Consent for Ear or Lateral Skull Base Surgery

The following are known complications of ear or skull base surgery:

Bleeding: Can make a return to the operating room necessary to get control of bleeding or remove clotted blood.

Infection: Can make a course of antibiotics, or hospitalization, or exploratory surgery necessary with possible removal of a device such as a prosthesis or implant.

Hearing Loss: In some cases, hearing can't be saved because of destruction caused by the disease that made the surgery necessary in the first place. Reconstruction can sometimes restore some of this lost hearing.

Tinnitus: Can occur with any type of process affecting the hearing and balance organs. May worsen with surgery.

Dizziness, unsteadiness, or vertigo: Common in the first 24 hours after surgery and usually temporary. Sometimes it can be permanent. Permanent dizziness or vertigo may result from diseases such as cholesteatoma, chronic infections, and Meniere's disease.

Hole in Eardrum: May make another procedure necessary to repair the hole.

Facial Paralysis: The nerve that controls movement of your face is located within your ear in the temporal bone. Because this nerve can be damaged during ear surgery, the doctor uses a facial nerve monitor.

CSF Leak: Cerebrospinal Fluid (CSF) surrounds your brain inside the skull. Occasionally, a leakage of this fluid can be encountered during ear surgery, at which time it would be repaired. If you should notice any leakage of clear fluid from your ear or nose after surgery, you should immediately contact the doctor.

Failure of Operation: Some of the above complications may make necessary another operation or procedure. Also, surgery for disease is sometimes unsuccessful and may make it necessary for you to return to the operating room in the future.

Scarring or Cosmetic: Operations can change the appearance of your ear (usually the ear canal). Scarring or other complications of wound healing may make another operation necessary, as when the ear canal becomes too narrow as a result of scarring.

By signing this form, you affirm that Dr. _____ discussed these complications as they apply to your individual situation, and that your questions were answered.

Signature: _____ Date: _____