

CONSENT FORM

Middle Fossa Surgery

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:** About 10% of patients undergoing this operation have a total loss of hearing in the operated ear. This is permanent.
- **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, the change may be permanent. At this point in time, there is no truly effective medical treatment. Please note that tinnitus is generated by the brain, not the ear.
- **Dizziness:** There may be severe dizziness/spinning vertigo after surgery for 3-7 days. This usually subsides rapidly and depending upon age, general physical condition, and baseline level of activity, unsteadiness may be present for 3 weeks to 3 months. In a small minority of patients, the sensation of dizziness or imbalance persists indefinitely after surgery due to failure in vestibular compensation by the unoperated ear. This may become permanent.
- **Numbness along the Scalp 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.
- **Postoperative Headache:** Headaches immediately following surgery are common and well managed with pain medications. Middle fossa surgery approach can rarely cause headaches persisting for greater than 3 months. Consultation with a pain management specialist may be required.
- **Blood Transfusions:** These are extremely uncommon. 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.

- **Facial Paralysis:** Temporary paralysis of one side of the face is an uncommon postoperative complication of any ear or cranial base surgery. It may occur as the result of an anatomical abnormality in the nerve or swelling after manipulation. If facial function does not return within 12-18 months, further surgery such as nerve grafting may be required. Eye complications can arise from facial paralysis, and require treatment by an ophthalmologist or plastic surgeon.
- **Cerebrospinal Fluid (CSF) Leak:** At times (<10%), this operation results in a leak of CSF through the incision, through the ear canal, or through the nose. Further surgery or catheter drainage of spinal fluid may be required to close it.
- **Intracranial (Brain) Complications:** Complications such as meningitis (approximately 2%), brain abscess (<1%), or brain tissue injury (<1%) do sometimes occur but are extremely rare. Should this happen, prolonged hospitalization may be required for treatment and significant disability 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: _____