Center for NEUROSCIENCES | EAR & HEARING
Otology I Neurotology I Audiology

Date:
Patient Name:
Account Number:
DOB:

Consent Form: Removal of Facial Cyst

☐ RIGHT ☐ LEFT

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:** Infection with drainage, swelling, and pain may persist following surgery or on rare occasions may develop following surgery due to poor healing of surrounding tissues. Were this to be the case, antibiotics and additional surgery may be necessary to control the infection.
- **Numbness along the Incision**: Sensation to the skin can be disrupted for 2-3 months following surgery. It will return in 90-95% of patients by the end of 3 months.
- **Bleeding/Hematoma:** 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.
- **Facial Paralysis:** If your cyst is associated with branches of the facial nerve, a temporary or possibly permanent facial movement weakness can occur. If this affects eye closure (blinking) or mouth closure for eating, additional procedures by ophthalmology or plastic surgery physicians may be required.
- **Anesthetic Complications:** These are now rare with modern anesthetic techniques. You will meet your anesthetist/anesthesiologist the day of surgery. Please feel free to discuss the anesthetic technique, use of medications, and perioperative care with him/her. Dr. Jacob is not responsible for your anesthetic care.

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: _____

ABRAHAM JACOB, MD
OTOLOGY, NEUROTOLOGY & CRANIAL BASE SURGERY