YAKIN DOĞU ÜNİVERSİTESİ HASTANESİ

INFORMED CONSENT FORM FOR ADENOIDECTOMY

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: ADENOİD VEGETATION

2. GENERAL INFORMATION ABOUT YOUR DISEASE: You / your child has an obstruction at the level of you/your child's nose's posterior part. This is a benign lesion which has to be removed to open the nasal passage in the back of your nose. This blockage is responsible for the middle ear fluid collections and chronic sinusitis. This lesion which tends to be a possible infection focus will never diminish with the help of any medication so you /your child need an operation.

3. SUGGESTED OPERATION(S): Adenoidectomy

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.

- Generally dysphagia is possible for a short time.
- In case of huge adenoid vegetation removals temporarily nasal speech could be experienced. When the soft palate able to lean on the posterior wall of the nasopharynx nasal speech will disappear.

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.
- Permanent nasal speech (especially if the patient has an occult cleft palate)
- 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.
- A scar formation around the Eustachian tube and due to this scar fluid collection in the middle ear.
- Blood transfusion, can be needed only in very rare situations like late onset bleedings.

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. EXPECTED BENEFITS FOLLOWING A SUCCESSFUL TREATMENT:

Operation which we planned to perform will remove the inflammatory focus from your nasopharynx and erase the obstructing structure for the Eustachian tube's entrance so will help the fluid collection to be removed from the middle ear and eradicate the chronic sinusitis.

9. POSSIBLE ALTERNATIVE TREATMENT(S):

There aren't any other medical alternative to surgery. There are couple of surgical techniques available, but we will perform you/your child the most suitable one.

10. 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.

Postoperatively for 3-5 days;

- You/child should not do extensive body effort.
- 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 no limitation on your diet after the operation day.
- You should not have a vaccination done within six weeks after the surgery.

11. POSSIBLE CONSEQUENCES OF REJECTING THE SUGGESTED TREATMENT:

- Chronic middle ear infection and sinusitis.
- Changes in the anatomy of the facial bones due to continuous mouth breathing.
- Bending among teeth and malocclusion of the mandible.
- It has been thought that adenoidectomy effects the growth negatively but there is no scientific proof. But there are couple of scientific data shows growth increase among the children who underwent adenoidectomy.

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:

□ 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"**********