

CONSENT FORM

Facial Nerve Decompression with Nerve Grafting

Surgical Approach _____

Possible Abdominal Fat Grafting

- RIGHT EAR LEFT EAR

All surgical procedures incur the risks of anesthesia, bleeding, wound infections, cosmetic deformity, scars, and unforeseen/uncommon complications. The following are some risks and complications specifically associated with your procedure.

- **Infection:** Pre-existing infection with drainage, swelling, and pain may persist following surgery or on rare occasions may newly develop following surgery due to poor healing of the ear tissues. Were this to be the case, additional interventions such as antibiotics, debridement, and surgery may be necessary to control the infection.
- **Loss of Hearing:** The risk of profound hearing loss varies with surgical approach utilized. For example, a translabyrinthine approach results in complete loss of hearing for the operated ear. With a transmastoid approach, a conductive hearing loss is typical. For middle fossa surgery, hearing function can vary postoperatively from normal hearing to a complete hearing loss.
- **Tinnitus:** This is referred to as ringing in the ear or more generally as a sound perceived by the patient in the absence of external sound stimuli. Should the hearing worsen following surgery, tinnitus likewise may be more pronounced. Although the sensation usually improves with time, tinnitus may be permanent.
- **Dizziness:** Dizziness may occur immediately following surgery due to swelling in the ear and irritation of inner ear structures. Some unsteadiness can persist for a week post-operatively. Very uncommonly, perhaps about 5%, the sensation of dizziness may be prolonged and even permanent.
- **Disturbance in Taste:** Taste disturbance and mouth dryness are not uncommon for up to 3 months following surgery. In some patients, this disturbance is prolonged or permanent.
- **Numbness of the Ear:** Sensation to the skin and ear canal can be disrupted for 2-3 months following surgery. It will resolve in 90-95% of patients by the end of 6 months.
- **Hematoma/Bleeding:** A hematoma is a collection of blood under the skin. An operation to remove the clot may be necessary if this complication occurs and may prolong hospitalization and wound healing.
- **Ear Drum Perforations:** If healing does not occur spontaneously, surgical repair may be required.
- **Cholesteatoma:** These are bone erosive skin cysts that develop in the ear canal, middle ear, or mastoid and are typically the result of chronic ear/mastoid infections, eardrum perforations, and migration of tympanic membrane or ear canal skin. A second operation may be necessary to complete cholesteatoma removal and/or to reconstruct the hearing mechanism at a later date.
- **Complications at the Abdominal Fat Graft site:** These can include infection, bleeding, scars, cosmetic deformity, and abdominal hernia formation necessitating further surgery. These complications are uncommon but possible.
- **Blood Transfusions:** It is sometimes necessary to administer blood transfusions during this surgery or immediately thereafter. Adverse reactions due to blood-type mismatch are possible but extremely uncommon. A late complication of transfusion is viral infection. Hepatitis is the most common disease transmitted by blood transfusions. According to the American Red Cross, about 1 blood transfusion in

200,000 transmits a hepatitis B infection, and 1 blood transfusion in nearly 2 million transmits hepatitis C. In most cases there are no symptoms, but hepatitis can lead to liver failure over time. HIV causes acquired immune deficiency syndrome (AIDS). Testing the blood supply for HIV began in 1985, and several tests for HIV are now used on all donated blood. With improved testing for HIV, the number of transfusion-related AIDS cases continues to drop. The risk of HIV transmission through transfusion is about 1 in over 2 million.

- **Cerebrospinal Fluid (CSF) Leak:** At times this operation results in a leak of CSF through the incision, through the ear canal, or through the nose. This risk is about 1 in 10 patients. Further surgery may be required to close it.
- **Intracranial (Brain) Complications:** Complications such as meningitis, brain abscess, or brain tissue injury do sometimes occur but are extremely rare. Should this happen, prolonged hospitalization may be required for treatment. Significant disability or death can occur.
- **Paralysis of Body or Coma:** Anytime the brain is involved in surgery, there exists the possibility of coma, brain damage, or paralysis of the body. In this particular surgery, the chances of this complication are less than 1%.
- **Death:** The risk of death from this surgery is less than 1 in 200 cases (0.5%)
- **Anesthetic Complications:** You will meet your anesthetist/anesthesiologist the day of surgery. Please discuss the type of anesthesia, use of perioperative medications, and complications with him/her. Dr. Jacob is not responsible for your anesthesia.

By signing below, I acknowledge that my physician and his staff have made themselves available to answer my questions. In addition to verbal counseling during my visit(s) with personnel from Ear & Hearing at Center for Neurosciences, I have read, understand, and have carefully considered the risks and complications of this operation, and I accept them. There were no barriers to effective communication.

Patient Signature: _____

Date: _____

Provider/Representative Signature: _____

Date: _____