



TONSILLECTOMY/ADENOIDECTOMY INFORMED CONSENT

Tonsillectomy and adenoidectomy are performed to remove enlarged and/or recurrently infected tonsils and adenoids to treat patients with airway obstructive and/or chronic or recurrent adenotonsillar infections.

As with any surgery there are both potential benefits and risks. The following information will help you understand the risks of tonsillectomy and/or adenoidectomy. As with any operation, there may be some unanticipated complications in addition to the risks listed here.

- **Infection:** A local infection may occur in the tonsillectomy bed. If an infection does occur, it can easily be treated with antibiotics.
- **Post-operative bleeding:** Bleeding can be immediate, within the first twelve hours after surgery, or it can be delayed, occurring sometimes one week to ten days after surgery. Every effort is made during the operation to prevent immediate bleeding. Delayed bleeding is usually due to separation of the scab covering the surgical bed. Delayed bleeding is not as dangerous as primary bleeding, but fatalities can occur very rarely and patients may rarely require transfusions.
- **Pain:** Post-operative pain is very common and can last up to two weeks. Patients may complain of sore throat and ear pain. Ear pain is typically referred from the throat and rarely due to an ear infection. Pain can be treated with Tylenol, or sometimes with stronger analgesics.
- **Voice Change:** An occasional patient may develop a different quality of voice after tonsillectomy and/or adenoidectomy. Usually this is described as "nasal speech" and it can be permanent, although rarely.
- **Results:** Even after tonsillectomy and/or adenoidectomy, patients can still have occasional sore throats and ear infections.

Anesthesia: There are risks associated with any type of anesthesia including but not limited to respiratory problems, drug reaction, brain damage or even death. Other risks and hazards that may result from the use of general anesthetics include but are not limited to minor discomfort due to injury to the vocal cords, teeth or eyes. These risks will be discussed with your anesthesiologist before your surgery.

I have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of nontreatment, the procedures to be used, and the risks and hazards involved, and I have sufficient information to give this informed consent. I certify this form has been fully explained to me, and I understand its contents. I understand every effort will be made to provide a positive outcome, but there are no guarantees.

Print Name: _____

Signature: _____

Date: _____