



**TONSILLECTOMY,  
ADENOTONSILIECTOMY,  
PERITONSILLAR ABSCESS  
INFORMED CONSENT FORM**



<b>DOCUMENT NO</b>	<b>RB.FR.</b> 16	<b>FIRST PUBLISHING DATE</b>	01.02.2010	<b>REVISION DATE</b>	09.12.2015	<b>REVISION NO</b>	1	<b>PAGE NO</b>	1/8
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**Revision Cause:**

**PATIENT'S**

**Name Surname:**.....

**Birthdate :**.....

**Hospital Admission Date:**.....

**Hospitalization Date:**.....

**Protocol Number:**.....

**Telephone Number:**.....

**Address:**.....  
.....

**Please read this form carefully and answer the questions.**

As a result of the examinations, it has been decided that your child should undergo surgery because of “tonsillitis”. Before the procedure, your doctor will give you information about the course and the different forms of the procedure and the risks involved. Accordingly, you will be free to decide on the interventions. This written form is intended to provide you with basic information about the intervention and associated complications (problems that may occur during or after the procedure).

**What you should know about your disease:**

In the early childhood, tonsils provide protection against foreign substances that enter the body through the mouth cavity and provide defense materials in the body. This function of tonsils is reduced rapidly with increasing age. Apart from tonsils, there are tissues with the same structures in many places of the upper part of the throat. Therefore, removal of tonsils has no negative effect on the immune system.

**Tonsillectomy is required in following cases:**

1. Recurrent tonsillitis,
2. Sleep apnea,
3. Tonsil hyperplasia causing swallowing and respiratory distress,
4. Frequently recurring tonsillitis (more than 3-5 times in a year in children, more than one time in adults)
5. Chronic tonsillitis with symptoms like bad breath, swollen jugulodigastric nodes,
6. Chronic tonsillitis seen in patients with rheumatic heart disease (acute rheumatic fever), cardiac valve inflection or heart valve inflammation,



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--------------------	---------------------	------------------------------	------------	----------------------	------------	--------------------	---	----------------	-----

7. Peritonsillar abscess,
8. Suspected malignant tonsillar tumor
9. If nasal breathing disorder or snoring is seen in child, tonsils and adenoid are generally removed together.

**What could happen if intervention is not performed:**

If the operation is recommended for sleep apnea or swallowing / respiratory distress due to tonsil hyperplasia, following problems may occur in case the operation is not performed:

1. Heart and lung failure due to sleep apnea
2. Arrhythmias, hypertension (even in children)
3. Sudden death during sleep
4. Growth and developmental retardation (Even if swallowing and respiratory distress due to enlarged tonsils are thought to hinder growth and development, there are not sufficient data related to this issue. However, after enlarged tonsils are removed, it is true that child development and growth gain speed.)
5. Face and jaw bones deformation due to continuous oral breathing

**If the operation was suggested due to frequently recurring or chronic tonsillitis, problems that may occur if the operation is not performed are listed below:**

1. Heart failure that may lead to heart failure in the future (acute rheumatic fever), heart valve inflammation
2. Kidney inflammation that may lead to kidney failure in the future (glomerulonephritis)
3. Various chronic diseases due to the presence of a constant inflammation in the body
4. Persistent tiredness, weakness due to the presence of a constant inflammation in the body

**If the operation was suggested due to tonsil abscess, problems that may occur if the operation is not performed are listed below:**

1. Respiratory distress due to the abscess spreading
2. Severe infections resulting from the spread of abscess to deep neck cavities and chest cavity
3. Blood poisoning (septicemia)



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--------------------	---------------------	------------------------------	------------	----------------------	------------	--------------------	---	----------------	-----

**What kind of treatment/intervention will be performed? (This part should include information on alternative treatments)**

The procedure is performed under general (narcosis) in children, and under general (narcosis) or local anesthesia in adults. You can discuss the special risks associated with the narcosis intervention with an anaesthetist (narcosis specialist). After anesthesia, the mouth is opened with a special instrument, then the tonsils are removed from the surrounding muscles and mucosa (covering), and tonsils are detached from connection areas and removed from the mouth. Traditional techniques such as scissors, scalpel (surgeon's knife) can be used to remove tonsils, as well as new technologies such as electric burning (electrocautery), or similar. Each of these techniques has its own advantages and disadvantages. After this procedure, bleeding is controlled. If adenoid is also required to be removed, it is removed along with the tonsils. For the treatment of tonsil hyperplasia, various methods of tonsillectomy are available, however, since these methods are very new, there is not enough medical information about long-term results. Frequently recurring tonsillitis can be treated with antibiotics at each recurrence. However, it should be kept in mind that the use of antibiotics so often will have various negative effects in the body. Chronic tonsillitis can be controlled with penicillin injections every 3 to 4 weeks. However, it should be kept in mind that the use of antibiotics so often will have various negative effects in the body. There is no other method than surgery for the treatment of tonsillitis abscess.

**Possible side effects:**

**Common side effects:**

1. When waken up from narcosis, it is possible to be sleepy and have discomfort.
2. Sore throat pain and swallowing distress, starting immediately after the operation and continues for about 1 week – 10 days (can be relieved with medicine),
3. Slight changes in voice and nasal speech (if the removed tonsils are too large or if the patient speaks hesitantly in order to avoid pain),
4. Slight changes in taste,
5. Pressure sensation in the jaw joint,
6. Slight bad breath.

**Rare side effects:**

1. Especially as a result of the pressure of the instrument used to open mouth, damage to the teeth, or even tooth loss may occur especially to the damaged teeth.
2. Late bleedings; even if it is very rare, in order to prevent blood from entering into respiratory tract, a new operation may be necessary.



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--------------------	---------------------	------------------------------	------------	----------------------	------------	--------------------	---	----------------	-----

**Very rare side effects:**

1. Infections; neck lymph gland inflammation, abscesses or inflammation spread to the blood (blood poisoning, sepsis)
2. Persistent nasal speech (especially in case of submucosal cleft palate)
3. Permanent jaw joint problems,
4. Severe bleeding; may occur in case of an abnormal vessel presence or an unknown clotting disorder. If necessary, surgery can be performed exterior of the neck to stop the bleeding.
5. Blood transfusion, in case of late bleeding, only happens in very rare cases.
6. Persistent taste disorder due to damaged nerves, swallowing distress or movement disorder in the tongue (may occur as a result of pressure of the mouth opener, excessive scar formation or tightened sutures.)
7. General risks, such as thrombosis / embolism that may occur in every surgical procedure, wound inflammation or heart-circulatory system reactions , are very rare in tonsillectomy.

Patient's questions about interventions form, time, side effects, success rate and what is meant by success, postoperative procedure:

.....

.....

.....

**Points the patient should pay attention to before the operation:**

You should not let your eat or drink anything after 24.00 the night before the day of the intervention. However, the patient can drink the medications that they are using in the early morning of the surgery without drinking water. Do not vaccinate your child for three weeks before the operation. If vaccination is absolutely necessary, your surgery will be done three weeks after the vaccination. In the case of an active upper respiratory tract infection, this operation cannot be performed. For this reason, for several weeks before the operation, be sure that your child does not come into contact with sick children and does not catch a cold.

**Points the patient should pay attention to after the operation:**

**If one of these cases listed below occurs, immediately call your doctor or hospital and give information about the situation:**



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--------------------	---------------------	------------------------------	------------	----------------------	------------	--------------------	---	----------------	-----

1. Late bleeding occurring a few days after surgery (bleeding manifests itself with oral or nasal bleeding or coughing up blood).

2. Severe pain or fever .

Reflexes will be temporarily affected due to narcosis or sedative drugs used. For this reason, the first 24 - 48 hours after the attempt should be at home rest. Adults should not drive during this time, work in dangerous machines and make important decisions. For the first ten days after the surgery, crunchy foods should not be consumed in order to protect the wound. Carbonated beverages or foods should be avoided.

**5 - 7 days after the operation:**

1. In any case, activities that raise blood pressure and physical tiredness must be avoided.

2. Your child should not go to a kindergarten or school. If necessary, your doctor will report you.

3. The patient should not take hot bath (warm shower can be taken),

4. The patient should not drink dark coffee and alcohol.

**The patient should not be vaccinated within period of six weeks after operation.**

**Matters surgeon would like to know about patient:**

Please report all your pre-operative diagnosed diseases, all medicines you use, if any, your family diseases and your allergic condition.

1. Do you have high tendency for bleeding/bleeding disorder (for instance, small injuries or dental treatment)?

No  Yes

2. Do you notice bruises on your body for unknown reason or do your kins experience such symptoms?

No  Yes

3. Do you/does your children take blood thinners (such as Aspirin)?  No  Yes

Do you/does your children take another medicine?

No  Yes

If you do/your child does, which medicine do? .....

5. Do you have any allergies (asthma, hay fever) or over sensitivity (to plaster, latex, foodstuff, medicines, for instance?

[ ] No  Yes



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--------------------	---------------------	------------------------------	------------	----------------------	------------	--------------------	---	----------------	-----

**5.** Do you have any heart or pulmonary disease (such as cardiac, arrhythmia, hypertension, asthma) or do you have cardiac pace maker?

No  Yes

**6.** Do you have any chronic diseases (high eye pressure, epilepsy)?

No  Yes

**7.** Do you have struma?

No  Yes

**8.** Do you have dental prosthesis (prosthesis, bridgework or implant not placed properly) or loose tooth?

No  Yes

**9.** Were you vaccinated in the last six weeks?

No  Yes

**10.** Do you have any acute or chronic infection (such as hepatitis, AIDS, tuberculosis)?

No  Yes

**11.** For fertile women: Do you have any suspicions for pregnancy?

No  Yes

**Surgeon's notes about briefing:**.....

**Surgeon's stamp and signature**

**Consent explanation of patient or guardian:**

1. My doctor has made necessary explanations regarding my health status.
2. I have received detailed information about planned treatment/intervention, why it is necessary, intervention procedure and other treatment choices, their risks, possible results if I am not treated, success rate of treatment and its side effects.



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--------------------	---------------------	------------------------------	------------	----------------------	------------	--------------------	---	----------------	-----

3. I have understood the points I had to pay attention to before and after the treatment.
4. It was stated that all relevant documents about me and samples received during diagnosis/treatment/intervention could be used for educational purposes.
5. My doctor answered all my questions clearly.
6. I have learned about persons who will apply treatment/intervention.
7. I am calm and rational and I consider myself to have the ability to make proper decisions.
8. I am aware that I do not have to give consent for this treatment/intervention if I do not want and/or I can stop the procedure in any stage I want.

**Surgeon's notes about briefing:**

.....

**Surgeon's stamp and signature:**

**Place/Date/Time**

*Please write "I hereby accept that I have understood what I have read and been explained." inside the box with your handwriting.*

**NOTE:** If the patient is not able to give consent, identification information and signature of person who gave consent are obtained.

Both parents (guardians) have to sign this form. If only one of the parents has signed the form, the signer must prove that he/she is taking care of himself/herself or that the other parent has given permission.

The person provides information in cases when direct communication cannot be made with the patient (e.g. interpreter):

**Name - Surname:**

**Address:**



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I have interpreted the information defined in this "Informed Consent Form" to patient/patient's parent/relative explicitly.

**Signature of Patient/Patient's Guardian/Relative**

**Signature:**

**Date and Time:**