

GHAISAS ENT HOSPITAL

Govind 1248-B Deccan Gymkhana, Pune 411004

PMC/LCBP/0506/01279

Name of patient:

..... Age:
..... Sex: Reg no: Address:

Diagnosis: Tonsillitis

Operation title: Tonsillectomy (Dissection and Snare Method)

I,the undersigned give consent for my own operation.

The following procedure will be performed:

Tonsillectomy will be done under General anesthesia.

The expected outcome and likelihood of success is: Good/ Fair/Poor

Risks of the procedure: There are risks and complications with this procedure. They include but are not limited to the following.

General risks:

- Bleeding could occur and may require a return to the operating room. Is the patient on blood thinning drugs such as Warfarin, Aspirin, Clopidogrel or Dipyridamole.
- Infection can occur, requiring antibiotics and further treatment.
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis (DVT).
- Cardiac arrest and death as a result of this procedure

Specific risks (if any; for this particular patient)

- Bleeding. This may occur either at the time of surgery or in the first 2 weeks after surgery. Delayed bleeding may require re-admission to hospital and may require another operation to stop the bleeding.
- A blood transfusion may be necessary depending on the amount of blood lost.
- Burns from the equipment used to seal off bleeding areas during the operation.
- Infection. Persistent bad breath, worsening throat discomfort or delayed bleeding, usually treated with antibiotics.

- Pain. Moderate throat pain is common during the first 2 weeks after surgery, requiring regular analgesia. Rarely, pain in the area back of the tongue or back of the throat.
- Injury to the teeth, lips, gums or tongue. There can also be a temporary change in sensation to tongue.
- Abnormal scarring may rarely occur causing narrowing or stenosis of the throat.
- Recurrence - regrowth of Tonsil tissue left behind.

Alternatives to this procedure: There is no other alternative treatment for this disease other than using antibiotics which has temporary improvement and side effects.

I acknowledge that the Dr has explained;

- My medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- The anesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- My prognosis and risks of not having the procedure.
- The procedure may include a blood transfusion.
- I have been explained that excessive bleeding, infection, cardiac arrest, pulmonary embolism and complications like this can arise suddenly and unexpectedly while undergoing operative procedure or anesthesia.
- During surgery suspected body tissues could be removed for histopathological examination.
- I give consent for any change in anesthesia or operative procedure at the time of surgery.
- I have been made aware that after the above operation and anesthesia some complication may arise and I believe that to avoid such complications, if any appropriate care is needed it shall be taken by surgeon and anesthetist or any other Doctor suggested by them
- That there is no ICU in this hospital but this hospital has a tie up with hospital which has ICU back up and patient will be shifted there in case of any complication so that appropriate care can be taken of.
- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor
- I understand that images or video footage may be recorded as a part of and during my procedure.
- I accept that medicine is not an exact science and understand that no guarantees can be given to the results and understand these limitations.

- I, have read the above writing/ the above writing has been read out to me and is explained to me in thelanguage by.....(interpreter) which I understand.
- I have understood the aforesaid and I am giving my consent willingly with sound mental state without any Coercion, Undue influence, Fraud, Misrepresentation or Mistake of facts.
- I request Dr.to perform upon me the above mentioned procedure.
- The competent courts in Pune will have jurisdiction in relation to any claim/dispute arising from or relating to the procedure(s) mentioned herein.

Declaration by doctor: I declare that I have explained the nature and consequences of the procedure to be performed, and discussed the risks that particularly concern the patient.

I have given the patient an opportunity to ask questions and I have answered these.

• **Doctor**

Sign.....

Name.....

Address.....

Date.....

Time.....

Patient/Guardian

Sign/lt thumb imp....

Name.....

Address.....

Date.....Age.....

Time.....

• **Witness**

Sign.....

Name.....

Relation with patient.....

Address.....

Date...Age.....

Time.....

Witness

Sign.....

Name.....

Relation with patient.....

Address.....

Date.....Age.....

Time.....

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Govind 1248-B Deccan Gymkhana, Pune 411004

PMC/LCBP/0506/01279

Name of patient:

..... Age:

..... Sex: Reg no: Address:

Diagnosis: Tonsillitis

Operation title: Tonsillectomy (Coblation / Laser / Radiofrequency)(Tick appropriate)

I,the undersigned give consent for my own operation.

or

We/I hereby certify that We/I are/am the parent(s) or guardian(s) of the above named child and do hereby give our/my consent for the above mentioned operation on my child.

The following procedure will be performed:

Tonsillectomy will be done under General anesthesia

The expected outcome and likelihood of success is: Good/ Fair/ Poor.....

Risks of the procedure: There are risks and complications with this procedure. They include but are not limited to the following.

General risks:

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- Recurrence - regrowth of Tonsil tissue left behind.
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Specific risks (if any; for this particular patient).....

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- I request Dr.to perform upon me the above mentioned procedure.
- The competent courts in Pune will have jurisdiction in relation to any claim/dispute arising from or relating to the procedure(s) mentioned herein.

Declaration by doctor: I declare that I have explained the nature and consequences of the procedure to be performed, and discussed the risks that particularly concern the patient.

I have given the patient an opportunity to ask questions and I have answered these.

• Doctor	Patient/Guardian
Sign.....	Sign/It thumb imp....
Name.....	Name.....
Address.....	Address.....

Date.....

Date.....Age.....

Time.....

Time.....

• **Witness**

Sign.....

Name.....

Relation with patient.....

Address.....

Date...Age.....

Time.....

Witness

Sign.....

Name.....

Relation with patient.....

Address.....

Date.....Age.....

Time.....

GHAISAS ENT HOSPITAL

Govind 1248-B Deccan Gymkhana, Pune 411004

PMC/LCBP/0506/01279

Patient's Name: _____

Age: _____ years Sex: M/F Address: _____

_____ Phone No: _____

OPD Reg No: _____ Surgery proposed: _____

Surgeon: Dr _____ Anaesthesiologist: Dr _____

General anaesthesia involves rendering a patient unconscious before an operation. This is to ensure that the patient is not aware of events and does not feel pain during the operation. Drugs are given through vein and/or inhaled from gases delivered by anaesthesia machine. Regional anaesthesia involves using a local anaesthetic to numb a specific part of the body for surgery or pain relief. Prolonged pain relief without numbness can be achieved by infusing appropriate concentrations of local anaesthetics with adjuvants in the regional blocks during the anaesthetic for surgery or after injury.

The following questionnaire will help to assess you during the Pre Anaesthetic Check performed by the anaesthesiologist.

1. Do you have any chronic medical condition for which you need to visit a doctor regularly?

If yes give details

2. Do you take any medicines other than those stated in answer to Q 1?

If yes give details

3. Do you have any of the following:

Heart Disease Blood pressure Diabetes Kidney Disease Liver Disease
Asthma/Bronchitis

Thyroid If yes give details

4. Do you feel breathless on walking? How much can you walk without stopping? How many floors can you climb at normal pace without stopping?

5. Have you undergone any surgery in the past?

If yes give details

Did you need anaesthesia for it? If yes give details

6. Do you have any known allergy?

If yes give details

7. Have you been admitted to hospital or received any prolonged treatment for any medical condition?

If yes give details

8. Do you smoke, consume alcohol, tobacco, pan, gutka, supari etc.? If yes give details

9. Have you received blood transfusion in the past? Y/N

10. Have you tested positive for HIV/HBsAg/ other viral infections? Y/N

11. Do you have loose teeth, removable denture? Y/N

12. Do you use hearing aid? Y/N

Do you have any concerns? If yes
give details

Patient's Sign

Pre anaesthetic
check-up:

(to be performed by qualified
Anaesthesiologist)

History:

General Examination:
Assesment:

Airway

Pulse:

Blood Pressure:

Systemic

Examination:

Spine:

Investigations: Hb:

Creat:

RS:

CV

S:

P/A:

CNS

:

ECG:

ASA Grade: I/II/III/IV/V

Emergency

Anaesthesia alerts:



Sign
(Dr.
)

Important Do's & Don'ts

- 1) Please be, 'Nil by mouth' 6 hours before surgery
- 2) Know your Anaesthetist & Anaesthesia before the surgery.
- 3) Remove all lipstick, nail polish, ornaments before surgery.
- 4) Keep mobiles, keys, valuables with responsible relatives.
- 5) Do not consume alcohol, tobacco & do not smoke before or after the surgery.
- 6) Do not take anything by mouth without doctor's permission after surgery.
- 7) Do not go home alone after surgery.
- 8) Do not drive vehicle, do cooking or use equipment on day of surgery.
- 9) Please contact the doctor for any problem.

COMPLICATIONS AND PROVISION OF CARE

Anaesthesia Care: Your anaesthetist is a qualified post graduate & is well versed with dealing with all types of situations that can occur during any life threatening situation one may see in the ICU.

Complications: Anaesthesia has become safer and safer; however, there remains the risk of complications with any anaesthetic rendered.

There remains a risk of death or organ injury; however, this risk is extremely low for the vast majority of patients. Below we list some of the more common side effects or complications of specific anaesthetic techniques. It is always possible that a general anaesthetic may be employed if another technique is not satisfactory.

General Anaesthesia

1. Nausea: your anaesthesia team tries to recognize those at highest risk for nausea in order to minimize this risk. Alert us if you have a history of postoperative nausea.
2. Dental trauma: teeth, especially when in poor repair or when there is dental work or dental prostheses,

can be injured during or after anaesthesia. A sore throat is common after general anaesthesia because of placement of a breathing tube.

3. Nerve injury: we make every effort to prevent injury to nerves while in the operating room; however, there remains a small risk of nerve injury with surgery and anaesthesia, though most of these injuries improve within days. Incidence of nerve injury may be increased with certain surgical positions, duration of procedure, and body habitus.

Consent for
Anaesthesia:

I, _____, for as
Parent,/Guardian/ Representative acting on

his/her or my behalf, am seeking to receive anaesthesia during his/her or my pending procedure/operation/treatment. I

want to have anaesthesia in order to lessen the pain I would otherwise experience.

I have been explained the following in terms and language that I understand. I have been explained the following in _____ (name of the language or dialect) that is spoken and understood by me.

I have been explained; I have been provided with the requisite information; I have understood; and thereafter I consent, authorize and direct the above named anaesthesiologist and his / her team with associates or assistants of his / her choice to induce anaesthesia mentioned hereinabove during the course of the proposed intervention

/ procedure / surgery and also to administer the requisite drugs and medications.

I understand that regardless of the type of anaesthesia used there may be some unforeseen risks and consequences which may occur. The following are some but not all of the common foreseeable risks and consequences which I have been told can occur: sore throat and hoarseness, nausea and vomiting, muscle soreness. Further, I understand instrumentation in the mouth to maintain an open airway during anaesthesia might unavoidably result in dental damage including fracture or loss of teeth, bridgework, dentures, crowns and fillings, laceration of the gums or lips.

I understand that medications that I am taking may cause complications with anaesthesia or surgery. I understand that it is in my best interest to inform my doctors about the nature of any medications Allopathic / Homoeopathic / Ayurvedic / Unani I am taking including but not limited to aspirin, cold remedies, narcotics, marijuana, and cocaine.

I have been explained and have understood that inducing anaesthesia has certain material risks / complications and I have been provided with the requisite information about the same. I have also been explained and have understood that there are other undefined, unanticipated, unexplainable risks / complications that may occur during or after inducing anaesthesia. I understand the more serious risks and consequences of anaesthesia include but are not limited to changes in blood pressure, allergic/drug reaction, awareness of the surgery, injury to my baby if pregnant, excessive bleeding, cardiac arrest, brain damage, embolism, paralysis or death.

I have been explained and have understood that despite all precautions complications may occur that may even result in death or serious disability.

I acknowledge _____ has told me that in his/her medical judgment the type(s) of anaesthesia I could receive that Dr. _____

is/are General Anaesthesia /Spinal / Epidural Anaesthesia /MAC (Monitored Anaesthesia Care) / Sedation / Regional anaesthetic block. I have listened to the doctor's explanation of the type(s) of anaesthesia I may receive, its benefits and common foreseeable risks and consequences as well as those of its alternatives and now accept his/her recommendation . I have been explained and understood that though the plan of anaesthesia has been explained to me, there is a possibility that a different plan may be adopted due to various unseen circumstances that may arise during the anaesthetic.

I understand that during my procedure/operation/treatment invasive monitoring may be necessary. I understand the risks and benefits associated with this type of monitoring which have been fully explained to me.

I understand that while I am receiving anaesthesia, conditions may develop which require modifying or extending this

consent. I therefore authorize modifications or extension of this consent that professional judgment indicates to be necessary under the circumstances. I understand that I must not eat or drink anything 6 hours prior to surgery unless directly permitted by the anaesthesia-staff. I have been explained and have understood the importance of preoperative fasting and the risks of consuming solids/liquids prior to the induction of anaesthesia

I consent to appropriate tests and treatments which may better evaluate my risk and prepare me for surgery as part of my medical care associated with this procedure/operation/treatment.

I, the undersigned patient, give my consent to discuss my personal health information with any person that accompanies me or is present with me that I have identified in advance of any procedure as active in my mental, physical, emotional, or spiritual care, including, but not limited to family, close personal friends, and patient advocates. I also authorize Mr/Ms. _____ accompanying me to give consent on my behalf with regards to any anaesthetic, surgical or other medical intervention required when I am undergoing an anaesthetic.

I am aware of the facilities which are available and not available in the hospital. I may have to be shifted to another hospital for treatment of complications and I am bound to pay the bill of that hospital.

PATIENT
AFFIRMATION

By signing this document, I am indicating that I understand the contents of this document and its attachments, agree to its provisions and consent to the administration of anaesthesia during my procedure/operation/treatment. I know that if I have concerns or would like more detailed information, I can ask more questions and get more information from my attending anaesthetist. I am also acknowledging that I know that the practice of anaesthesiology, medicine and surgery is not an exact science and that no one has given me any promises or guarantees about the administration of anaesthesia or its results. I fully understand what I am now signing of my own free will and the above 12 points in the consent form have been explained to me thoroughly in my own language.

I have signed this consent voluntarily out of my free will and without any kind of pressure or coercion.

Patient's
Witness Signature

Signature

Date
Witness Name:

&

Time

