Jeffrey S. Leider, MD., PC

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Specializing:
Ear Surgery
Tonsil & Adenold Surgery
Sinus Surgery
Nose Surgery
Snoring
Laser Surgery
Hearing Tests
Hearing Aid Dispensing

INFORMED CONSENT TO OPERATION OR OTHER PROCEDURE

Patient Name:_____Date:_____

1. I hereby authorize Jeffrey S. Leider, M.D. and/or such assistants as may be selected by my surgeon, to perform the following procedure:

Removing tissue in back of throat (tonsils), and possibly tissue behind the nose (adenoids).
TONSILLECTOMY AND ADENOIDECTOMY

_____

_____

Deemed necessary to diagnose or treat my conditions which have brought about my hospitalization and/or surgery and which appear indicated. If, in the preparation for, during or following the contemplated procedure above, other conditions are discovered which, in the best judgement of the doctor, make an extension of the original cntemplated prosedures or different procedures medically necessary or advisable, the doctor may proceed. THIS IS THE TRUST CLAUSE.

2. I hereby authorize Jeffrey S. Leider M.D., P.C. to undertake his appropriate hospital service and care necessary in conjunction with those procedures which I have authorized the doctor to undertake in his efforts to alleviate my said conditions. My insurance dictates the hospital/facility which will be utilized.

3. I understand that there are certain risks associated with the procedures to be undertaken by Dr. Leider. THESE RISKS INCLUDE POSSIBLE REACTION TO LOCAL ANESTHESIA, GENERAL ANESTHE SIA, BLEEDING (Day one to day ten); CARDIAC ARREST, DEATH, INFECTION, FAILURE TO COR RECT THE EXISTING SYMPTOMS, ETC. OTHER RISKS ARE:
VOICE CHANGE

_____

4. I have also been informed that in the performance of any surgical procedure there are other risks such as severe loss of blood and that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me concerning the results of the operation or procedures, and that not all complications can be foreseen in each individual case. My doctor has also discussed the usual post-operative course.
All of my questions have been answered.

5. MY SIGNATURE ON THIS DOCUMENT IS CONFIRMATION OF MY PREOPERATIVE COUNSELING. WITHOUT THAT COUNSELING, I WILL NOT SIGN. I SIGN TO INDICATE THAT I AM INFORMED.
6. I hereby authorize Jeffrey S. Leider MD., P.C. to retain, preserve, and use for diagnostic and/or scientific or teaching purposes or dispose of, at his convenience, any specimen or tissue take from my body.
7. I SIGN TO INDICATE THERE ARE NO KNOWN ANESTHESIA AND/OR BLEEDING PROBLEMS IN ME OR MY FAMILY MEMBERS.

_____ _____
DATE AND TIME SIGNATURE OF PATIENT

_____ _____
WITNESS SIGNATURE OF PARENT, SPOUSE OR GUARDIAN

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BEFORE YOUR TONSILLECTOMY

Please read before surgery

We perform the tonsillectomy for several reasons:

1. Sufficient overgrowth of the tonsil tissue to cause obstruction affecting eating, nose breathing, and sleep; occasionally, chronic runny nose will occur. The eating disturbances may manifest as slow "picky" eating or very fast "gobbly" eating. Frequently, these children will be frail and underweight, but occasionally a child will be quite overweight despite the difficulty eating with an obstructed nose and mouth. Generally, you will also notice mouth breathing and snoring. A severe form of this disturbance can result in stoppage of breathing for short periods at night called sleep apnea.

2. Three to four documented episodes of tonsillitis each year for 3 consecutive years; or seven non-strep infections in 2 years, or five in 1 year; OR four episodes of documented “strep” tonsil infections in any 12-month period.

3. Food trappings in the tonsil crypts (pockets) producing long-term bad breath.

4. To diagnose the possibility of a tumor (e.g. lymphoma or carcinoma)

The surgery is done under a general anesthetic. That is, your child will be completely "asleep". Reassure your child that there is no pain felt while the surgery is being done. Stress that your child will not wake up during the operation.

Please let your child know that the pain is terrific (awful) after the operation. This pain is intense for 3 to 8 days, depending on each individual child. Once you inform your child about the pain, please immediately follow that information with words about the hundreds of popsicles and gallons of Kool-aid or apple juice that will be available to help alleviate the pain.

Try to avoid "helpful" relatives telling your child old horror stories about surgery from the past or medical movie lore. Avoid jokes about cutting, tonsils cut with scissors, etc. As we know, children have vivid imaginations.

From about midnight the night before the operation your child will not be able to consume any liquid or solid food. That is to say, he/she must have nothing by mouth from 12:01 AM the day before surgery, unless you are otherwise instructed, until the moment of surgery.

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AFTER YOUR TONSILLECTOMY

1. Review your **Before Your Tonsillectomy** information.

2. Please do not look at your child's throat for 10 days. It looks (and smells) awful and will nauseate you and upset your child, if there is any **fresh red tilood from the nose or mouth go to the emergency room; DO NOT CALL, *Please... DO NOT CALL!***

3. Some patients appear quite miserable after tonsilleciomy; some do not. There is no way to distinguish one from the other prior to surgery. Positive demeanors and smiles on the face of family members are extremely valuable.

4. Most discomfort after a tonsillectomy is due to muscle soreness and movement of those sore muscles, not the raw surface in the throat. For this reason, first swallows in the morning or swallows in the inactive sleeping period are always the worst. Your child may awake out of a sound sleep with throat pain referred to the ear as an "earache," This may occur during the day as well. Each subsequent swallow becomes easier. Therefore, the more the throat is used for swallowing after the operation, the less the overall discomfort and the sooner the throat heals. Sometimes the complaint of ear pain dominates. ". Earaches" are considered normal after tonsillectomy. Expect sleeplessness. A "perfect" recovery will be a miserable week for you. This cannot be stated too strongly. However, this “week,” like the labor of childbirth is worth it. It is like having an infant again: no sleep for you OR your child; up every four hours.

5. Chewing sugarless gum stimulates saliva, increases the rate of gentle swallowing, and, hence, minimizes the discomfort and hurries the healing. Encourage chewing a great deal of gum, always for 30 minutes before meals and frequently-in-between, or in the middle of the night if pain awakens your child.

6. Please do not use Aspergum or any aspirin- or ibuprofen-containing products 10 days before. This includes Motrin, Nuprin, Advil, or Naprosyn. These may promote bleeding. If you are not sure if your pain medicine contains aspirin or ibuprofen, please call us.

7. There are no dietary restrictions after tonsillectomy, but, clearly, some food products may be more irritating than others. Tart juices and tomatoes are such examples.

8. DEHYDRATION IS THE MOST COMMON REASON FOR RE-ADMISSION TO THE HOSPITAL AFTER THIS OPERATION. If your child weighs less than 35 pounds, we recommend that your child consume 1/2 cup of liquid (or half a popsicle) every hour while awake. If your child weighs more than 35 pounds, push for one cup of any liquid (or a whole popsicle) every hour while awake (or equal amounts over 3 to 4 hours). Do not awaken your child to drink. For the first seven days after surgery, all nutrients should be consumed cold or at room temperature. **Avoid hot or warm foods or liquids.**

9. For pain follow the following algorithm: Child - Alternate Motrin/Tylenol every three hours per recommended dose according to this example;

    Noon — Motrin (Ibuprofen)
    3 p.m. = Tylenol (Acetaminophen)
    6 p.m. = Motrin
    9 p.m. = Tylenol, etc.

    Adult - Use OTC Tylenol/Motrin Tablets
    Noon = 600 mg Motrin (three 200 mg tabs)
    3 p.m. = 1000 mg Tylenol (two 500 mg tabs)
    6 p.m. = 600 mg Motrin
    9 p.m. = 1000 mg Tylenol, etc.

    If I have given you a prescription for hydrocodine i.e. Vicodon (pills or liquid) you can subsitute it for the Tylenol in the above schedule. Do not use it in addition to Tylenol. The Narcotic is stronger but has significant side effects (nausea, cramping, constipation, bad taste). Try to avoid using whenever possible. It is for rescue only & most all patients can get by without it.

10. Bad breath is usual for 7 to 10 days. A dragon's morning breath is even more usual.

11. Have your child avoid activity which would result L3 heaving and rapid breathing for 10 days. Return to school is at your option as long as the previous admonition is honored.

12. Please do not look into your child's mouth. I have. It looks bad. Trust me!

13. The day of surgery is considered a "free" day; the medication from surgery ameliorates the pain, and the anesthesia and nursing staff have supplied your child with plenty of intravenous fluids to make up for the long "dry" spell. The day after surgery is not "free." It is often the worst day in reference to pain. Each subsequent day gets better until the fifth day when there is a short exacerbation of pain. The awful pain may last for 2 weeks. Believe the child.

14. If your child develops dark urine from not drinking for any 10 to 12 hour period please call me and we will arrange admission to the hospital for more fluids per the inhavenous route. Please do not use this as a threat to your child because it makes the hospital a place of punishment where “they will stick you with a needle." You must be firm but pleasant in FORCING your child to drink. Keep your ego out of it; your child can "out-stubborn" you every time. My child can out-stubborn me every time...and does.

15. Snoring will be prominent for the first 3 nights after surgery. When the swelling of the uvula (the "punching bag" hanging from the roof of the mouth) goes down, there should be peaceful nights...for all.

16. Occasionally after surgery... for a few weeks or montils... liquid swallowed by mouth will come out the nose. It looks bizarre but will be neat at parties. Your child may also have a voice change. This will also resolve with time.

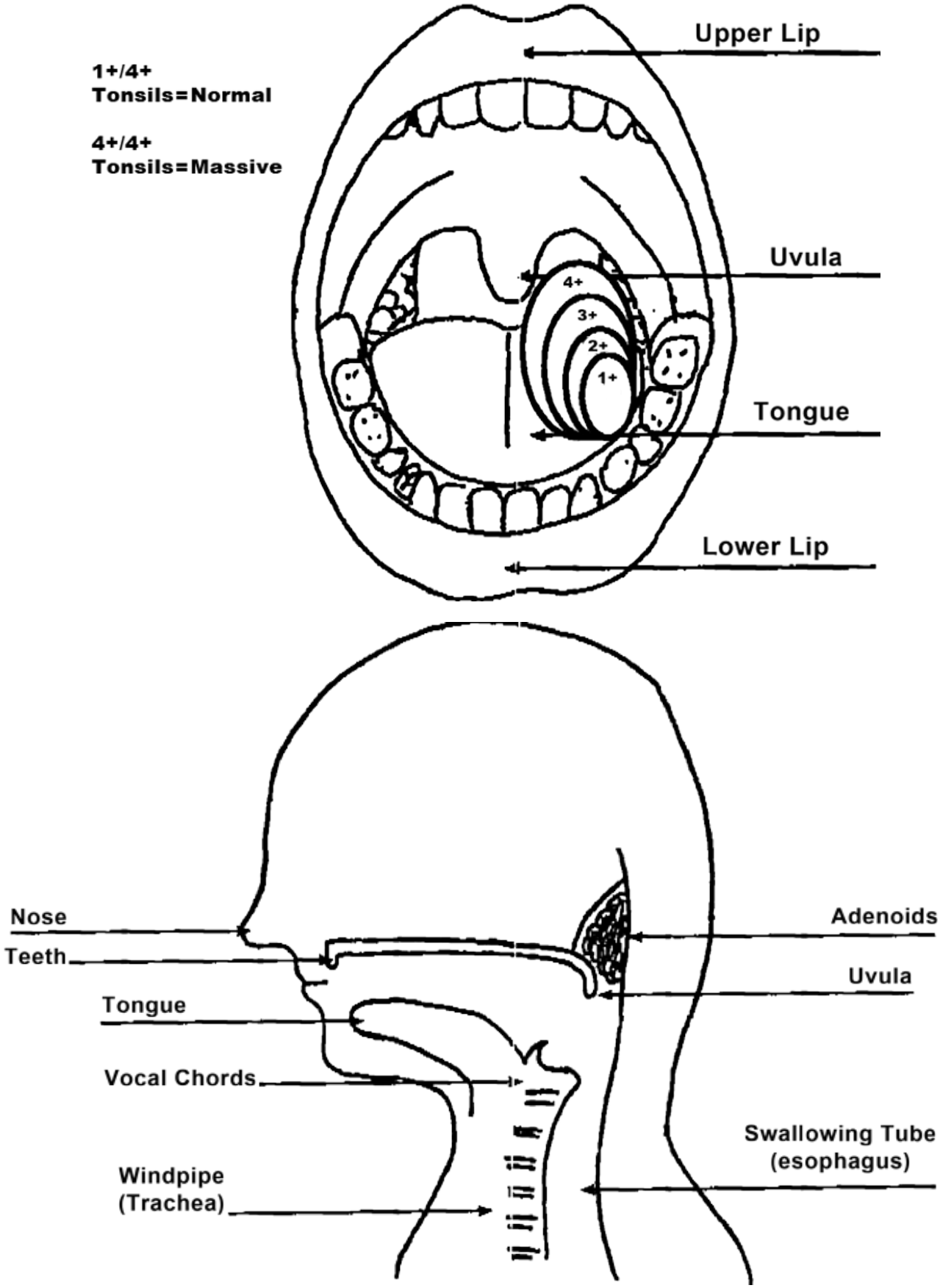
If your child develops cold symptoms prior to the day of surgery, please call the office or the surgical facility. If cold symptoms develop 3 or more days before surgery, contact your pediatrician.

If you child is exposed to Chicken Pox, a surgery cannot be performed until between 10 to 21 days after that exposure.

The operation is done as an outpatient effort (as demanded by your insurance company); you will go to the facility at the appointed hour and leave 3 to 4 hours later. Someone from the facility will call you the day before surgery to let you know what time you are expected. If your child cannot drink adequately after surgery, a hospital stay overnight will be required and arranged (and will be approved by your insurance company).

Please let us know if any blood relative (however distant) has had difficulty with anesthesia (high fever, reaction, etc.) or bleeding. **THIS IS IMPORTANT.**

IF YOU BRING YOUR CAMERA, WE WILL PHOTOGRAPH THE TONSILS.


1+/4+
Tonsils=Normal
4+/4+
Tonsils=Massive
Upper Lip
Uvula
4+
3+
2+
1+
Tongue
Lower Lip
Nose
Teeth
Tongue
Vocal Chords
Windpipe
(Trachea)
Adenoids
Uvula
Swallowing Tube
(esophagus)

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NAME _____ DATE _____

Hycet (hydrocodone bitartrate and acetaminophen oral solution) or Lortab (7.5/325)

□ 10 kg/22 ibs sig 2.5-3.0 ml q 4-6h pm pain x 74 #130 ml
□ 15 kg/33 lbs sig 3,5-4.5 ml q 4-6h pm pain x 7d #190 ml
□ 20 kg/44 lbs sig 4.5-6.5 ml q 4-6h pm pain x 7d #280 ml
□ 25 kg/55 lbs sig ml q 4-6h pm pain x 7d #340 ml
□ 50 kg/110 1bs and up sig 15-20 ml q4-6h pm x 74 g 850 ml
□ 30 kg/66 lbs sig 7.0-9.0 ml q 4-6h pm pain x 7 d #380 ml
□ 35 kg/77 lbs sig 8,5-10.5 m1 q 4-6h pm pain x 7 d #450 ml
□ 40 kg/88 lbs sig 10.0-12.0 ml q 4-6h pm pain x 7 d #510 ml
□ 45 kg/99 lbs sig 11.0-13.0 ml q 4-6h pm pain x 7 d #550 ml

□ **REFILL ONE (1) TIME**

Prelone 15 mg/5 cc (START POSTOP DAY 4)

□ 10 kg/22 lbs sig 2.5 cc po q day x 54
□ 20 kg/44 lbs sig, 3,5 cc po q day x 54
□ 30 kg/66 lbs sig 5.0 cc po q day x 54
□ 40 kg/88 lbs sig 7.0 cc po q day x 5d
□ 50 kg/110 lbs sig 8.5 cc po q day x 5d
□ 60 kg/132 lbs sig 10.0 co po q day x 5d

Amoxicillin 400 mg/5 cc

□ 20 lbs 3/4 tsp po q 12h x 104
□ 30 lbs 1 tsp po q 12h x 104
□ 40 lbs 11/4 tsp po q 12h x 104
□ 50 lbs 1 112 tsp po q 12h x 104
□ 60 Ibs 13/4 tsp po q 12h x 10d
□ over 80 lbs 2 1/2 tsp po q 12h x 104

Septra

□ 20 lbs 1 tsp po q 12h x 10d
□ 30 lbs 11/2 tsp po q 12h x 10
□ 40 lbs 2 tsp po q 121i x 10d
□ 80 lbs 4 tsp po q 12h x 10d
□ 50 lbs 2 1/2 tsp po q 12h x 10d
□ 60 lbs 3 tsp po q 12h x 10d
□ 70 lbs 3 1/2 tsp po q 12h x 10d

Zithromax 200 mg/5m cc

□ 10 kg/22 lbs 1/2 tsp po q day x 3d
□ 15 kg/33 lbs 3/4 tsp po q day x 3d
□ 20 kg/44 lbs 1 tsp po q day x 3d
□ 25 kg/55 lbs 1 1/4 tsp po q day x 3d
□ 30 kg/66 ibs 11/2 tsp po q day x 3d
□ 35 kg/77 lbs 1 3/4 tsp po q day x 3d
□ 40 kg/88 lbs 2 tsp po q day x 3d
□ Adult 12 cc po q day x 3d

SIGNATURE

DEA: BL2263399