

Patient agreement to investigation or treatment

Tonsillectomy

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Brief description:

- The most common reason for the operation of tonsillectomy is very severe, recurrent sore throats.
- Other rarer indications include obstructive sleep apnoea (the tonsils obstructing normal breathing at night), and suspected malignancy.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website:
<http://www.addenbrookes.org.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

For staff use:

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

.....
.....

Tonsillectomy

Additional Procedures:.....

Before treatment

- You will be seen at the pre-admission clinic by a member of the surgical team, and a nurse on the ward the day before your operation.
- At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
- You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything you are taking (for example: bring the packaging with you).
- This procedure involves the use of general anaesthesia. See below for further details about this.
- Most people who have this type of procedure will need to stay in hospital overnight in preparation for the operation the next day.

During treatment

- During the operation of Tonsillectomy the tonsils are removed from the back of the throat. Any bleeding is stopped with electric cautery or by tying the bleeding vessels.

After treatment

- After your general anaesthetic you will wake up in the recovery room after your operation. You might have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy.
- After this procedure, most people will have a small, plastic tube in one of the veins of their arm. This might be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are well enough to eat and drink by yourself.
- While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to a ward. The nurse will observe you and measure your pulse frequently when you return to the ward.
- Sometimes, people feel sick after an operation, especially after a general anaesthetic, and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you more comfortable.
- **Eating and drinking:** After the operation, you will be able to eat and drink as soon as you are wide awake. This usually takes two to four hours. How quickly you return to a normal diet will depend on how you feel. Most patients recover their appetite quite quickly.
- **When you can leave hospital:** You can usually go home the morning after the operation. It is important to eat and drink normally even though it may be sore.
- **When you can resume normal activities including work:** After a tonsillectomy it is recommended that you have two weeks off work or school, more if necessary. You should

stay at home, away from smoky atmospheres and people with colds, coughs or any other infection. By the end of the second week, most people would be able to return to normal activity. A throat infection during this period can lead to bleeding and should this happen you will need to go straight to the nearest accident and emergency department.

Postoperative bleeding is unusual but can occur.

- **Special measures you need to take after the procedure:** You will be given more detailed information about any special measures you need to take after the procedure. You will also be given information about things to watch out for that might be early signs of problems (for example: infection).
- **Check-ups and results:** Before you leave hospital, you will be given details of when you need to return to see us, for example: outpatient clinics or for the results of your surgery. At this time, we can check your progress and discuss with you any further treatment we recommend.
- You may experience a sore throat for a few days after the operation. It is important to take regular painkillers for the first three days and then take them as needed. You may also experience a slight earache and have a low-grade fever. It is best to take a dose half an hour before meals, before bedtime and on waking. Follow the instructions on the packet of any painkiller.
- It is normal to see yellowish slough at the back of the throat where the tonsils were, this does not necessarily mean there is an infection.

Intended benefits of the procedure

- Removal of the tonsils will prevent tonsillitis; however it cannot stop other illnesses with sore throats.

Alternative procedures that are available

- Some doctors may try to prevent recurrent sore throats with a low dose of antibiotic for a prolonged time (weeks to months).

Who will perform my procedure?

- An ENT surgeon who is a member of the ENT Team will perform the procedure.

Serious or frequently occurring risks

- The most common significant risk is bleeding (2 to 4% of cases). If this happens in the immediate post-operative period you will usually be returned to theatre and the bleeding point cauterized or tied to stop the bleeding. Bleeding can also occur after discharge, this usually happens between 5 to 10 days after the operation and is nearly always due to infection.
- If you have more than two teaspoons of bright red blood you will need to come back to hospital for treatment. In the event of bleeding do not hesitate to call the ward for advice. You can contact the ward through Addenbrookes switchboard on Tel. No. 01223 245 151. Heavy bleeding is rare, but may require blood transfusion.

General Anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation.

Before your operation

Before your operation your anaesthetist will visit you in the ward, although occasionally this will happen in a pre-anaesthetic assessment clinic. The anaesthetist who looks after you on the day of your operation is the one who is responsible for making the final decisions about your anaesthetic. He or she will need to understand about your general health, any medication that you are taking and any past health problems that you have had. Your anaesthetist will want to know whether you have had any abnormal reactions to any of the drugs or if you have any allergies.

Pre-medication is the name given to medication (drugs) given to you some hours before your operation. These drugs may be given as tablets, injections or liquids (to children). They relax you and may send you to sleep. They are not always given.

Do not worry if you do not have a pre-med, your anaesthetist has to take many factors into account in making this decision and will take account of your views on the topic if possible. Do not be worried about your anaesthetic. When your anaesthetist visits you before your operation, this is the time to ask all the questions that you may have, so that you can forget your fears and worries.

Before your operation you will usually be changed into a gown and wheeled to the operating suite into an anaesthetic room. This is an ante-room outside the theatre. The anaesthetist, his or her assistant and nurses are likely to be present. An intravenous line (drip) may be inserted. Monitoring devices may be attached to you, such as a blood pressure cuff or a pulse oximeter. A pulse oximeter is usually a little red light in a small box, which is taped to your finger. It shows how much oxygen you have in your blood and is one of the vital monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You may be given some oxygen to breathe. It is common practice nowadays to allow a parent into the anaesthetic room with children: as the child goes unconscious, the parent will usually be asked to leave.

During your operation

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you in the correct level of unconsciousness for the period of the surgery. Your anaesthetist is constantly aware of your condition and trained to respond. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement. If you have any other medical conditions, your anaesthetist will know of these from your pre-operative assessment and be able to treat them during surgery.

After your operation

After your operation your anaesthetist continues to monitor your condition carefully. You will probably be transferred to a recovery ward where specially trained nurses, under the direction of anaesthetists, will look after you. Your anaesthetist and the recovery nurses will ensure that all the anaesthetic effects are reversed and that you are closely monitored as you return to full consciousness. You may be given some oxygen to breathe in the recovery area, and may find that intravenous drips have been inserted whilst you are unconscious in theatre and that these will be replacing fluids that you might require.

You are likely to feel drowsy and sleepy at this stage. Some patients feel sick, others may have a sore throat related to the insertion of the breathing tube during surgery. During this time it is important that you relax as much as you can, breathe deeply, do not be afraid to cough, and do not hesitate to ask the nursing staff for any pain relief, and about any queries you may have. You are likely to have hazy memories of this time and some patients experience vivid dreams.

What are the risks of general anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on; whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or done in an emergency. Please discuss any pre-existing medical condition with your anaesthetist.

- Very common and common side effects (1 in 10 or 1 in 100 people)
Feeling sick and vomiting after surgery, sore throat, dizziness, blurred vision, headache, itching, aches, pains and backache, pain during injection of drugs, bruising and soreness, confusion or memory loss.
- Uncommon side effects and complications (1 in 1000 people)
Chest infection, bladder problems, muscle pains, slow breathing (depressed respiration), damage to teeth, lips or tongue, an existing medical condition getting worse, awareness (becoming conscious during your operation).
- Rare or very rare complications (1 in 10,000 or 1 in 100,000)
Damage to the eyes, serious allergy to drugs, nerve damage, death, equipment failure.

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassetta.

Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

Cantonese

तमने आ माळिती वीछ भाषाओमां, मोटा अक्षरोमां अथवा सांभली शकाय ओवा माध्यम (ओडीओ इमेज)मां जेठती छोय तो कृपा करीने पूछो.

Gujarati

تکایہ پرسیار بکہ نہ گہر نہ وزانیاریہت دہوی بہ زمانیکی تر ، بہ پیتی گہورہ یانیش بہ شیوہی دہنگ

Kurdish

آگر آپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پر درکار ہوں تو براۓ مہربانی اس کیلئے درخواست کریں۔

Urdu



Addenbrooke's is smoke-free. Please do not smoke anywhere on the site.
For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Document History

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Consent form 1

Patient agreement to investigation or treatment

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Responsible health professional/job title

.....

Special requirements
(For example, other language/other communication method)

Name of proposed procedure or course of treatment

Tonsillectomy **Side (left/right).....**

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- How it will be performed
- The intended benefits of the procedure
- Any serious or frequently occurring risks including those specific to the patient

.....

- Any extra procedures that might become necessary during the procedure

Blood transfusion
 Other procedure (please specify)

.....

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided:
..... Version/Date/Ref:

This procedure will involve:

- General and/or regional anaesthesia Local anaesthesia Sedation

Health professional's signature Date:

Name (PRINT): Job title:

Contact details (if patient wishes to discuss details later)

I have offered the patient information about the procedure but s/he has declined information.

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
- See also advance directive/living will

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature Date:

Name (PRINT):

Copy accepted by patient: yes / no (please circle)

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which described the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions - we are here to help you. **You have the right to change your mind at any time, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please tick boxes to indicate you understand and either agree/disagree to the statements below.

- | | | Yes | No |
|---|--------------------------|-----|--------------------------|
| I agree to the procedure (or course of treatment) described on this form. | <input type="checkbox"/> | | |
| I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience. | <input type="checkbox"/> | | |
| I agree that any tissue (including blood) removed as part of the procedure or treatment may be used for diagnosis and audit, stored or disposed of as appropriate and in a manner regulated by appropriate, ethical, legal and professional standards. | <input type="checkbox"/> | | <input type="checkbox"/> |
| I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for the following purposes that could benefit other patients. | | | |
| Teaching | <input type="checkbox"/> | | <input type="checkbox"/> |
| Research which may include genetic research | <input type="checkbox"/> | | <input type="checkbox"/> |
| I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards. | <input type="checkbox"/> | | |
| I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory. | <input type="checkbox"/> | | |
| I agree to the use of photography for the purpose of diagnosis and treatment. | <input type="checkbox"/> | | <input type="checkbox"/> |
| I agree to anonymised photographs being used for medical teaching. | <input type="checkbox"/> | | <input type="checkbox"/> |
| I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.) | <input type="checkbox"/> | | |
| I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health. | <input type="checkbox"/> | | |
| I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that I do not wish, without further discussion, to be carried out. | <input type="checkbox"/> | | |

.....
Patient's own signature: **Date:**

Name (PRINT):
 If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness's own signature: **Date:**
 Name (PRINT):

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature..... **Date:**
 Name (PRINT): **Job Title:**