



Consent Form: Intratympanic Steroid (Dexamethasone) Injections

RIGHT

LEFT

All 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 are rare complications but may develop following the procedure due to poor healing. Oral or topical antibiotics are typically required; rarely, surgery may be necessary to control the infection.
- **Vertigo or Hearing Loss** are **NOT** considered complications of intratympanic steroids. If these symptoms occur, they are likely due to your underlying condition rather than the treatment.
- An **allergic reaction** to the medication is rare but is also a possible complication.
- **Reinjection with intratympanic steroids may be necessary:** A maximum of 3 injections will be performed (separated by 1-2 weeks each).

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: _____