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Stapedectomy Informed Consent

Complications from stapedectomy are infrequent and seem to be related to the presence of uncommon variations in anatomy. The incidence of total hearing loss reported by the most experienced surgeons is about one in 200 cases. Facial nerve paralysis is extremely rare for stapedectomy. Loss of taste on the side of the tongue is a common post operative complaint that usually resolves within two months. Some dizziness after surgery is normal and may last for a few days or weeks, but disabling dizziness may indicate injury to the inner ear, and the surgeon should be informed. Tinnitus that was present before surgery commonly persists, although following surgery it may disappear. On the other hand, tinnitus may develop as a result of surgery. The incidence is not known, but it is uncommon. Hearing loss that does not improve or becomes worse as a result of surgery occurs in about 2% of cases and is often due to a condition such as a congenital anomaly of the facial nerve, incus, round window, or massive obliteration of the stapes footplate causing surgery to be incomplete or impossible. A hearing aid may be a reasonable alternative to surgery and the option of surgery or a hearing aid should be discussed. Unless otherwise advised by your surgeon, stapedectomy for otosclerosis is an elective procedure.

I/We have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of nontreatment, the procedures to be used, and the risks and hazards involved, and I/we have sufficient information to give this informed consent. I/We certify this form has been fully explained to me/us, and I/we understand its contents. I/We understand every effort will be made to provide a positive outcome, but there are no guarantees.

Patient / Legal Guardian

Witness

Date: _____ **Time:** _____