



Queensland
Government

Tonsillectomy/ Intracapsular Tonsil Reduction/ Adenoidectomy Consent

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

This consent form and patient information sheet uses the words 'I/you/your/me/my' to mean the patient or another person who is providing consent on behalf of the patient.

A. Does the patient have capacity to provide consent?

Complete for ADULT patient only

- Yes → **GO TO section B**
 No → **COMPLETE section A**

You must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker in the following order: Category 1. Tribunal-appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

Name of substitute decision-maker:

Category of substitute decision-maker:

Complete for CHILD/YOUNG PERSON patient only

- Yes Although the patient is a child/young person, the patient may be capable of giving informed consent and having sufficient maturity, understanding and intelligence to enable them to fully understand the nature, consequences and risks of the proposed procedure and the consequences of non-treatment – 'Gillick competence' (*Gillick v West Norfolk and Wisbech Area Health Authority* [1986] AC 112). See the 'Guide to Informed Decision-making in Health Care' www.health.qld.gov.au/consent/clinician-resources/guide-to-informed-decision-making-in-healthcare for further information.
→ **GO TO section B**

- No Parent/legal guardian/other person* with parental rights and responsibilities to provide consent and complete this form.
→ **COMPLETE section A**

*Formal arrangements, such as parenting/custody orders, adoption, or other formally recognised carer/guardianship arrangements. Refer to the Queensland Health 'Guide to Informed Decision-making in Health Care' and local policy and procedures. Complete the source of decision-making authority as applicable below.

Name of parent/legal guardian/other person:

Relationship to child/young person:

B. Is an interpreter required?

- Yes No
If yes, the interpreter has translated:
 in person over the telephone

A verbal translation is a summary of the form.

Name of interpreter:

National Accreditation Authority for Translators and Interpreters (NAATI) code:

Language:

C. Procedure details

I confirm that the doctor has informed me about the following procedure(s) and I consent to:

- Tonsillectomy: Yes No
Intracapsular tonsil reduction: Yes No
Adenoidectomy: Yes No
Insertion of grommets: Yes No
Cautery of inferior turbinates: Yes No
Cautery of septum: Yes No

Name of procedure, site/side of procedure, reason for procedure:

D. Risks specific to the patient in having a tonsillectomy/intracapsular tonsil reduction and/or adenoidectomy

(Doctor to document additional risks not included in the patient information sheet)

E. Risks specific to the patient in *not* having a tonsillectomy/intracapsular tonsil reduction and/or adenoidectomy

(Doctor to document specific risks in not having a tonsillectomy/intracapsular tonsil reduction and/or adenoidectomy)

DO NOT WRITE IN THIS BINDING MARGIN

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SW9223

TONSILLECTOMY/INTRACAPSULAR TONSIL REDUCTION/ADENOIDECTOMY CONSENT



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F. Alternative procedure options

(Doctor to document alternative procedure not included in the patient information sheet)

G. Acknowledgment and consent

I acknowledge that the doctor has explained and I understand:

- the 'Tonsillectomy/Intracapsular Tonsil Reduction and/or Adenoidectomy' patient information sheet
- the medical condition and proposed procedure, including the possibility of additional treatment
- this procedure requires a general anaesthetic
- the specific risks and benefits of the procedure
- the risks of not having the procedure
- alternative procedure options
- that there is no guarantee the procedure will improve the medical condition
- that if the procedure leads to the need for a blood or blood products transfusion, an additional consent form will be required
- that tissues/blood may be removed and used for diagnosis/management of the condition
- that if an immediate life-threatening event happens during the procedure:
 - for an adult patient, health care will be provided based on their AHD (Advance Health Directive) or ARP (Acute Resuscitation Plan). If no AHD or ARP is in place, health care will be provided in accordance with good clinical practice and the *Guardianship and Administration Act 2000 (Qld)*
 - for a child/young person, health care will be provided in accordance with good clinical practice and in the best interests of the patient
- that a doctor other than the consultant/specialist may assist with/conduct the clinically appropriate procedure; this may include a doctor undergoing further training under supervision
- that if the doctor wishes to record video, audio or images during the procedure where the recording is not required as part of the treatment (e.g. for training or research purposes), I will be asked to sign a separate consent form. If I choose not to consent, it will not adversely affect my access, outcome or rights to medical treatment in any way.

I was able to ask questions and raise concerns with the doctor.

I understand I have the right to change my mind regarding consent at any time, including after signing this form.

I have received the following consent and patient information sheet(s):

- 'Tonsillectomy/Intracapsular Tonsil Reduction and/or Adenoidectomy'
- 'About Your Anaesthesia' (*Adult patient only*)
- 'About Your Child's Anaesthesia' (*Child/young person patient only*)
- 'Blood and/or Manufactured Blood Products Transfusion (Full/Limited Consent)' (*Adult patient only*)
- 'Transfusion Consent: Fresh and/or Manufactured Blood Products (Full/Limited Consent)' (*Child/young person patient only*)
- Other (*specify*):

On the basis of the above statements,

I consent to having a tonsillectomy/intracapsular tonsil reduction and/or adenoidectomy.

Name of patient/substitute decision-maker/parent/legal guardian/other person:

Signature:

Date:

If the patient is a child/young person:

- I am not aware of any legal or other reason that prevents me from providing unrestricted consent for this child/young person for this procedure (*not applicable if the child/young person is Gillick competent and signs this form*).

H. Doctor confirms

I have explained to you the contents of this form and am of the opinion that the information has been understood.

Name of doctor:

Designation:

Signature:

Date:

I. Clinical student involvement

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to my consent, assist with/conduct an examination or procedure on me/the patient while under sedation or anaesthetic.

I consent to a clinical student(s) undergoing training to:

- observe examination(s)/procedure(s): Yes No
- assist with examination(s)/procedure(s): Yes No
- conduct examination(s)/procedure(s): Yes No

Note: you will also have the opportunity to say yes or no to student involvement, on the day of your procedure.

For further information please see www.health.qld.gov.au/consent/students

Tonsillectomy/ Intracapsular Tonsil Reduction/ Adenoidectomy

Adult and Child/Young Person
Informed consent: patient information

(Affix identification label here)

URN:

Family name:

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Address:

Date of birth:

Sex: M F I

This patient information sheet has been given to you to read carefully and allow time to ask your doctor any questions about this procedure. Your doctor will include the consent form and a copy of this patient information sheet in your medical record.

This patient information sheet uses the words 'I/you/your/me/my' to mean the patient or another person who is providing consent on behalf of the patient.



1. What is a tonsillectomy/intracapsular tonsil reduction and an adenoidectomy and how will it help me?

The tonsils and adenoids are both part of the immune system and help protect the body from infections.

Tonsillectomy is the removal of the tonsils which are two small glands at the back of the throat, one on each side. The tissue covering the tonsils (tonsil capsule) is also removed.

An **intracapsular tonsil reduction** is the removal of most of the tonsil tissue, but leaving the covering tonsil capsule. This is mainly used for sleep problems, and less frequent infections.

Adenoidectomy is the removal of the adenoids. The adenoids are small pads of tissue located at the back of the nose.

Sometimes both tonsils and adenoids need to be removed if they repeatedly become infected or cause serious problems like sleep apnoea (where your breathing is paused while you sleep) or repeated ear infections.

Other procedures may be performed during a tonsillectomy and/or adenoidectomy:

- **Grommets** may be inserted to treat a build up of fluid in the middle ear (glue ear) or repeated middle ear infections. A grommet is a small ventilation tube inserted into the eardrum (thin membrane inside the ear) to allow air into the middle ear and prevent a build up of fluid, and ear infections.
- The **inferior turbinates** are small structures that can become enlarged and cause nasal obstruction. This can block air flow leading to snoring or sleep apnoea. Inferior turbinates can be reduced in size via cautery.
- The **septum** is the wall inside your nose that separates the nostrils. Cautery (using heat) is done to prevent or stop bleeding.

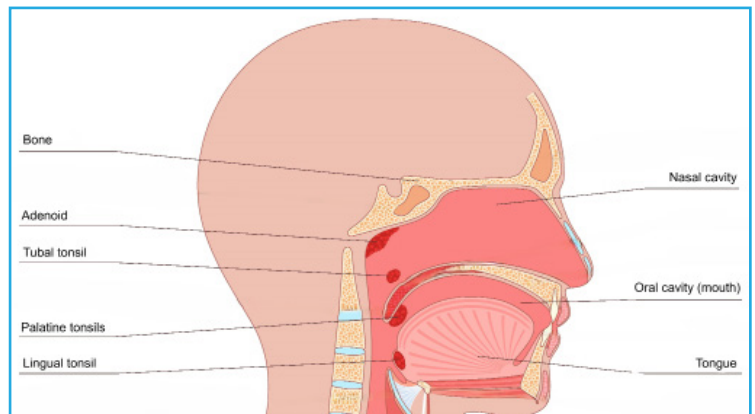


Image: Upper respiratory tract (adapted)
ID: 2644659081. www.shutterstock.com

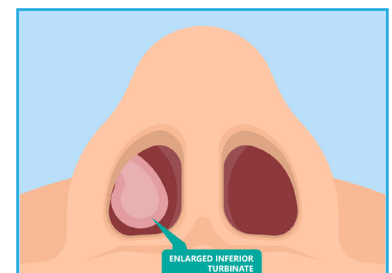


Image: Turbinate hypertrophy
ID: 1778550884. www.shutterstock.com

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Preparing for the procedure

The healthcare team will give you instructions on how to prepare for the procedure. It is important to follow these instructions otherwise your procedure might be delayed.

Please tell the doctor if you:

- are breastfeeding or pregnant, or think that you may be pregnant
- have other medical conditions or health problems
- have allergies
- take prescribed, over the counter, or herbal medications (including blood thinning medications or weight loss medications)
- use recreational or illegal drugs.

Do not drink alcohol, smoke, vape or take recreational drugs for at least 24 hours before the procedure as these may alter the effects of the anaesthetic.

Fasting instructions: you will be told when to have your last meal and drink. After this time, **do not** eat (including lollies or gum) or drink. This ensures the stomach is empty and prevents food or fluid from getting into the lungs.

Medication instructions: most medications should be taken as usual. The healthcare team will notify you beforehand if you are required to stop taking any medications, such as blood thinners.

Day procedure: this procedure is commonly performed as a day procedure. If it is clinically safe to do so, you will be discharged on the day of surgery.

During the procedure

An intravenous (I.V.) cannula is a small plastic tube that will be inserted into a vein, usually in your hand or arm.

This is for any medications or fluids required during the procedure, including anaesthetic medications.

The doctor will remove the tonsils and adenoids through the mouth, there will be no cuts on the outside skin. The area of the removed tonsils and adenoids will heal naturally, but sometimes dissolvable stitches are used.

If grommets are inserted during this procedure, the doctor will make a small cut in the eardrum to drain fluid in the middle ear. The grommet is then inserted into the eardrum.

If cautery of the inferior turbinates is required, the doctor will thread a long and thin heated probe through the nose. When it touches the blood vessels in the turbinates, the blood flow is reduced and the turbinates shrink.



2. What are the risks?

In recommending the procedure, the doctor believes that the benefits to you from having the procedure exceed the risks involved. There are risks and possible complications associated with the procedure which can occur with all patients - these are set out below.

Your doctor will discuss any additional risks, specific to your individual condition and circumstances, with you. These should be written on the consent form before you sign it.

Common risks and complications

- bleeding; this is more common if you have been taking blood thinning medications
- sore throat and/or ear pain
- swelling of the tongue or mouth area
- dehydration from not having enough to drink
- temporary bad breath

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- temporary blocked nose, discharge and crusting in the nose (after cautery of inferior turbinates).

Uncommon risks and complications

- severe bleeding that requires treatment
- temporary nasal speech or voice changes
- infection at the surgical site
- chest infection
- breathing problems in children with sleep apnoea.

Rare risks and complications

- breathing problems from swelling
- fluid build up in the lungs that requires treatment
- velopalatine insufficiency (passage of fluids or food into the back of the nose with swallowing)
- death is extremely rare.

For more information about the anaesthetic and the risks involved, please read the information sheet '*About Your Anaesthesia*' or '*About Your Child's Anaesthesia*'. Discuss any concerns with the doctor. If you do not have one of these information sheets, please ask for one.

What are the risks of not having a tonsillectomy/intracapsular tonsil reduction and/or adenoidectomy?

There may be adverse consequences for your health if you choose not to have the proposed procedure. You and your doctor should discuss these risks.

Frequent infections of the tonsils, adenoids, and ears cause pain leading to interrupted sleep. This may lead to difficulty with concentration and development in children.

Blocked airways and persistent ear infections may affect speech development and hearing. Untreated infections may also lead to abscesses or more serious conditions

requiring emergency treatment.

The ongoing pain, discomfort, and lack of sleep can affect everyday activities. In the longer term, untreated sleep apnoea may cause serious problems with heart health.



3. Are there alternatives?

Making the decision to have a procedure requires you to understand the options available.

Non surgical options include medications to treat infection, analgesia for pain, nasal sprays for nasal obstruction, and raising the head of the bed for sleep apnoea. These options may be suitable when symptoms are mild.

About half of children with sleep apnoea will outgrow the condition by around 8 years of age. However, it is not possible to predict which children will improve without treatment.

Your doctor will discuss any alternative procedure options and their risks or benefits with you before signing the consent form.



4. What should I expect after the procedure?

Your healthcare team will talk to you about what to expect after your procedure and upon discharge from hospital.

Pain after a tonsillectomy usually gets worse over the first few days and is often strongest around day 5 or 6. You may be given medications to manage pain.

It is important to keep well hydrated by drinking plenty of fluids. You can eat your normal diet, however soft or cold foods can be soothing on the throat. Keep the area clean by rinsing your mouth with water after meals.

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It is important to keep water out of the ears to prevent infection for the first 2 weeks after grommets are inserted. Your doctor will provide advice for ear care. Grommets fall out of the eardrum naturally in 6-12 months.

You may gently blow your nose and sniff following the procedure but avoid forceful blowing.

You will receive a discharge plan and contact details to help guide your recovery after leaving the hospital. The healthcare team may also contact you to check in with you to see how you are going and answer any questions you may have.

Go to your nearest Emergency department or GP (your local doctor) if you become unwell or have:

- pain unrelieved by simple pain relievers or those prescribed for you
- bleeding, swelling, redness or inflammation at the wound site
- a fever (temperature 38°C or higher)
- other warning signs the doctor/clinician may have asked you to be aware of.

An anaesthetic will affect your judgement for about 24 hours. It is very important that you do not drive a car, travel on public transport alone, operate machinery, sign legal documents, or drink alcohol for 24 hours after the procedure. It is strongly advised that a responsible adult takes you home and stays with you for 24 hours after the procedure.



5. Who will be performing the procedure?

A doctor other than the consultant/specialist may assist with/conduct your procedure. This could include a registered doctor who is undergoing further training.

All trainees are supervised according to relevant professional guidelines.

If you have any concerns about who will be performing your procedure, please discuss this with the doctor.

Clinical students

For the purpose of undertaking professional training in this teaching hospital, subject to your consent, a clinical student(s) may observe medical examination(s) or procedure(s). A clinical student may also, subject to your consent, assist with/conduct a clinically necessary examination or procedure on you while you are under the influence of anaesthetic.

You are under no obligation to agree to an examination(s) or a procedure(s) being observed or undertaken by a clinical student(s) for training purposes.

If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way.

For more information on student care, please visit www.health.qld.gov.au/consent/students



6. Where can I find support or more information?

For information about going to hospital and your rights as a patient, visit www.qld.gov.au/health/services/hospital-care/going-to-hospital

Queensland Health respects the privacy of patients and their families. To learn more about health records and personal information visit our website www.health.qld.gov.au/system-governance/records-privacy/health-personal

You can see a list of blood thinning medications at www.health.qld.gov.au/consent/bloodthinner

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Further information about informed consent can be found on the Informed Consent website www.health.qld.gov.au/consent. Additional statewide consent forms and patient information sheets are also available.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss this with your doctor/clinician.

Queensland Health recognises that First Nations peoples' cultures must be considered in the patient's clinical care to ensure their holistic health and individual needs are met.

7. Questions

Please ask the doctor if you do not understand any aspect of this patient information sheet or if you have questions about your proposed procedure.

If you have further questions prior to your appointment, please contact the facility where your procedure is booked.

8. Contact us

In an emergency, call Triple Zero (000).

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.