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**ENT**care

*Specializing in the treatment of diseases  
of the ear, nose, throat and sinus*

## ***Tonsillectomy and/or adenoidectomy***

*Tonsillectomy is the surgical removal of the palatine tonsils in the back of your mouth. This may or may not be accompanied by removal of the adenoids at the same time. It has proven to be a safe, effective surgical method to resolve breathing obstruction, throat infections and manage recurrent childhood ear disease. Pain following tonsillectomy is an unpleasant side effect, which can be reasonably controlled with medication. It is similar to the pain patients have experienced with throat infections, but often is also felt in the ears after surgery. There are also some risks associated with removal of tonsils and/or adenoids. Post operative bleeding occurs in about 2-4% cases which may be immediate or can take place sometime during the first 2 weeks after surgery. Treatment of bleeding is usually an outpatient procedure, but sometimes requires control in the operating room under general anesthesia. In rare cases, a blood transfusion may be recommended. Because swallowing is painful after surgery, there may be poor oral intake of fluids. If this cannot be corrected at home, the patient may be admitted to the hospital for IV fluid replacement. Very rarely, disturbances in the sense of taste or loss of taste in one side of the tongue may take place. Also, injury to the lips, teeth and or gums may occur due to the use of a retractor to open the mouth. Anesthetic complications are known to exist; they are quite uncommon, however, since patients are usually young and healthy. Any surgical procedure also carries a risk, albeit small, of death. On rare occasions, velopalatal insufficiency may occur after adenoidectomy which may result in temporary (very rarely permanent) nasal regurgitation of liquids and/or changes in the quality of voice. On a rare basis, small tags of tonsil tissue may "regrow" in patients up to several years after tonsillectomy.*

*If the tonsils are removed with a microdebrider blade (tonsillotomy), I understand that the tonsils may or may not grow back again. No long term scientific evidence exists at this time on this situation. This procedure has been used in children with obstructive sleep apnea but not in those with chronic, recurrent infections.*

*I/We have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of nontreatment, the procedures to be used, and the risks and hazards involved, and I/we have sufficient information to give this informed consent. I/We certify this form has been fully explained to me/us, and I/we understand its contents. I/We understand every effort will be made to provide a positive outcome, but there are no guarantees.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

Date \_\_\_\_\_

Date \_\_\_\_\_