STAPEDECTOMY, TYMPANOTOMY, AND STAPES EXPLORATORY TYPE OF OPERATION

RISK AND COMPLICATION OF SURGERY, INCLUDING BUT NOT LIMITED TO:

Dizziness

Some unsteadiness is common during the first few post-operative days; dizziness on sudden head motion may persist for several weeks. On rare occasions dizziness is prolonged, and can be permanent.

Taste Disturbance and Mouth Dryness

Taste disturbance is common for a few weeks following surgery. In some patients this disturbance can be permanent.

Loss of Hearing

Further hearing loss develops in 2% of patients due to some complications in the healing process. In 1%, this hearing loss is very severe and may prevent the use of an aid in the operated ear. In some instances, the prosthesis may become dislodged after surgery. This may require a second surgery to correct.

Tinnitus

Should the hearing be worse following stapedectomy, tinnitus (head noise) likewise may be more pronounced.

Ear Drum Perforation

A perforation (hole) in the ear drum membrane may develop and is usually due to an infection. Fortunately, the membrane may heal spontaneously. If healing does not occur, surgical repair (myringoplasty) may be required.

Weakness of the Face

A very rare complication of stapedectomy is temporary weakness of the face. This may occur as the result of an abnormality or swelling of the facial nerve.

Cholesteatoma

Skin from the ear canal may get “trapped” behind the ear drum causing a local skin growth. This may require surgical removal.
OPTIONS FOR TREATMENT

Options for care of your hearing loss are as follows:

1) Do nothing at all and “live with the hearing loss”
2) Wear a hearing aid or aids
3) Surgical exploration of the ear with possible stapedectomy

I HAVE READ, I UNDERSTAND, I HAVE CONSIDERED AND ACCEPTED THE RISKS AND COMPLICATIONS OF THIS SURGERY AS STATED ABOVE. ALTERNATIVE METHODS OF TREATMENT HAVE BEEN DISCUSSED WITH ME. POST-OPERATIVE INSTRUCTIONS HAVE BEEN GIVEN TO ME AND EXPLAINED.

Please re-write the above paragraph in the space provided below.

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Patient’s Name:__________________________________________________
Patient’s Signature:_______________________________ ________________   Date:_________________________

Witness’ Name:_____________________________________ _____________
Witness’ Signature:________________________________ _______________   Date:_________________________