

## CONSENT FORM

### Middle Ear Exploration with Possible Stapedectomy or Ossicular Chain Reconstruction

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:** This is a rare complication. However, the hearing in the operated ear can be further impaired due to the extent of the disease or due to complications in the healing process. This may be 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.
- **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, 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.
- **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.
- **Facial Paralysis:** This is an uncommon complication, and when it occurs, it is usually temporary. It may occur as a result of an anatomical abnormality or swelling of the nerve. On very rare occasions, the nerve may be injured at the time of surgery or it may be necessary to excise the nerve in order to adequately eradicate the infection/disease. When this happens, further surgery may be necessary. Eye complications can arise from facial paralysis, and may require treatment by an ophthalmologist or plastic surgeon. Facial paralysis can sometimes be permanent.
- **Cerebrospinal Fluid (CSF) Leak:** This is an extremely rare complication that usually requires a second procedure to stop the leak. Often, these are bedside procedures but occasionally, a return trip to the operating room is necessary.

- **Ear Drum Perforations:** A perforation (hole) in the eardrum develops in less than 1% of patients. If healing does not occur spontaneously, surgical repair may be required.
- **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: \_\_\_\_\_