



## Informed consent for tonsillectomy: Do parents comprehend the information we provide?



Oshri Wasserzug<sup>a, b, \*, 1</sup>, Gadi Fishman<sup>a, b, 1</sup>, Dan Sternbach<sup>a, b</sup>, Efrat Reindorf-Kfir<sup>a, b</sup>, Eran Averbuch<sup>a, b</sup>, Dan M. Fliss<sup>b</sup>, Yael Oestreicher-Kedem<sup>b</sup>, Ari Derowe<sup>a, b</sup>

<sup>a</sup> Pediatric ENT Unit, "Dana" Children's Hospital, Tel Aviv, Israel

<sup>b</sup> Department of Otolaryngology, Head & Neck and Maxillofacial Surgery, Tel Aviv Sourasky Medical Center, Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel

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### ABSTRACT

**Objective:** Informed consent is an important part of the surgical process. Based on our clinical experience, we hypothesized that parents providing consent for their children's tonsillectomy do not comprehend all the information that is given to them by the operating surgeon at the time of a conventional consent process.

**Materials and methods:** Parents whose children were scheduled for tonsillectomy with or without adenoidectomy and/or tympanostomy tubes insertion were enrolled. Within one hour after the consent process, they were asked to complete a questionnaire designed to collect demographic data and to evaluate how much of the information that was given to them was actually understood.

**Results:** Ninety-seven parents were enrolled between October 2011 and March 2013. The average percentage of correct answers (score) for the 16 multiple-choice questions was 76.3%. The average scores were 84.8% for the native Hebrew-speaking parents and 71.9% for the parents whose first language was other than Hebrew ( $p < 0.01$ ). The average scores were 83.3% for the parents who are healthcare system workers and 74.4% for those parents whose profession is not related to medicine ( $p < 0.05$ ). Fifty parents (51.5%) responded incorrectly to at least one of two questions that we defined as essential: "What would you do if your child starts to bleed from the mouth" and "What kind of food is recommended for your child during the first week after the surgery".

**Conclusion:** The current conventional method of obtaining informed consent for tonsillectomy is inadequate, as reflected by the low level of parental comprehension of essential information. Further studies which will evaluate methods for improving the consent process are highly warranted.

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## 1. Introduction

Informed consent is an important part of the surgical process, both from clinical and legal aspects. In the era of increased public awareness, the surgeon is expected to discuss and explain the medical necessity, nature, the benefits and the possible risks of the procedure he is about to perform. Failure to provide adequate information can negatively influence the parents in making the appropriate decision regarding their child's treatment and may

ultimately lead to complaints which are stressful, time-consuming and even lead to litigation. The conventional practice is that the surgeon provide a detailed explanation of the procedure to the child's parents before the surgery, after which the parents are asked to read and sign an informed consent form. Based on our clinical experience, we hypothesized that parents do not comprehend all the information that is given to them by the surgeon at the time of the consent process. Some possible reasons for such lack of understanding include the stress that parents are experiencing when their child faces surgery, their fear of possible complications associated with the procedure and the surgeon's use of medical terms that they do not understand. In addition, there may be language barriers, which may further impede the ability of parents to interpret the information they are given.

We conducted this study to evaluate whether or not the

\* Corresponding author. Pediatric ENT Unit, Tel-Aviv Sourasky Medical Center, 6 Weizman Street, Tel Aviv, 6423906, Israel.

E-mail address: [droshriw@gmail.com](mailto:droshriw@gmail.com) (O. Wasserzug).

<sup>1</sup> Both authors contributed equally to the manuscript.

1. What is the primary goal of tonsillectomy?
  - a. Avoiding a cold
  - b. Improving the airway passage to improve breathing when the child is asleep
  - c. Avoiding the accumulation of fluids in the middle ear
  - d. Lowering the bacterial load in the child's body
2. Adenoidal tissue:
  - a. Can cause headaches if enlarged
  - b. Has a significant role in the immune system
  - c. Can obstruct the airway passage through the nose if enlarged
  - d. Usually grows inside the nose
3. Who will perform the surgery on your child:
  - a. An otolaryngologist
  - b. A pediatric otolaryngologist
  - c. A pediatric surgeon
  - d. The anesthesiologist
4. The kind of anesthesia the child will have is:
  - a. Local anesthesia
  - b. Sedation only
  - c. For only the upper part of the child's body
  - d. General anesthesia using a ventilating tube inserted through the mouth
5. What is true about ear problems after tonsillectomy:
  - a. The chance of having ear infections increases after the surgery
  - b. The hearing is usually improved after the surgery
  - c. There is increased risk for injury to the ears during the surgery
  - d. There is no increased risk for ear problems after the surgery except for radiating pain into the ears
6. What is the effect of tonsillectomy on the vocal cords:
  - a. No surgical intervention involving the vocal cords is anticipated
  - b. The child can be expected to have some hoarseness after the surgery due to the incisions that were made as part of the surgery
  - c. The procedure your child is about to undergo involves the resection of the vocal cords
  - d. The vocal cords are expected to work better after the surgery
7. The surgical approach to the tonsillectomy is:
  - a. Through the mouth and the nose (combined transoral and transnasal approach).
  - b. Using a fiberoptic device
  - c. Only through the mouth
  - d. Through incisions in the mouth and in the nose.
8. The usual operative time is:
  - a. Ten minutes
  - b. Not more than 30 minutes
  - c. Not more than 20 minutes
  - d. About an hour
9. Which one of the statements below about informed consent is true:
  - a. The informed consent form is a document in which the legal guardians declare that they understand what is the reason for the surgery, what the surgery involves and that they agree that their child will undergo the procedure

Fig. 1. Translated questionnaire.

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