
Tonsillectomy Consent

INTERPRETER/CULTURAL NEEDS:

- An Interpreter Service is required yes no
If yes, is a qualified Interpreter present yes no
A Cultural Support Person is required yes no
If yes, is a Cultural Support Person present yes no

CONDITION AND PROCEDURE

The doctor has explained that I have the following condition: (Doctor to document in patient's own words)

The following procedure will be performed: Tonsillectomy (removal of the tonsils)

ANESTHETIC

I understand the act of delivering intravenous sedation and analgesia has benefits of relief and protection from pain, but carries no guarantees. Intravenous sedation also involves risks including infection or bleeding from needle sticks, damage to vessels and nerves (including paralysis), pneumonia, seizures, heart attack, stroke, adverse reaction (allergic reaction) and death. I consent to the use of such anesthetics as may be considered necessary by the person responsible for these services.

GENERAL RISKS OF A PROCEDURE

They include:

- A. Small areas of the lungs may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- B. Clots in the legs (deep vein thrombosis or DVT) with pain and swelling. Rarely part of this clot may break off and go to the lungs, which can be fatal.
- C. A heart attack because of strain on the heart or a stroke.
- D. Death is possible due to the procedure.
- E. Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- F. Increase risk in smokers of wound and chest infections, heart and lung complications, and thrombosis.

RISKS OF THIS PROCEDURE

There are some risks/complications, which include:

- A. Bleeding. This may be either at the time of surgery or in the first 2 weeks after surgery. Delayed bleeding may require re-admission to hospital and may require another operation to stop bleeding. A blood transfusion may be necessary depending on the amount of blood lost.
- B. Infection. Persistent bad breath, worsening throat discomfort or delayed bleeding may indicate an infection. This is usually treated with antibiotics. Delayed bleeding is treated as outlined above.
- C. Change in sensation to tongue.
- D. Pain. Moderate throat pain is common during the first 2 weeks after surgery, requiring regular analgesia. Rarely, pain in the area back of the tongue or back of the throat.
- E. Injury to the teeth, lips, gums or tongue or facial skin. There can also be temporary change in sensation to tongue.
- F. Burns from the equipment used to seal off bleeding areas during the operation.
- G. Abnormal scarring may rarely occur causing narrowing or stenosis of the throat or other minor irritating symptoms.

SIGNIFICANT RISKS AND RELEVANT TREATMENT OPTIONS

The doctor has explained any significant risks and problems specific to me, and the likely outcomes if complications occur.

The doctor has also explained relevant treatment options as well as the risks of not having the procedure.
(Doctor to document in space provided. Continue in Medical Record if necessary. Cross out if not applicable.)

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PATIENT CONSENT

I acknowledge that:

The doctor has explained my medical condition and the proposed procedure. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes.

The doctor has explained other relevant treatment options and their associated risks. The doctor has explained my prognosis and the risks of not having the procedure.

I was able to ask questions and raise concerns with the doctor about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand that the procedure may include a blood transfusion.

I understand that if organs or tissues are removed during the surgery, that these may be retained for tests for a period of time and then disposed of sensitively by the hospital.

The doctor has explained to me that if immediate life-threatening events happen during the procedure, they will be treated accordingly.

I understand that photographs or video footage may be taken during my operation. These may then be used for teaching health professionals. You will not be identified in any photo or video.

I understand that no guarantee has been made that the procedure will improve the condition, and that the procedure may make my condition worse.

On the basis of the above statements, **I REQUEST TO HAVE THE PROCEDURE.**

Name of Patient/Substitute Decision Maker and Relationship: _____

Signature: _____

Date: _____

INTERPRETER'S STATEMENT

I have given a translation in _____ (state the patient's language here) of the consent form and any verbal and written information given to the patient / parent or guardian / substitute decision maker by the doctor.

Name of Interpreter _____

Signature and Date _____

DOCTOR'S STATEMENT

I have explained:

- The patient's condition
- Need for treatment
- The procedure and the risks
- Relevant treatment options and their risks
- Likely consequences if those risks occur
- The significant risks and problems specific to this patient.

I have given the patient/substitute decision-maker an opportunity to

- Ask questions about any of the above matters
- Raise any other concerns

which I have answered as fully as possible.

I am of the opinion that the patient/substitute decision maker understood the above information.

Name of Doctor _____

Signature and Date _____