Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Tonsillectomy

1. Introduction

1.1. Excision of palatine tonsils.
1.2. Indications
  1.2.1. Recurrent / Chronic tonsillitis
  1.2.2. Peritonsillar abscess
  1.2.3. Obstructive sleep apnea syndrome (OSAS)/ snoring
  1.2.4. Biopsy for histological diagnosis
  1.2.5. Tonsillar malignancy
  1.2.6. Provide access for other head and neck surgery

2. Procedural Preparation

2.1. Tests may be ordered include blood tests, Chest X-Ray and Electrocardiogram (ECG).
2.2. The indication of operation, procedure and possible complications will be explained by the surgeon and consent will be signed before operation.
2.3. Pre-operative anesthetic assessment will be performed. The anaesthetic management and its possible risks will be explained by the anesthetist.
2.4. Inform doctor for any drug allergy, regular medications or other medical conditions.
2.5. Do not eat or drink for 8 hours before operation.

3. Procedure

3.1. The operation will be performed under general or spinal anesthesia.
3.2. Doctor removed the tonsils through the mouth.

4. Recovery Phase

4.1. After operation, you will have sore throat and some swallowing difficulty which will last for a few days.
4.2. Keep your mouth clean and wash your mouth regularly.
4.3. Small amount of blood-stained saliva is normal. However, if you experience persistent bleeding from the mouth, you must attend the nearby emergency department.

5. Risks and Complications

5.1. Common risks and Complications (≧1% risk)
  5.1.1. Bleeding
  5.1.2. Pain
  5.1.3. Infection
  5.1.4. Local trauma to oral/oropharyngeal tissues and infection
5.2. Uncommon Risks with Serious Consequences(<1% risk)
  5.2.1. Teeth injury.
  5.2.2. Jaw injury.
  5.2.3. Voice changes.
  5.2.4. Upper airway obstruction.
  5.2.5. Postoperative pulmonary edema.
  5.2.6. Cervical spine injury.
  5.2.7. Death due to serious surgical and anaesthetic complications.

6. Follow Up

6.1. Follow up as scheduled.

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7. Remark

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

8. Reference

8.1. Hospital Authority. Smart Patient Website.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____