	<b>T.C.</b> <b>SULEYMAN DEMIREL UNIVERSITY E.N.T CONSTENT FORMS</b> <b>ADENOIDECTOMY</b>				
<b>KOD</b>	<b>KRY.02.PR.01</b>	<b>YAY.TAR.</b>	<b>05.02.2024</b>	<b>REV.NO:01</b>	<b>SAYFA SAYISI: 5</b>

### **ADENOIDECTOMY INFORMED CONSENT FORM**

The objective of this form is to enable your participation into the decision making process about your healthcare by informing you.

This form has been designed in order to meet the needs of many patients under most conditions, nevertheless, it should not be considered as a document containing the risk of the entire applicable treatment. Based upon your individual healthcare, your physician may provide you with different or additional information.

After acquiring the advantages and possible risks of diagnosis, medical treatment and surgical interventions, it is up to your decision whether or not to accept these procedures. You are entitled to refuse providing information except the legal and medical necessities.

#### **What to Know about Your Disease**

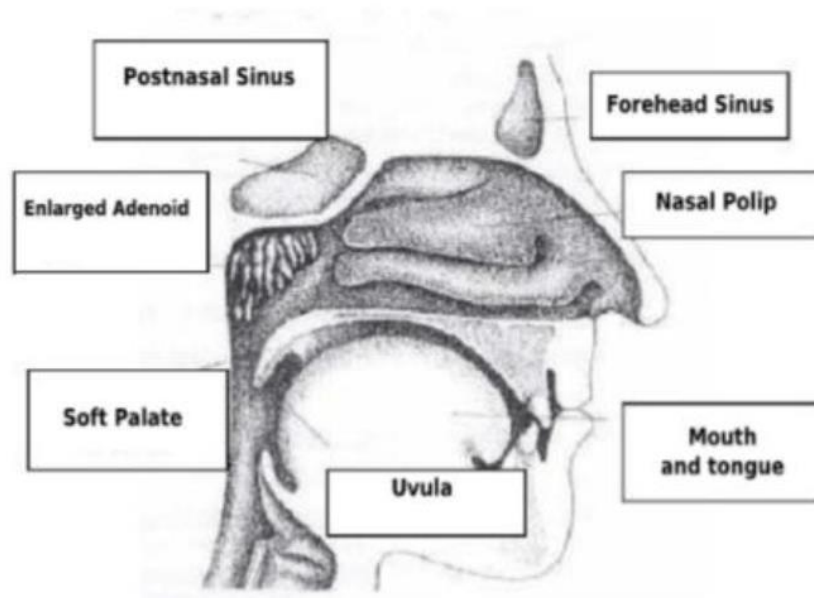
Adenoid is a tonsil-like structure behind the nose and above the uvula, as appears in the figure. Normally all children have adenoids; however not the existence of adenoids but rather their overgrowth or inflammation are considered diseases. Growth of adenoid narrows or blocks the upper respiratory tract, prevents operation of the Eustachian tube ventilation of the middle ear, and prevents respiration from the nose and flow of usual secretions.

Therefore, the following symptoms occur:

- Damaged respiration from the nose,
- Mouth breathing, snoring,
- Recurring or chronic inflammations of the nose, nasal passage and sinuses,
- Inflammations of the middle ear along with hardness hearing, and liquid accumulation in the middle ear,
- Enlarged glands in the neck.

If these symptoms exist, then the grown or inflamed adenoid should be removed.

## **SIMPLIFIED LAYOUT OF THE ADENOID**



### **What Kind of Therapy/Intervention?**

Incision is made under general anesthesia (narcosis). After anesthesia and opening of the mouth with a special tool, the adenoid grown in the upper section of the uvula is excised using an incision tool inserted from the mouth. Pursuant to that, bleeding control is made and the operation is concluded. The final conclusion of the surgery can in no way be fully estimated for some patients. However, our experience showed us that nasal respiration is very quick in recovery. If there are other problems due to the growth of the adenoid, then recovery from such diseases (such as inflammation of the middle ear, sinuses, lower respiratory tracks) may take a little while long. Very few patients may have the adenoid grow again. The intervention may require repetition of the intervention in patients some time later. There is no other method for treatment of the adenoid under today's circumstances.

### **Side Effects that might Arise**

#### **Possibility Frequent Side Effects**

- Both restlessness and sleepiness can occur at the time of waking up from narcosis.
- In general, a slight hardness of swallowing occurs for a short time.
- After extraction of the big adenoids, snuffling may occur temporarily. As the soft palate gets used to rest to the back wall of the palate again, snuffling disappears.

#### **Rare Side Effects**

- Harm, and even loss of teeth results from the pressure of the tool opening the mouth, particularly in previously damaged teeth.
- Late bleedings may require new surgery, even very rare, particularly to prevent going into the respiratory tract of the blood.

#### **Very Rare Side Effects**

- Infections; inflammation, abscesses of the neck lymph nodes
- Permanent snuffling (particularly in case of secret deft palate)
- Various hemorrhages; in the presence of a normally functioning vein or unknown abnormal
- It can be seen in clotting failure, and surgery can be made from the external section of the neck to stop bleeding when necessary
- Scarification around the Eustachian tube, and the resulting liquid accumulation in the middle ear
- Blood transfusion is only very rarely necessary in late hemorrhages.

### **What Could Happen In Case of Failure of Intervention?**

Unless the adenoid is removed in time, it could lead to the following problems:

- Chronic inflammation of the middle ear (otitis media) and sinusitis,
- Deformation of the bones of the face and chin due to constant mouth breathing,
- Skew teeth and closing disorders of the chin,

Although it is considered that adenoid precludes growth and development, there is no scientific proof of that, however it is a fact growth and development accelerates in most of the children after removal of the adenoid.

### **Issues the Patient should be Careful about before the Procedure**

You should allow your child to eat nothing after 24:00 at the night before the procedure. However, you can have him/her take the drugs he/she uses early in the morning of the surgery day without giving any water.

Do not allow your child to have any vaccination in the three weeks before the surgery. If the vaccination is absolutely necessary, your surgery will be held three weeks after the vaccination. This procedure is not allowed in case of active upper respiratory tract infection. Therefore, be careful that your child does not contact with ill children or catch a cold within a few weeks before the surgery.

### **Issues the Patient should be Careful about after the Procedure**

Please call your doctor or the hospital immediately in the following cases, and urgently provide information about the case:

- Late hemorrhages (showing themselves with blood or cough from the mouth or nose) that occur days after the surgery.
- Severe pain or high fever.

Based on narcosis or the tranquilizer, pain-killer drugs used, the reflexes of your child will be temporarily affected. Therefore, your child should rest at home in the first 24-48 hours after the operation.

For 3-5 days after surgery;

- Your child should not do extreme physical activity.
- Warm shower is allowed, avoid extreme hot bath.
- Your child should not go to the nursery school or school for a few days; and your physician will give a medical report to you if necessary.
- After the day following surgery, there is no restrictions on eating and drinking.
- No vaccination should be made for six weeks after the operation.

Diagnosis\_\_\_\_\_

Treatment/procedure to be applied\_\_\_\_\_

Should you not intend to be informed about the purpose, duration, advantages, success ratio, potential risks and complications and alternative options of the treatment to be applied and as well as about the subsequent potential risks in case you do not accept the treatment, please declare so below with your hand writing.

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**I hereby declare that;**

My attending physician informed me about my disease, the treatment option to be applied, its duration, advantages, success ratio, the fact that it does not necessarily guarantee the recovery of current status, period of healing, potential risks and complications, alternative techniques, the potential situations I will experience on the condition that I reject the treatment and compulsory performance of an additional operation/intervention/procedure if deemed necessary and s/he answered all my questions regarding these matters.

Above mentioned procedure has been disclosed to be performed on myself/patient I legally represent by the physicians, nurses as well as other healthcare professionals under the authority, surveillance and control of my attending physician.

I have been informed that if required, anesthesia will be performed by an anesthetist, sedation will be performed by an anesthetist or another physician competent in sedation and local anesthesia will be performed by my attending physician.

While being entitled to make decision and think straightly, I accept the medical procedure to be performed, and consent that my attending physician and his/her team will carry out any medical treatment option/surgical technique/intervention they deem to be necessary.

I authorize the hospital to examine, inspect, dispose of or keep the tissues or organs removed during the procedure for which I have consented above.

I allow my medical reports to be used for scientific researches provided that my identifying information is kept hidden.

I understand and accept that the procedure can be performed with the attendance of a medical school student, a specialist student of medicine and a physician making clinical observation under the supervision of a chief physician in Suleyman Demirel University and affiliated hospitals.

Please fill in the relevant fields by typing "I read, understood" with your handwriting.

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Patient's

<b>Full Name:</b>	Signature:	Date:	Time:
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**Date of Birth:**

Legal Representative's

**Full Name:**

<b>Degree of Relationship</b>	Signature	Date:	Time:
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**Reason why the consent is delivered by legal representative of the patient:**Patient is not conscious ☐Patient is under 18 ☐Other: ☐Patient is not entitled to make  
decision ☐Emergency ☐

Witness'

**Full Name:****Informing Physician's**

Signature

Date:

Time:

**Full Name:****Interpreter's (If required)**

Signature

Date:

Time:

**Full Name:**

Informed consent is delivered by the patient himself/herself if s/he is older than 18 years old, by the patient himself/herself together with his/her legal representative if the patient is aged between 15 and 18 and by the representative of the patient if the patient is under 15 years old and/or is unconscious and/or is not entitled to make decision and in case of emergency.