

# REMOVAL OF PALATAL TONSILS (TONSILLECTOMY/ABSCESS TONSILLECTOMY) ENTFERNUNG DER GAUMENMANDELN (TONSILLEKTOMIE/ABSZESSTONSILLEKTOMIE)

Information and medical history for adults and young patients for preparation of an informative interview with the doctor

Klinik / Praxis:



Data about the patient: Patientendaten:

englisch

The procedure is scheduled for (the date): Der Eingriff ist vorgesehen am (Datum):

## Dear patient, dear parents,

for you/your child the removal of the palatal tonsils is planned.

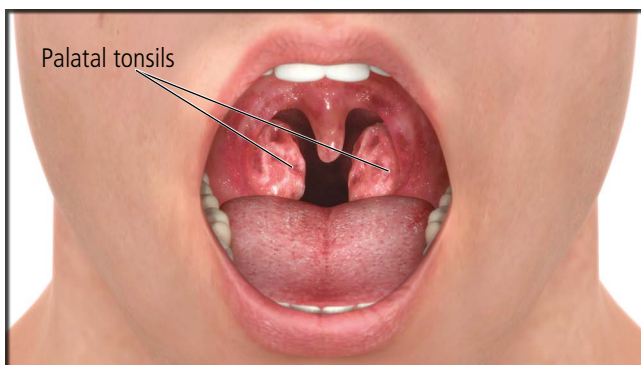
This information serves as a preparation for the information talk with your doctor. During the talk your doctor will explain to you the advantages and disadvantages of the planned measures in comparison with alternative methods and the possible risks for you/your child. He will answer your questions to reduce your fears and worries. After that you can give your consent to the suggested treatment. After the talk you will get a copy of the completed and signed form.

### REASONS FOR THE REMOVAL OF THE PALATAL TONSILS GRÜNDE FÜR EINE ENTFERNUNG DER GAUMENMANDELN

As a rule, the removal of the palatal tonsils is done to prevent recurring tonsillitis. The operation is also necessary to treat an abscess in the palatal area, to remove tumours at the palatal tonsils or to remove obstacles in the respiratory tract in case of extremely enlarged palatal tonsils. In most cases both palatal tonsils (left and right) will be removed but in some cases surgery can be limited to only one side.

### PROCEDURE OF THE SURGERY ABLAUF DES EINGRIFFS

Tonsillectomy is usually done under general anaesthesia. You will be informed about that separately.



To have optimal access to the palatal tonsils surgery will be done in supine position. First of all, for the duration of the surgery a special mouth gag is placed; it has a teeth protector to avoid injuries. Starting on one side the palatal tonsil with its surrounding capsule will be removed either with a scalpel, laser or an electrical cutting instrument. The surrounding tissue of muscles and vessels will be mostly spared. Possible bleeding can be treated immediately, in most of the cases by atrophying the source of the bleeding with electrical tweezers or by stitching the tissue. This will be done in an identical way on the other side. The resulting wounds usually do not need further treatment. Only in cases of longer lasting small bleeding it

might be necessary to stitch the front and back palatal arch, which surrounds the palatal tonsils, to get additional bleeding control.

### POSSIBLE ADDITIONAL MEASURES

#### MÖGLICHE ERWEITERUNGSMASSNAHMEN

Especially in the case of children, enlarged pharyngeal tonsils can be removed during the same surgery. Should this be planned for your child, your doctor will discuss this with you.

In case of tumour surgery, it might be necessary to extend the operation and possibly remove additional tissue.

### ALTERNATIVE PROCEDURE ALTERNATIV-VERFAHREN

In case of acute or chronic inflammation of the palatal tonsils an intake of antibiotics might be sufficient to treat the infection. In case of recurring tonsillitis it is advisable to remove the palatal tonsils.

In case of a breathing impairment during sleep (loud snoring, apnoea) due to the enlargement of the palatal tonsils a non-operative method hardly improves the medical condition. Especially with children the so-called tonsillectomy (a clipping of the tonsils), that means only a partial removal of the palatal tonsils, can be considered in such a case.

Your doctor will explain to you why he might recommend removal of the palatal tonsils of your child.

### CHANCES OF SUCCESS ERFOLGSAUSSICHTEN

Nowadays, tonsillectomy is a routine procedure. The palatal tonsil tissue causing discomfort can be easily, sparingly and safely removed. Nevertheless, in case of anatomical particularities, such as narrowings, limited capacity to open the mouth, excessive bleeding or a previous operation, it might be possible that the operative removal can only be done partially or not at all. In such a case it might be necessary to repeat surgery.

Despite the removal of the palatal tonsil tissue further common colds cannot be prevented. In the case of some patients the discomfort shifts to frequent pharyngitis (the so-called angina of the

salpingopalatine fold) or to other parts of the upper respiratory passages. As a rule though, the removal of the palatal tonsils can lead to a noticeable reduction of the discomfort.

Despite successful operation an abscess might appear in the short or long run at the same or another area in the surroundings. In such a case further surgery might become necessary.

## ADVICE FOR PREPARATION AND AFTERCARE

### HINWEISE ZUR VORBEREITUNG UND NACHSORGE

Please follow the instructions given by your doctor and the care personnel. Unless differently instructed please follow the following course of conduct:

#### Preparation:

**For the tonsillectomy** you/your child must have an empty stomach. That means at least 6 hours prior to surgery you should not consume any food or drinks. Equally important is that you do not smoke for 6 hours prior to surgery. Small amounts of clear liquid, for example for the intake of medication in the morning prior to surgery, are accepted. Please ask your doctor in case of doubt.

**Intake of medication:** It is important that you inform your doctor about what medication you or your child take/s or inject/s (in particular, blood coagulation preventing medicine such as aspirin, Marcumar®, heparin, Plavix®, Xarelto®, Pradaxa® or metformin containing antidiabetics the so-called "Biguanide" in case of diabetes). Included are also all over-the-counter and herbal medication which you occasionally take (for example painkillers such as ibuprofen, paracetamol). Your doctor will inform you if and for what period of time this medication will have to be discontinued.

#### Aftercare:

Due to the wound area you/your child should eat only soft, squashy food and avoid hot, fizzy or alcoholic fluids to avoid after-bleeding. The same goes for smoking. Depending on the individual healing progress you/your child should stick to these instructions for at least 7 to 10 days, possibly even longer. During the regular check-ups your doctor will give you specific instructions.

For the first two weeks after surgery you should avoid physical strain as well as hot showers, taking hot baths, going to the sauna or sunbed. Also here, your doctor will give you specific advice.

**Nausea, burning or pain in the tonsil area** are usually only temporary and no reason for worries. Please inform your doctor, though, in case of **high temperature, severe pain, nausea, circulation problems and spitting or vomiting of blood**. These discomforts may appear even some days or, seldom, weeks after surgery and need urgent clarification. Should there be smaller bleeding after being discharged from the hospital you should inform your hospital or ambulance services.

## POSSIBLE RISKS, COMPLICATIONS AND SIDE EFFECTS

### RISIKEN, MÖGLICHE KOMPLIKATIONEN UND NEBENWIRKUNGEN

It is well known that every **medical treatment involves risks** and even routine procedures, such as the tonsillectomy carry certain risks. If complications occur, additional measures of **treatment** or surgery may be required and in extreme cases, they can be **life-threatening** or lead to permanent damages. Please, understand that due to legal reasons we have to mention all risks specific to this procedure, although partly they relate only to exceptions. The doctor will explain in more detail the risks which are specific to you during the talk. However, you can also refuse detailed explanation. In that case, skip the chapter on risk and confirm that at the end of explanation.

Due to excessive opening of the mouth during the operation as well as due to the necessary stretching of the neck, **discomfort in the jaw joint** as well as the **cervical spine** may appear.

In some cases the use of the mouth gag as well as surgery instruments may cause **damage to the teeth** despite protection measures. In such a case, especially if there are loose teeth or pre-existing damage, the loss of a tooth might occur.

Due to the surgical instruments used, pressure damage in the area of the lips and the tongue might occur. Hereby, a **temporary or permanent limitation as to the sensation and mobility of the tongue** may occur. The gustatory sense and the faculty of speech might be affected or damaged.

Due to the removal of the palatal tonsils the end of the soft palate towards the nasopharynx will be affected. This may lead to temporary or, in rare cases, permanent **malfunction of the swallowing or speech formation**. Hereby, some liquid or food might get into the nasopharynx or the voice might be affected (hypernasal speech). Usually, this discomfort will not appear after wound healing.

**Difficulty in swallowing and foreign body sensation** in the pharynx are normal and usually only temporary and no reason for worries. This discomfort can last some days up to some weeks. Hereby, your voice might be altered a bit. If that is the case, inform your doctor to clarify your discomfort.

**Injury** to the lips, the teeth, the tongue, the buccal mucosa, the hard and soft palate, the palatal mucosa and also the upper parts of the laryngeal are rare, since the doctor can perform surgery under good view. Occasionally minor abrasion of the mucosa, pressure sores or bruises as well as small burns due to the hemostatic instruments, might happen but they are usually harmless and heal within a few days. Should there be, despite all the care taken, some major injury with bleeding, an extension of the surgery might be necessary and a life-threatening infection might occur.

**Infections** at the insertion spot of the injection needles, for example the vein indwelling cannula may occur. In most cases infections are easily treated with antibiotics. In rare cases a spreading of germs into the veins followed by a **life-threatening blood poisoning** (sepsis) might occur.

**Bleeding** is the most frequent complication after a tonsillectomy. Apart from small bleeding which can be treated easily and which occasionally occurs during the healing process, more extensive bleeding is also possible. As a rule this is immediately noticed and treated accordingly. The risk of after-bleeding is higher if laser or electrical cutting instruments were used for the tonsillectomy. Should there be longer-lasting bleeding, surgery under anaesthesia might be required. In extreme cases, such as an injury to larger vessels in the pharynx an extension of the operation via access from the outside of the neck might be necessary. In case of high loss of blood, blood transfusion with donor blood/donor blood particles might be required. Hereby, an infection with germs such as, in rare cases, with hepatitis virus, HIV, BSE or any other dangerous - sometimes - unknown germs might occur.

**Breathing difficulties** can arise due to irritation of the mucous membrane and herewith connected swellings or due to unintended breathing in of blood or secretion (aspiration). In rare cases, this can lead to the fact that a prolonged ventilation and a monitoring at an intensive ward could become necessary. In rare cases, lung inflammation (pneumonia) may occur due to the breathing in of blood or secretion.

**Damaging to the skin, soft tissues, respectively nerves** (for example through pressure, injections, disinfectants, the use of electrical operation instruments or despite correct positioning) are rare. Sensation impairment, feeling of numbness, paralyzing

and pains might result from this. In most cases these are temporary only and will ease off. Permanent damage to nerves or scars are extremely rare.

**Allergic reactions** (reactions of intolerance), e.g. to medicines (pain killers, sedatives) or pigments are rare. Consequences can be skin rashes, itching, swelling, as well as nausea and cough. Severe reactions, such as choking, spasms, tachycardia or cardiovascular shock are rare. Due to reduced blood flow and despite urgent medical intervention, this may lead to temporary or permanent damages, such as brain damage, paralysis or kidney failure.

**Disordered breathing or circulation problems** for example due to tranquilizers or painkillers are mostly easily treated by administering oxygen or medication.

In rare cases, despite careful removal, some **remains of the palatal tonsil tissue** might be left and can lead to inflammatory disorder up to an abscess.

During or after surgery, a blood clot (**coagulum**) may occur and cause vascular occlusion. A blood clot can also be shifted and thereby block the blood vessels of other organs (**embolism**). Despite treatment, embolism of the lungs, stroke or kidney failure with permanent damage might occur. If anticoagulants are administered as a precaution, the risk of bleeding increases. When administering Heparin, the likelihood of a **serious disorder of coagulation** (HIT) is higher. That means, the risks of thrombosis and thereby vascular occlusion rise.

**Serious complications** are rare and by careful supervision can be usually identified and treated in a timely manner.

## Questions about Your Medical History

Please fill in the following questionnaire carefully before your information talk. **Please tick the applicable box!** It goes without saying that your information will be treated confidentially. The information you provide will help the physician to better assess the risks of treatment in your particular case, to advise you on the complications that could occur, and to take any steps needed to prevent complications and side effects.

**Information about medications:** Do you regularly require blood thinning medications (anticoagulants) or have you taken any or have any been injected during the past 8 days?  yes  no

Aspirin® (ASS),  Heparin,  Marcumar®,  
 Plavix®,  Ticlopidin,  Clopidogrel,  Xarelto®,  
 Eliquis®,  Pradaxa®.

**Angaben zur Medikamenteneinnahme:** Benötigen Sie regelmäßig blutgerinnungshemmende Mittel oder haben Sie in der letzten Zeit (bis vor 8 Tagen) welche eingenommen bzw. gespritzt?

Aspirin® (ASS),  Heparin,  Marcumar®,  Plavix®,  Ticlopidin,  
 Clopidogrel,  Xarelto®,  Eliquis®,  Pradaxa®.

Other: \_\_\_\_\_  
Sonstiges:

When did you take the last dose? \_\_\_\_\_  
Wann war die letzte Einnahme?

**Do you take any other medications?**  yes  no  
Nehmen Sie andere Medikamente ein?

If so, which ones: \_\_\_\_\_  
Wenn ja, bitte auflisten:

(Please include non-prescription medications, herbal and other natural remedies, vitamins, etc.)  
(Auch rezeptfreie Medikamente, natürliche oder pflanzliche Heilmittel, Vitamine, etc.)

**Have you ever had surgery in the head-and-neck area?**  yes  no

Wurden Sie schon einmal im Kopf-Hals-Bereich operiert?

Were there any complications?  yes  no  
Ergaben sich dabei Komplikationen?

If so, what complications? \_\_\_\_\_  
Wenn ja, welche?

**Do you have any metal implant (such as artificial hip)?**  yes  no  
**Haben Sie ein Metallimplantat** (z. B. eine künstliche Hüfte)?

**Do you smoke?**  yes  no

If so, what and how much daily: \_\_\_\_\_

**Rauchen Sie?** Wenn ja, was und wie viel täglich:

**Are you pregnant?**  not certain nicht sicher  yes  no  
Besteht eine Schwangerschaft?

**Are you currently breast feeding a baby?**  yes  no  
Stillen Sie?

**Are there any problems with stretching the neck / cervical spine?**  yes  no

Sind Probleme beim Überstrecken des Halses/der Halswirbelsäule bekannt?

**Do you have or have you ever had any of the following diseases or symptoms thereof:**

Liegen oder lagen nachstehende Erkrankungen oder Anzeichen dieser Erkrankungen vor:

**Blood diseases / blood clotting disorders?**  yes  no

increased tendency to bleed (e.g. frequent nose-bleeds, increased bleeding after surgery, minor wounds or dental treatment),  tendency to bruise (frequent bruising possibly for no particular reason).

**Bluterkrankung/Blutgerinnungsstörung?**  Erhöhte Blutungsneigung (z.B. häufiges Nasenbluten, verstärkte Nachblutung nach Operationen, bei kleinen Verletzungen oder Zahnarztbehandlung),  Neigung zu Blutergüssen (häufig blaue Flecken auch ohne besonderen Anlass).

**Do you have any blood relatives with signs of blood disease / clotting disorders?**  yes  no

Gibt es bei Blutsverwandten Hinweise auf Bluterkrankungen/Blutgerinnungsstörungen?

**Allergies / Oversensitivity?**  yes  no

Medications,  foods,  contrast media,  iodine,  sticking plaster,  latex (e.g. rubber gloves, balloons)  pollen (grass, trees),  anaesthetics,  metals (itching caused by metal spectacles frames, jewellery, jeans buttons).

**Allergie/Überempfindlichkeit?**  Medikamente,  Lebensmittel,  Kontrastmittel,  Jod,  Pflaster,  Latex (z.B. Gummihandschuhe, Luftballon),  Pollen (Gräser, Bäume),  Betäubungsmittel,  Metalle (z. B. Juckreiz durch Metallbrillengestell, Modeschmuck oder Hosennieten).

Other: Sonstiges: \_\_\_\_\_

**Heart, circulatory or blood vessel diseases?**  yes  no

Heart attack,  chest pain and/or tightness (angina pectoris),  heart defect,  irregular heart rhythm,  inflammation of heart muscle,  heart valve disease,  shortness of breath while climbing stairs,  heart surgery (possibly with insertion of an artificial heart valve, pacemaker, defibrillator),  high blood pressure,  low blood pressure.

**Herz-/Kreislauf-/Gefäß-Erkrankungen?**  Herzinfarkt,  Angina pectoris (Schmerzen im Brustkorb, Brustenge),  Herzfehler,  Herzrhythmusstörungen,  Herzmuskulenzündung,  Herzklappenerkrankung,  Luftnot beim Treppensteigen,  Herzoperation (ggf. mit Einsatz einer künstlichen Herzklappe, Herzschrittmacher, Defibrillator),  hoher Blutdruck,  niedriger Blutdruck.

Other: Sonstiges: \_\_\_\_\_

**Diseases of the respiratory tract (breathing passages) or lungs?**  yes  no

Asthma,  chronic bronchitis,  inflammation of the lungs,  emphysema,  sleep apnoea (heavy snoring),  vocal cord/diaphragm paralysis.

**Erkrankung der Atemwege/Lungen?**  Asthma,  chronische Bronchitis,  Lungenentzündung,  Lungenemphysem,  Schlafapnoe (starkes Schnarchen),  Stimmband-Zwerchfelllähmung.

Other: Sonstiges: \_\_\_\_\_

**Metabolic diseases?**  yes  no

Diabetes (sugar sickness),  gout.

**Stoffwechsel-Erkrankungen?**  Diabetes (Zuckerkrankheit),  Gicht.

Other: Sonstiges: \_\_\_\_\_

**Thyroid diseases?**  yes  no

Underactive thyroid,  overactive thyroid.

**Schilddrüsenerkrankungen?**  Unterfunktion,  Überfunktion.

Other: Sonstiges: \_\_\_\_\_

**Communicable (contagious) diseases?**  yes  no

Hepatitis,  tuberculosis,  HIV.

**Infektionskrankheiten?**  Hepatitis,  Tuberkulose,  HIV.

Other: Sonstiges: \_\_\_\_\_

**Damages to teeth / dental prostheses?**  yes  no

Cavities,  paradontosis,  loose teeth,  crown,  bridge,  implant,  pivot tooth,  removable artificial teeth.

**Zahnschäden/Zahnersatz?**  Karies,  Parodontose,  lockere Zähne,  Krone,  Brücke,  Implantat,  Stiftzahn,  herausnehmbarer Zahnersatz.

Other: Sonstiges: \_\_\_\_\_

**Any other acute or chronic diseases / illnesses?**  yes  no

Nicht aufgeführte akute oder chronische Erkrankungen?

Please describe: \_\_\_\_\_

Bitte kurz beschreiben:

(If certain answers are preselected, please correct them if anything has changed.)

### Medical documentation for the informative interview

#### Ärztl. Dokumentation zum Aufklärungsgespräch

To be completed by the doctor Wird vom Arzt ausgefüllt

Über folgende Themen (z. B. mögliche Komplikationen, die sich aus den spezifischen Risiken beim Patienten ergeben können, nähere Informationen zu den Alternativ-Methoden, mögliche Konsequenzen, wenn der Eingriff verschoben oder abgelehnt wird) habe ich den Patienten im Gespräch näher aufgeklärt:

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### Capability to give wilful consent:

#### Fähigkeit der eigenständigen Einwilligung:

- The patient is capable of making decision on the recommended procedure by himself/herself and issuing its consent for the procedure. Der/Die Patient/in besitzt die Fähigkeit, eine eigenständige Entscheidung über den empfohlenen Eingriff zu treffen und seine/ihre Einwilligung in den Eingriff zu erteilen.
- The patient is represented by the guardian, i.e. tutor with the evidence of guardianship. Such person is capable of making a decision on behalf of the patient. Der/Die Patient/in wird von einem Betreuer bzw. Vormund mit einer Betreuungsurkunde vertreten. Dieser ist in der Lage, eine Entscheidung im Sinne des Patienten zu treffen.

City, date, time [Ort, Datum, Uhrzeit]

Doctor's signature [Unterschrift der Ärztin/des Arztes]

### Refusal by the patient Ablehnung des/der Patienten/in

Ms./Mr. \_\_\_\_\_ informed me in detail about the upcoming procedure and explained me the consequences arising from my refusal. I understood the explanation and discussed with the doctor the information he/she gave me. Hereby I decline the suggested tonsillectomy.

Frau/Herr \_\_\_ hat mich umfassend über den geplanten Eingriff und über die sich aus meiner Ablehnung ergebenden Nachteile aufgeklärt. Ich habe die diesbezügliche Aufklärung verstanden. Hiermit lehne ich die mir vorgeschlagene Tonsillectomie ab.

City, date, time [Ort, Datum, Uhrzeit]

Signature of the patient/parents\*/guardian/tutor/possible witness [Unterschrift der Patientin / des Patienten / Eltern\* / Betreuer / Vormund / ggf. des Zeugen]

### Statement and consent of the patient/parents

Erklärung und Einwilligung des/der Patienten/in/der Eltern

Please tick the appropriate fields and confirm your statement with a signature: Bitte kreuzen Sie die zutreffenden Kästchen an und bestätigen Sie Ihre Erklärung anschließend mit Ihrer Unterschrift:

- Hereby I confirm that I understood all integral parts of the explanation for patients.** I read completely this form with explanations (5 pages). During an interview with Ms./Mr. \_\_\_\_\_, I was given an explanation of the course of suggested tonsillectomy, risks, complications and side effects in my special case and I was thoroughly informed about the benefits and risks of alternative methods. **Ich bestätige hiermit, dass ich alle Bestandteile der Patientenaufklärung verstanden habe.** Diesen Aufklärungsbogen (5 Seiten) habe ich vollständig gelesen. Im Aufklärungsgespräch mit Frau/Herrn \_\_\_ wurde ich über den Ablauf der geplanten Tonsillectomie, deren Risiken, Komplikationen und Nebenwirkungen in meinem speziellen Fall und über die Vor- und Nachteile der Alternativmethoden umfassend informiert.
- I deliberately renounce a detailed explanation.** However, hereby I confirm that the doctor whose patient I am, informed me about the necessity of the procedure, type and scope, as well as circumstances, risks that this type of procedure entails and possible alternatives. **Ich verzichte bewusst auf eine ausführliche Aufklärung.** Ich bestätige hiermit allerdings, dass ich von dem behandelnden Arzt über die Erforderlichkeit des Eingriffes, dessen Art und Umfang sowie über den Umstand, dass der Eingriff Risiken birgt, sowie über mögliche Alternativen informiert wurde.

**I confirm that I do not have additional questions and that I do not need additional time to make a decision. I agree with the suggested tonsillectomy.** I also agree with all necessary auxiliary and subsequent measures. I answered the questions about my medical history (anamnesis) completely to the best of my knowledge. **Ich versichere, dass ich keine weiteren Fragen habe und keine zusätzliche Bedenkzeit benötige. Ich stimme der vorgeschlagenen Tonsillectomie zu.** Ich willige ebenfalls in alle notwendigen Neben- und Folgemaßnahmen ein. Die Fragen zu meiner Krankengeschichte (Anamnese) habe ich nach bestem Wissen vollständig beantwortet.

My consent also refers to necessary changes or extensions of the procedure, e.g. treatment in case of pathological findings. Meine Einwilligung bezieht sich auch auf die erforderlichen Änderungen oder Erweiterungen des Verfahrens, z. B. das Behandeln von krankhaften Befunden.

I confirm that I am capable of respecting the doctor's advice. Ich versichere, dass ich in der Lage bin, die ärztlichen Verhaltenshinweise zu befolgen.

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I confirm that I am capable of respecting the doctor's advice. Ich versichere, dass ich in der Lage bin, die ärztlichen Verhaltenshinweise zu befolgen.

- I agree that my copy of this explanatory form may be sent to the following e-mail address: Ich bin damit einverstanden, dass meine Kopie dieses Aufklärungsbogens an folgende E-Mail-Adresse gesendet wird:

email-address [E-Mail-Adresse]

Place, Date, Time [Ort, Datum, Uhrzeit]

Signature of patient/parents\*/legal guardian(s) [Unterschrift Patient/in/Eltern\*/Betreuer/Vormund]

Copy/Kopie:  received/erhalten

waived/verzichtet

Signature of patient/parents\*/legal guardian(s) [Unterschrift Patient/in/Eltern\*/Betreuer/Vormund]

\*If only one parent signs, then by so doing this parent declares that he/she has sole rights of custody or is acting with the consent of the other parent.

