

Bone Anchored Hearing Aid Informed Consent

I do hereby give consent to Dr. Dent MD to perform the following **Bone Anchored Hearing Aid.**

Dr. Dent has discussed with me the reasons and benefits of this surgery. I understand the outcomes with and without the procedure and they have been discussed with me in detail. I further understand that any operation or procedure involve some risks and hazards. The risks include: infection, bleeding, nerve injury, blood clots, heart attack, allergic reactions and severe blood loss.

The most common complication of the BAHA (Bone Anchored Hearing Aid) is due to inadequate healing of the skin graft. The BAHA wound will generally heal with local wound care. In some cases, it might be necessary to revise the BAHA wound in the office or under a general anesthetic. The second most common BAHA complication is infection. At times antibiotics may be required after BAHA surgery. Rarely, the infection will require revision of the BAHA site either in the office or under anesthesia. With a severe infection, the BAHA implant might either fall out or have to be removed. Some numbness of the BAHA wound is common for several months and this generally improves with time. Rarely is numbness permanent. Pain at the BAHA implant site usually means that the implant site is not being cared for properly.

I understand that the practice of medicine and surgery is not an exact science and acknowledge that no guarantee, either expressed or implied, has been made as to the results of this surgery.

I understand these risks and consent for the above surgery.

Signature: _____

Date: _____

Print name: _____

Witness: _____

Date: _____