

Adenotonsillectomy, Insertion of Grommets & Cautery of Inferior Turbinates

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A. 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

B. Condition and treatment

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

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.....

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

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The following will be performed:

Adenotonsillectomy is the removal of the tonsils and adenoids.
Grommets are ventilation tubes which are inserted into the eardrum/s.
Cautery of inferior turbinates is the operating inside the nose to cauterise the turbinates on the side wall of the nose.

C. Risks of an adenotonsillectomy, insertion of grommets & cautery of inferior turbinates

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

General risks:

- Infection can occur, requiring antibiotics and further treatment.
- 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, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.

- Death as a result of this procedure is possible.

Specific risks of an adenotonsillectomy:

- Bleeding, 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 the bleeding. A blood transfusion may be necessary.
- Infection. Ongoing 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.
- Incompetence of the palate. Nasal speech and leakage of food or fluids through the nose may happen in the days after surgery. This usually gets better but rarely it may not, and further surgery or speech therapy may be needed.
- Change in sensation to tongue
- Pain. Moderate throat pain is common during the first 2 weeks after surgery, requiring regular analgesia.
- Injury to teeth, lips, gums or tongue or facial skin
- Burns from the equipment used to seal off bleeding areas during the operation.
- Abnormal scarring may rarely occur causing narrowing of the throat or other minor irritating symptoms.

Specific risks of insertion of grommets:

- Ear infection with discharge of pus through the grommet to the outside. This is usually treated with antibiotics. Rarely the discharge will not settle until the grommet needs to be removed.
- Hole in the eardrum. After the grommet falls out, the hole in the eardrum usually heals up. In 1 in 20 to 1 in 30 patients the hole in the ear drum does not heal and another operation is required to repair the hole.
- Grommets have to be replaced. This may be required if the grommets have fallen out, the problem comes back or if the grommets fall out earlier than usual.
- Scarring of the eardrum. A thin, weakened eardrum or a thickened eardrum may develop. This usually does not interfere with hearing unless it is very severe.
- Failure to improve hearing. There may rarely be a further problem such as cholesteatoma in the middle ear or inner ear causing or contributing to the hearing loss, worse hearing or dead ear.

Specific risks of a cautery of inferior turbinates:

- Bleeding, during the first few weeks after surgery and is usually minor. Rarely, the bleeding may require packing of the nose or another operation



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to stop the bleeding. A transfusion is rarely necessary.

- Blockage of the airway needing admission to hospital.
- Infection. This is usually treated with antibiotics
- Adhesions
- Swelling of the inferior turbinates, causing blockage of the nose.
- Failure to unblock nose.

- This consent document continues on page 3 -

D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

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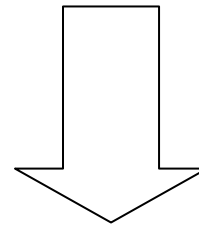
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E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

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F. Anaesthetic

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

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DO NOT WRITE IN THIS BINDING MARGIN



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G. Patient consent

I acknowledge that the doctor has explained;

- my 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.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my 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 condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- 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 Patient Information Sheet/s:

- About Your Anaesthetic**
- Adenotonsillectomy, Insertion of Grommets & Cautery of Inferior Turbinates**
- Blood & Blood Products Transfusion**

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my 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 my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,

I request to have the procedure

Name of Patient: _____

Signature: _____

Date: _____

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

Yes ▶ Location of the original or certified copy of the AHD: _____

No ▶ Name of Substitute Decision Maker/s: _____
 Signature: _____
 Relationship to patient: _____
 Date: _____ PH No: _____

Source of decision making authority (tick one):

- Tribunal-appointed Guardian
- Attorney/s for health matters under Enduring Power of Attorney or AHD
- Statutory Health Attorney
- If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

H. Doctor/delegate statement

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 decision-maker has understood the information.

Name of Doctor/delegate: _____

Designation: _____

Signature: _____

Date: _____

I. Interpreter's statement

I have given a sight translation in

_____ of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter: _____

Signature: _____

Date: _____

Consent Information - Patient Copy

Adenotonsillectomy, Insertion of Grommets & Cautery of Inferior Turbinates

1. What is an Adenotonsillectomy, Insertion of Grommets & Cautery of Inferior Turbinates?

An adenotonsillectomy is the removal of the tonsils and the adenoids. The adenoids are small pads of tissue at the back of the nose above the throat.

A grommet is a tube which is inserted through the tympanic membrane of the ear for drainage of the middle ear.

Cautery of the inferior turbinates is the cauterisation of this area of the nose. The inferior turbinate is a large structure that runs the length of the nasal airway. It is a highly vascular structure. Its purpose is to provide a surface area of skin to wet the air as it passes through the nose and to help with the collection of dust and dirt on its surface.

2. My anaesthetic

This procedure will require an anaesthetic.

See **About Your Anaesthetic** information sheet 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, requiring antibiotics and further treatment.
- 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, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.

Specific risks of an adenotonsillectomy:

- Bleeding, 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 the bleeding. A blood transfusion may be necessary.

- Infection. Ongoing 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.
- Incompetence of the palate. Nasal speech and leakage of food or fluids through the nose may happen in the days after surgery. This usually gets better but rarely it may not, and further surgery or speech therapy may be needed.
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- Burns from the equipment used to seal off bleeding areas during the operation.
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Specific risks of insertion of grommets:

- Ear infection with discharge of pus through the grommet to the outside. This is usually treated with antibiotics. Rarely the discharge will not settle until the grommet needs to be removed.
- Hole in the eardrum. After the grommet falls out, the hole in the eardrum usually heals up. In 1 in 20 to 1 in 30 patients the hole in the ear drum does not heal and another operation is required to repair the hole.
- Grommets have to be replaced. This may be required if the grommets have fallen out, the problem comes back or if the grommets fall out earlier than usual.
- Scarring of the eardrum. A thin, weakened eardrum or a thickened eardrum may develop. This usually does not interfere with hearing unless it is very severe.
- Failure to improve hearing. There may rarely be a further problem such as cholesteatoma in the middle ear or inner ear causing or contributing to the hearing loss, worse hearing or dead ear.

Specific risks of a cautery of inferior turbinates:

- Bleeding, during the first few weeks after surgery and is usually minor. Rarely, the bleeding may require packing of the nose or another operation to stop the bleeding. A transfusion is rarely necessary.
- Blockage of the airway needing admission to hospital.
- Infection. This is usually treated with antibiotics
- Adhesions
- Swelling of the inferior turbinates, causing blockage of the nose.
- Failure to unblock nose.