



# Tonsillectomy Child / Young Person

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 and/or your child has 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:

A tonsillectomy is the surgical removal of the tonsils from the back of the mouth.

## C. Risks of a tonsillectomy procedure

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

General risks:

- Infection can occur which may require treatment including antibiotics.
- 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 or Aspirin.
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Impaired circulation may occur to a limb or to an organ which may require further treatment
- Death or brain damage as a result of this procedure is possible.

Specific risks:

- Bleeding. This may either be 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 depending on the amount of blood lost.

- Burns from the equipment used to seal off bleeding areas during the operation.
- 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.
- 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.
- Injury to the teeth, lips, gums or tongue. There can also be a temporary change in sensation to tongue.
- Abnormal scarring may rarely occur causing narrowing or stenosis of the throat or strange sensations in the throat.

## D. Significant risks and procedure options

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

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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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### G. Parent / Patient/ Substitute Decision Maker consent

I acknowledge that the doctor has explained to me and/or my child:

- the 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/my child.
- other relevant procedure / treatment options and their associated risks.
- my / my child's prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve the 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 / my child's condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, health care will be provided in accordance with good clinical practice and in the best interests of the patient.
- 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 Information Sheet/s:**

- About Your Child's Anaesthetic**  
 **Tonsillectomy - Child/ Young Person**

- My child and/or I were able to ask questions and raise concerns with the doctor about the condition, the proposed procedure and its risks, and my treatment options. Any questions and concerns have been discussed and answered to my/our satisfaction.
- I understand that I have the right to change my/our 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 the 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 that my child has the procedure

Name of parent / Substitute Decision Maker/s: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Date: \_\_\_\_\_ PH No: \_\_\_\_\_

If applicable: source of decision making authority (tick one):

- Court order      →       Court order verified  
 Legal guardian      →       Documentation verified  
 Other: \_\_\_\_\_ →       Documentation verified

### AND / OR for the young person

Based on *Gillick vs West Norfolk Area Health Authority* [1986] 1AC 112 a minor (i.e a patient under 18 years of age) is capable of giving informed consent when he or she achieves a sufficient understanding and intelligence to enable him or her to fully understand the nature, consequences and risks of the proposed procedure/treatment and the consequences of non-treatment.

### I request to have this procedure

Name of patient: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### 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 \_\_\_\_\_

(state the patient's language here) 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:** \_\_\_\_\_

DO NOT WRITE IN THIS BINDING MARGIN

