



## Informed Consent for Pressure Equalization Tubes (PET) and Adenoidectomy

### **Introduction**

This information is given to you so that you can make an informed decision about having pressure equalization tubes (PET) and adenoidectomy. Take as much time as you wish to read this information and ask questions of your doctor or the assistants. You have the right to ask questions about and understand the surgery as well as you can before deciding to have the surgery. After learning of your condition and your options for treatment, you and your doctor are the ones who decide together if and when you should have this operation based on your needs and medical condition. This surgery is not an emergency. You may decide not to have this operation at all.

### **Nature of the Condition and Treatment**

Except in unusual circumstances, PE tubes and adenoidectomy are appropriate when you have chronic ear infections, chronic fluid behind the ear drum, chronic blockage of the Eustachian tubes, enlarged adenoids, or you have had prior PE tubes. If you choose to have PE tubes and adenoidectomy, it is important to understand that a small incision will be made in the ear drums and small plastic tubes inserted, and the adenoids at the back of the nose will be removed.

1. **Complications of Surgery in General:** As with all types of surgery, the possibility of other complications exists due to anesthesia, drug reactions or other factors which may involve other parts of my body, including a possibility of brain damage or even death. The likelihood of these complications is very low. The benefits of having PE tubes and having the adenoids removed are significantly greater than the possibility of a complication noted below.
2. **Specific Complications of Pressure Equalization Tubes and Adenoidectomy:** Risks of PE tubes and adenoidectomy include possibility of outside water entering the middle ear space, risk of drainage (pus and blood) from the ear, sensation of weight or pressure in the ear, PE tube coming out too soon, PE tube staying in too long and needing removal, risk of a hole being left behind in the ear drum, need for further surgeries to repair hole in eardrum, hearing loss, bleeding (potentially life-threatening) at time of surgery or after surgery, post-operative neck infection, need for hospitalization, unusual scarring of soft palate and back of mouth, velopharyngeal insufficiency (problems sealing off the back of the nose causing

voice and swallowing problems), damage to lips and teeth, and need for further procedures.

**Alternative Methods of Treatment for Ear Infections and Blocked Eustachian Tubes**

Alternative treatments for ear infections are antibiotics as necessary. Alternative treatment for Eustachian tube blockage and adenoid enlargement includes nasal or oral steroids, decongestants, and attempts to clear or ‘pop’ the ears.

**Patient Statement and Consent for Operation**

I hereby authorize \_\_\_\_\_, and any associates or assistants of his choice to perform upon me placement of Pressure Equalization Tubes and adenoidectomy.

I recognize that during the course of the procedure, unforeseen conditions may necessitate additional or different procedures than those explained. I, therefore, further authorize and request my doctor and any associates or assistants of his choice perform such as are, in their professional judgment, necessary or appropriate for such procedures.

I understand that the proposed care may involve risks and possibilities of complications, and that certain complications have been known to follow the procedure to which I am consenting even when the utmost care, judgment and skill are used. I acknowledge that no guarantees have been made to me as to the results of the procedure, nor are there any guarantees against unfavorable results.

I accept the risks of substantial and serious harm, if any, in hopes of obtaining desired beneficial results of such care and acknowledge that the physicians involved have explained my condition, the proposed health care, and alternative forms of treatment in a satisfactory manner.

The basic procedures of the proposed surgery, the advantages, disadvantages, risks, possible complications, and alternative treatments have been explained and discussed with me by my doctor. Although it is impossible for the doctor to inform me of every possible complication that may occur, the doctor has answered all my questions to my satisfaction. In signing this consent form, I am stating I have read this form (or it has been read to me), and I fully understand it and the possible risks, complications and benefits that can result from the surgery. I also acknowledge that the doctor has addressed all of my concerns regarding this surgery.

Patient’s Name: \_\_\_\_\_ Age \_\_\_\_\_

Patient’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

As parent, guardian, caretaker, next of kin or other legal representative responsible for the patient whose name appears above on the appropriate patient signature line, I have read this document and, to the limit of the patient's understanding, I have discussed this informed consent and its terms with the patient. Due to the patient's inability to sign this informed consent, I agree, on behalf of the patient, to sign for the patient and bind him/her to the terms of this informed consent.

Name: (printed) \_\_\_\_\_

Signature: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

I have received a copy of this informed consent for my own records. I have had the opportunity to read this informed consent and my questions regarding the surgery, alternatives, risks, and expected outcomes have been answered.

Signature: \_\_\_\_\_

Name: (printed) \_\_\_\_\_