillectomies.

7. PREDICTED/POTENTIAL BENEFITS OF THE SUGGESTED TREATMENT:

Success rate depends on the severity of the disease, cause of it and the answer to the treatment**.**

8. POSSIBLE ALTERNATIVE TREATMENT(S):

There aren't any other medical alternative to heal chronic tonsillitis, tonsil hyperthrofia, perytonsillary abscess rather than surgery.

9. POINTS PATIENT SHOULD BE DOING/BEWARE OF AT THE TIME OF PREPARATION AND RECOVERY:

You/your child a day prior to the operation day should not eat or drink starting from 24:00 midnight. In case of chronic drug use; the patient could be given the drug in the operation morning without water. 3 weeks prior to the operation any vaccination is not acceptable. If the vaccination cannot be delayed the operation will be delayed 3 weeks after the vaccination. In case fo an active upper respiratory tract infaction operation will be cancelled. So you have to be careful not to get sick prior to the operation.

In case of situations listed below please contact the hospital or your doctor immediately;

- Bleedings which occur days after the operation (bleeding can be from the nose or mouth or it can come out with coughs)
- Severe pain and high temperature.
- Your/ child's reflexes will be probably effected temporarily by the medications used for the anaesthesia. That's why you/child should have a rest at home in first 24-48 hours.
- Adults should not drive a car, work on dangerous machines and take important desicions.

Postoperatively for 5-7 days;

- You/child should not do extensive body effort (sports, gymnastic, weight lifting etc.)
- Should not have a hot bath (more suitable to have a warm bath).
- You/child should work or go to school for couple of days. If necessary your doctor will arrange you a sick leave report.
- There is limitation on your diet after the operation day. You should eat as your diet list mentions. Strong coffee and alcohol is not allowed.
- You should not have a vaccination done within six weeks after the surgery.

10. POSSIBLE CONSEQUENCES OF REJECTING THE SUGGESTED TREATMENT:

In case of refusal of the surgery in conditions like sleep apnea due to huge tonsils or breathing or swallowing problems you or your child can face the conditions listed below;

- Cardiac or respiratory insufficiency doe to sleep apnea.
- Cardiac rhythm problems, high blood pressure(even in children)
- Sudden death in sleep,
- Growth retardation,
- Changes in the anatomy of the facial bones due to continuous mouth breathing.

In case of refusal of surgery in conditions like chronic tonsil inflammation you or your child can face the conditions listed below;

- Acute rheumotismal fever, cardiac valve inflammation which can cause cardiac insufficiency.
- Kidney inflammation which can cause kidney insufficiency in the future.
- Some chronic diseases due to chronic inflammation in the body.
- Continuous fatigue due to chronic inflammation in the body.

In case of refusal of the surgery in condition like tonsil abscess you or your child can face the conditions listed below;

- Breathing problem due to abscess spread,
- Lethal infections due to abscess spreads to deep neck and chest spaces.
- Blood poisoning(sepsis)

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EXTENT AND CONSENT OF THE SUGGESTED INTERVENTION

Intervention is done under general anaesthesia. You can get in contact with the anaesthetist to get knowledge about the risks of general anaesthesia. Following the anaesthesia mouth is opened by a special device and adenoid vegetation is scrubbed by a surgical instrument though the mouth. After the excision of the vegetation bleeding control is done. The certain result of the surgery cannot be estimated exactly. Even though due to our experience nasal breathing is get to normal very soon. If there are other diseases (infections of the middle ear, sinuses and lower respiratory tract) occurred due to adenoid vegetation it will take more time to get rid of them. Only in a few of the patients can face recurrence of the adenoid vegetation. In a case like this surgery may needed to be repeated.

✓ I have been informed orally about the details of the suggested test(s) by my doctor, I have read the information prepared for the procedures. I have been answered sufficiently where I required explanation.

✓ I consent blood and blood product procedures to be done in emergency and unexpected situations.

✓ My doctor has informed me that additional medical/surgical interventions may be needed as a result of foreseen/unforeseen developments during the course of my treatment. I understand and consent that my doctor and his/her team can make additional interventions not written on this form just to prevent serious harms to my health and/or to save my life.

✓ I understand that medical devices like X-Ray, Ultrasonography, Scintigraphy, Computerized Tomography, Magnetic Resonance, etc. use rays that may have negative effect on my health and I consent that these medical devices may be used during the course of my treatment, where necessary.

✓ I have been informed about the approximate cost of the intervention(s).

I authorize and approve, being aware of my right of objection, the study, usage, imaging, storage and elimination of any tissue/organ removed from my body during the course of my treatment for “Scientific Research”.

I ……..... , have understood the content of this form and I consciously accept treatment and other medical services that will be provided to me by Near East University Hospital Doctors and Personnel under the authority, observation and administration of Dr.....

I allow all the medications, tests and interventions used/done during the course of treatment of my medical condition/disease.

Signature: Date: Hour:

In case signed by Legal Guardian;

How is the Legal Guardian related to the Patient:

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□ Patient is unconscious	□ Patient is younger than 18 years
□ Patient is not authorized to make decision	□ Emergency

Witness (Not a hospital staff if present);		
Name-Surname:	Signature:	Date:
Time:		
Informing Doctor;		
Name-Surname:	Signature:	Date:
Time:		
Translator (If needed);		
Name-Surname:	Signature:	Date:
Time:		

- Patients older than 18 years themselves,
- Patients between 15-18 years both themselves and their Legal Guardian,
- Unconscious Patients, Patients younger than 15 years, Patients that are not authorized to make decision and at Medical Emergencies their Legal Guardian

**********"SHOULD CONSENT AND SIGN THIS FORM"**********