

Procedure Information Sheet - Tonsillectomy

Introduction

Excision of the tonsils.

Indication

1. Recurrent/ chronic tonsillitis.
2. Peritonsillar abscess.
3. Obstructive sleep apnea syndrome (OSAS)/ snoring.
4. Biopsy for histology diagnosis.
5. Tonsillar malignancy.
6. Provide exposure for other head and neck surgery.

Intended benefit and expected outcome

1. Reduce throat infections and sleep apnea/ snoring.
2. Provide histological diagnosis.
3. There is a chance of incomplete removal of disease and recurrence after initial improvement.

※ Conditions that Would Not be Benefit by the procedure

Throat problem is not attributed to the tonsils.

Procedure

1. The operation is done under general anaesthesia.
2. The tonsils are removed through the mouth.

Pre-operative preparation

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. Inform your doctor of any medical condition and any medications you are taking. The medications may need to be adjusted as appropriate.
3. Fast for 6-8 hours before the operation.
4. Change to operation attires and remove loose objects (e.g. dentures, jewelry, contact lens etc.).

Possible risks and complications

- Common risks and complications ($\geq 1\%$): Bleeding, pain, infection, local trauma to oral tissues.
- Uncommon risks with serious consequences ($< 1\%$):
 1. Teeth injury.
 2. Jaw injury.

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3. Voice changes.
4. Upper airway obstruction.
5. Postoperative pulmonary edema.
6. Cervical spine injury.
7. Death due to serious surgical and anaesthetic complications.

Post-operative information

1. You will have sore throat and some swallowing difficulty after the operation which will last for a few days.
2. A small amount of blood stained saliva is normal. However, if you experience persistent bleeding from the mouth, you must attend the nearby emergency department.
3. Follow up on schedule as instructed by your doctor.

Alternative treatment

1. Antibiotic to treat infection.
2. Nasal continuous positive airway pressure (CPAP) device for OSAS.
3. Radiotherapy/ chemotherapy for malignancy.

Consequences of No treatment

1. Recurrent tonsillitis or peritonsillar abscess and its complications.
2. Complications of untreated OSAS.
3. No histological diagnosis for suspected tonsillar tumor.

Remark

The above-mentioned procedural information is not exhaustive, other unforeseen complication may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name: _____

Pt No.: _____ Case No.: _____

Sex/Age: _____ Unit Bed No: _____

Case Reg Date & Time: _____

Attn Dr: _____

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____